

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

2008Open to Public
Inspection

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

A For the 2008 calendar year, or tax year beginning**and ending****B** Check if applicable:

- ☒ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type.

See Specific Instructions.

C Name of organizationYOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE**Doing Business As**Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1000 CHURCH STREET**City or town, state or country, and ZIP + 4**

NASHVILLE, TN 37203

F Name and address of principal officer: JOHN M JOHNSON
SAME AS C ABOVE**D Employer identification number**

62-0476243

E Telephone number

(615) 259-9622

G Gross receipts \$

79,905,938.

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.YMCAMIDTN.ORG**K Type of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation:** 1875 **M State of legal domicile:** TN**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>SEE ATTACHED DOCUMENT.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	79	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	75	
	5	Total number of employees (Part V, line 2a)	6198	
	6	Total number of volunteers (estimate if necessary)	5878	
		7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	225,493.
7b		Net unrelated business taxable income from Form 990-T, line 34	39,274.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	11,706,423.	8,593,201.
	9	Program service revenue (Part VIII, line 2g)	67,054,019.	69,009,283.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,058,031.	587,499.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,090,789.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,818,473.	79,280,772.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,641.	266,714.
	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)	37,610,780.	43,181,721.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		177,613.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	1,763,529.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	36,250,100.	34,189,106.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	73,862,521.	77,815,154.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	5,955,952.	1,465,618.
	20	Total assets (Part X, line 16)	165,972,487.	165,308,722.
	21	Total liabilities (Part X, line 26)	80,787,151.	83,271,093.
	22	Net assets or fund balances. Subtract line 21 from line 20	85,185,336.	82,037,629.

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 ▶ *Tim Weill* Signature of officer Date 9-28-09

▶ TIM WEILL, CFO Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ *Melvin Weill* Date 09/24/09 Check if self-employed ☒ Preparer's identifying number (see instructions) 00281865

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KRAFTCPAS PLLC
555 GREAT CIRCLE ROAD, SUITE 200
NASHVILLE, TN 37228-1310

EIN ▶ Phone no. ▶ (615) 242-7351

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

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

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Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission:
SEE ATTACHED SCHEDULE

- 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.

4a (Code:) (Expenses \$ 45,804,804 . including grants of \$) (Revenue \$ 52,717,647 .)
INSPIRING HEALTHIER LIFESTYLES- SEE ATTACHED SCHEDULE

4b (Code:) (Expenses \$ 15,071,900 . including grants of \$) (Revenue \$ 15,560,495 .)
CAMPING & CHILDCARE-SEE ATTACHED SCHEDULE

4c (Code:) (Expenses \$ 4,754,144 . including grants of \$ 266,714 .) (Revenue \$ 927,534 .)
COMMUNITY OUTREACH & EDUCATION- SEE ATTACHED SCHEDULE

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 1,281,641 . including grants of \$) (Revenue \$ 894,396 .)

4e Total program service expenses ► \$ 66,912,489 . (Must equal Part IX, Line 25, column (B).)

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <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>		X
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as 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 U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <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 more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total 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 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
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	391	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	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	6198	
2b	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	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	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).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

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

Section A. Governing Body and Management

	Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>		
1a Enter the number of voting members of the governing body	79	
b Enter the number of voting members that are independent	75	
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	
9a 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?	X	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
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? Describe the process in Schedule O. (see instructions)		X
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 **TN, KY**

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: **MR. TIM WEILL - 615-259-9622**
1000 CHURCH STREET, NASHVILLE, TN 37203

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
H. LEE BARFIELD II BOARD MEMBER	1.00	X						0.	0.	0.
JIM BARR BOARD MEMBER	1.00	X						0.	0.	0.
GARY BENZ BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT BLAGOJEVICH BOARD MEMBER	1.00	X						0.	0.	0.
DAVID BOHAN BOARD MEMBER	1.00	X						0.	0.	0.
LEILANI BOULWARE CHAIR-ELECT	1.00	X						0.	0.	0.
STEWART BRONAUGH BOARD MEMBER	1.00	X						0.	0.	0.
DR. ELBERT BROOKS BOARD MEMBER	1.00	X						0.	0.	0.
WOOD CALDWELL BOARD MEMBER/EX OFFICIO	1.00	X						0.	0.	0.
FRED CASSETTY BOARD MEMBER	1.00	X						0.	0.	0.
GEORGE H. CATE BOARD MEMBER	1.00	X						0.	0.	0.
RAE COLLIER BOARD MEMBER	1.00	X						0.	0.	0.
DARRYL COOPER BOARD MEMBER	1.00	X						0.	0.	0.
SUSAN CRUNK BOARD MEMBER	1.00	X						0.	0.	0.
FLORENCE DAVIS BOARD MEMBER	1.00	X						0.	0.	0.
PETE DELAY BOARD MEMBER	1.00	X						0.	0.	0.
MARTY DICKENS BOARD MEMBER	1.00	X						0.	0.	0.

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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			
JOHN EAKIN BOARD MEMBER	1.00	X						0.	0.	0.
ALISON EGERTON BOARD MEMBER	1.00	X						0.	0.	0.
GARY EVERTON BOARD MEMBER	1.00	X						0.	0.	0.
FARSHEED FERDOWSI BOARD MEMBER	1.00	X						0.	0.	0.
STEVEN FORD BOARD MEMBER	1.00	X						0.	0.	0.
BILLY FRIST BOARD MEMBER	1.00	X						0.	0.	0.
SANDRA FULTON BOARD MEMBER	1.00	X						0.	0.	0.
JERRY GANN BOARD MEMBER	1.00	X						0.	0.	0.
HOMER B. GIBBS, JR. BOARD MEMBER	1.00	X						0.	0.	0.
BRENDA GILMORE BOARD MEMBER	1.00	X						0.	0.	0.
1b Total								2,430,318.	0.	296,808.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 14

	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.

(A) Name and business address	(B) Description of services	(C) Compensation
ATIBA SOFTWARE LLC, 1720 WEST END AVENUE, STE 33, NASHVILLE, TN 37203	SOFTWARE PROGRAMMING	545,580.
TRIANGLE 2 PARTNERS 34 B HIGH STREET, MARBLEHEAD, MA 01945	CONSULTANTS	211,337.
LIGHTHOUSE COUNSEL INC. 228 CIRCLE VIEW DRIVE, SOLON, OH 44139	FUNDRAISER	177,613.
PRO-CLEAN LLC, 700 INVERNESS AVE, STE 102, NASHVILLE, TN 37204	JANITORIAL SERVICES	142,680.
HIREWATCH P.O. BOX 27903, NEW YORK, NY 10087	BACKGROUND CHECKS	141,502.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 7

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

Form **990** (2008)

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE**

Form 990 (2008)

62-0476243 Page **9**

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	108,083.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2680470.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5804648.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			8,593,201.			
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code 713940	46186461.	46186461.			
	b PROGRAM SERVICE REVENUE	541610	22597329.	22597329.			
	c CORPORATE FITNESS	713940	127,897.		127,897.		
	d CONSULTING MANAGEMENT	541610	97,596.		97,596.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		69009283.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		601,869.			601,869.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
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	351,047.				
b Less: cost or other basis and sales expenses			365,417.				
c Gain or (loss)			-14,370.				
d Net gain or (loss)			-14,370.			-14,370.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a	797,114.				
b Less: direct expenses		b	259,749.				
c Net income or (loss) from fundraising events			537,365.	537,365.			
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 OTHER INCOME	541610	553,424.	553,424.				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		553,424.					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		79280772.	69874579.	225,493.	587,499.		

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Form **990** (2008)

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE**

Form 990 (2008)

62-0476243 Page **10**

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	249,375.	249,375.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	17,339.	17,339.		
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	1,688,975.	280,579.	834,488.	573,908.
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	34,717,322.	31,300,392.	3,036,504.	380,426.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,823,503.	1,581,814.	193,889.	47,800.
9 Other employee benefits	1,665,249.	1,444,535.	177,062.	43,652.
10 Payroll taxes	3,286,672.	2,914,446.	310,083.	62,143.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	177,613.			177,613.
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	6,446,804.	5,594,662.	720,836.	131,306.
14 Information technology				
15 Royalties				
16 Occupancy	8,035,784.	7,683,657.	352,127.	
17 Travel	1,173,553.	916,184.	209,084.	48,285.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,246,628.	960,177.	261,812.	24,639.
20 Interest	2,621,371.	2,413,499.	207,872.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,940,340.	6,940,340.		
23 Insurance	383,196.	374,148.	9,048.	
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 <u>UNRELATED BUSINESS INCOME</u>	9,731.	9,731.	0.	0.
b <u>PURCHASED SERVICES</u>	3,026,298.	1,709,144.	1,304,855.	12,299.
c <u>EQUIPMENT COSTS</u>	2,041,110.	1,126,848.	901,290.	12,972.
d <u>PRINTING AND PUBLICATIONS</u>	1,196,741.	670,283.	503,901.	22,557.
e <u>MISCELLANEOUS EXPENSE</u>	497,091.	380,806.	116,285.	0.
f All other expenses	570,459.	344,530.		225,929.
25 Total functional expenses. Add lines 1 through 24f	77,815,154.	66,912,489.	9,139,136.	1,763,529.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE**

Form 990 (2008)

62-0476243 Page **11**

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,694,959.	1	2,521,564.
	2 Savings and temporary cash investments	36,789,841.	2	21,582,481.
	3 Pledges and grants receivable, net	14,056,507.	3	11,556,122.
	4 Accounts receivable, net	445,302.	4	342,953.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	897,798.	9	963,416.
	10a Land, buildings, and equipment: cost basis ... 10a 178,234,786.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b 50,305,479.	107,263,700.	10c	127,929,307.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	375,388.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	448,992.	15	412,879.
16 Total assets. Add lines 1 through 15 (must equal line 34)	165,972,487.	16	165,308,722.	
Liabilities	17 Accounts payable and accrued expenses	5,843,244.	17	6,625,652.
	18 Grants payable		18	
	19 Deferred revenue	2,994,128.	19	2,841,656.
	20 Tax-exempt bond liabilities	62,680,000.	20	59,870,000.
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	5,987,633.	23	6,413,703.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	3,282,146.	25	7,520,082.
	26 Total liabilities. Add lines 17 through 25	80,787,151.	26	83,271,093.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	65,005,185.	27	65,959,603.
	28 Temporarily restricted net assets	20,180,151.	28	16,078,026.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	85,185,336.	33	82,037,629.
	34 Total liabilities and net assets/fund balances	165,972,487.	34	165,308,722.

Part XI Financial Statements and Reporting

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

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Employer identification number
62-0476243

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

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

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

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

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

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____	11g(i)	
(ii) A family member of a person described in (i) above? _____	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____	11g(iii)	

h ☐ Provide the following information about the organizations the organization supports. _____

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	46725826.	48808129.	51226483.	40505406.	10035341.	197301185
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	46725826.	48808129.	51226483.	40505406.	10035341.	197301185
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)						3831295.
6 Public Support. Subtract line 5 from line 4.						193469890

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	46725826.	48808129.	51226483.	40505406.	10035341.	197301185
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	259,776.	445,068.	686,735.	1058031.	601,869.	3051479.
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.)	450,419.	477,300.	645,116.		539,054.	2111889.
11 Total support. Add lines 7 through 10						202464553
12 Gross receipts from related activities, etc. (see instructions)					12 171,385,593.	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	95.56 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	96.49 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2008

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

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		

Schedule A (Form 990 or 990-EZ) 2008

2008

*** Not Open to Public Inspection ***

Total Excess Contributions to Schedule A, Part II, Line 5

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE**

Employer identification number
62-0476243

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

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

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

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

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

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

c ☐ Preservation for future generations

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

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.

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

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

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ▶ %

c Term endowment ► _____ %

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

(i) unrelated organizations

(ii) related organizations

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		14,368,873.		14,368,873.
b Buildings		116,110,260.	31,641,879.	84,468,381.
c Leasehold improvements				
d Equipment		26,847,301.	18,254,765.	8,592,536.
e Other		20,908,352.	408,835.	20,499,517.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				127,929,307.

Schedule D (Form 990) 2008

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE**

Schedule D (Form 990) 2008

62-0476243 Page **4**

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	79,280,772.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	77,815,154.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,465,618.
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	-4,613,325.
9	Total adjustments (net). Add lines 4-8	9	-4,613,325.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-3,147,707.

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	79,540,521.
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	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	259,749.
e	Add lines 2a through 2d	2e	259,749.
3	Subtract line 2e from line 1	3	79,280,772.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.)	5	79,280,772.

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

1	Total expenses and losses per audited financial statements	1	82,688,228.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	4,873,074.
e	Add lines 2a through 2d	2e	4,873,074.
3	Subtract line 2e from line 1	3	77,815,154.
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 should equal Form 990, Part I, line 18.)	5	77,815,154.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI, LINE 8- OTHER: CHANGE IN DERIVATIVE LIABILITY \$4,613,325

PART XII, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES \$259,749

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN DERIVATIVE LIABILITY \$4,613,325

FUNDRAISING EXPENSES \$259,749

Schedule D (Form 990) 2008

832054
12-23-08

Department of the Treasury
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open To Public Inspection

Employer identification number
62-0476243

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- a ☒ Mail solicitations
- b ☒ 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. Form 990-EZ filers are not required to complete this table.

(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			
LIGHTHOUSE COUNSEL	CONSULTANT		X	0.	177,613.	-177,613.
Total					177,613.	-177,613.

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.

TN, KY

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

Schedule G (Form 990 or 990-EZ) 2008

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule G (Form 990 or 990-EZ) 2008

MIDDLE TENNESSEE

62-0476243 Page 2

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 LEGACY GOLF TOURNAMENT (event type)	(b) Event #2 GARDEN GALA (event type)	(c) Other Events 30 (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue				
1 Gross receipts	69,665.	50,419.	677,030.	797,114.
2 Less: Charitable contributions				
3 Gross revenue (line 1 minus line 2)	69,665.	50,419.	677,030.	797,114.
Direct Expenses				
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs				
7 Other direct expenses	33,326.	30,704.	195,719.	259,749.
8 Direct expense summary. Add lines 4 through 7 in column (d)				(259,749.)
9 Net income summary. Combine lines 3 and 8 in column (d)				537,365.

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				
Direct Expenses				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

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		

Schedule G (Form 990 or 990-EZ) 2008

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule G (Form 990 or 990-EZ) 2008

MIDDLE TENNESSEE

62-0476243 Page 3

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

c If "Yes," enter name and address:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Schedule G (Form 990 or 990-EZ) 2008

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE** Employer identification number **62-0476243**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ... ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF CHATTANOOGA 301 W. 6TH STREET CHATTANOOGA, TN 37402	62-0475699	501(C)(3)	83,125.	0.			TO FURTHER EXEMPT PURPOSE
YMCA OF KNOXVILLE 10713 KINGSTON PIKE KNOXVILLE, TN 37934	62-0475700	501(C)(3)	83,125.	0.			TO FURTHER EXEMPT PURPOSE
YMCA OF MEMPHIS & THE MID-SOUTH 6373 QUAIL HOLLOW ROAD, SUITE 201 MEMPHIS, TN 38120	62-0476304	501(C)(3)	83,125.	0.			TO FURTHER EXEMPT PURPOSE

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

3 Enter total number of other organizations **3.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2008**

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

62-0476243

Schedule I (Form 990) 2008

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TUITION/SCHOLARSHIP	13	12,118.	0.		
BOOKS & SCHOOL RELATED COSTS	4	5,221.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART 1, #2 ALL GRANT INDIVIDUALS ARE REQUIRED TO PROVIDE RECEIPTS OR

INVOICES FOR ALL EXPENDITURES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE**

Employer identification number
62-0476243

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

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

[illegible]

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Schedule J (Form 990) 2008

62-0476243

Page 3

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1B: PART I, LINE 1A- INCLUDED IN THE SR VP OF PLANNED GIVING
EMPLOYMENT CONTRACT ARE MONTHLY MEMBERSHIP DUES FOR A LOCAL GOLF CLUB.
EFFECTIVE 1-1-2009 THIS EMPLOYEE BENEFIT HAS BEEN ELIMINATED.

PART I, LINE 4B- IN 2008 CLARK BAKER, FORMER CEO, RECEIVED \$325,876 WHICH
REPRESENTS HIS TOTAL BALANCE IN THE YMCA OF MIDDLE TENNESSEE 457 DEFERRED
COMPENSATION PLAN.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public
Inspection

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

Name of the Organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE**

Employer Identification number
62-0476243

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

(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			
JAMES W. GRANBERY BOARD MEMBER	1.00	X						0.	0.	0.
ROUPEN M. GULBENK BOARD MEMBER	1.00	X						0.	0.	0.
JACQUELYN GUTHRIE BOARD MEMBER	1.00	X						0.	0.	0.
JASON HANCOCK BOARD MEMBER	1.00	X						0.	0.	0.
GERRY HELPER BOARD MEMBER	1.00	X						0.	0.	0.
BILL HENDERSON BOARD MEMBER	1.00	X						0.	0.	0.
JIM HOUSER BOARD MEMBER	1.00	X						0.	0.	0.
CRAIG JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
JOE KELLEY BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM KNESTRICK BOARD MEMBER	1.00	X						0.	0.	0.
WALTER KNESTRICK BOARD MEMBER	1.00	X						0.	0.	0.
RONALD F. KNOX, JR. BOARD MEMBER	1.00	X						0.	0.	0.
BILL LEE BOARD MEMBER	1.00	X						0.	0.	0.
RANDY LOWRY BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS LYNN BOARD MEMBER	1.00	X						0.	0.	0.
DON MACLEOD BOARD MEMBER	1.00	X						0.	0.	0.
RITA MCDONALD BOARD MEMBER	1.00	X						0.	0.	0.
PAT MCGUIGAN BOARD MEMBER	1.00	X						0.	0.	0.
ANDY MILLER BOARD MEMBER	1.00	X						0.	0.	0.
JOHN ED MILLER BOARD MEMBER	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the Organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE**

Employer Identification number
62-0476243

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

(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			
DORTCH OLDHAM BOARD MEMBER	1.00	X						0.	0.	0.
PHIL PFEFFER BOARD MEMBER	1.00	X						0.	0.	0.
MARSHALL POLK BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT PULLEN BOARD MEMBER	1.00	X						0.	0.	0.
DOYLE RIPPEE BOARD MEMBER	1.00	X						0.	0.	0.
DUSTY ROTHROCK BOARD MEMBER	1.00	X						0.	0.	0.
JOE SALVATO BOARD MEMBER	1.00	X						0.	0.	0.
JIM SHAUB BOARD MEMBER	1.00	X						0.	0.	0.
DAVID SMITH BOARD MEMBER	1.00	X						0.	0.	0.
REV. BOB SPAIN BOARD MEMBER	1.00	X						0.	0.	0.
JANE STRANCH BOARD MEMBER	1.00	X						0.	0.	0.
BARBARA SUTTON BOARD MEMBER	1.00	X						0.	0.	0.
CARTER TODD BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD TOMKINS BOARD MEMBER	1.00	X						0.	0.	0.
CLAIRE TUCKER BOARD MEMBER	1.00	X						0.	0.	0.
CAL TURNER BOARD MEMBER/PAST CHAIR	1.00	X						0.	0.	0.
DEBORAH TURNER BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM E. TURNER, JR. BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM B. WADLINGTON, MD BOARD MEMBER	1.00	X						0.	0.	0.
JAMES M. WARD BOARD MEMBER	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public
Inspection

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

Name of the Organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE** Employer Identification number
62-0476243

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

(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			
JAMES A. WEBB III BOARD MEMBER	1.00	X						0.	0.	0.
CONNIE WEISNER BOARD MEMBER	1.00	X						0.	0.	0.
BERNARD WERTHAN BOARD MEMBER	1.00	X						0.	0.	0.
DAVID WILDS BOARD MEMBER	1.00	X						0.	0.	0.
W. RIDLEY WILLS II BOARD MEMBER	1.00	X						0.	0.	0.
RANDY WILMORE BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM WILSON BOARD MEMBER	1.00	X						0.	0.	0.
TONY WOLFE BOARD MEMBER	1.00	X						0.	0.	0.
JOHN MARK JOHNSON CEO	45.00			X				346,981.	0.	34,256.
DAVID L. BYRD COO	45.00			X				230,388.	0.	29,927.
PETER M. OLDHAM SR VP OF PLANNED GIVING	45.00			X				170,332.	0.	27,937.
TIMOTHY WEILL SR VP OF FINANCE	45.00			X				168,095.	0.	20,781.
JOYCE COOK SECRETARY	2.00			X				0.	0.	0.
FRANK DROWATA CHAIR	2.00			X				0.	0.	0.
DECOSTA JENKINS ASST. TREAS	2.00			X				0.	0.	0.
RANDY LASZEWSKI TREASURER	2.00			X				0.	0.	0.
JEFFERY D PARSLEY SR VP OF FINANCIAL DEVEL	45.00			X				128,617.	0.	22,576.
MICHAEL HEILBRONN SR VP OF OPERATIONS	45.00				X			152,414.	0.	25,881.
KEITH COSS SR VP OF PEOPLE & STRATE	45.00				X			153,548.	0.	21,800.
DONALD JONES SR VP OF PROPERTY MANAGE	45.00				X			144,558.	0.	20,327.

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

Schedule J-2 (Form 990) 2008

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Employer Identification number
62-0476243

(A)

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

Schedule J-2 (Form 990) 2008

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE**

Employer identification number
62-0476243

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

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
INDUSTRIAL DEVELOPMENT A BOARD OF THE METROP GOV'T62-11628425920650L8			12/06/07	31440000	CONSTRUCTION AND EQUIPMENT FACILITIES		X		X
B									
C									
D									
E									

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

2008

Open To Public
Inspection

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE**

Employer identification number
62-0476243

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

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

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

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
WOOD CALDWELL	BOARD MEMBER	146,168.	SOUTHEAST V		X
GARY EVERTON	BOARD MEMBER	154,157.	EVERTON OGL		X
DECOSTA JENKINS	BOARD MEMBER	1,699,613.	ELECTRICAL		X
MARSHALL POLK	BOARD MEMBER	781,829.	INSURANCE S		X
BILL KNESTRICK	BOARD MEMBER	516,316.	KNESTRICK C		X

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

Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE	Employer identification number 62-0476243
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FORM 990, PART VI, SECTION A, LINE 2: DORTCH OLDHAM, A BOARD MEMBER, AND PETER OLDHAM, A SENIOR OFFICER, HAD A FAMILY RELATIONSHIP.

LAWSON ALLEN, A BOARD MEMBER, AND LEE BARFIELD, A BOARD MEMBER, HAD A FAMILY RELATIONSHIP. BOARD MEMBERS CAL TURNER & DAVID WILDS HAD A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6: THE BYLAWS DEFINE "VOTING MEMBERS" TO BE MEMBERS OF THE ASSOCIATION BOARD AND OF EACH CENTER BOARD.

FORM 990, PART VI, SECTION A, LINE 7A: THE YMCA OF MIDDLE TENNESSEE HAS "VOTING MEMBERS" WHO ELECT THE ASSOCIATION BOARD (THE "GOVERNING BODY") EACH YEAR. THE BYLAWS DEFINE "VOTING MEMBERS" TO BE MEMBERS OF THE ASSOCIATION BOARD AND OF EACH CENTER BOARD.

FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS OF THE GOVERNING BODY THAT ARE SUBJECT TO APPROVAL BY THE VOTING MEMBERS ARE SET FORTH IN TENNESSEE LAW AND INCLUDE MERGERS BETWEEN THE Y AND OTHER ENTITIES.

FORM 990, PART VI, SECTION A, LINE 10: THE ORGANIZATION POSTS A DRAFT OF THE FORM 990 ON A SECURE WEBSITE TO FACILITATE ITS REVIEW BY BOARD MEMBERS. ALL BOARD MEMBERS ARE NOTIFIED OF THE POSTING, GIVEN A LINK TO THE WEBSITE AND ARE AFFORDED WHAT THE ORGANIZATION BELIEVES TO BE A REASONABLE AMOUNT OF TIME TO REVIEW THE 990. BOARD MEMBERS ARE REQUESTED TO INDICATE ON THE WEBSITE WHEN THEY HAVE FINISHED THEIR REVIEW. SEPARATELY, THE ORGANIZATION SENDS A DRAFT OF THE FORM 990 TO EACH MEMBER OF ITS FINANCE COMMITTEE REQUESTING THEIR REVIEW. BOARD MEMBERS WHO PREFER IT ARE PROVIDED A HARD

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Employer identification number
62-0476243

COPY OF THE 990 TO REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A CONFLICTS COMMITTEE COMPOSED OF 3 VOLUNTEERS. THIS COMMITTEE ANNUALLY DISTRIBUTES A COPY OF THE CONFLICTS POLICY AND A DISCLOSURE STATEMENT TO ALL ASSOCIATION BOARD MEMBERS AND SENIOR EXECUTIVES. ALL SUCH PERSONS MUST COMPLETE, SIGN AND RETURN THE DISCLOSURE STATEMENT. THE DISCLOSURE STATEMENTS ARE REVIEWED BY THE CONFLICTS COMMITTEE. THE CONFLICTS COMMITTEE HAS FULL POWER TO EVALUATE AND APPROVE OR DISAPPROVE ANY TRANSACTION PRESENTED AS A POTENTIAL CONFLICT. BOARD MEMBERS AND SENIOR STAFF ARE UNDER A CONTINUING RESPONSIBILITY TO NOTIFY THE CONFLICTS COMMITTEE ABOUT POTENTIAL CONFLICTS THAT MAY ARISE PRIOR TO THE DISTRIBUTION OF THE NEXT ANNUAL DISCLOSURE STATEMENT. IN ADDITION, THOSE STAFF MEMBERS WHO ARE AUTHORIZED TO ENGAGE IN TRANSACTIONS ON BEHALF OF THE Y MUST REPORT TO THE CONFLICTS COMMITTEE ANY PROPOSED TRANSACTION BETWEEN THE Y AND AN ASSOCIATION BOARD MEMBER. THE COMMITTEE MAY APPROVE OR DISAPPROVE ANY SUCH PROPOSED TRANSACTION. ANY MEMBER OF THE ASSOCIATION'S BOARD WHO HAS A POTENTIAL CONFLICT OF INTEREST IN A SPECIFIC ACTION OF THE BOARD UNDER CONSIDERATION AT A MEETING IS EXPECTED TO RECUSE HIM/HERSELF FROM ANY INFLUENCE ON SUCH ACTION, REQUEST THE MINUTES OF THE MEETING NOTE HIS/HER ABSTENTION AND, WHERE APPROPRIATE, LEAVE THE ROOM DURING DISCUSSION OF THE ACTION.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION USES THE HAY SYSTEM IN "POINTING" ALL OF ITS POSITIONS, INCLUDING THE CEO. COMPENSATION OF THE ORGANIZATION'S CEO IS DETERMINED EACH YEAR BY THE CEO COMPENSATION COMMITTEE, CONSISTING OF FOUR BOARD MEMBERS. THIS COMMITTEE ESTABLISHES

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Employer identification number

62-0476243

ANNUAL GOALS FOR THE CEO, EVALUATES THE CEO'S PERFORMANCE, AND USES
COMPARABILITY DATA IN SETTING THE CEO'S COMPENSATION. THE COMMITTEE
MAINTAINS WRITTEN RECORDS OF ITS DELIBERATIONS AND DISCUSSIONS.

COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THEIR
SUPERVISORS, UTILIZING THE HAY SYSTEM AND THE EXPERTISE OF THE
ORGANIZATION'S PEOPLE SERVICES DEPARTMENT.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST.

PART IX, LINE 2C

NO CHANGES TO PROCESS

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

INDUSTRIAL DEVELOPMENT BOARD OF THE METROP GOVT OF NASHVILLE & DAVIDSON CO.

(F) DESCRIPTION OF PURPOSE:

CONSTRUCTION AND EQUIPMENT FACILITIES

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

(A) NAME OF PERSON: WOOD CALDWELL

(D) DESCRIPTION OF TRANSACTION: SOUTHEAST VENTURE, LLC - PROVIDED

LANDSCAPING, INTERIOR DESIGN, AND ARCHITECTURAL AND MASTER PLANNING

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Employer identification number

62-0476243

SERVICES.

(A) NAME OF PERSON: GARY EVERTON

(D) DESCRIPTION OF TRANSACTION: EVERTON OGLEBY ARCHITECTS -
ARCHITECT/DESIGN SERVICES FOR FACILITY EXPANSIONS

(A) NAME OF PERSON: DECOSTA JENKINS

(D) DESCRIPTION OF TRANSACTION: ELECTRICAL SERVICES PROVIDED TO
FACILITIES FROM NASHVILLE ELECTRIC

(A) NAME OF PERSON: MARSHALL POLK

(D) DESCRIPTION OF TRANSACTION: INSURANCE SERVICES PROVIDED BY FIRST
HORIZON

(A) NAME OF PERSON: BILL KNESTRICK

(D) DESCRIPTION OF TRANSACTION: KNESTRICK CONTRACTORS - PROVIDED
RENOVATIONS & REMODELING SERVICES TO FACILITIES

Name of the organization

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE**

Employer identification number
62-0476243

Part I Identification of Disregarded Entities

[illegible]

Part II Identification of Related Tax-Exempt Organizations

[illegible]

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

[illegible]

part iv Identification of Related Organizations Taxable as a Corporation or Trust

[illegible]

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

62-0476243 Page 3

Schedule R (Form 990) 2008 MIDDLE TENNESSEE

Part V Transactions With Related Organizations

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

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

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

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) YMCA OF MIDDLE TN RECEIVED GRANTS FROM THE YMCA FOUNDATION	C	147,367.
(2) YMCA OF MIDDLE TN SHARES OFFICE SPACE & EQUIP WITH THE FOUNDATION	M	0.
(3) YMCA OF MIDDLE TN RECEIVED REIMBURSEMENT FOR PERSONNEL EXPENSES	P	115,663.
(4) YMCA OF MIDDLE TN RECEIVED REIMBURSEMENTS FOR VARIOUS EXPENSES FROM TIME TO		0.
(5) TIME SUCH AS MEALS & OTHER EXPENSES CHARGES ON YMCA CREDIT CARDS	P	26,449.
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

[illegible]

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE	Employer identification number 62-0476243	
	Number, street, and room or suite no. If a P.O. box, see instructions. 1000 CHURCH STREET	For IRS use only	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37203		

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

- | | | | | | |
|--|--------------------------------------|---|--------------------------------------|------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 6069 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

MR. TIM WEILL

- The books are in the care of **1000 CHURCH STREET - NASHVILLE, TN 37203**
Telephone No. **615-259-9622** 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 is for.
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2009.**
- 5 For calendar year **2008**, or other tax year beginning _____, and ending _____.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
TAXPAYER IS AWAITING INFORMATION FROM THIRD PARTIES.

8a 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.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. 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.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Kevin J. Roastaler, CPA** Title **Agent**Date **8/7/09**

**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 ☒ **X**
 - 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 File by the due date for filing your return. See instructions.	Name of Exempt Organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE	Employer identification number 62-0476243
	Number, street, and room or suite no. If a P.O. box, see instructions. 900 CHURCH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37203	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

MR. TIM WEILL

- The books are in the care of ▶ **900 CHURCH STREET - NASHVILLE, TN 37203**
Telephone No. ▶ **615-259-9622** 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, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year **2008** 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)

YMCA of Middle Tennessee
12/31/2008
Form 990 (2008)

Part I, Line 1 and Part III, Line 1

Briefly describe the organization's mission:

The YMCA of Middle Tennessee is a not-for-profit, worldwide charitable fellowship united by a common loyalty to Jesus Christ for the purpose of helping persons grow in spirit, mind and body. Through a range of life-changing programs and services, we meet critical needs in our communities and provide a continuum of care from cradle to grave as we work to *build strong kids, strong families and strong communities*.

Our YMCA is open and accessible to everyone in our communities such that men, women and children from all walks of life have a place at our YMCA. Through our We Build People annual giving campaign and our income-based rate scale, we ensure that our YMCA remains available to all, regardless of income level or ability to pay.

Our **vision** is to be a source of strength to our communities by providing an environment where people of all ages, faiths, ethnicities, backgrounds and abilities can work toward achieving their God-given fullest potential in spirit, mind and body. In all that we do—from inspiring healthier lifestyles to operating to providing quality outreach programs that meet community needs—we strive to model and teach the YMCA's core character values of *caring, honesty, respect and responsibility*.

With **30 centers** and **301 program locations**, the YMCA of Middle Tennessee reaches **271,793 lives** in the **12-county area** it serves through **membership, camping and childcare, program participation, community outreach, volunteerism and philanthropy**.

Section 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses:

4a
Inspiring Healthier Lifestyles

Our YMCA helps people live healthier lives. Since our founding in 1875, health and wellness programs have remained integral to our mission of building spirit, mind and body. As the nation faces a growing obesity and chronic disease epidemic, our YMCA

continues to be a resource for healthy living that's made available to all through our Open Doors program, featuring an income-based rate scale.

In 2008, our YMCA:

- Helped **171,664 facility members** and **13,059 program members** representing **82,520 households** to become healthier in spirit, mind and body.
- Provided total **charitable subsidy and financial assistance of \$13,487,313**.
- Launched a **Pioneering Healthier Communities** initiative to develop transformative health and nutrition policies for the city of Nashville in partnership with Tennessee Governor Phil Bredesen, Nashville Mayor Karl Dean and U.S. Representative Jim Cooper.
- Engaged members in healthier living through **69,481 group fitness classes**.
- Guided **10,103 people toward improved overall health** through personal training.
- Taught **11,045 swim lessons** to children and adults at 49 pools.
- Instilled confidence, character, athletic skills and active living in the lives of **21,887 children** through youth sports.
- Enlisted 3,402 enthusiastic volunteer youth-sports coaches to strengthen children and teens by providing interaction with positive adult role models
- Strengthened **20,732 active older adults** through memberships and programs.
- Provided **healthy living resources and tools** to more than **4,000 kids and adults** at our 17th Annual Healthy Kids Day events, aimed at helping families in our communities find ways to lead healthier lifestyles.
- Developed a **nutrition and wellness component** for incorporation in the program curriculum at **all YMCA before and after-school care sites** to combat rising childhood obesity rates. *Stepping Up* is designed to provide education and resources for parents while helping children develop healthy eating habits and physical activity regimens in the critical hours before and after school.
- Continued a leadership role for YMCA of the USA's Activate America initiative, **developing innovative solutions to the nation's lifestyle health crisis**.

4b

Camping & Childcare

Our YMCA is a safe place where youth can dream, learn, grow and achieve their fullest potential. ***Building strong communities begins by building strong kids***. We provide the community with quality camping and childcare programs focused on positive youth development.

All of our camping and childcare programs utilize the Search Institute's Developmental Assets framework to develop and implement staff training, curriculums and activities designed to help young people develop into kind, caring and responsible adults. Like other programs offered at our YMCA, financial assistance is available for all of our youth programs such that children from all socio-economic backgrounds have access to quality camping experiences and childcare.

Our YMCA knows the more assets young people have the less likely they are to engage in risky behaviors. Staff and volunteers working with youth in our YMCA are trained to recognize the importance of cultivating positive assets in youth, and the following programs are designed to give young people the tools they need to thrive.

Camp Widgiwagan at the Joe C. Davis YMCA Outdoor Center

Our YMCA's **Camp Widgiwagan at the Joe C. Davis YMCA Outdoor Center** provides **rising first through eighth graders** with a summer experience designed to strengthen and reinforce the positive assets all young people need to succeed. Camp Widgiwagan strives to achieve three primary goals for all campers:

1. Forge Friendships
2. Strengthen Confidence
3. Sharpen Character

Through an adventure-filled summer experience, campers have the opportunity to learn the art of cooperation and make good choices while developing competence in both camping and life skills. The daily activities and interactions with positive adult role models at Camp Widgiwagan provide the ideal setting for character development.

Fun Company

Through our **YMCA Fun Company program**, we provide the community with before and after school care that equips school aged children to develop their own interests through hands-on activity and project based learning experiences designed to promote group dynamics and foster innate curiosity.

Children enrolled in Fun Company have access to quality childcare in safe places where they can discover the joy of learning, pursue their creative passions and develop the strong character values, life-skills and decision-making abilities needed to achieve their full potential in spirit, mind and body.

Our YMCA operates more than 140 Fun Company sites, primarily in public elementary schools, where our childcare staff volunteer a minimum of 5 hours a week (in addition to the hours spent operating before and after-school care) to their respective schools in order to serve as active partners in the schools' efforts to provide the children of our community with a quality, well-rounded educational experience.

Preschool Care

Our state licensed preschools facilitate hands-on, age appropriate learning experiences designed to capture and build on a child's imagination and interest. The curriculum actively engages a child's reasoning, creative thinking and social skills in a way that instills them with happiness and self-confidence.

Center Day Camps

In addition to the camping opportunities provided at Camp Widgiwagan, kids in our communities also have the option of attending summer camp a little closer to home by participating in one of our many **Center Day Camps**.

Our Center Day Camp programs emphasize building strong character values and social interaction skills while engaging in summer fun. Typical activities at a center day camp include swimming, sports, outdoor adventures, arts and crafts, science and much more. The activities and calendars of events for our center day camps are standardized across our 12-county service area to ensure that every child has the same quality camping experience at our YMCAs regardless of where they live.

In 2008, our YMCA:

- Welcomed 3,108 day and overnight campers to strengthen confidence, force friendships and sharpen character at Camp Widgiwagan--voted **Best Day Camp** for the 11th consecutive year by *Nashville Parent* readers.
- Provided academic, social and physical enrichment to **9,687 school-aged children** at 145 sites through before and after-school Fun Company and Summer Odyssey in partnership with local schools.
- Fostered learning, laughter and love in **329 children** through our **licensed preschool services**.

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Community Outreach & Education

In 2008, nearly **13,000** men, women and children in our communities took part in one or more of dozens of quality outreach programs and educational opportunities provided by our YMCA each year.

Designed to meet community needs, our outreach programs offer people of all ages and from all backgrounds the opportunity to grow toward reaching their full potential. Our YMCA continues to enrich the lives of those in the communities we serve, not only through membership, but by reaching out beyond the walls of our wellness centers to meet people where they are and provide them with life-changing programs, services, tools and resources to live healthier lives in spirit, mind and body.

Our outreach programs serve people of all ages and from all walks of life. Like all of our other programs and services, our outreach offerings are available to all regardless of income or ability to pay.

In 2008, our YMCA:

- Sowed confidence and positive values into **5,741 children and families** through our **Urban Services Youth Development Center, Y-CAP** (YMCA Community Action Project), and **Hispanic Achievers** program.

- Offered career training and life skills development to **64 men** ages 18-24 through **Y-Build**, an outreach program designed to equip young adults interested in the construction trade with the skills required for viable employment opportunities. Y-Build participants without a high school diploma also have the opportunity to **work toward obtaining their GED** while in the program.
- Launched a new **Y-MedCorps** program to help young women train for careers in the healthcare industry.
- Encouraged spiritual, mental and physical growth in **275 students** at the **Preston Taylor Boys & Girls Club YMCA Youth Development Center at McKissack Middle School**. Located near the Preston-Taylor Public Housing Development, the center is a unique partnership between our YMCA, the Boys & Girls Club, Metro-Nashville Public Schools and the United Way.
- Guided **130 boys and girls** toward long-term success and achievement through our **Urban Services School of Academics & Athletics (USSAA)**. USSAA is a year-round outreach program designed to help students succeed both on the court and field and in the classroom. In addition to intense athletic training, participants also receive college and career counseling, adult mentorship and ACT/SAT prep classes.
- Through our YMCA Center for Civic Engagement enriched **2,897 middle and high-school students statewide** through the nation's second largest YMCA Youth in Government program and 28th Annual Tennessee YMCA Model United Nations conference.
- Expanded our Restore Ministries programs beyond Middle Tennessee, more than doubling participation to **2,169 men and women** who found hope and freedom from **life-controlling issues** through safe, caring support groups and individual counseling.
- Provided **1,552 men and women** with health and wellness guidance, encouragement, support and education through **health outreach programs** including **After Breast Cancer, DiabeteSmart** and **LupuStrong**.