

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated return
☐ 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 STREETCity 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 \$ 83,067,170.**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** Form 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:	SEE STATEMENT ON SCHEDULE O.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	75
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	72
	5	Total number of employees (Part V, line 2a)	5	5552
	6	Total number of volunteers (estimate if necessary)	6	6000
		7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, line 34	7b	19,651.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 8,593,201.	Current Year 11,348,596.
	9	Program service revenue (Part VIII, line 2g)	69,009,283.	69,493,210.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	587,499.	-35,122.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,090,789.	1,627,540.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,280,772.	82,434,224.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	266,714.	276,325.
	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)	43,181,721.	43,317,052.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	177,613.	115,800.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,718,747.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	34,189,106.	34,308,436.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	77,815,154.	78,017,613.
	19	Revenue less expenses. Subtract line 18 from line 12	1,465,618.	4,416,611.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 165,308,722.	End of Year 164,174,310.
	21	Total liabilities (Part X, line 26)	83,271,093.	74,750,226.
	22	Net assets or fund balances. Subtract line 21 from line 20	82,037,629.	89,424,084.

Part II Signature Block

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

Sign Here

Signature of officer

Date

9-28-10

TIM WEILL, CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

KRAFTOPAS PLLC
555 GREAT CIRCLE ROAD
NASHVILLE, TN 37228

Date

09/27/10

Check if self-employed ☐

Preparer's identifying number (see instructions)

EIN ▶

Phone no. ▶ (615) 242-7351

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

☒ Yes ☐ No

932001 02-04-10

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

Form 990 (2009)

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Form 990 (2009)

62-0476243 Page 2

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

SEE STATEMENT ON SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 45,879,626. including grants of \$) (Revenue \$ 52,614,634.)

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 2009, OUR YMCA:

- HELPED 254,996 FACILITY MEMBERS AND 23,221 PROGRAM MEMBERS REPRESENTING 84,724 HOUSEHOLDS TO BECOME HEALTHIER IN SPIRIT, MIND AND BODY.

4b (Code:) (Expenses \$ 15,693,248. including grants of \$) (Revenue \$ 15,429,674.)

CAMPING & CHILDCARE- OUR YMCA IS A SAFE PLACE THAT NURTURES THE POTENTIAL OF YOUTH AND TEENS. OUR YOUTH PROGRAMS ARE DESIGNED TO HELP KIDS DREAM, LEARN, GROW AND WORK TOWARD REACHING THEIR FULL POTENTIAL. WE PROVIDE THE COMMUNITY WITH QUALITY, AFFORDABLE CAMPING AND CHILDCARE OPPORTUNITIES THAT FOSTER POSITIVE YOUTH DEVELOPMENT.

ALL OF OUR CAMPING AND CHILDCARE PROGRAMS UTILIZE THE SEARCH INSTITUTES 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

4c (Code:) (Expenses \$ 4,792,195. including grants of \$ 276,325.) (Revenue \$ 1,375,158.)

COMMUNITY OUTREACH & EDUCATION- IN 2009, NEARLY 10,000 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.

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

(Expenses \$ 1,184,266. including grants of \$) (Revenue \$ 577,172.)

4e Total program service expenses \$ 67,549,335.

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

Form 990 (2009)

62-0476243 Page **3**

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>	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	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>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	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>	7	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>	8	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>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11	X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	12	X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b	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>	15	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>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X

Form **990** (2009)

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

Form 990 (2009)

62-0476243

Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

Form 990 (2009)

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

Form 990 (2009)

62-0476243 Page 5

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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
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		
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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		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	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	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:		
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:		
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		

Form 990 (2009)

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

Form 990 (2009)

62-0476243 Page 6

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	75	
b Enter the number of voting members that are independent	72	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

Form 990 (2009)

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

Form 990 (2009)

62-0476243 Page **7**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
FRANK DROWATA CHAIRMAN	2.00	X		X				0.	0.	0.
JOYCE COOK SECRETARY	2.00	X		X				0.	0.	0.
RANDY LASZEWSKI TREASURER	2.00	X		X				0.	0.	0.
DECOSTA JENKINS ASST. TREAS	2.00	X		X				0.	0.	0.
H. LEE BARFIELD II BOARD MEMBER	1.00	X						0.	0.	0.
DAVID BOHAN BOARD MEMBER	1.00	X						0.	0.	0.
LEILANI BOULWARE BOARD MEMBER	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	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.
DARRYL COOPER 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.
JOHN EAKIN BOARD MEMBER	1.00	X						0.	0.	0.

932007 02-04-10

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

Form 990 (2009)

62-0476243 Page **8**

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			
ALISON EGERTON 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.
SANDRA FULTON 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.
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.
1b Total								2,021,151.	0.	313,411.

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

16

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATIBA SOFTWARE LLC, 1720 WEST END AVENUE, STE 33, NASHVILLE, TN 37203	SOFTWARE PROGRAMMING	543,658.
PRO-CLEAN LLC, 700 INVERNESS AVE, STE 102, NASHVILLE, TN 37204	JANITORIAL SERVICES	162,125.
WON S. CHOI D/B/A HAPPY CAMPERS 226 THIRD AVE., N., NASHVILLE, TN 37201	FOOD SERVICES	153,869.
TRIANGLE 2 PARTNERS 34 B HIGH STREET, MARBLEHEAD, MA 01945	CONSULTANTS	129,453.
LIGHTHOUSE COUNSEL INC., 101 FOREST CROSSING BLVD, STE. 109, FRANKLIN, TN	FUNDRAISER	113,845.

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

5

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

Form **990** (2009)

932008 02-04-10

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

Form 990 (2009)

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 93,268.				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 2,931,871.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 8,323,457.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		11348596.			
Program Service Revenue	2 a	MEMBERSHIP DUES	Business Code 713940	46816793.	46816793.		
	b	PROGRAM SERVICE REVENUE	541610	22475573.	22475573.		
	c	CORPORATE FITNESS	713940	111,966.		111,966.	
	d	CONSULTING MANAGEMENT	541610	88,878.		88,878.	
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		69493210.			
	3	Investment income (including dividends, interest, and other similar amounts)		183,632.			183,632.
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
Other Revenue	6 a	Gross Rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses		74,021.			
	c	Gain or (loss)		292,775.			
	d	Net gain or (loss)		-218754.			
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses		1044685.			
	c	Net income or (loss) from fundraising events		340,171.			
	9 a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue			Business Code			
11 a	OTHER INCOME	541610	923,026.	923,026.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		923,026.				
12	Total revenue. See instructions.		82434224.	69996638.	200,844.	888,146.	

932009
02-04-10

Form 990 (2009)

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

MIDDLE TENNESSEE

Form 990 (2009)

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	26,950.	26,950.		
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	1,589,812.	267,791.	794,575.	527,446.
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	35,259,421.	31,607,816.	3,075,199.	576,406.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,821,847.	1,575,948.	191,324.	54,575.
9 Other employee benefits	1,441,084.	1,246,578.	151,337.	43,169.
10 Payroll taxes	3,204,888.	2,821,132.	311,414.	72,342.
11 Fees for services (non-employees):				
a Management	161,233.		161,233.	
b Legal	88,014.		88,014.	
c Accounting	58,600.		58,600.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	115,800.			115,800.
f Investment management fees				
g Other	2,656,773.	1,740,898.	915,875.	
12 Advertising and promotion				
13 Office expenses	6,390,998.	5,417,991.	913,890.	59,117.
14 Information technology				
15 Royalties				
16 Occupancy	8,890,144.	8,447,793.	437,370.	4,981.
17 Travel	1,039,930.	860,514.	153,306.	26,110.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,028,571.	820,922.	201,656.	5,993.
20 Interest	2,498,738.	2,066,131.	432,607.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,134,521.	8,134,521.		
23 Insurance	448,304.	443,072.	5,232.	
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 EQUIPMENT COSTS	1,847,736.	1,113,457.	729,637.	4,642.
b MISCELLANEOUS EXPENSE	443,942.	305,910.	128,262.	9,770.
c MEMBERSHIP DUES	399,659.	397,559.	0.	2,100.
d ASSISTANCE, AWARDS, AND	216,296.	0.	0.	216,296.
e UNRELATED BUSINESS INCO	4,977.	4,977.	0.	0.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	78,017,613.	67,549,335.	8,749,531.	1,718,747.
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 (2009)

62-0476243 Page **11**

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	2,521,564.	1	2,369,013.	
	2 Savings and temporary cash investments	21,582,481.	2	19,243,750.	
	3 Pledges and grants receivable, net	11,556,122.	3	8,281,800.	
	4 Accounts receivable, net	342,953.	4	301,313.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	963,416.	9	888,821.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	186,826,318.			
	10b Less: accumulated depreciation	55,623,537.			
		127,929,307.	10c	131,202,781.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
15 Other assets. See Part IV, line 11	412,879.	15	1,886,832.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	165,308,722.	16	164,174,310.		
Liabilities	17 Accounts payable and accrued expenses	6,625,652.	17	4,721,289.	
	18 Grants payable		18		
	19 Deferred revenue	2,841,656.	19	2,600,734.	
	20 Tax-exempt bond liabilities	59,870,000.	20	55,390,000.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	6,413,703.	23	7,487,965.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	7,520,082.	25	4,550,238.	
	26 Total liabilities. Add lines 17 through 25	83,271,093.	26	74,750,226.	
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	65,959,603.	27	76,586,707.	
	28 Temporarily restricted net assets	16,078,026.	28	12,837,377.	
	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	82,037,629.	33	89,424,084.	
	34 Total liabilities and net assets/fund balances	165,308,722.	34	164,174,310.	

Form **990** (2009)

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Form 990 (2009)

62-0476243 Page 12

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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number
62-0476243

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

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

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule A (Form 990 or 990-EZ) 2009 MIDDLE TENNESSEE

62-0476243 Page 2

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4880829.	51226483.	40505406.	10035341.	12393281.	119041340
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4880829.	51226483.	40505406.	10035341.	12393281.	119041340
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						119041340

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	4880829.	51226483.	40505406.	10035341.	12393281.	119041340
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	445,068.	686,735.		601,869.	183,632.	1917304.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			33,343.	40,274.	22,655.	96,272.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						121054916
12 Gross receipts from related activities, etc. (see instructions)					12	225,639,997.
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 2009 (line 6, column (f) divided by line 11, column (f))	14	98.34	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	95.56	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <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) 2009

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

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule A (Form 990 or 990-EZ) 2009

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

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Employer identification number

62-0476243

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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

Employer identification number

62-0476243

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DOLLAR GENERAL 100 MISSION RIDGE GOODLETTSVILLE, TN 37075	\$ 700,942.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BLUECROSS BLUESHIELD OF TENNESSEE 1 CAMERON HILL CIRCLE CHATTANOOGA, TN 37402	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	G&F 249, LTD 300 SHEPARD DRIVE HOUSTON, TX 77007	\$ 1,500,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MICROSOFT 1 MICROSOFT WAY REDMOND, WA 98052-6399	\$ 1,751,633.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Employer identification number

62-0476243

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	23.3 ACRES OF LAND	\$ 1,500,000.	12/23/09
4	COMPUTER SOFTWARE	\$ 1,751,633.	02/24/09
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<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 a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule D (Form 990) 2009

MIDDLE TENNESSEE

62-0476243 Page 2

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____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**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					
1g					

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

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,351,707.		7,351,707.
b Buildings		138,048,703.	32,344,378.	105,704,325.
c Leasehold improvements				
d Equipment		29,864,472.	19,644,257.	10,220,215.
e Other		11,561,436.	3,634,902.	7,926,534.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				131,202,781.

Schedule D (Form 990) 2009

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule D (Form 990) 2009

MIDDLE TENNESSEE

62-0476243 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	82,434,224.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	78,017,613.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,416,611.
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	2,969,844.
9	Total adjustments (net). Add lines 4 through 8	9	2,969,844.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	7,386,455.

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	82,774,395.
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	340,171.
e	Add lines 2a through 2d	2e	340,171.
3	Subtract line 2e from line 1	3	82,434,224.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	82,434,224.

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

1	Total expenses and losses per audited financial statements	1	75,387,940.
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	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	-2,629,673.
e	Add lines 2a through 2d	2e	-2,629,673.
3	Subtract line 2e from line 1	3	78,017,613.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	78,017,613.

Part XIV Supplemental Information

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

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN DERIVATIVE LIABILITY: 2969844.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES: 340171.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2009

932054
02-01-10

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Schedule D (Form 990) 2009

62-0476243 Page 5

Part XIV Supplemental Information (continued)

CHANGE IN DERIVATIVE LIABILITY: -2969844.

FUNDRAISING EXPENSES: 340171.

Schedule D (Form 990) 2009

932055
02-01-10

Department of the Treasury
Internal Revenue Service

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

2009

Open To Public Inspection

Employer identification number
62-0476243

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

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

- | (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. | 113,845. | -113,845. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | 113,845. | -113,845. |

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

932081 02-03-10

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule G (Form 990 or 990-EZ) 2009 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	(b) Event #2	(c) Other events	(d) Total events
		LEGACY GOLF TOURNAMENT (event type)	MARYLAND FARMS KICKOFF (event type)	30 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	162,432.	109,445.	772,808.	1,044,685.
	2 Less: Charitable contributions	162,432.	109,445.	772,808.	1,044,685.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	78,635.	39,445.	222,091.	340,171.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(340,171)
	11 Net income summary. Combine line 3, column (d), and line 10				-340,171.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<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 line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Schedule G (Form 990 or 990-EZ) 2009

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 Enter 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? **15a**

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

c If "Yes," enter name and address of the third party:

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? **17a**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Schedule G (Form 990 or 990-EZ) 2009

Page 2

Part III

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

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

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

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, with respect to the filing organization or a related organization:

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

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

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

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

- a** The organization? **6a**
- b** Any related organization? **6b**
- 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2009

Part II

Part I	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]

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.

▶ See the instructions for Form 990.

OMB No. 1545-0047

2009

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			
GERRY HELPER BOARD MEMBER	1.00	X						0.	0.	0.
BILL HENDERSON 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.
PAT MCGUIGAN BOARD MEMBER	1.00	X						0.	0.	0.
JOHN ED MILLER 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.
JIM SHAUB BOARD MEMBER	1.00	X						0.	0.	0.
REV. BOB SPAIN BOARD MEMBER	1.00	X						0.	0.	0.
BARBARA SUTTON 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) 2009

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.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

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			
RICHARD TOMKINS BOARD MEMBER	1.00	X						0.	0.	0.
CLAIRE TUCKER BOARD MEMBER	1.00	X						0.	0.	0.
CAL 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 A. WEBB III 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.
WILLIAM WILSON BOARD MEMBER	1.00	X						0.	0.	0.
JENNY ADCOX BOARD MEMBER	1.00	X						0.	0.	0.
LIZ ALEXANDER BOARD MEMBER	1.00	X						0.	0.	0.
LAWSON ALLEN BOARD MEMBER	1.00	X						0.	0.	0.
PAUL ANDERSON BOARD MEMBER	1.00	X						0.	0.	0.
MACK BARRETT BOARD MEMBER	1.00	X						0.	0.	0.
BRENT BROWNING BOARD MEMBER	1.00	X						0.	0.	0.
BILL DELOACHE BOARD MEMBER	1.00	X						0.	0.	0.
KEITH DENNEN BOARD MEMBER	1.00	X						0.	0.	0.
RICH FORD BOARD MEMBER	1.00	X						0.	0.	0.
MARTHA HOPSON 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) 2009

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.
▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

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			
KAREN JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
SHAWN JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
GALE MOORE BOARD MEMBER	1.00	X						0.	0.	0.
TOM OZBURN BOARD MEMBER	1.00	X						0.	0.	0.
TOM PARRISH BOARD MEMBER	1.00	X						0.	0.	0.
JAMES M. PATTERSON, JR. BOARD MEMBER	1.00	X						0.	0.	0.
FRANK SHOPE BOARD MEMBER	1.00	X						0.	0.	0.
JEFF THEMME BOARD MEMBER	1.00	X						0.	0.	0.
SCOTT WEAVER BOARD MEMBER	1.00	X						0.	0.	0.
LARI WHITE BOARD MEMBER	1.00	X						0.	0.	0.
LIZ WILSON BOARD MEMBER	1.00	X						0.	0.	0.
DARREN WOODRUFF BOARD MEMBER	1.00	X						0.	0.	0.
GEORGE YOWELL BOARD MEMBER	1.00	X						0.	0.	0.
JOHN MARK JOHNSON CEO	45.00			X				290,931.	0.	36,475.
DAVID L. BYRD COO	45.00			X				214,585.	0.	29,877.
PETER M. OLDHAM SR VP, GENERAL COUNSEL	45.00			X				169,511.	0.	28,271.
TIMOTHY WEILL SR VP OF FINANCE	45.00			X				159,769.	0.	19,708.
JEFFERY D PARSLEY SR VP OF FINANCIAL DEVEL	45.00			X				124,139.	0.	22,181.
MICHAEL HEILBRONN SR VP OF OPERATIONS	45.00				X			152,827.	0.	26,129.
HAKAN DARUD HEAD TENNIS PRO	45.00					X		146,211.	0.	25,405.

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

Schedule J-2 (Form 990) 2009

Department of the Treasury
Internal Revenue Service

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

► See the Instructions for Form 990.

QMB No. 1545-0047

2009

Open to Public Inspection

Name of the Organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Employer Identification number
62-0476243

[illegible]

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

Schedule J-2 (Form 990) 2009

SCHEDULE K
 (Form 990)

 Department of the Treasury
 Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

 2009
 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
 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 GOVT	62-11628425920650L8		12/06/07	31440000	CONSTRUCTION AND EQUIPMENT ACTIVITIES		X		X
B									
C									
D									
E									

Part II Proceeds

	A		B	C	D	E
	Yes	No				
1 Total proceeds of issue		31,440,000.				
2 Gross proceeds in reserve funds						
3 Proceeds in refunding or defeasance escrows						
4 Other unspent proceeds		5,321,897.				
5 Issuance costs from proceeds		174,304.				
6 Working capital expenditures from proceeds						
7 Capital expenditures from proceeds		25,943,799.				
8 Year of substantial completion						
9 Were the bonds issued as part of a current refunding issue?		X				
10 Were the bonds issued as part of an advance refunding issue?		X				
11 Has the final allocation of proceeds been made?		X				
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X					

Part III Private Business Use

	A		B	C	D	E
	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?		X				
2 Are there any lease arrangements with respect to the financed property which may result in private business use?		X				

 932121
 02-03-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2009

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

Page 2

62-0476243

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
b Are there any research agreements with respect to the financed property which may result in private business use?		X								
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.00	%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00	%		%		%		%	
6 Total of lines 4 and 5		.00	%		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X								

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X									
2 Is the bond issue a variable rate issue?	X									
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X									
b Name of provider	BANK OF AMERICA									
c Term of hedge	20.0000000									
4a Were gross proceeds invested in a GIC?		X								
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		X								
6 Did the bond issue qualify for an exception to rebate?		X								

Schedule K (Form 990) 2009

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2009

Open To Public Inspection

Employer identification number
62-0476243

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

[illegible]

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

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

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

[illegible]

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DECOSTA JENKINS	BOARD MEMBER AND AS	1,936,877.	ELECTRICAL		X
MARSHALL POLK	BOARD MEMBER	817,927.	INSURANCE S		X
WALTER KNESTRICK	BOARD MEMBER	587,686.	KNESTRICK C		X

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2009

Open to Public Inspection

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

Employer identification number
62-0476243

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1	1,500,000.	APPRAISAL
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>COMPUTER SOFT</u>)	X	1	1,751,633.	COMPARABLE SALES
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Employer identification number
62-0476243

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

- PROVIDED TOTAL CHARITABLE SUBSIDY AND FINANCIAL ASSISTANCE OF

\$13,525,968.

- CONTINUED OUR COLLABORATIVE EFFORTS TO COMBAT THE OBESITY EPIDEMIC BY

JOINING THE TENNESSEE OBESITY TASK FORCE AND PROVIDING LEADERSHIP

THROUGH OUR PIONEERING HEALTHIER COMMUNITIES TEAM TO FOUR NEW PHC

CITIES ACROSS THE STATE.

- ENGAGED MEMBERS IN HEALTHIER LIVING THROUGH 54,138 GROUP FITNESS

CLASSES.

- GUIDED 20,879 PEOPLE TOWARD IMPROVED OVERALL HEALTH THROUGH PERSONAL

TRAINING.

- TAUGHT 11,468 SWIM LESSONS TO CHILDREN AND ADULTS AT 49 POOLS.

- INSTILLED CONFIDENCE, CHARACTER, ATHLETIC SKILLS AND ACTIVE LIVING IN

THE LIVES OF 18,399 CHILDREN THROUGH YOUTH SPORTS.

- ENLISTED 517 ENTHUSIASTIC VOLUNTEER YOUTH-SPORTS COACHES TO

STRENGTHEN CHILDREN AND TEENS BY PROVIDING INTERACTION WITH POSITIVE

ADULT ROLE MODELS.

- STRENGTHENED 14,083 ACTIVE OLDER ADULTS THROUGH MEMBERSHIPS AND

PROGRAMS.

- PROVIDED HEALTHY LIVING RESOURCES AND TOOLS TO MORE THAN 5,000 KIDS

AND ADULTS AT OUR 18TH ANNUAL HEALTHY KIDS DAY EVENTS, AIMED AT HELPING

FAMILIES IN OUR COMMUNITIES FIND WAYS TO LEAD HEALTHIER LIFESTYLES.

- INCORPORATED A NUTRITION AND WELLNESS COMPONENT IN THE PROGRAM

CURRICULUM AT ALL YMCA BEFORE- AND AFTER-SCHOOL CARE SITES TO COMBAT

RISE IN CHILDHOOD OBESITY RATES. STEPPING UP IS DESIGNED TO PROVIDE

EDUCATION AND RESOURCES FOR PARENTS WHILE HELPING CHILDREN DEVELOP

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Employer identification number
62-0476243

HEALTHY EATING HABITS AND PHYSICAL ACTIVITY REGIMENS IN THE CRITICAL
HOURS BEFORE- AND AFTER-SCHOOL.

- PROVIDED LEADERSHIP TO NASHVILLE ON THE MOVE, A COLLABORATIVE EFFORT
TO ENCOURAGE WORKPLACE WELLNESS BY INTEGRATING REGULAR LUNCHTIME WALKS
FOR DOWNTOWN EMPLOYEES.

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

BACKGROUNDS HAVE ACCESS TO QUALITY CAMPING EXPERIENCES AND CHILDCARE.

OUR YMCA KNOWS THE MORE DEVELOPMENTAL 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 SKILLS AND TOOLS THEY NEED TO THRIVE:

CAMP WIDJIWAGAN AT THE JOE C. DAVIS YMCA OUTDOOR CENTER

OUR CAMP WIDJIWAGAN 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 WIDJIWAGAN 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

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Employer identification number
62-0476243

DEVELOPING COMPETENCE IN BOTH CAMPING AND LIFE SKILLS. THE DAILY
ACTIVITIES AND INTERACTIONS WITH POSITIVE ADULT ROLE MODELS AT CAMP
WIDJIWAGAN PROVIDE THE IDEAL SETTING FOR CHARACTER DEVELOPMENT.

FUN COMPANY

THROUGH OUR YMCA FUN COMPANY PROGRAM, WE PROVIDE THE COMMUNITY WITH
QUALITY, AFFORDABLE BEFORE- AND AFTER-SCHOOL ENRICHMENT OPPORTUNITIES
THAT EQUIP 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 144 FUN COMPANY SITES, PRIMARILY IN PUBLIC ELEMENTARY
SCHOOLS, WHERE OUR STAFF VOLUNTEER A MINIMUM OF 5 HOURS A WEEK (IN
ADDITION TO THE HOURS SPENT OPERATING OUR BEFORE- AND AFTER-SCHOOL
PROGRAM) 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

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Employer identification number
62-0476243

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. OUR YMCA PRESCHOOLS ALSO
INCORPORATE A LITERACY CURRICULUM DESIGNED TO GIVE TODDLERS THE
EXPOSURE TO READING THEY NEED TO BE KINDERGARTEN-READY.

CENTER DAY CAMPS

IN ADDITION TO THE CAMPING OPPORTUNITIES PROVIDED AT CAMP WIDJIWAGAN,
KIDS IN OUR COMMUNITIES ALSO HAVE THE OPTION OF ATTENDING SUMMER CAMP A
LITTLE CLOSER TO HOME BY PARTICIPATING IN ANY OF 10 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 2009, OUR YMCA:

- WELCOMED 5,012 DAY AND OVERNIGHT CAMPERS TO STRENGTHEN CONFIDENCE,
FORGE FRIENDSHIPS AND SHARPEN CHARACTER AT CAMP WIDJIWAGAN---VOTED BEST
DAY CAMP FOR THE 12TH CONSECUTIVE YEAR BY NASHVILLE PARENT READERS.
- PROVIDED ACADEMIC, SOCIAL AND PHYSICAL ENRICHMENT TO 7,234

SCHOOL-AGED CHILDREN AT 144 SITES THROUGH BEFORE AND AFTER-SCHOOL FUN

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Employer identification number
62-0476243

COMPANY AND SUMMER ODYSSEY IN PARTNERSHIP WITH LOCAL SCHOOLS.

- FOSTERED LEARNING, LAUGHTER AND LOVE IN 266 CHILDREN THROUGH OUR
LICENSED PRESCHOOL SERVICES.

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

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 2009, OUR YMCA:

- SOWED CONFIDENCE AND POSITIVE VALUES INTO 4,996 CHILDREN AND FAMILIES
THROUGH OUR URBAN SERVICES YOUTH DEVELOPMENT CENTER, Y-CAP (YMCA
COMMUNITY ACTION PROJECT), AND LATINO ACHIEVERS PROGRAM.

- OFFERED CAREER TRAINING AND LIFE SKILLS DEVELOPMENT TO 67 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.

- TRAINED 33 YOUNG WOMEN FOR HEALTHCARE CAREERS IN OUR Y-MEDCORPS
PROGRAM.

- ENCOURAGED SPIRITUAL, MENTAL AND PHYSICAL GROWTH IN 267 STUDENTS AT
THE PRESTON TAYLOR BOYS & GIRLS CLUB YMCA YOUTH DEVELOPMENT CENTER AT
MCKISSACK MIDDLE SCHOOL. LOCATED NEAR THE PRESTON-TAYLOR PUBLIC HOUSING

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Employer identification number
62-0476243

DEVELOPMENT, THE CENTER IS A UNIQUE PARTNERSHIP BETWEEN OUR YMCA, THE
BOYS & GIRLS CLUB, METRO-NASHVILLE PUBLIC SCHOOLS AND THE UNITED WAY.

- GUIDED 153 BOYS AND GIRLS TOWARD LONG-TERM SUCCESS AND ACHIEVEMENT

THOUGH 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 2,640 MIDDLE

AND HIGH-SCHOOL STUDENTS STATEWIDE THROUGH THE NATION'S SECOND LARGEST

YMCA YOUTH IN GOVERNMENT PROGRAM AND 29TH ANNUAL TENNESSEE YMCA MODEL

UNITED NATIONS CONFERENCE.

- EXPANDED OUR RESTORE MINISTRIES PROGRAMS BEYOND MIDDLE TENNESSEE,

HELPING 1,230 MEN AND WOMEN FIND HOPE AND FREEDOM FROM LIFE-CONTROLLING

ISSUES THROUGH SAFE, CARING SUPPORT GROUPS AND INDIVIDUAL COUNSELING.

- PROVIDED 252 MEN AND WOMEN WITH HEALTH AND WELLNESS GUIDANCE,

ENCOURAGEMENT, SUPPORT AND EDUCATION THROUGH HEALTH OUTREACH PROGRAMS

INCLUDING AFTER BREAST CANCER, DIABETESMART AND DS2 (DIABETESMART FOR

KIDS).

- PROVIDED FREE TUTORING TO 50 STUDENTS THROUGH THE LITERACY PROGRAMS

AT OUR MARGARET MADDOX AND NORTHWEST FAMILY YMCAS, BOTH LOCATED IN

AREAS WHERE MORE THAN 80% OF THE SCHOOL CHILDREN LIVE AT OR BELOW THE

POVERTY LEVEL.

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

YOUTH, TEEN AND ADULT PROGRAMS SUCH AS MUSIC, DANCE, ART, BIRTHDAY

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Employer identification number
62-0476243

PARTIES, PARENTS DAY/NIGHT OUT, CHEERLEADING, ETC.

EXPENSES \$ 1184266. INCLUDING GRANTS OF \$ 0. REVENUE \$ 577172.

FORM 990, PART VI, SECTION A, LINE 2: LEE BARFIELD, A BOARD MEMBER AND
LAWSON ALLEN, A BOARD MEMBER HAVE A FAMILY RELATIONSHIP. DAVID WILDS, A
BOARD MEMBER AND CAL TURNER, A BOARD MEMBER HAVE 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 Y 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 B, LINE 11: THE Y'S CFO AND CAO WORK WITH ITS
AUDITORS TO PREPARE THE 990. AFTER BEING REVIEWED BY THE CFO AND CAO, THE
990 IS POSTED ON A SECURE WEBSITE TO FACILITATE ITS REVIEW BY BOARD MEMBERS
PRIOR TO ITS BEING FILED WITH THE IRS. ALL BOARD MEMBERS ARE NOTIFIED OF
THE POSTING (EITHER VIA EMAIL OR REGULAR MAIL), GIVEN A LINK TO THE
WEBSITE, AND AFFORDED WHAT THE CFO AND CAO BELIEVE TO BE A REASONABLE
AMOUNT OF TIME TO REVIEW THE 990. BOARD MEMBERS ARE REQUESTED TO INDICATE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Employer identification number
62-0476243

ON THE WEBSITE WHEN THEY HAVE COMPLETED THEIR REVIEW. BOARD MEMBERS WHO
PREFER IT ARE GIVEN A HARD COPY OF THE 990 TO REVIEW. SEPARATELY, THE Y
SENDS THE FORM 990 TO EACH MEMBER OF ITS FINANCE COMMITTEE REQUESTING THEIR
REVIEW PRIOR TO THE 990 BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE Y HAS A CONFLICTS COMMITTEE,
WHICH IS COMPOSED OF 3 VOLUNTEERS. THIS COMMITTEE ANNUALLY DISTRIBUTES A
COPY OF THE ASSOCIATION'S 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 EXECUTIVES 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 AND PROPOSED
TRANSACTIONS 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
TRANSACTION UNDER CONSIDERATION AT A BOARD 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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Employer identification number
62-0476243

FORM 990, PART VI, SECTION B, LINE 15A: THE Y USES THE HAY SYSTEM IN
"POINTING" ALL OF ITS POSITIONS, INCLUDING THE CEO. COMPENSATION OF THE Y'S
CEO IS DETERMINED EACH YEAR BY THE CEO COMPENSATION COMMITTEE, CONSISTING
OF 4 BOARD MEMBERS. THE COMMITTEE ESTABLISHES 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 Y'S PEOPLE'S
SERVICES DEPARTMENT.

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

FORM 990, PART XI, LINE 2
NEITHER THE OVERSIGHT PROCESS NOR THE SELECTION PROCESS HAVE CHANGED
FROM THE PRIOR YEAR.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

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

(B) DESCRIPTION OF PURPOSE: CONSTRUCTION AND EQUIPMENT ACTIVITIES

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Employer identification number
62-0476243

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

(A) NAME OF PERSON: DECOSTA JENKINS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER AND ASST. TREASURER

(C) AMOUNT OF TRANSACTION \$ 1936877.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MARSHALL POLK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 817927.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: WALTER KNESTRICK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 587686.

(D) DESCRIPTION OF TRANSACTION: KNESTRICK CONTRACTORS, PROVIDED
RENOVATION AND REMODELING SERVICES TO YMCA FACILITIES

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Employer identification number

62-0476243

FORM 990, PART I, LINE 1 AND FORM 990, PART III, LINE 1

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 WELCOMING PLACE FOR PEOPLE OF ALL AGES. THE
YMCA OF MIDDLE TENNESSEE PROVIDES VITAL COMMUNITY RESOURCES TO NURTURE
THE POTENTIAL OF YOUTH AND TEENS, IMPROVE THE HEALTH AND WELLBEING OF
PEOPLE IN OUR COMMUNITY AND PROVIDE OPPORTUNITIES FOR PEOPLE TO SERVE
OTHERS AND SUPPORT THEIR NEIGHBORS.

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
Y. THROUGH OUR WE BUILD PEOPLE ANNUAL SUSTAINING 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 OFFER HOPE FOR LIFE TO PEOPLE OF ALL AGES, FAITHS,
RACES, BACKGROUNDS AND ABILITIES, REGARDLESS OF THEIR SOCIO-ECONOMIC
CIRCUMSTANCE. THROUGH A RANGE OF QUALITY OUTCOME-BASED PROGRAMS,
SERVICES, PARTNERSHIPS AND COLLABORATIONS, WE OFFER HOPE THROUGHOUT
MIDDLE TENNESSEE AND SOUTHERN KENTUCKY BY INSPIRING YOUTH, IMPROVING
HEALTH, CREATING COMMUNITY AND SERVING OTHERS. IN ALL THAT WE DO--FROM
INSPIRING HEALTHIER LIFESTYLES 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.

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
MIDDLE TENNESSEE

Employer identification number

62-0476243

WITH 29 CENTERS AND 297 PROGRAM LOCATIONS, THE YMCA OF MIDDLE TENNESSEE
REACHES 284,162 LIVES IN THE 12-COUNTY AREA IT SERVES THROUGH
MEMBERSHIP, CAMPING AND CHILDCARE, PROGRAM PARTICIPATION, COMMUNITY
OUTREACH, VOLUNTEERISM AND PHILANTHROPY.

Schedule R (Form 990) 2009	MIDDLE TENNESSEE	62-0476243	Page 2
<p>Part IV, line 34 because it had one or more related</p>			

part iii **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

[illegible]

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

Schedule R (Form 990) 2009 **62-0476243** Page **3**

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

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

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 or (iv) rent from a controlled entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Exchange of assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n Sharing of paid employees	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q Other transfer of cash or property to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) YMCA OF MIDDLE TN RECEIVED GRANTS FROM THE YMCA FOUNDATION	C	149,961.
(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	118,923.
(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	14,831.
(6)		

Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

Schedule R (Form 990) 2009

Form **990-W**

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(WORKSHEET)

Department of the Treasury
Internal Revenue Service

(and on Investment Income for Private Foundations) FORM 990-T
(Keep for your records. Do not send to the Internal Revenue Service.)

2010

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax (see instructions)	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits (see instructions)	5	
6	Subtract line 5 from line 4	6	
7	Other taxes (see instructions)	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels (see instructions)	9	
10a	Subtract line 9 from line 8. Note. If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2009 return (see instructions). Caution. If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	2,948.
c	2010 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	2,960.
			ADJUSTED TO
		(a)	(b)
		(c)	(d)
11	Installment due dates (see instructions)	11	
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions)	12	
13	2009 Overpayment (see instructions)	13	
14	Payment due. (Subtract line 13 from line 12.)	14	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2010)

ESTIMATED TAX	2,960.
AMOUNT PAID	4,500.
AMOUNT DUE	0.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE 1000 CHURCH STREET NASHVILLE, TN 37203
Prepared by	KRAFTCPAS PLLC 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228
Amount due or refund	NO AMOUNT IS DUE. THE ORGANIZATION WILL RECEIVE A REFUND IN THE AMOUNT OF \$2,971
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 15, 2010
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Form 990-T

Department of the Treasury
Internal Revenue Service (77)**Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

For calendar year 2009 or other tax year beginning

, and ending

OMB No. 1545-0087

2009Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE	D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 62-0476243
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. 1000 CHURCH STREET	E Unrelated business activity codes (See instructions for Block E on page 9.) 541610
		City or town, state, and ZIP code NASHVILLE, TN 37203	
C Book value of all assets at end of year 164174310.		F Group exemption number (See instructions for Block F.) ▶	
		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. **▶ SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. **▶**

J The books are in care of **▶ MR. TIM WEILL** Telephone number **▶ 615-259-9622**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales 200,844.				
b Less returns and allowances c Balance ▶	1c	200,844.		
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit. Subtract line 2 from line 1c	3	200,844.		200,844.
4 a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from partnerships and S corporations (attach statement)	5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions; attach schedule.)	12			
13 Total. Combine lines 3 through 12	13	200,844.		200,844.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)		
14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	129,163.
16 Repairs and maintenance	16	1,261.
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	2,943.
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	17,822.
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) SEE STATEMENT 2	28	29,004.
29 Total deductions. Add lines 14 through 28	29	180,193.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	20,651.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	20,651.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	19,651.

923701
01-08-10

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

Form 990-T (2009)

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.

Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 **35c** 2,948.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:

☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39** 2,948.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

b Other credits (see instructions) **40b**

c General business credit. Attach Form 3800 **40c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

e Total credits. Add lines 40a through 40d **40e**

41 Subtract line 40e from line 39 **41** 2,948.

42 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **42**

43 Total tax. Add lines 41 and 42 **43** 2,948.

44a Payments: A 2008 overpayment credited to 2009 **44a**

b 2009 estimated tax payments **44b** 5,920.

c Tax deposited with Form 8868 **44c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**

e Backup withholding (see instructions) **44e**

f Other credits and payments: ☐ Form 2439 **44f**

☐ Form 4136 ☐ Other Total **44f**

45 Total payments. Add lines 44a through 44f **45** 5,920.

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ **46** 1.

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47**

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 2,971.

49 Enter the amount of line 48 you want: Credited to 2010 estimated tax ☐ Refunded ☐ **49** 2,971.

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

N/A

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7
3 Cost of labor	3	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
4a Additional section 263A costs	4a		
b Other costs (attach schedule)	4b		
5 Total. Add lines 1 through 4b	5		X

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here *Jim Will* **9-28-10** **CFO**
Signature of officer Date Title

Paid Preparer's Use Only Preparer's signature *Kevin J. Dostaler, CPA* Date **09/27/10** Check if self-employed ☐ Preparer's SSN or PTIN **P00271638**
Firm's name (or yours if self-employed), address, and ZIP code **KRAFTCPAS PLLC**
555 GREAT CIRCLE ROAD
NASHVILLE, TN 37228 EIN **62-0713250**
Phone no. **(615) 242-7351**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 18)**1. Description of property**

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
		Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Totals		0.	0.
Total dividends-received deductions included in column 8		0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations				
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
		Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.		Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.		
Totals		0.		0.		

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
------------	---	-----------	---

OPERATION OF FAMILY WELLNESS CENTERS LOCATED INSIDE TWO FOR-PROFIT BUSINESSES.

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
------------	------------------	-----------	---

DESCRIPTION	AMOUNT
CONTRACT SERVICE FEE	16,139.
LAUNDRY/HOUSEKEEPING	536.
TELEPHONE	25.
MEETING FOOD COSTS @50%	20.
STAFF TRAINING	85.
MISCELLANEOUS	23.
VOLUNTEER & STAFF APPRECIATION	103.
ASSOCIATION SUPPORT	2,037.
EXPENDABLE EQUIP PURCHASE	1,595.
PENSION & RETIREMENT	8,441.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	29,004.