

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

**2010****Open to Public Inspection****A For the 2010 calendar year, or tax year beginning****and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE</b> <b>Doing Business As</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1000 CHURCH STREET</b> City or town, state or country, and ZIP + 4 <b>NASHVILLE, TN 37203</b> <b>F Name and address of principal officer: ROBERT IVY</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> <b>62-0476243</b> <b>E Telephone number</b> <b>(615) 259-9622</b> <b>G Gross receipts \$</b> <b>82,151,597.</b> <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ <b>WWW.YMCAMIDTN.ORG</b>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L Year of formation:</b> <b>1875</b> <b>M State of legal domicile:</b> <b>TN</b>		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SEE STATEMENT ON SCHEDULE O.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>80</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>76</b>
<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>5592</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>4630</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>124,449.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>8,314.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	<b>11,348,596.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	<b>69,493,210.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	<b>-35,122.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	<b>1,627,540.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	<b>82,434,224.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	<b>276,325.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	<b>43,317,052.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	<b>115,800.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,478,834.</b>	<b>b</b>	<b>3,304.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>17</b>	<b>34,308,436.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	<b>78,017,613.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	<b>4,416,611.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	<b>164,174,310.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	<b>74,750,226.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	<b>89,424,084.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>ROBERT IVY, CFO</b> Type or print name and title	Date _____
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KEVIN DOSTALER</b>	Preparer's signature _____
	Date <b>09/23/11</b>	Check <input type="checkbox"/> if self-employed PTIN _____
	Firm's name ▶ <b>KRAFTCPAS PLLC</b>	Firm's EIN ▶ _____
	Firm's address ▶ <b>555 GREAT CIRCLE ROAD</b> <b>NASHVILLE, TN 37228</b>	Phone no. <b>615-242-7351</b>

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

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****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 ☒ **X** 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 ☒ **X** No

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

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

**4a** (Code: ) (Expenses \$ 45,801,872. including grants of \$ ) (Revenue \$ 53,103,404. )  
**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. OBESITY AND CHRONIC DISEASE RATES CONTINUE TO HIT HISTORIC HIGHS, AND ENSURING ACCESS TO FAMILY WELLNESS SERVICES HAS PERHAPS NEVER BEEN MORE IMPORTANT. OUR YMCA WORKS TO DISRUPT THE INCOME-OBESITY CONNECTION BY OFFERING AN INCOME-BASED RATE SCALE, ALONG WITH A NUMBER OF FREE HEALTH AND WELLNESS OUTREACH PROGRAMS TO THOSE WHO NEED THEM MOST.**

**CONTINUED ON SCHEDULE O**

**4b** (Code: ) (Expenses \$ 15,941,561. including grants of \$ ) (Revenue \$ 15,847,954. )  
**CAMPING & CHILDCARE- OUR YMCA IS A SAFE PLACE THAT NURTURES THE POTENTIAL OF YOUTH AND TEENS. OUR YOUTH PROGRAMS ARE DESIGNED TO HELP CHILDREN OF ALL AGES FIND AND FULFILL THEIR TRUE PURPOSE, BECAUSE RESEARCH SHOWS CHILDREN WHO DISCOVER THEIR PURPOSE ARE ULTIMATELY BETTER STUDENTS, HEALTHIER PHYSICALLY AND MENTALLY, MORE HOPEFUL AND LESS LIKELY TO BE DEPRESSED, MORE SOCIALLY AWARE AND LIKELY TO VOLUNTEER AND LESS LIKELY TO ENGAGE IN ACTS OF VIOLENCE. EACH YEAR OUR NETWORK OF YOUTH PROGRAMS AND SERVICES HELP THOUSANDS OF YOUTH AND TEENS DEVELOP A SENSE OF BELONGING, LEARN FROM CARING ADULT ROLE MODELS, HONOR THE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY AND IMPROVE THEIR LITERACY AND OTHER LIFE SKILLS.**

**CONTINUED ON SCHEDULE O.**

**4c** (Code: ) (Expenses \$ 5,539,797. including grants of \$ 352,002. ) (Revenue \$ 1,651,710. )  
**COMMUNITY OUTREACH & EDUCATION- IN 2010, 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 FOR LITTLE OR NO COST 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.**

**CONTINUED ON SCHEDULE O.****4d** Other program services. (Describe in Schedule O.)(Expenses \$ 1,039,576. including grants of \$ ) (Revenue \$ 643,176. )**4e** Total program service expenses **▶ 68,322,806.**

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

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b> 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>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> 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>		<b>X</b>
<b>7</b> 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>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> 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>		<b>X</b>
<b>10</b> 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>		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> 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>	<b>X</b>	
<b>b</b> 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>		<b>X</b>
<b>c</b> 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>		<b>X</b>
<b>d</b> 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>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
<b>12a</b> 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>	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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, Parts I and IV</i>		<b>X</b>
<b>15</b> 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, Parts II and IV</i>		<b>X</b>
<b>16</b> 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, Parts III and IV</i>		<b>X</b>
<b>17</b> 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>		<b>X</b>
<b>18</b> 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>	<b>X</b>	
<b>19</b> 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>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....	<b>24a</b> X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	X
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b> X	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b> X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	<b>34</b> X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....	<b>35</b>	X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	516	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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	5592	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year		
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b> 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	
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?	X	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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
<b>10a</b> Does the organization have local chapters, branches, or affiliates?	X	
<b>b</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	
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</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.)		
<b>16a</b> 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>b</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: **ROBERT IVY, CFO - 615-259-9622**  
**1000 CHURCH STREET, NASHVILLE, TN 37203**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
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.
CARTER ANDREWS BOARD MEMBER	1.00	X						0.	0.	0.
H. LEE BARFIELD II BOARD MEMBER	1.00	X						0.	0.	0.
YANCY BELCHER BOARD MEMBER	1.00	X						0.	0.	0.
DAVID BOHAN 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.
ELLEN BRYSON BOARD MEMBER	1.00	X						0.	0.	0.
WOOD CALDWELL BOARD MEMBER	1.00	X						0.	0.	0.
TRUDY CARPENTER 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.
TIM CURTIS BOARD MEMBER	1.00	X						0.	0.	0.

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
FLORENCE DAVIS BOARD MEMBER	1.00	X						0.	0.	0.
PETE DELAY BOARD MEMBER	1.00	X						0.	0.	0.
BILL DELOACHE BOARD MEMBER	1.00	X						0.	0.	0.
JOHN EAKIN BOARD MEMBER	1.00	X						0.	0.	0.
ALISON EGERTON BOARD MEMBER	1.00	X						0.	0.	0.
JACK ELISAR BOARD MEMBER	1.00	X						0.	0.	0.
RICH FORD BOARD MEMBER	1.00	X						0.	0.	0.
SANDRA FULTON BOARD MEMBER	1.00	X						0.	0.	0.
PHILIP GIBBONS BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,513,451.	0.	413,016.
<b>d Total (add lines 1b and 1c)</b>								2,513,451.	0.	413,016.

**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

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- 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
- 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
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		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 300, NASHVILLE, TN 37203	SOFTWARE PROGRAMMING	925,067.
PRO-CLEAN LLC P.O. BOX 416, KINGTSON SPRINGS, TN 37082	CLEANING SERVICES	300,086.
WHAPPS, LLC ONLINE REWARDS 3102 MAPLE AVE. STE 450, DALLAS, TX 75201	MY Y REWARDS	232,261.
EXECUTIVE CLEANING GROUP OF NASHVILLE, LLC 3700 MURFREESBORO PIKE, ANTIOCH, TN 37013	CLEANING SERVICES	210,650.
WON S. CHOI D/B/A HAPPY CAMPERS 226 THIRD AVE NORTH, NASHVILLE, TN 37201	FOOD SERVICES	170,384.

**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

**9**

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
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.
GERRY HELPER BOARD MEMBER	1.00	X						0.	0.	0.
BILL HENDERSON BOARD MEMBER	1.00	X						0.	0.	0.
SENATOR DOUGLAS HENRY BOARD MEMBER	1.00	X						0.	0.	0.
AMOS HOWARD BOARD MEMBER	1.00	X						0.	0.	0.
LEIGH HUDDLESTON BOARD MEMBER	1.00	X						0.	0.	0.
BILL HUDSON BOARD MEMBER	1.00	X						0.	0.	0.
CRAIG JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
SHAWN JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
JOE KELLEY 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.
WALT LEAVER 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.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DON MACLEOD BOARD MEMBER	1.00	X						0.	0.	0.
BILL HAWKINS BOARD MEMBER	1.00	X						0.	0.	0.
CLAYTON MCWHORTER BOARD MEMBER	1.00	X						0.	0.	0.
STUART MCWHORTER BOARD MEMBER	1.00	X						0.	0.	0.
JOHN ED MILLER 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.
PHIL PFEFFER BOARD MEMBER	1.00	X						0.	0.	0.
MARSHALL POLK BOARD MEMBER	1.00	X						0.	0.	0.
DOYLE RIPPEE BOARD MEMBER	1.00	X						0.	0.	0.
ANN SCHNEIDER BOARD MEMBER	1.00	X						0.	0.	0.
SONNY SHARP BOARD MEMBER	1.00	X						0.	0.	0.
JIM SHAUB BOARD MEMBER	1.00	X						0.	0.	0.
FRANK SHOPE BOARD MEMBER	1.00	X						0.	0.	0.
REV. BOB SPAIN BOARD MEMBER	1.00	X						0.	0.	0.
CARTER TODD BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD TOMKINS BOARD MEMBER	1.00	X						0.	0.	0.
CLAIRE TUCKER BOARD MEMBER	1.00	X						0.	0.	0.
CAL TURNER BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM E. TURNER, JR. BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM B. WADLINGTON, MD BOARD MEMBER	1.00	X						0.	0.	0.
SCOTT WEAVER 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.
OLIN WEST III BOARD MEMBER	1.00	X						0.	0.	0.
LARI WHITE 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.
LIZ WILSON BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM M. WILSON BOARD MEMBER	1.00	X						0.	0.	0.
DARREN WOODRUFF BOARD MEMBER	1.00	X						0.	0.	0.
BILL WYATT BOARD MEMBER	1.00	X						0.	0.	0.
GEORGE YOWELL BOARD MEMBER	1.00	X						0.	0.	0.
LEILANI BOULWARE CHAIR	1.00			X				0.	0.	0.
JOYCE COOK SECRETARY	1.00			X				0.	0.	0.
MARTY DICKENS CHAIR-ELECT	1.00			X				0.	0.	0.
FRANK DROWATA PAST CHAIR	1.00			X				0.	0.	0.
DECOSTA JENKINS ASSISTANT TREASURER	1.00			X				0.	0.	0.
RANDY LASZEWSKI TREASURER	1.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN MARK JOHNSON CEO	45.00			X				292,237.	0.	37,913.
DAVID L. BYRD CO-CHIEF OPERATING OFFICER	45.00			X				181,013.	0.	24,547.
MICHAEL HEILBRONN CO-CHIEF OPERATING OFFICER	45.00			X				170,476.	0.	29,684.
TIMOTHY WEILL CO-CHIEF FINANCIAL OFFICER	45.00			X				161,236.	0.	20,622.
ROBERT D. IVY CO-CHIEF FINANCIAL OFFICER	45.00			X				13,354.	0.	1,932.
PETER M. OLDHAM CHIEF ADMINISTRATIVE OFFICER	45.00			X				185,933.	0.	31,539.
JEFFERY D PARSLEY SR VP OF PHILANTHROPY	45.00			X				87,746.	0.	14,060.
DONALD JONES SR VP OF FACILITIES	45.00			X				138,054.	0.	24,564.
GARY A COBBS SR VP OF ORGANIZATIONAL ADVANCEMENT	45.00			X				100,815.	0.	20,891.
LISA BECK SR VP OF YOUTH SERVICES	45.00			X				123,385.	0.	18,115.
ROBERT W. GRAY CO-SR VP OF FACILITIES	45.00			X				127,046.	0.	16,431.
MARIA WOLFE SR VP OF BRAND STRATEGY	45.00			X				114,322.	0.	17,025.
KEITH COSS SR VP OF LEADERSHIP	45.00			X				141,554.	0.	24,147.
SUZANNE ILER SR VP OF PHILANTHROPY	45.00			X				91,354.	0.	19,218.
HAKAN DARUD HEAD TENNIS PRO	45.00					X		148,895.	0.	26,815.
CAROLE CARTER GROUP VP	45.00					X		114,041.	0.	20,107.
ROBERT KNESTRICK GROUP VP	45.00					X		112,945.	0.	22,484.
LAUREL WILSON GROUP VP	45.00					X		104,611.	0.	21,470.
KENNETH C ALONZO GROUP VP	45.00					X		104,434.	0.	21,452.
Total to Part VII, Section A, line 1c								2,513,451.		413,016.

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**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	81,213.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	1,092,240.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	3,619,567.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	5,723,937.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		31,927.				
	<b>h Total.</b> Add lines 1a-1f .....			10516957.			
<b>Program Service Revenue</b>	<b>2 a</b> <b>MEMBERSHIP DUES</b> .....	Business Code 713940		47394098.	47394098.		
	<b>b</b> <b>PROGRAM SERVICE REVENUE</b> .....	541610		22698821.	22698821.		
	<b>c</b> <b>MANAGEMENT FEES</b> .....	541610		124,449.		124,449.	
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			70217368.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			255,247.			255,247.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross Rents .....	(i) Real (ii) Personal					
	<b>b</b> Less: rental expenses .....						
	<b>c</b> Rental income or (loss) .....						
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities (ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses .....		61,502.				
	<b>c</b> Gain or (loss) .....		8,700.				
	<b>d</b> Net gain or (loss) .....		52,802.	52,802.			
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,092,240. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	0.				
	<b>b</b> Less: direct expenses .....	<b>b</b>	321,729.				
	<b>c</b> Net income or (loss) from fundraising events .....			-321,729.		-321,729.	
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
<b>b</b> Less: cost of goods sold .....	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			Business Code				
<b>11 a</b> <b>BUILDING/EQUIPMENT REN</b> .....	541610		467,167.	467,167.			
<b>b</b> <b>PUBLIC POLICY/MRC FEES</b> .....	541610		361,866.	361,866.			
<b>c</b> <b>OTHER INCOME</b> .....	541610		271,490.	271,490.			
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			1,100,523.				
<b>12 Total revenue.</b> See instructions. ....			81821168.	71246244.	124,449.	-66,482.	

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**Part IX Statement of Functional Expenses**

*Section 501(c)(3) and 501(c)(4) organizations must complete all columns.*

*All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).*

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	311,718.	311,718.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	40,284.	40,284.		
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 .....	2,229,214.	429,414.	1,163,972.	635,828.
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 .....	35,883,889.	31,951,453.	3,605,407.	327,029.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	2,020,560.	1,767,909.	216,302.	36,349.
9	Other employee benefits .....	2,012,468.	1,843,038.	127,540.	41,890.
10	Payroll taxes .....	2,830,438.	2,482,313.	275,447.	72,678.
11	Fees for services (non-employees):				
a	Management .....				
b	Legal .....	51,561.		51,561.	
c	Accounting .....	57,450.	600.	56,850.	
d	Lobbying .....	45,294.		45,294.	
e	Professional fundraising services. See Part IV, line 17 .....	3,304.			3,304.
f	Investment management fees .....				
g	Other .....	2,961,214.	2,023,510.	931,275.	6,429.
12	Advertising and promotion .....				
13	Office expenses .....	7,085,444.	6,100,222.	943,279.	41,943.
14	Information technology .....				
15	Royalties .....				
16	Occupancy .....	8,164,782.	8,004,455.	160,327.	
17	Travel .....	1,134,979.	872,736.	232,877.	29,366.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19	Conferences, conventions, and meetings .....	1,287,705.	960,714.	314,274.	12,717.
20	Interest .....	2,264,051.	1,781,264.	482,787.	
21	Payments to affiliates .....				
22	Depreciation, depletion, and amortization .....	8,749,154.	7,861,166.	887,988.	
23	Insurance .....	258,534.	253,146.	5,388.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a	<b>EQUIPMENT COSTS</b> .....	1,629,352.	1,033,334.	595,668.	350.
b	<b>MEMBERSHIP DUES</b> .....	388,097.	386,156.	0.	1,941.
c	<b>MISCELLANEOUS EXPENSE</b> .....	266,251.	219,374.	25,298.	21,579.
d	<b>ASSISTANCE/AWARDS/GRANT</b> .....	247,431.	0.	0.	247,431.
e	.....				
f	All other expenses .....				
25	<b>Total functional expenses.</b> Add lines 1 through 24f .....	79,923,174.	68,322,806.	10,121,534.	1,478,834.
26	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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 (2010)

62-0476243 Page **11**

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,369,013.	<b>1</b>	3,646,235.	
	<b>2</b> Savings and temporary cash investments .....	19,243,750.	<b>2</b>	14,908,789.	
	<b>3</b> Pledges and grants receivable, net .....	8,281,800.	<b>3</b>	4,262,433.	
	<b>4</b> Accounts receivable, net .....	301,313.	<b>4</b>	994,873.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	888,821.	<b>9</b>	474,755.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	193,954,564.			
	<b>b</b> Less: accumulated depreciation .....	60,393,354.			
		131,202,781.	<b>10c</b>	133,561,210.	
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
<b>15</b> Other assets. See Part IV, line 11 .....	1,886,832.	<b>15</b>	940,652.		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	164,174,310.	<b>16</b>	158,788,947.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,721,289.	<b>17</b>	6,713,636.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	2,600,734.	<b>19</b>	3,292,220.	
	<b>20</b> Tax-exempt bond liabilities .....	55,390,000.	<b>20</b>	48,320,000.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	7,487,965.	<b>23</b>	6,763,135.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	4,550,238.	<b>25</b>	4,988,764.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	74,750,226.	<b>26</b>	70,077,755.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	76,586,707.	<b>27</b>	80,319,688.	
	<b>28</b> Temporarily restricted net assets .....	12,837,377.	<b>28</b>	8,391,504.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> <b>Total net assets or fund balances</b> .....	89,424,084.	<b>33</b>	88,711,192.	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	164,174,310.	<b>34</b>	158,788,947.		

Form **990** (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	81,821,168.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	79,923,174.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,897,994.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	89,424,084.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-2,610,886.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	88,711,192.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☒

	Yes	No
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>2b</b> Were the organization's financial statements audited by an independent accountant?	X	
<b>2c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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>3b</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 (2010)



Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

# 2010

**Open to Public Inspection**

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

Employer identification number  
62-0476243

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_

(ii) A family member of a person described in (i) above? \_\_\_\_\_

(iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

h Provide the following information about the supported organization(s).

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010

## YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule A (Form 990 or 990-EZ) 2010 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	51226483.	40505406.	10035341.	12393281.	10516957.	124677468
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	51226483.	40505406.	10035341.	12393281.	10516957.	124677468
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						124677468

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....	51226483.	40505406.	10035341.	12393281.	10516957.	124677468
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	686,735.		601,869.	183,632.	255,247.	1727483.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....		33,343.	40,274.	22,655.	8,314.	104,586.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						126509537
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12 276,368,932.	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.55 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>	98.34 %
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2010

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2010**

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 Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

## 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		\$ 994,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 320,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 319,853.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 295,768.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 275,483.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 252,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE</b>	Employer identification number <b>62-0476243</b>
--	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 242,367.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 228,750.	Person <input checked="" 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.)
		\$	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.)
		\$	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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
MIDDLE TENNESSEE

62-0476243

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee



**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

**2010**

**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 education)	<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, and not on a historic structure listed in the National Register .....	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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ .....

b Assets included in Form 990, Part X ..... ▶ \$ .....

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

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

(check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
- e ☐ Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

- (i) unrelated organizations
- (ii) related organizations

	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 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		15,506,419.		15,506,419.
b Buildings		140,137,282.	39,361,630.	100,775,652.
c Leasehold improvements				
d Equipment		29,677,029.	19,906,913.	9,770,116.
e Other		8,633,834.	1,124,811.	7,509,023.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				133,561,210.

Schedule D (Form 990) 2010

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

Schedule D (Form 990) 2010

**62-0476243** Page **3**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
(I) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) <b>DERIVATIVE LIABILITY - INTEREST</b>		
(3) <b>RATE SWAP</b>	<b>4,988,764.</b>	
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
(11) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	<b>4,988,764.</b>	

**2.** FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

032053  
12-20-10

Schedule D (Form 990) 2010

**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	81,821,168.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	79,923,174.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,897,994.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	27,600.
6	Investment expenses	6	
7	Prior period adjustments	7	-2,199,960.
8	Other (Describe in Part XIV.)	8	-438,526.
9	Total adjustments (net). Add lines 4 through 8	9	-2,610,886.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-712,892.

**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	82,170,497.
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	27,600.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	321,729.
e	Add lines 2a through 2d	2e	349,329.
3	Subtract line 2e from line 1	3	81,821,168.
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	81,821,168.

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

1	Total expenses and losses per audited financial statements	1	80,683,429.
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	760,255.
e	Add lines 2a through 2d	2e	760,255.
3	Subtract line 2e from line 1	3	79,923,174.
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	79,923,174.

**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:** -438,526.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**FUNDRAISING EXPENSES** 321,729.

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

<b>Part XIV</b>	<b>Supplemental Information</b> <i>(continued)</i>
-----------------	--

CHANGE IN DERIVATIVE LIABILITY	438,526.
FUNDRAISING EXPENSES	321,729.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	760,255.

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

# 2010

### Open To Public Inspection

Employer identification number  
62-0476243

## Part I

**Fundraising Activities.**

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

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

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

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

☐ Yes☐ No

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

[illegible]

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

## YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule G (Form 990 or 990-EZ) 2010

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 LEGACY GOLF TOURNAMENT	(b) Event #2 MARYLAND FARMS KICKOFF	(c) Other events 35	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
<b>Revenue</b>				
1 Gross receipts .....	111,231.	68,781.	885,183.	1,065,195.
2 Less: Charitable contributions .....	111,231.	68,781.	885,183.	1,065,195.
3 Gross income (line 1 minus line 2) .....				
<b>Direct Expenses</b>				
4 Cash prizes .....				
5 Noncash prizes .....		175.		175.
6 Rent/facility costs .....		250.		250.
7 Food and beverages .....	17,349.	2,626.		19,975.
8 Entertainment .....				
9 Other direct expenses .....	65,424.	140.	222,772.	288,336.
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				( 308,736 )
11 Net income summary. Combine line 3, column (d), and line 10 .....				-308,736.

**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))
<b>Revenue</b>				
1 Gross revenue .....				
<b>Direct Expenses</b>				
2 Cash prizes .....				
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? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

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

Schedule G (Form 990 or 990-EZ) 2010

**62-0476243** Page **3**

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 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
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 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 ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.**

**▶ Attach to Form 990.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

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

**Employer identification number**  
**62-0476243**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐ **▶**

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA OF CHATTANOOGA 301 W. 6TH STREET CHATTANOOGA, TN 37402	62-0475699	501(C)(3)	103,906.	0.			TO FURTHER EXEMPT PURPOSE
YMCA OF KNOXVILLE 10713 KINGSTON PIKE KNOXVILLE, TN 37934	62-0475700	501(C)(3)	103,906.	0.			TO FURTHER EXEMPT PURPOSE
YMCA OF MEMPHIS & THE MID-SOUTH 6373 QUAIL HOLLOW ROAD, SUITE 201 MEMPHIS, TN 38120	62-0476304	501(C)(3)	103,906.	0.			TO FURTHER EXEMPT PURPOSE

- 2** Enter total number of section 501(c)(3) and government organizations **▶** \_\_\_\_\_
- 3** Enter total number of other organizations **▶** \_\_\_\_\_

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

**Schedule I (Form 990) (2010)**

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

62-0476243

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TUITION/SCHOLARSHIP	33	25,825.	0.	FMV	
BOOKS & SCHOOL RELATED COSTS	3	5,000.	0.	FMV	
OTHER	18	9,459.	0.	FMV	

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

**PART 1, #2 ALL GRANT INDIVIDUALS ARE REQUIRED TO PROVIDE RECEIPTS OR  
INVOICES FOR ALL EXPENDITURES.**

Department of the Treasury  
Internal Revenue Service

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

**▶ Attach to Form 990. ▶ See separate instructions.**

# 2010

**Open to Public Inspection**

Employer identification number 62-0476243
--

	Yes	No
<b>1a</b> 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>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> 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		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	<b>X</b>
<b>8</b> 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

Schedule J (Form 990) 2010

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

62-0476243

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies 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.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN MARK JOHNSON	(i)	292,237.	0.	0.	29,400.	8,513.	330,150.	327,406.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DAVID L. BYRD	(i)	181,013.	0.	0.	21,513.	3,034.	205,560.	244,462.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MICHAEL HEILBRONN	(i)	170,476.	0.	0.	21,171.	8,513.	200,160.	178,956.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 TIMOTHY WEILL	(i)	161,236.	0.	0.	19,610.	1,012.	181,858.	179,477.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 PETER M. OLDHAM	(i)	185,933.	0.	0.	23,026.	8,513.	217,472.	197,782.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 DONALD JONES	(i)	138,054.	0.	0.	17,080.	7,484.	162,618.	159,434.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 KEITH COSS	(i)	141,554.	0.	0.	18,063.	6,084.	165,701.	163,243.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 HAKAN DARUD	(i)	148,895.	0.	0.	18,821.	7,994.	175,710.	171,616.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**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 in Part V.**

► **Attach to Form 990.**

► **See separate instructions.**

OMB No. 1545-0047

**2010**  
**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 PART V FOR COLUMNS (A) AND (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		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
INDUSTRIAL DEVELOPMENT A BOARD OF THE METROP GOVT	62-1162842	5920650L8	12/06/07	31440000.	CONSTRUCTION AND EQUIPMENT ACTIVIT		X		X		X
B											
C											
D											

**Part II Proceeds**

	A		B		C		D	
1 Amount of bonds retired .....	7,730,000.							
2 Amount of bonds legally defeased .....								
3 Total proceeds of issue .....	31,440,000.							
4 Gross proceeds in reserve funds .....								
5 Capitalized interest from proceeds .....	508,796.							
6 Proceeds in refunding escrows .....								
7 Issuance costs from proceeds .....	174,304.							
8 Credit enhancement from proceeds .....								
9 Working capital expenditures from proceeds .....								
10 Capital expenditures from proceeds .....	30,756,900.							
11 Other spent proceeds .....								
12 Other unspent proceeds .....								
13 Year of substantial completion .....	2010							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue? .....		X						
15 Were the bonds issued as part of an advance refunding issue? .....		X						
16 Has the final allocation of proceeds been made? .....	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X							

**Part III Private Business Use**

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

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

Schedule K (Form 990) 2010

62-0476243

Page 2

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		<b>X</b>						
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property? .....		<b>X</b>						
<b>c</b> 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? .....								
<b>4</b> 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 .....	%		%		%		%	
<b>5</b> 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 .....	%		%		%		%	
<b>6</b> Total of lines 4 and 5 .....	%		%		%		%	
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? .....		<b>X</b>						

**Part IV Arbitrage**

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

**Part V Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K.

**SCHEDULE K, PART I, BOND ISSUES:**

**(A) ISSUER NAME:**

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

**(F) DESCRIPTION OF PURPOSE: CONSTRUCTION AND EQUIPMENT ACTIVITIES**

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

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

Employer identification number  
**62-0476243**

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

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

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

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

**Part II Loans to and/or From Interested Persons.**

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

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

Total ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

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

Schedule L (Form 990 or 990-EZ) 2010

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DECOSTA JENKINS	BOARD MEMBER AND TR	1,936,771.	ELECTRICAL		X
MARSHALL POLK	BOARD MEMBER	764,854.	INSURANCE S		X
WALTER KNESTRICK	BOARD MEMBER	3,524,935.	CONSTRUCTIO		X
BILL LEE	BOARD MEMBER	120,135.	HVAC REPAIR		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**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 TREASURER

(C) AMOUNT OF TRANSACTION \$ 1,936,771.

(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 \$ 764,854.

(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



**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(C) AMOUNT OF TRANSACTION \$ 3,524,935.

(D) DESCRIPTION OF TRANSACTION: CONSTRUCTION/RENOVATION SERVICES

PROVIDED BY KNESTRICK CONTRACTORS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: BILL LEE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 120,135.

(D) DESCRIPTION OF TRANSACTION: HVAC REPAIRS/MAINTENANCE SERVICES

PROVIDED BY LEE COMPANY,

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

**2010****Open to Public  
Inspection**

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

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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 .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► ( <b>FOOD</b> )	X	13	20,846.	
26 Other ► ( <b>MATERIALS</b> )	X	3	5,661.	
27 Other ► ( <b>GIFTS</b> )	X	3	2,921.	
28 Other ► ( <b>SIGNS</b> )	X	1	2,500.	

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 Acknowledgement .....**29**30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for  
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for  
the entire holding period? .....

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

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

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

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.**Yes No**

30a		X
31		X
32a		X

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

Schedule M (Form 990) (2010)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE</b>	Employer identification number <b>62-0476243</b>
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FORM 990, PART I, LINE 1 AND FORM 990, PART III, LINE 1

OUR MISSION: A WORLDWIDE CHARITABLE FELLOWSHIP UNITED BY A COMMON  
LOYALTY TO JESUS CHRIST FOR THE PURPOSE OF HELPING PEOPLE GROW IN  
SPIRIT, MIND AND BODY.

FOR MORE THAN 136 YEARS, OUR NONPROFIT ORGANIZATION HAS BEEN GIVING  
PEOPLE OF ALL AGES AND BACKGROUNDS THE TOOLS AND SUPPORT THEY NEED TO  
LEARN, GROW AND THRIVE. WITH 31 CENTERS AND 328 PROGRAM LOCATIONS, THE  
YMCA OF MIDDLE TENNESSEE REACHES 329,697 LIVES- 1 OF EVERY 6 PEOPLE IN  
THE 12-COUNTY AREA IT SERVES-BY NURTURING THE POTENTIAL OF CHILDREN AND  
TEENS, IMPROVING THE NATION'S HEALTH AND WELL-BEING AND PROVIDING  
OPPORTUNITIES TO SERVE OTHERS AND SUPPORT OUR NEIGHBORS.

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, SERVING OTHERS AND CREATING COMMUNITY. IN ALL THAT WE DO-FROM  
INSPIRING HEALTHIER LIFESTYLES TO PROVIDING QUALITY OUTREACH PROGRAMS  
THAT MEET EMERGING COMMUNITY NEEDS-WE STRIVE TO MODEL AND TEACH THE  
YMCA'S CORE CHARACTER VALUES OF CARING, HONESTY, RESPECT AND  
RESPONSIBILITY.

WE BELIEVE THAT EVERYONE DESERVES A CHANCE TO WORK TOWARD REACHING  
THEIR FULL POTENTIAL, REGARDLESS OF SOCIO-ECONOMIC CIRCUMSTANCES.

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE	Employer identification number 62-0476243
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THANKS TO OUR COMMUNITY'S GENEROUS SUPPORT OF OUR ANNUAL GIVING  
CAMPAIGN, OUR OPEN DOORS INCOME-BASED RATE SCALE ENSURES THAT OUR YMCA  
REMAINS AVAILABLE TO ALL, REGARDLESS OF INCOME LEVEL OR ABILITY TO PAY.

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

IN 2010, OUR YMCA:

\*INSPIRED 258,510 FACILITY MEMBERS AND 21,778 PROGRAM MEMBERS TO START  
AND MAINTAIN HEALTHY LIFESTYLES, HELPING 121,679 HOUSEHOLDS IN OUR  
COMMUNITY BECOME HEALTHIER IN SPIRIT, MIND AND BODY.

\*REACHED THOSE MOST IN NEED OF YMCA PROGRAMS AND SERVICES BY PROVIDING  
\$14,490,937 IN CHARITABLE SUBSIDY AND FINANCIAL ASSISTANCE.

\*CONTINUED OUR COLLABORATIVE EFFORTS TO COMBAT THE OBESITY EPIDEMIC BY  
LEADING THE TENNESSEE OBESITY TASK FORCE AND YMCA PIONEERING HEALTHY  
COMMUNITIES TEAMS ACROSS THE STATE.

\*ENGAGED MEMBERS IN HEALTHIER LIVING THROUGH 82,289 GROUP FITNESS  
CLASSES.

\*HELPED TO ENSURE THE SAFETY OF CHILDREN AND ADULTS BY TEACHING 11,403  
SWIM LESSONS AT 49 POOLS.

\*ENCOURAGED ACTIVE LIVING AND FOSTERED CONFIDENCE, CHARACTER AND  
ATHLETIC SKILLS IN THE LIVES OF 16,648 CHILDREN THROUGH YOUTH SPORTS.

\*STRENGTHENED 16,256 ACTIVE OLDER ADULTS THROUGH MEMBERSHIPS AND  
PROGRAMS DESIGNED TO MEET THEIR UNIQUE NEEDS.

\*PROVIDED HEALTHY LIVING RESOURCES AND TOOLS TO MORE THAN 700 KIDS AND  
ADULTS AT OUR 19TH ANNUAL HEALTHY KIDS DAY EVENTS, AIMED AT HELPING  
FAMILIES IN OUR COMMUNITIES FIND WAYS TO LEAD HEALTHIER LIFESTYLES.

\*LAUNCHED HOPE FOR HEALTH IN FOUR MIDDLE TENNESSEE COMMUNITIES, A

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE	Employer identification number 62-0476243
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UNIQUE, FREE OUTREACH PROGRAM DESIGNED TO TACKLE THE OBESITY AND  
CHRONIC DISEASE EPIDEMIC BY IMPROVING THE HEALTH OF WOMEN, PARTICULARLY  
MOTHERS, WHO HAVE A STRONG INFLUENCE ON CHILD HEALTH.

\*PROVIDED CONTINUED 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:

ALL OF OUR CAMPING AND CHILDCARE PROGRAMS UTILIZE THE SEARCH  
INSTITUTE'S DEVELOPMENTAL ASSETS FRAMEWORK TO DEVELOP AND IMPLEMENT  
STAFF TRAINING, CURRICULUMS AND ACTIVITIES DESIGNED TO HELP YOUNG  
PEOPLE DEVELOP INTO KIND, CARING AND RESPONSIBLE ADULTS. LIKE OTHER  
PROGRAMS OFFERED AT OUR YMCA, FINANCIAL ASSISTANCE IS AVAILABLE FOR ALL  
OF OUR YOUTH PROGRAMS SUCH THAT CHILDREN FROM ALL SOCIO-ECONOMIC  
BACKGROUNDS HAVE ACCESS TO QUALITY CAMPING EXPERIENCES AND CHILDCARE.

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 YMCA'S 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:

032212  
01-24-11

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

Employer identification number  
62-0476243

1. FORGE FRIENDSHIPS

2. STRENGTHEN CONFIDENCE

3. SHARPEN CHARACTER

THROUGH AN ADVENTURE-FILLED SUMMER EXPERIENCE, CAMPERS HAVE THE OPPORTUNITY TO LEARN THE ART OF COOPERATION AND MAKE GOOD CHOICES WHILE DEVELOPING COMPETENCE IN BOTH CAMPING AND LIFE SKILLS. THE DAILY ACTIVITIES AND INTERACTIONS WITH POSITIVE ADULT ROLE MODELS AT CAMP 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 151 FUN COMPANY SITES, PRIMARILY IN PUBLIC ELEMENTARY SCHOOLS, WHERE OUR STAFF ALSO 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.

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

Employer identification number  
**62-0476243**

### PRESCHOOL CARE

OUR STATE LICENSED PRESCHOOLS FACILITATE HANDS-ON, AGE APPROPRIATE LEARNING EXPERIENCES DESIGNED TO CAPTURE AND BUILD ON A CHILD'S IMAGINATION AND INTEREST. THE CURRICULUM ACTIVELY ENGAGES A CHILD'S REASONING, CREATIVE THINKING AND SOCIAL SKILLS IN A WAY THAT INSTILLS THEM WITH HAPPINESS AND SELF-CONFIDENCE. 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 2010, OUR YMCA:

\*HELPED 2,795 DAY AND OVERNIGHT CAMPERS STRENGTHEN CONFIDENCE, FORGE FRIENDSHIPS AND SHARPEN CHARACTER AT CAMP WIDJIWAGAN--VOTED BEST DAY CAMP FOR THE 13TH CONSECUTIVE YEAR BY NASHVILLE PARENT READERS.

\*PROVIDED ACADEMIC, SOCIAL AND PHYSICAL ENRICHMENT TO 7,654

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SCHOOL-AGED CHILDREN AT 151 LOCAL SCHOOLS DURING CRITICAL BEFORE- AND  
AFTER-SCHOOL HOURS THROUGH YMCA FUN COMPANY AND SUMMER ODYSSEY.

\*FOSTERED A LOVE OF LEARNING IN 243 CHILDREN THROUGH OUR LICENSED  
PRESCHOOLS, WHICH UTILIZE A LITERACY-RICH CURRICULUM TO HELP KIDS BUILD  
A STRONG FOUNDATION FOR FUTURE ACADEMIC AND LIFE SUCCESS.

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

OUR YMCA CONTINUES TO ENRICH THE LIVES THE PEOPLE WHO CALL OUR REGION  
HOME, NOT ONLY THROUGH MEMBERSHIP AT OUR WELLNESS CENTERS, BUT BY  
REACHING OUT BEYOND THE WALLS OF OUR FACILITIES 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.

LIKE ALL OF OUR OTHER PROGRAMS AND SERVICES, OUR OUTREACH OFFERINGS ARE  
AVAILABLE TO ALL REGARDLESS OF INCOME OR ABILITY TO PAY.

IN 2010, OUR YMCA:

\*INSTILLED CONFIDENCE AND POSITIVE VALUES INTO 4,178 YOUTH AND TEENS  
THROUGH OUR URBAN SERVICES YOUTH DEVELOPMENT CENTER, Y-CAP (COMMUNITY  
ACTION PROJECT) YMCA, CENTER FOR CIVIC ENGAGEMENT AND LATINO ACHIEVERS  
PROGRAM.

\*PROVIDED VITAL CAREER TRAINING AND LIFE SKILLS DEVELOPMENT TO 60 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



Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE	Employer identification number 62-0476243
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THEIR GED WHILE IN THE PROGRAM.

\*TRAINED 28 YOUNG WOMEN FOR HEALTHCARE CAREERS IN OUR Y-MEDCORPS PROGRAM.

\*PROVIDED A SAFE AND NURTURING ENVIRONMENT FOR 249 STUDENTS AT THE PRESTON TAYLOR BOYS & GIRLS CLUB YMCA YOUTH DEVELOPMENT CENTER AT MCKISSACK MIDDLE SCHOOL, A UNIQUE PARTNERSHIP BETWEEN OUR YMCA, THE BOYS & GIRLS CLUB, METRO-NASHVILLE PUBLIC SCHOOLS AND UNITED WAY OF METROPOLITAN NASHVILLE.

\*GUIDED 160 BOYS AND GIRLS TOWARD LONG-TERM SUCCESS AND ACHIEVEMENT THROUGH OUR URBAN SERVICES SCHOOL OF ACADEMICS & ATHLETICS (USSAA). USSAA IS A YEAR-ROUND OUTREACH PROGRAM DESIGNED TO HELP STUDENTS SUCCEED BOTH ON THE COURT AND FIELD AND IN THE CLASSROOM. IN ADDITION TO INTENSE ATHLETIC TRAINING, PARTICIPANTS ALSO RECEIVE COLLEGE AND CAREER COUNSELING, ADULT MENTORSHIP AND ACT/SAT PREP CLASSES.

\*THROUGH OUR YMCA CENTER FOR CIVIC ENGAGEMENT, FILLED THE CIVICS EDUCATION GAP FOR 2,679 TENNESSEE MIDDLE AND HIGH-SCHOOL STUDENTS, FACILITATING THE NATION'S SECOND LARGEST YMCA YOUTH IN GOVERNMENT PROGRAM AND 30TH ANNUAL TENNESSEE YMCA MODEL UNITED NATIONS CONFERENCE.

\*OFFERED HOPE AND HEALING TO 795 MEN AND WOMEN IN OUR RESTORE MINISTRIES PROGRAM, A CHRIST-CENTERED MINISTRY THAT PROVIDES AFFORDABLE GROUP AND INDIVIDUAL COUNSELING TO HELP PARTICIPANTS OVERCOME A RANGE OF LIFE-CONTROLLING ISSUES LIKE CO-DEPENDENCY, LOW SELF-ESTEEM, ADDICTIONS AND MORE.

\*PROVIDED WELLNESS SUPPORT AND GUIDANCE TO HELP 504 MEN, WOMEN AND CHILDREN ADDRESS DEBILITATING HEALTH CONDITIONS THROUGH OUR AFTER BREAST CANCER, DIABETESMART AND HOPE FOR HEALTH OUTREACH PROGRAMS.

\*PROVIDED FREE TUTORING TO 100 STUDENTS THROUGH THE LITERACY PROGRAMS AT OUR MARGARET MADDOX AND NORTHWEST FAMILY YMCAS, BOTH LOCATED IN

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

\*OFFERED FREE, LIFE-SAVING WATER SAFETY INSTRUCTION TO 1,007 FIRST GRADERS IN METRO-NASHVILLE PUBLIC SCHOOLS THROUGH OUR LEARN TO SWIM PROGRAM.

\*ENGAGED 3,921 VOLUNTEERS TO MAKE A DIFFERENCE IN THE LIVES OF OTHERS THROUGH THE YMCA.

\*PROVIDED MUCH-NEEDED FINANCIAL SUPPORT TO LOCAL FAMILIES AFFECTED BY THE MAY 2010 FLOOD, SUSPENDING Y MEMBERSHIP DRAFTS AND ENSURING DIFFICULT FINANCIAL CIRCUMSTANCES DIDN'T FORCE NASHVILLE'S YOUNGEST FLOOD VICTIMS TO ABANDON THEIR SUMMER CAMP PLANS.

\*JOINED HANDS WITH 458 SCHOOLS, CHURCHES, BUSINESSES AND OTHER COMMUNITY PARTNERS TO WORK TOWARD THE COMMON GOAL OF IMPROVING THE LIVES OF THE MEN, WOMEN AND CHILDREN WHO CALL OUR REGION HOME.

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

YOUTH, TEEN AND ADULT PROGRAMS SUCH AS MUSIC, DANCE, ART, BIRTHDAY PARTIES, PARENTS DAY/NIGHT OUT, CHEERLEADING, ETC.

EXPENSES \$ 1,039,576. INCLUDING GRANTS OF \$ 0. REVENUE \$ 643,176.

FORM 990, PART VI, SECTION A, LINE 2: H. LEE BARFIELD II, 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. ROBERT KNESTRICK, A KEY EMPLOYEE, AND WALTER KNESTRICK, A BOARD MEMBER, HAVE A FAMILY 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.

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE	Employer identification number 62-0476243
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FORM 990, PART VI, SECTION A, LINE 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 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

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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 ANY 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.

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.

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE	Employer identification number 62-0476243
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FORM 990, PART VI, SECTION C, LINE 19: THE Y'S GOVERNING DOCUMENTS,  
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON  
REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

DONATED SERVICES AND USE OF FACILITIES: 27,600.

PRIOR PERIOD ADJUSTMENTS: -2,199,960.

CHANGE IN DERIVATIVE LIABILITY: -438,526.

TOTAL TO FORM 990, PART XI, LINE 5 -2,610,886.

FORM 990, PART XII, LINE 2C

NEITHER THE ORGANIZATION'S OVERSIGHT PROCESS NOR THE SELECTION PROCESS  
HAVE CHANGED FROM THE PRIOR YEAR.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010  
Open to Public  
Inspection

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

**Part I** Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II** Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
YMCA FOUNDATION OF MIDDLE TENNESSEE - 51-0196924, 1000 CHURCH STREET, NASHVILLE, TN 37203-3420	MAINTAINS A PERMANENT ENDOWMENT FUND FOR THE YMCA OF MIDDLE TENNESSEE.	TENNESSEE	501 (C) (3)				X

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

Schedule R (Form 990) 2010

## Part III

[illegible]

## Part IV

[illegible]

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

Schedule R (Form 990) 2010

**62-0476243** Page **3**

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....	<b>X</b>	
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....		<b>X</b>
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....	<b>X</b>	
<b>d</b> Loans or loan guarantees to or for other organization(s) .....		<b>X</b>
<b>e</b> Loans or loan guarantees by other organization(s) .....		<b>X</b>
<b>f</b> Sale of assets to other organization(s) .....		<b>X</b>
<b>g</b> Purchase of assets from other organization(s) .....		<b>X</b>
<b>h</b> Exchange of assets .....		<b>X</b>
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....		<b>X</b>
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....		<b>X</b>
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....		<b>X</b>
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....		<b>X</b>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....	<b>X</b>	
<b>n</b> Sharing of paid employees .....		<b>X</b>
<b>o</b> Reimbursement paid to other organization for expenses .....		<b>X</b>
<b>p</b> Reimbursement paid by other organization for expenses .....	<b>X</b>	
<b>q</b> Other transfer of cash or property to other organization(s) .....		<b>X</b>
<b>r</b> Other transfer of cash or property from other organization(s) .....		<b>X</b>

**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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> YMCA OF MIDDLE TN RECEIVED GRANTS FROM THE YMCA FOUNDATION	C	159,848.	CASH
<b>(2)</b> YMCA OF MIDDLE TN SHARES OFFICE SPACE & EQUIP WITH THE FOUNDATION	M	0.	
<b>(3)</b> YMCA OF MIDDLE TN RECEIVED REIMBURSEMENT FOR PERSONNEL EXPENSES	P	94,865.	CASH
<b>(4)</b> YMCA OF MIDDLE TN RECEIVED REIMBURSEMENTS FOR VARIOUS EXPENSES FROM TIME TO TIME SUCH AS MEALS & OTHER EXPENSES		0.	
<b>(5)</b> CHARGES ON YMCA CREDIT CARDS	P	10,970.	CASH
<b>(6)</b>			



**Part VI**   **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.

[illegible]

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

[illegible]

(and on Investment Income for Private Foundations) **FORM 990-T**

**(Keep for your records. Do not send to the Internal Revenue Service.)**

# 2011

<b>1</b>	Unrelated business taxable income expected in the tax year .....	<b>1</b>		
<b>2</b>	Tax on the amount on line 1. See instructions for tax computation .....	<b>2</b>		
<b>3</b>	Alternative minimum tax (see instructions) .....	<b>3</b>		
<b>4</b>	Total. Add lines 2 and 3 .....	<b>4</b>		
<b>5</b>	Estimated tax credits (see instructions) .....	<b>5</b>		
<b>6</b>	Subtract line 5 from line 4 .....	<b>6</b>		
<b>7</b>	Other taxes (see instructions) .....	<b>7</b>		
<b>8</b>	Total. Add lines 6 and 7 .....	<b>8</b>		
<b>9</b>	Credit for federal tax paid on fuels (see instructions) .....	<b>9</b>		
<b>10a</b>	Subtract line 9 from line 8. <b>Note.</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	<b>10a</b>		
<b>b</b>	Enter the tax shown on the 2010 return (see instructions). <b>Caution.</b> 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 .....	<b>10b</b>	1,247.	
<b>c</b>	<b>2011 Estimated Tax.</b> 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 ..... ADJUSTED TO .....	<b>10c</b>	1,280.	
	(a)	(b)	(c)	(d)
<b>11</b>	<b>Installment due dates</b> (see instructions) .....	<b>11</b>		12/15/11
<b>12</b>	<b>Required installments.</b> 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) .....	<b>12</b>		1,280.
<b>13</b>	<b>2010 Overpayment</b> (see instructions) .....	<b>13</b>		1,280.
<b>14</b>	<b>Payment due.</b> (Subtract line 13 from line 12.) .....	<b>14</b>		

**LHA** For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2011)

ESTIMATED TAX	1,280.
OVERPAYMENT APPLIED	1,280.
AMOUNT DUE	0.

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING  
DECEMBER 31, 2010

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	OVERPAYMENT OF \$3,253 WITH \$1,280 APPLIED TO THE ESTIMATED TAX PAYMENTS AND THE BALANCE OF \$1,973 REFUNDED.
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, 2011
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2010 or other tax year beginning

, and ending

**2010**Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</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)	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>1000 CHURCH STREET</b> City or town, state, and ZIP code <b>NASHVILLE, TN 37203</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>62-0476243</b>  <b>E</b> Unrelated business activity codes (See instructions.) <b>541610</b>
<b>C</b> Book value of all assets at end of year <b>158788947.</b>		<b>F</b> Group exemption number (See instructions.) <b>SEE STATEMENT 1</b> <b>G</b> 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 **ROBERT IVY, CFO** Telephone number **615-259-9622**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <b>124,449.</b>			
<b>b</b> Less returns and allowances <b>c</b> Balance	<b>1c</b> <b>124,449.</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> <b>124,449.</b>		<b>124,449.</b>
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule.)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> <b>124,449.</b>		<b>124,449.</b>

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.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		<b>75,226.</b>
<b>16</b> Repairs and maintenance	<b>16</b>		<b>3,543.</b>
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach schedule)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		<b>7,253.</b>
<b>20</b> Charitable contributions (See instructions for limitation rules.)	<b>20</b>		
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>22b</b>
<b>23</b> Depletion	<b>23</b>		
<b>24</b> Contributions to deferred compensation plans	<b>24</b>		
<b>25</b> Employee benefit programs	<b>25</b>		<b>7,905.</b>
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>		
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>		
<b>28</b> Other deductions (attach schedule) <b>SEE STATEMENT 2</b>	<b>28</b>		<b>21,208.</b>
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>		<b>115,135.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>		<b>9,314.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>		
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>		<b>9,314.</b>
<b>33</b> Specific deduction (Generally \$1,000, but see instructions for exceptions.)	<b>33</b>		<b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>		<b>8,314.</b>

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

Form 990-T (2010)

62-0476243

Page **2**

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	(1) \$ (2) \$ (3) \$	
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$	
(2) Additional 3% tax (not more than \$100,000)	\$	
<b>c</b> Income tax on the amount on line 34		<b>35c</b> 1,247.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from:		
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		<b>36</b>
<b>37 Proxy tax.</b> See instructions		<b>37</b>
<b>38 Alternative minimum tax</b>		<b>38</b>
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies		<b>39</b> 1,247.

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>	
<b>b</b> Other credits (see instructions)	<b>40b</b>	
<b>c</b> General business credit. Attach Form 3800	<b>40c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>	
<b>e</b> Total credits. Add lines 40a through 40d	<b>40e</b>	
<b>41</b> Subtract line 40e from line 39	<b>41</b>	1,247.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>42</b>	
<b>43</b> Total tax. Add lines 41 and 42	<b>43</b>	1,247.
<b>44a</b> Payments: A 2009 overpayment credited to 2010	<b>44a</b>	
<b>b</b> 2010 estimated tax payments	<b>44b</b>	4,500.
<b>c</b> Tax deposited with Form 8868	<b>44c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>44d</b>	
<b>e</b> Backup withholding (see instructions)	<b>44e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>44f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	<b>44g</b>	
<b>45</b> Total payments. Add lines 44a through 44g	<b>45</b>	4,500.
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>46</b>	
<b>47</b> Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>47</b>	
<b>48</b> Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>48</b>	3,253.
<b>49</b> Enter the amount of line 48 you want: Credited to 2011 estimated tax 1,280. Refunded	<b>49</b>	1,973.

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2010 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
		X
<b>2</b> 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 instructions for other forms the organization may have to file.		X
<b>3</b> 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**

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

<b>Sign Here</b>	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.				
	Signature of officer _____ Date _____		CFO Title _____		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KEVIN DOSTALER		09/23/11		P01269951
	Firm's name ▶ KRAFTCPAS PLLC	Firm's EIN ▶ 62-0713250			
	Firm's address ▶ 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228	Phone no. 615-242-7351			

May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**(see instructions)

## 1. Description of property

(1)
(2)
(3)
(4)

## 2. Rent received or accrued

(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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) ▶

## (b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B) ... ▶

0.

0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

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)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Enter here and on page 1, Part I, line 7, column (A).

Enter here and on page 1, Part I, line 7, column (B).

## 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)

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).Add columns 6 and 11.  
Enter here and on page 1, Part I, line 8, column (B).

## Totals

0.

0.

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

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).
<b>Totals</b> .....	<b>0.</b>			<b>0.</b>

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

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.
<b>Totals</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>

**Schedule J - Advertising Income** (see instructions)**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)						
<b>Totals</b> (carry to Part II, line (5)) .....	<b>0.</b>	<b>0.</b>				<b>0.</b>

**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)						
<b>(5) Totals from Part I</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
	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.
<b>Totals, Part II (lines 1-5)</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>

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

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



FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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OPERATION OF FAMILY WELLNESS CENTERS LOCATED INSIDE TWO FOR-PROFIT BUSINESSES.

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
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DESCRIPTION	AMOUNT
CONTRACT SERVICE FEE	13,000.
OFFICE SUPPLIES & FORMS	1,819.
SPECIAL EVENT EXPENSE	46.
LAUNDRY/HOUSEKEEPING	46.
MEETING FOOD COSTS @50%	11.
EXPENDABLE EQUIP PURCHASE	981.
STAFF TRAINING	130.
PENSION & RETIREMENT	5,175.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	21,208.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

**ROBERT IVY, CFO**

• The books are in the care of **1000 CHURCH STREET - NASHVILLE, TN 37203**

Telephone No. **615-259-9622**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until **NOVEMBER 15, 2011**.

**5** For calendar year **2010**, or other tax year beginning , and ending .

**6** If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

**7** State in detail why you need the extension

**AWAITING INFORMATION FROM THIRD PARTIES.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$ <b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$ <b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>0.</b>

### Signature and Verification

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

Signature

Title **CFO**

Date

Form **8868** (Rev. 1-2011)