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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ 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 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 1000 CHURCH STREET

Room/suite

City or town, state or country, and ZIP + 4
NASHVILLE, TN 37203

D Employer identification number
62-0476243

E Telephone number
(615) 259-9622

G Gross receipts $ 82,151,597

F Name and address of principal officer
ROBERT IVY
1000 CHURCH STREET
NASHVILLE,TN 37203

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW YMCAMIDTN ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1875

M State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE STATEMENT ON SCHEDULE O

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	80
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	76
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	5,592
6	Total number of volunteers (estimate if necessary)	**6**	4,630
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	124,449
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	8,314

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	11,348,596	10,516,957
	9 Program service revenue (Part VIII, line 2g)	69,493,210	70,217,368
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-35,122	308,049
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,627,540	778,794
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	82,434,224	81,821,168
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	276,325	352,002
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	43,317,052	44,976,569
	16a Professional fundraising fees (Part IX, column (A), line 11e)	115,800	3,304
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,478,834		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	34,308,436	34,591,299
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	78,017,613	79,923,174
	19 Revenue less expenses Subtract line 18 from line 12	4,416,611	1,897,994

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	164,174,310	158,788,947
	21 Total liabilities (Part X, line 26)	74,750,226	70,077,755
	22 Net assets or fund balances Subtract line 21 from line 20	89,424,084	88,711,192

Part II Signature Block

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

Sign Here

****** Signature of officer — 2011-09-23 Date

ROB IVY CFO Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name KEVIN DOSTALER	Preparer's signature KEVIN DOSTALER	Date 2011-09-23	Check if self-employed ☐	PTIN
Firm's name ▶ KRAFTCPAS PLLC				Firm's EIN ▶
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 above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE STATEMENT ON SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

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 OIN 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 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

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 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 CENTEROUR 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 1 FORGE FRIENDSHIPS2 STRENGTHEN CONFIDENCE3 SHARPEN CHARACTERTHROUGH 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 COMPANYTHROUGH 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 PRESCHOOL CAREOUR 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 CAMPSIN 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 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

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 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 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 THOUGH OUR URBAN SERVICES SCHOOL OF ACADEMICS & ATHLETICS (USSAA) USSAA IS A YEAR-ROUND OUTREACH PROGRAM DESIGNED TO HELP STUDENTS SUCCEED BOTH ON THE COURT AND FIELD AND IN THE CLASSROOM IN ADDITION TO INTENSE ATHLETIC TRAINING, PARTICIPANTS ALSO RECEIVE COLLEGE AND CAREER COUNSELING, ADULT MENTORSHIP AND ACT/SAT PREP CLASSES * THROUGH OUR YMCA CENTER FOR CIVIC ENGAGEMENT, 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 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

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses $ 1,039,576 including grants of $) (Revenue $ 643,176)

4e **Total program service expenses** ▶ $ 68,322,806

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	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? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	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? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	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? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	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? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	516		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	5,592		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	80		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	76		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		

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 Form 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

ROBERT IVY CFO
1000 CHURCH STREET
NASHVILLE,TN 37203
(615) 259-9622

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, and **current** key employees 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			
(1) JENNY ADCOX BOARD MEMBER	1 00	X						0	0	0
(2) LIZ ALEXANDER BOARD MEMBER	1 00	X						0	0	0
(3) LAWSON ALLEN BOARD MEMBER	1 00	X						0	0	0
(4) PAUL ANDERSON BOARD MEMBER	1 00	X						0	0	0
(5) CARTER ANDREWS BOARD MEMBER	1 00	X						0	0	0
(6) H LEE BARFIELD II BOARD MEMBER	1 00	X						0	0	0
(7) YANCY BELCHER BOARD MEMBER	1 00	X						0	0	0
(8) DAVID BOHAN BOARD MEMBER	1 00	X						0	0	0
(9) STEWART BRONAUGH BOARD MEMBER	1 00	X						0	0	0
(10) DR ELBERT BROOKS BOARD MEMBER	1 00	X						0	0	0
(11) ELLEN BRYSON BOARD MEMBER	1 00	X						0	0	0
(12) WOOD CALDWELL BOARD MEMBER	1 00	X						0	0	0
(13) TRUDY CARPENTER BOARD MEMBER	1 00	X						0	0	0
(14) FRED CASSETTY BOARD MEMBER	1 00	X						0	0	0
(15) GEORGE H CATE BOARD MEMBER	1 00	X						0	0	0
(16) DARRYL COOPER BOARD MEMBER	1 00	X						0	0	0

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			
(17) TIM CURTIS BOARD MEMBER	1 00	X						0	0	0
(18) FLORENCE DAVIS BOARD MEMBER	1 00	X						0	0	0
(19) PETE DELAY BOARD MEMBER	1 00	X						0	0	0
(20) BILL DELOACHE BOARD MEMBER	1 00	X						0	0	0
(21) JOHN EAKIN BOARD MEMBER	1 00	X						0	0	0
(22) ALISON EGERTON BOARD MEMBER	1 00	X						0	0	0
(23) JACK ELISAR BOARD MEMBER	1 00	X						0	0	0
(24) RICH FORD BOARD MEMBER	1 00	X						0	0	0
(25) SANDRA FULTON BOARD MEMBER	1 00	X						0	0	0
(26) PHILIP GIBBONS BOARD MEMBER	1 00	X						0	0	0
(27) HOMER B GIBBS JR BOARD MEMBER	1 00	X						0	0	0
(28) BRENDA GILMORE BOARD MEMBER	1 00	X						0	0	0
(29) JAMES W GRANBERY BOARD MEMBER	1 00	X						0	0	0
(30) ROUPEN M GULBENK BOARD MEMBER	1 00	X						0	0	0
(31) JACQUELYN GUTHRIE BOARD MEMBER	1 00	X						0	0	0
(32) GERRY HELPER BOARD MEMBER	1 00	X						0	0	0
(33) BILL HENDERSON BOARD MEMBER	1 00	X						0	0	0
(34) SENATOR DOUGLAS HENRY BOARD MEMBER	1 00	X						0	0	0
(35) AMOS HOWARD BOARD MEMBER	1 00	X						0	0	0
(36) LEIGH HUDDLESTON BOARD MEMBER	1 00	X						0	0	0
(37) BILL HUDSON BOARD MEMBER	1 00	X						0	0	0
(38) CRAIG JOHNSON BOARD MEMBER	1 00	X						0	0	0
(39) SHAWN JOHNSON BOARD MEMBER	1 00	X						0	0	0
(40) JOE KELLEY BOARD MEMBER	1 00	X						0	0	0
(41) WALTER KNESTRICK BOARD MEMBER	1 00	X						0	0	0
(42) RONALD F KNOX JR BOARD MEMBER	1 00	X						0	0	0
(43) WALT LEAVER BOARD MEMBER	1 00	X						0	0	0
(44) BILL LEE BOARD MEMBER	1 00	X						0	0	0
(45) RANDY LOWRY BOARD MEMBER	1 00	X						0	0	0
(46) THOMAS LYNN BOARD MEMBER	1 00	X						0	0	0
(47) DON MACLEOD BOARD MEMBER	1 00	X						0	0	0
(48) BILL HAWKINS BOARD MEMBER	1 00	X						0	0	0
(49) CLAYTON MCWHORTER BOARD MEMBER	1 00	X						0	0	0
(50) STUART MCWHORTER BOARD MEMBER	1 00	X						0	0	0
(51) JOHN ED MILLER BOARD MEMBER	1 00	X						0	0	0
(52) GALE MOORE BOARD MEMBER	1 00	X						0	0	0
(53) TOM OZBURN BOARD MEMBER	1 00	X						0	0	0
(54) TOM PARRISH BOARD MEMBER	1 00	X						0	0	0
(55) PHIL PFEFFER BOARD MEMBER	1 00	X						0	0	0
(56) MARSHALL POLK BOARD MEMBER	1 00	X						0	0	0
(57) DOYLE RIPPEE BOARD MEMBER	1 00	X						0	0	0
(58) ANN SCHNEIDER BOARD MEMBER	1 00	X						0	0	0
(59) SONNY SHARP BOARD MEMBER	1 00	X						0	0	0
(60) JIM SHAUB BOARD MEMBER	1 00	X						0	0	0
(61) FRANK SHOPE BOARD MEMBER	1 00	X						0	0	0
(62) REV BOB SPAIN BOARD MEMBER	1 00	X						0	0	0
(63) CARTER TODD BOARD MEMBER	1 00	X						0	0	0
(64) RICHARD TOMKINS BOARD MEMBER	1 00	X						0	0	0
(65) CLAIRE TUCKER BOARD MEMBER	1 00	X						0	0	0
(66) CAL TURNER BOARD MEMBER	1 00	X						0	0	0
(67) WILLIAM E TURNER JR BOARD MEMBER	1 00	X						0	0	0
(68) WILLIAM B WADLINGTONMD BOARD MEMBER	1 00	X						0	0	0
(69) SCOTT WEAVER BOARD MEMBER	1 00	X						0	0	0
(70) JAMES A WEBB III BOARD MEMBER	1 00	X						0	0	0
(71) BERNARD WERTHAN BOARD MEMBER	1 00	X						0	0	0
(72) OLIN WEST III BOARD MEMBER	1 00	X						0	0	0
(73) LARI WHITE BOARD MEMBER	1 00	X						0	0	0
(74) DAVID WILDS BOARD MEMBER	1 00	X						0	0	0
(75) W RIDLEY WILLS II BOARD MEMBER	1 00	X						0	0	0
(76) LIZ WILSON BOARD MEMBER	1 00	X						0	0	0
(77) WILLIAM M WILSON BOARD MEMBER	1 00	X						0	0	0
(78) DARREN WOODRUFF BOARD MEMBER	1 00	X						0	0	0
(79) BILL WYATT BOARD MEMBER	1 00	X						0	0	0
(80) GEORGE YOWELL BOARD MEMBER	1 00	X						0	0	0
(81) LEILANI BOULWARE CHAIR	1 00			X				0	0	0
(82) JOYCE COOK SECRETARY	1 00			X				0	0	0
(83) MARTY DICKENS CHAIR-ELECT	1 00			X				0	0	0
(84) FRANK DROWATA PAST CHAIR	1 00			X				0	0	0
(85) DECOSTA JENKINS ASSISTANT TREASURER	1 00			X				0	0	0
(86) RANDY LASZEWSKI TREASURER	1 00			X				0	0	0
(87) JOHN MARK JOHNSON CEO	45 00			X				292,237	0	37,913
(88) DAVID L BYRD CO-CHIEF OPERATING OFFICER	45 00			X				181,013	0	24,547
(89) MICHAEL HEILBRONN CO-CHIEF OPERATING OFFICER	45 00			X				170,476	0	29,684
(90) TIMOTHY WEILL CO-CHIEF FINANCIAL OFFICER	45 00			X				161,236	0	20,622
(91) ROBERT D IVY CO-CHIEF FINANCIAL OFFICER	45 00			X				13,354	0	1,932
(92) PETER M OLDHAM CHIEF ADMINISTRATIVE OFFICER	45 00			X				185,933	0	31,539
(93) JEFFERY D PARSLEY SR VP OF PHILANTHROPY	45 00			X				87,746	0	14,060
(94) DONALD JONES SR VP OF FACILITIES	45 00			X				138,054	0	24,564
(95) GARY A COBBS SR VP OF ORGANIZATIONAL ADVANCEMENT	45 00			X				100,815	0	20,891
(96) LISA BECK SR VP OF YOUTH SERVICES	45 00			X				123,385	0	18,115
(97) ROBERT W GRAY CO-SR VP OF FACILITIES	45 00			X				127,046	0	16,431
(98) MARIA WOLFE SR VP OF BRAND STRATEGY	45 00			X				114,322	0	17,025
(99) KEITH COSS SR VP OF LEADERSHIP	45 00			X				141,554	0	24,147
(100) SUZANNE ILER SR VP OF PHILANTHROPY	45 00			X				91,354	0	19,218
(101) HAKAN DARUD HEAD TENNIS PRO	45 00					X		148,895	0	26,815
(102) CAROLE CARTER GROUP VP	45 00					X		114,041	0	20,107
(103) ROBERT KNESTRICK GROUP VP	45 00					X		112,945	0	22,484
(104) LAUREL WILSON GROUP VP	45 00					X		104,611	0	21,470
(105) KENNETH C ALONZO GROUP VP	45 00					X		104,434	0	21,452
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								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 ▶16

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

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 PO 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 L 3700 MURFREESBORO PIKE ANTIOCH, TN 37013	CLEANING SERVICES	210,650
WON S CHOI DBA 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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a	81,213				
	b Membership dues 1b					
	c Fundraising events 1c	1,092,240				
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	3,619,567				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	5,723,937				
	g Noncash contributions included in lines 1a-1f $	31,927				
	h **Total.** Add lines 1a-1f . . . . . ▶		10,516,957			
Program Service Revenue		Business Code				
	2a MEMBERSHIP DUES	713940	47,394,098	47,394,098		
	b PROGRAM SERVICE REVENU	541610	22,698,821	22,698,821		
	c MANAGEMENT FEES	541610	124,449		124,449	
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		70,217,368			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		255,247			255,247
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		61,502			
	b Less cost or other basis and sales expenses		8,700			
	c Gain or (loss)		52,802			
	d Net gain or (loss) . . . . . ▶		52,802	52,802		
Other Revenue	8a Gross income from fundraising events (not including $ 1,092,240 of contributions reported on line 1c) See Part IV, line 18 . . . a	0				
	b Less direct expenses . . . b	321,729				
	c Net income or (loss) from fundraising events . . ▶		-321,729			-321,729
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a BUILDING/EQUIPMENT REN	541610	467,167	467,167		
	b PUBLIC POLICY/MRC FEES	541610	361,866	361,866		
	c OTHER INCOME	541610	271,490	271,490		
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		1,100,523			
	12 **Total revenue.** See Instructions . . . ▶		81,821,168	71,246,244	124,449	-66,482

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	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
a Fees for services (non-employees) 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 EQUIPMENT COSTS	1,629,352	1,033,334	595,668	350
b MEMBERSHIP DUES	388,097	386,156	0	1,941
c MISCELLANEOUS EXPENSE	266,251	219,374	25,298	21,579
d ASSISTANCE/AWARDS/GRANT	247,431	0	0	247,431
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	79,923,174	68,322,806	10,121,534	1,478,834
26 **Joint costs.** Check here ▶ ☐ 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				

Part X Balance Sheet

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

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	81,821,168
2	Total expenses (must equal Part IX, column (A), line 25)	2	79,923,174
3	Revenue less expenses Subtract line 2 from line 1	3	1,897,994
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	89,424,084
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,610,886
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	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
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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 . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

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

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

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

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	51,226,483	40,505,406	10,035,341	12,393,281	10,516,957	124,677,468
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	51,226,483	40,505,406	10,035,341	12,393,281	10,516,957	124,677,468
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						124,677,468

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	51,226,483	40,505,406	10,035,341	12,393,281	10,516,957	124,677,468
8 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	1,727,483
9 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
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						126,509,537

12 Gross receipts from related activities, etc (See instructions)	12	276,368,932

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	98 550 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	98 340 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

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

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

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 ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:

Software Version:

EIN: 62-0476243

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
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
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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
PHILIP GIBBONS BOARD MEMBER	1 00	X						0	0	0
HOMER B GIBBS JR BOARD MEMBER	1 00	X						0	0	0
BRENDA GILMORE BOARD MEMBER	1 00	X						0	0	0
JAMES W GRANBERY BOARD MEMBER	1 00	X						0	0	0
ROUPEN M GULBENK BOARD MEMBER	1 00	X						0	0	0
JACQUELYN GUTHRIE BOARD MEMBER	1 00	X						0	0	0
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
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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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 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
WILLIAM E TURNER JR BOARD MEMBER	1 00	X						0	0	0
WILLIAM B WADLINGTONMD 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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
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
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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 1,039,576 including grants of $) (Revenue $ 643,176)

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

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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? ☐ Yes ☐ No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's 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 Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		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
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				133,561,210

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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should 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
Total. *(Column (b) should 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
Federal Income Taxes	
DERIVATIVE LIABILITY - INTEREST RATE SWAP	4,988,764
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	4,988,764

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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	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 - 8	9	-2,610,886
10	Excess or (deficit) for the year per 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 should 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 should 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, 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

Identifier	Return Reference	Explanation
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		CHANGE IN DERIVATIVE LIABILITY 438,526 FUNDRAISING EXPENSES 321,729

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

Employer identification number
62-0476243

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

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

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

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

		(a) Event #1 LEGACY GOLF TOURNAMENT & DINNER (event type)	(b) Event #2 MARYLAND FARMS KICKOFF (event type)	(c) Other Events 35 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	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)				
Direct Expenses	4 Cash prizes				
	5 Non-cash 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 lines 3 and 10 in column (d) ▶				-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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

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

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

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

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

Name ▶

Address ▶

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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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. . . . ▶ ☐

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

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

3 Enter total number of other organizations . . . ▶

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. Use Schedule I-1 (Form 990) if additional space is needed.

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

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

Identifier	Return Reference	Explanation
OTHER INFORMATION	PART IV	PART 1, #2 ALL GRANT INDIVIDUALS ARE REQUIRED TO PROVIDE RECEIPTS OR INVOICES FOR ALL EXPENDITURES

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ 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 Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ 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

	(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) Pool financing	
							Yes	No	Yes	No	Yes	No
A	INDUSTRIAL DEVELOPMENT BOARD OF THE METROP GOVT OF NASHVILLE & DAVIDSON CO	62-1162842	5920650L8	12-06-2007	31,440,000	CONSTRUCTION AND EQUIPMENT ACTIVITIES		X		X		X

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 escrow				
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			

		A		B		C		D	
		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

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X							
b	Name of provider	BANK OF AMERICA							
c	Term of hedge	20 000000000000							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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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, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 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	(c) Corrected? 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? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting 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 of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DECOSTA JENKINS	BOARD MEMBER AND TREASURER	1,936,771	ELECTRICAL SERVICES PROVIDED TO FACILITIES FROM NASHVILLE ELECTRIC		No
(2) MARSHALL POLK	BOARD MEMBER	764,854	INSURANCE SERVICES PROVIDED BY FIRST HORIZON		No
(3) WALTER KNESTRICK	BOARD MEMBER	3,524,935	CONSTRUCTION/RENOVATION SERVICES PROVIDED BY KNESTRICK CONTRACTORS		No
(4) BILL LEE	BOARD MEMBER	120,135	HVAC REPAIRS/MAINTENANCE SERVICES PROVIDED BY LEE COMPANY,		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ 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 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 oncash 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 ▶ (FOOD)	X	13	20,846	
26 Other ▶ (GIFTS)	X	3	2,921	
27 Other ▶ (MATERIALS)	X	3	5,661	
28 Other ▶ (SIGNS)	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 |

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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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 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
YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE

Employer identification number
62-0476243

Identifier	Return Reference	Explanation
	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 NATIONS 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 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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE Y HAS A CONFLICTS COMMITTEE, WHICH IS COMPOSED OF 3 VOLUNTEERS THIS COMMITTEE ANNUALLY DISTRIBUTES A COPY OF THE ASSOCIATION'S CONFLICTS POLICY AND A DISCLOSURE STATEMENT TO ALL ASSOCIATION BOARD MEMBERS AND SENIOR EXECUTIVES ALL SUCH PERSONS MUST COMPLETE, SIGN AND RETURN THE DISCLOSURE STATEMENT THE DISCLOSURE STATEMENTS ARE REVIEWED BY THE CONFLICTS COMMITTEE THE CONFLICTS COMMITTEE HAS FULL POWER TO EVALUATE AND APPROVE OR DISAPPROVE ANY TRANSACTION PRESENTED AS A POTENTIAL CONFLICT BOARD MEMBERS AND SENIOR EXECUTIVES ARE UNDER A CONTINUING RESPONSIBILITY TO NOTIFY THE CONFLICTS COMMITTEE ABOUT POTENTIAL CONFLICTS THAT MAY ARISE PRIOR TO THE DISTRIBUTION OF THE NEXT ANNUAL DISCLOSURE STATEMENT IN ADDITION, THOSE STAFF MEMBERS WHO ARE AUTHORIZED TO ENGAGE IN TRANSACTIONS ON BEHALF OF THE Y MUST REPORT TO THE CONFLICTS COMMITTEE 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

Identifier	Return Reference	Explanation
	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

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	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

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	NEITHER THE ORGANIZATION'S OVERSIGHT PROCESS NOR THE SELECTION PROCESS HAVE CHANGED FROM THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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" on 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" on 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 organization	
						Yes	No
(1) YMCA FOUNDATION OF MIDDLE TENNESSEE 1000 CHURCH STREET NASHVILLE, TN 372033420 51-0196924	MAINTAINS A PERMANENT ENDOWMENT FUND FOR THE YMCA OF MIDDLE TENNESSEE	TN	501 (C) (3)				No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

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
(1) YMCA OF MIDDLE TN RECEIVED GRANTS FROM THE YMCA FOUNDATION	C	159,848	CASH
(2) YMCA OF MIDDLE TN SHARES OFFICE SPACE & EQUIP WITH THE FOUNDATION	M	0	
(3) YMCA OF MIDDLE TN RECEIVED REIMBURSEMENT FOR PERSONNEL EXPENSES	P	94,865	CASH
(4) YMCA OF MIDDLE TN RECEIVED REIMBURSEMENTS FOR VARIOUS EXPENSES FROM TIME TO			
(5) TIME SUCH AS MEALS & OTHER EXPENSES CHARGES ON YMCA CREDIT CARDS	P	10,970	CASH
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on 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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation