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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)

2010

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

Open to Public Inspection

_				mapection			
Α	For the	2010 calendar year, or tax year beginning and ending					
В	Check if applicabl	C Name of organization	D Employer identific	cation number			
_	Addre	YOUNG MENS CHRISTIAN ASSOCIATION OF					
누	chang Name			504004			
늗	chang			521204			
누	return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	1 = ' ' ' ' '				
F	Termir ated Amen	400 MARTIN BUTHER KING OK. BEVD	423-	968-3133			
닏	lreturn	City or town, state or country, and ZIP + 4	G Gross receipts \$	2,227,982.			
L	Application pendir		H(a) Is this a group re				
		F Name and address of principal officer JOHN C. AYERS	for affiliates?	Yes X No			
		400 MARTIN LUTHER KING BLVD, BRISTOL, TN	37 H(b) Are all affiliates inc	luded? Yes No			
_			527 If "No," attach a	list (see instructions)			
		e: WWW.BRISTOLYMCA.NET	H(c) Group exemptio				
			ear of formation: 1884 N	State of legal domicile: TN			
P	art I	Summary					
ģ	1	Briefly describe the organization's mission or most significant activities DEVELOP	<u>CHRISTIAN PER</u>	SONALITIES			
and							
Governance	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of r	nore than 25% of its net as	ssets			
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	23			
ণ প্	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23			
Activities &	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	159			
<u> </u>	6	Total number of volunteers (estimate if necessary)	6	460			
₽ct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.			
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.			
			Prior Year	Current Year			
<u> </u>	8	Contributions and grants (Part VIII, line 1h)	277,733.	327,829.			
ent	9	Program service revenue (Part VIII, line 2g)	1,731,406.	1,887,608.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	430.	<u>559.</u>			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,904.	11,986.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,019,473.	2,227,982.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)	0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
es	15	Salaries, other compensation, employee Renefits Harf X Column (A), lines 5-10)	1,064,604.	1,146,540.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	<u> </u>			
Ž	b	Total fundraising expenses (Part					
<u>э</u> ш	17	Other expenses (Part IX, column (A), lines Yta-11d, 11/24f)	968,312.	1,073,248.			
.		Total expenses Add lines 13-17 (must equal Part IX, column (A) fine 25)	2,032,916.	2,219,788.			
.		Revenue less expenses Subtract line 18) from he 12 117 -	<13,443.	> 8,194.			
Net Assets or	<u> </u>		Beginning of Current Year	End of Year			
sset 1	20	Total assets (Part X, line 16)	<u>2,891,797.</u>	4,492,439.			
) 	21	Total liabilities (Part X, line 26)	144,526.	<u> 182,235.</u>			
		Net assets or fund balances Subtract line 21 from line 20	2,747,271.	<u>4,310,204.</u>			
_	art II	Signature Block					
		lties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is			
tru	e, correc	t, and complete. Declaration of preparer other than officer) is based on all information of which prep	arer has any knowledge.				
		Santa de la Companya	6/28//	/			
Siç	jn	Signature of officer County County	Date /				
He	re	JOHN C. AYERS, CEO					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature Keshari & Hon		X PTIN			
Pa		RICHARD L. LINNEN RICHARD L. LINNEN	06/28/11 self-employe	ed			
	parer	Firm's name BROWN, EDWARDS & COMPANY, L.L.P.	Firm's EIN				
Use Only Firm's address 1969 LEE HIGHWAY							
_		BRISTOL, VA 24201	Phone no. 2	76.466.5248			
14.	w tha H	29 discuss this return with the property shows above? (see instructions)					

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

Form **990** (2010)

	# III Statement of Program Service Accomplishments
Par	t 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:
	THE BRISTOL FAMILY YMCA BUILDS STRONG KIDS, STRONG FAMILIES, AND
	STRONG COMMUNITIES. OUR MISSION IS TO PUT CHRISTIAN PRINCIPLES INTO
	PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY
	FOR ALL. OUR COMMITMENT IS TO BE OPEN FOR ALL. YMCAS ARE FOR PEOPLE
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	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 \$ 221,880 · including grants of \$) (Revenue \$ 165,181 ·)
→a	CHILD CARE- OUR YMCA PROVIDES HIGH QUALITY CHILD CARE BY PROVIDING
	COMPREHENSIVE ACTIVITIES FOR PRESCHOOL AND SCHOOL AGE CHILDREN DRAWING
	AND ADDRESS AND AD
	TIME OPTIONS TO SERVE A WIDE RANGE OF FAMILY SCHEDULING NEEDS. WOVEN
	INTO THE FABRIC OF THE YMCA MISSION IS A COMMITMENT TO STRENGTHENING
	FAMILIES. YMCA CHILDCARE PROGRAMS RELIEVE THE BURDEN OF BALANCING WORK
	AND FAMILY AND MAKE IT POSSIBLE FOR PARENTS OF CHILDREN IN OUR CARE TO
	REMAIN GAINFULLY EMPLOYED, KNOWING THAT THEIR CHILDREN ARE THRIVING IN
	A SAFE, DEVELOPMENTALLY SOUND ENVIRONMENT.
4b	(Code) (Expenses \$ 1,108,693. including grants of \$) (Revenue \$ 1,707,607.
	HEALTH AND WELLNESS FOR YOUTH AND ADULTS- HELPING PEOPLE OF ALL AGES
	AND ABILITIES DEVELOP HEALTH IN SPIRIT, MIND AND BODY IS AT THE CORE OF
	THE YMCA MOVEMENT. OUR PROGRAMS ARE DESIGNED TO HELP PEOPLE CREATE
	REALISTIC GOALS FOR SELF-IMPROVEMENT AND EMPHASIZE DISEASE PREVENTION
	THROUGH REGULAR EXERCISE, PROPER NUTRITION, STRESS MANAGEMENT, AND
	HEALTH EDUCATION. SPORTS PROGRAMS FOR YOUTH, FAMILIES AND ADULTS
	PROMOTE TEAMWORK, INTERACTION, AND DEVELOPMENT OF SOCIAL AND PHYSICAL
	SKILLS.
	OUR SERVICES ARE OFFERRED AT AFFORDABLE FEES FOR THE COMMUNITY AT
	LARGE, WITH REASONABLE ACCOMMODATIONS FOR THOSE WITH SPECIAL NEEDS, AND
	WITH FINANCIAL ASSISTANCE AVAILABLE FOR THOSE WHO CANNOT AFFORD THE
	FULL FEE.
4c	(Code) (Expenses \$218 , 218 . including grants of \$) (Revenue \$14 , 820 .)
	YOUTH DEVELOPMENT PROGRAMS - YMCA YOUTH AND TEEN PROGRAMS GIVE KIDS GOOD
	ROLE MODELS TO HELP THEM DEVELOP SELF-ESTEEM AND GOOD VALUES, INCLUDING
	COOPERATION, RESPECT, GOOD CITIZENHIP, AND A STRONG WORK ETHIC. MANY
	PROGRAMS ARE PROVIDED AT NO COST. FINANCIAL ASSISTANCE IS AVAILABLE
	FOR FEE-BASED PROGRAMS, SO A YOUNG PERSON'S ECONOMIC CIRCUMSTANCES ARE
	NOT A BARRIER TO PARTICIPATION.
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,548,791.

Form 990 (2010) BRISTOL, INC.

Part IV Checklist of Required Schedules

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	The state of the s			
	ŗ		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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		Х
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	X	L.
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 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
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		X
С	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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	405	v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	Х	X
13		13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		 ^
b	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	_140		1
13	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
. •	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ĺ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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		X
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		X
20a		20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	I	

Form 990 (2010) BRISTOL, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			v
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			v
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77
	Schedule K If "No", go to line 25	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		.
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		х
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		^
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	27		x
00	Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	2.1		
28	instructions for applicable filing thresholds, conditions, and exceptions)			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
a h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
-	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		-	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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			
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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_	X	
		Form	99U ((2010)

Form 990 (2010) BRISTOL, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		Check if Schedule O contains a response to any question in this Part V			
16. Enter the number of porms W2 of included in line 1 at Enter 0 4 into applicable 1 b 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_			Yes	No
be Enter the number of Forms W2G included in line 1s. Enter - Vf. and applicable Debt Deb	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			110
degamblingly winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 159 bill at least one is reported on line 2a, did the organization lite all required federal employment tax returns? Note. If the sum of lines 1 and 2a greater than 250, you may be required to e-file (see instructions) 3b Old the organization have unrelated business gross income of \$1,000 more during the year? 3c Difference of the calendar year, did the organization in the all required federal employment tax returns? Note. If the six in file a form 900 For for the year If No, *provide an explanation in Schodule O 4c Arany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account!? 4c Arany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account!? 5c Was the organization in protection of Form 17 DF 9022 1, Report of Foreign Bank and Financial account!? 5d Was the organization in protection from 17 DF 9022 1, Report of Foreign Bank and Financial account!? 5d Was 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? 6d If Yes, *ide the organization in the same of the very solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8d If Yes, *ide the organization in entry the donor of the value of the goods or services provided? 7d Uniform that the progress of the same protection and partly for goods and services provided to the payor? 7d If Yes, *indicate the number of Forms 8882? filed during the year 9d Uniform the during the year, pay premums on a personal benefit contract? 9d Uniform the same statement of the same state year year that year year that year year year and year year year year	b		1 I		
28 Etter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, Med for the calendar year ending with or within the year covered by this return 1 All least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater fittan 250, you may be required to e-file (see instructions) 3 Lift the organization have unrelated business gross incroine of \$1,000 or more dumpt the year? 3 Lift Vest, 1 has a filed a Form 990-T for this year? If 1/No, 1 provide an explanation in Schedule O 3 Lift Vest, 1 has a filed a Form 990-T for the year? If 1/No, 1 provide an explanation in Schedule O 4 Lift Vest, 1 has a filed a form 990-T for the year? If 1/No, 1 provide an explanation in Schedule O 5 Lift Vest, 1 has a filed a form 990-T for the year? If 1/No, 1 provide an explanation in Schedule O 5 Lift Vest, 1 has a filed a form 990-T for the year? If 1/No, 1 provide an explanation in Schedule O 5 Lift Vest, 1 has a filed a form 990-T for the year? If 1/No, 1 provide an explanation in Schedule O 5 Lift Vest, 1 has the organization that it was or is a party to a prohibited tax shellor transaction? 5 Lift Vest, 1 has been of 5 Lidd the organization file form 8868-T? 5 Lift Vest, 1 has been organization in the result of the organization file form 8868-T? 6 Lift Vest, 1 has a construction of the vest of the year of the organization feeder and year of the year of the year of the year of the organization feeder and year of the year of the year of the organization feeder and year of the yea	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2 as is greater than 250, you may be required federal employment tax returns? Note. If the sum of lines 1a and 2 as is greater than 250, you may be required to e-rife (see instructions) 3b. If vest, in as it field a Form 950 Tor the year? If Not, 'provide an explanation in Schedule O 3d. X 3d. A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ► See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 3d. X		(gambling) winnings to prize winners?	1c		
fried for the calendar year ending with or within the year covered by this return 2a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
b If a least one is reported on line 2a, did the organization file all required feeral employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-felic (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a					l
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-the (see instructions) 3	b		1 I	х	
3a					
b If "Yes," has it field a Form 990-T for this year" If "No," provide an explanation in Schedule C 4a At any time during the calendary 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, secumes account, or other financial account) 5b If "Yes," either the name of the foreign country 5cen instructions for filling requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts 5cen instructions for filling requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts 5cen structions for filling requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts 5cen structions for this requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts 5cen structions for this requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts 5cen structions for this requirement for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts 5cen structions for the gradient for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts 5cen structions for the gradient for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts 5cen structions for the struction of the structio	За		3a		Х
4a All 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)? 5a either 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 party to a prohibited tax shelter transaction at any time during the tax year? 5a Does the organization that it was or is a party to a prohibited tax shelter transaction? 5b \(\) X \(\) If "Yes," to line 5a or 5b, did the organization filing form 8886-17 \(\) Boes the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a \(\) X \(\) If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Oil the organization receive a payment in excess oil \$75 made party as a contribution and party for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Oil the organization receive a payment in excess oil \$75 made party as a contribution of property for which it was required to file Form 8282? 9 Oil the organization receive a payment in excess oil \$75 made party as a contribution of property for which it was required to the payor? 9 Offer the organization of Forms 8282 filed during the year 10 Oil the organization of Forms 8282 filed during the year 10 Oil the organization of Forms 8282 filed during the year 11 Oil the organization of the property of the property of party of the property of the	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			
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			\Box		<u> X</u>
	b	it "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			00 / 5

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion 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 23			
b	Enter the number of voting members included in line 1a, above, who are independent 23			
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		<u> X</u>
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	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
	The governing body?	8a_	X	
-	Each committee with authority to act on behalf of the governing body?	8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			,,,
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		,,	
	Double a second as how head about the baselone as offlicted.	40-	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
	and branches to ensure their operations are consistent with those of the organization?	10b	Х	
_	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	Λ	
b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	ıza		
D	to conflicts?	12b	Х	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
С	in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for	_	
	public inspection. Indicate how you make these available. Check all that apply			
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and	d fına	ncıal	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion. 🕨	·	
	JOHN C. AYERS - 423-968-3133			
	400 MARTIN LUTHER KING JR. BLVD, BRISTOL, TN 37620			

YOUNG MENS CHRISTIAN ASSOCIATION OF

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter ·0· in columns (D), (E), and (F) if no compensation was paid _
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	y related organization compensate (B) (C)				(D)	(E)	(F)		
Name and Title	Average	10	Position (check all that apply)					Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee	Officer	Key employee	Highest compensated compensated complexed complexed complexed compensated comp		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BILL SORAH										
MEMBER	0.00	X						0.	0.	0.
JOE ROBINETTE										
MEMBER	0.00	X			ļ	<u> </u>		0.	0.	0.
GWEN ELLIS										
PAST PRESIDENT	0.00	X				<u> </u>		0.	0.	0.
TERRY CALDWELL		l								
MEMBER	0.00	X	ļ_	<u> </u>		-	_	0.	0.	0.
BECKY AVIRETT	0.00				İ					
MEMBER	0.00	X	 	-	⊢	\vdash		0.	0.	0.
BOBBY BLEVINS	0.00	1						0.	0.	_
MEMBER	0.00	X	<u> </u>	├	├	\vdash	-	0.	0.	0.
JOHN D. CAMPBELL MEMBER	0.00	x						0.	0.	0.
NELSON LINK										
MEMBER	0.00	X						0.	0.	0.
GREG COCHRAN										
MEMBER	0.00	X		<u> </u>			_	0.	0.	0.
MERLE DICKERT										
MEMBER	0.00	X	_	<u> </u>	<u> </u>			0.	0.	0.
KEVIN DYE		l								
MEMBER	0.00	X	-		-	┼		0.	0.	0.
ROBERT "CHIP" GLOVER	0.00	J						0.	0.	,
MEMBER	0.00			-	+	-	-	U •		0.
ANITA GREENE	0.00	v			1			0.	0.	0.
MEMBER	0.00	┢		\vdash	+	╁	╁╌		0.	
GARY LILY MEMBER	0.00	$ _{\mathbf{x}}$					İ	0.	0.	0.
LISA LUNDBERG	0.00	1			╁	\vdash	T			
MEMBER	0.00	x						0.	0.	0.
CLIFF QUESENBERRY		† <u></u>	1	1	1	1				1
MEMBER	0.00	x						0.	0.	0.
HELEN SCOTT										
MEMBER	0.00	X	L		\perp		\mathbb{L}_{-}	0.	0.	0.

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VII Section A Officers Directors Tru	stees Kev Fr	nnic	vee	s a	nd k	dah	est	Compensated Employ	ees (continued)	204 rage 0
Gooden vii Gilloci o, Billoci o, Viia							CSt		·-	(F)
Name and title		· · · · · · · · · · · · · · · · · · ·						l i		Estimated
		(check all that apply)					ly)	, ,	•	amount of
	week	_						from	from related	other
	(describe	recto						the	organizations	compensation
		5	a			sated		organization	(W-2/1099-MISC)	from the
		ustee	trust		ಜ	npen		(W-2/1099-MISC)		organization
		lual tr	tiona		yoldı	yee yee	_			and related
	O)	Individ	Institu	Office	Key en	Highe	Forme			organizations
ER B. WRIGHT										
ER	0.00	X						0.	0.	0.
ZANDI										
ER	0.00	X						0.	0.	0.
NEAL										
ER	0.00	X						0.	0.	0.
TIMP										
	0.00			Х				0.	0.	0.
	0.00			x				0.	0.	0.
									•	
	0.00			X				0.	0.	0.
C. AYERS										
	40.00			X				87,672.	0.	17,614.
T. MACK										
	40.00			X				41,720.	0.	8,297.
EN K. FRAZIER										
	40.00			X						7,270.
Sub-total										33,181.
Total from continuation sheets to Part VI	I, Section A									0.
						<u> </u>				33,181.
	ot limited to th	ose	liste	ed al	oove	e) wh	o r	eceived more than \$100	,000 in reportable	
compensation from the organization										0
Dod the agreement as between the										Yes No
			, ке	y em	pio	yee,	or r	nighest compensated en	nployee on	
•					. .			h	Na	3 X
-								•	trie organization	
_			-						dual for convece	4 X
					_		Cial	ed organization or indivi	dual for services	_5 X
· · · · · · · · · · · · · · · · · · ·	piete ochedar	<u> </u>	01 30	7011	Dere	3011				9 1 12
· · · · · · · · · · · · · · · · · · ·	mpensated in	depe	ende	nt c	onti	acto	ors t	hat received more than	\$100,000 of compens	ation from
·										
(A) Name and business	address							(B)	envices	(C) Compensation
rano and business							\dashv	2000 i pilon or a	2.3,000	
										
	(A) Name and title ER B. WRIGHT ER ZANDI ER NEAL ER TIMP IDENT E DIXON SURER ON CALLAHAN ETARY C. AYERS T. MACK EN K. FRAZIER Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization) Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for some and related organizations greater than \$150 and related organizations greater than \$150 and related organizations greater than \$150 and related organizations greater than \$150 and related organizations greater than \$150 and related organizations greater than \$150 and related organizations greater than \$150 and related organizations greater than \$150 and related organizations greater than \$150 and related organizations greater than \$150 and related organizations greater than \$150 and related organizations greater than \$150 and related organizations greater than \$150 and related organizations greater than \$150 and related organizations greater than \$150 and related organization? If "Yes," complete this table for your five highest cothe organization NONE (A)	Rection A. Officers, Directors, Trustees, Key Er (A) Name and title Name and title Name and title Average hours per week (describe hours for related organizations in Schedule O) ER B. WRIGHT ER ZANDI ER NEAL ER O.00 NEAL ER O.00 TIMP IDENT O.00 ED DIXON SURER O.00 CALLAHAN ETARY C. AYERS 40.00 T. MACK 40.00 Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to the compensation from the organization) Did the organization list any former officer, director or true line 1a? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes, Did any person listed on line 1a, is the sum of reportab and related organizations greater than \$150,000? If "Yes, Did any person listed on line 1a receive or accrue compensation B. Independent Contractors Complete this table for your five highest compensated incidence of the organization NONE	(A) Name and title (A) (A) (B) Average (Columnations for related organizations in Schedule organizations in Schedule organization in Schedule (A) (A) (A) Name and title (A) (A) (A) (A) (A) (A) (A) (A	(A) Name and title Naverage hours per week (describe hours for related organizations in Schedule organization and title) Name and title None Compensation Compensated independent of the organization Compensated independent of the organization Compelse this table for your five highest compensated independent of the organization Compelse this table for your five highest compensated independent of the organization Compelse this table for your five highest compensated independent of the organization Compelse this table for your five highest compensated independent of the organization Compelse this table for your five highest compensated independent of the organization Compelse this table for your five highest compensated independent of the organization Compelse the table for your five highest compensated independent of the organization Compelse the table for your five highest compensated independent of the organization Compelse the table for your five highest compensated independent of the organization Complete this table for your five highest compensated independent of the organization Complete this table for your five highest compensated independent of the organization Complete this table for your five highest compensated independent of the organization NONE (A)	REAL ER O.00 X INAME ER DIECTION SURER O.00 X ER NAME ON ON CALLAHAN ETARY C. AYERS ON OX CALLAHAN ETARY C. AYERS ON OX T. MACK AVERS EXION Sure and title RER B. WRIGHT ER O.00 X TIMP IDENT C. AYERS C. AYERS AU.00 T. MACK EN K. FRAZIER Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) with compensation from the organizations and related organizations (Press, "complete Schedule J for such person title organization of the orga	Complete this table for your five highest complete Schedule J for such person in Schedule and related organization is the organization is the organization is the organization is the organization is the organization is the organization is the organization is lindependent contractors the organization is lindependent contractors to complete Schedule J for such person in Schedule J for such person is teed on line 1a, see the organization from any unrelated rendered to the organization? If "Yes," complete Schedule J for such person is teed on line 1a, see the organization from any unrelated rendered to the organization? If "Yes," complete Schedule J for such person in Schedule J for such pe	EXIL Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employ (A) (B)	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A)		

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

Part VIII Statement of Revenue (D) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated tax under sections 512, exempt function business revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a 1b Membership dues c Fundraising events 10 25,000 1d d Related organizations 151,130 e Government grants (contributions) 1e f All other contributions, gifts, grants, and 151,699 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 327,829 h Total. Add lines 1a-1f **Business Code** 713940 1618609. 1618609 Program Service 2 a MEMBERSHIP FEES 237,320. 237,320. **b PROGRAM SERVICE FEES** 713940 25,851. c OUTDOOR FACILITY FEES 713940 25,851. 5,828. 5,828. d OTHER PROGRAM REVENUE 713940 f All other program service revenue 1887608. Total, Add lines 2a-2f Investment income (including dividends, interest, and 3 559 559 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Rovalties (ı) Real (II) Personal 6 a Gross Rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from garning activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 9,692 and allowances b Less cost of goods sold 9,692 9,692 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a OTHER INCOME 713940 2,294 2,294 d All other revenue 2,294. e Total. Add lines 11a-11d 2227982. 1899594 0. 559 Total revenue. See instructions. 12

BRISTOL, INC.

62-0521204 Page 10

Part IX Statement of Functional Expenses

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

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

	All other organizations must composit include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	Bb, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				<u> </u>
2	Grants and other assistance to individuals in	1			
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	201,946.	25,325.	176,621.	
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	750,427.	555,207.	195,220.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	22,431.	11,003.	11,428.	
9	Other employee benefits	103,827.	60,026.	43,801.	
10	Payroll taxes	67,909.	42,036.	25,873.	
11	Fees for services (non employees)	•	-		
а	Management				
b	Legal				
c	Accounting				
d	Lobbying		_		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	10,960.		10,960.	
12	Advertising and promotion	44,957.		44,957.	•
13	Office expenses	217,025.	172,782.	44,243.	
14	Information technology	27,197.		27,197.	
15	Royalties	<u> </u>			
16	Occupancy	449,807.	443,538.	6,269.	
17	Travel	3,259.	225.	3,034.	
18	Payments of travel or entertainment expenses		,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,802.	11,307.	2,495.	-
20	Interest				
21	Payments to affiliates		-		
22	Depreciation, depletion, and amortization	178,455.	176,025.	2,430.	
23	Insurance	19,419.	4,935.	14,484.	
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 0.)				
а	WATNESSANGE AND DEDATED	42,108.	42,108.		
b	DUES	36,399.		36,399.	
c	MISCELLANEOUS	25,611.	25.	25,586.	
d	DONATIONS	2,783.	2,783.		· · - · - · · · · · · · · · · · ·
e	BUSING EXPENSE	1,466.	1,466.		
f	All other expenses	_,			
25	Total functional expenses. Add lines 1 through 24f	2,219,788.	1,548,791.	670,997.	0.
26	Joint costs Check here ▶ ☐ If following SOP	_,,,	_,		
20	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				

Form 990 (2010)

BRISTOL, INC.

62-0521204 Page 11

Part X Balance Sheet (**B**) End of year (A) Beginning of year 1 Cash - non-interest-bearing 203,193 253,522. 2 2 Savings and temporary cash investments 698,155. 2,253,441. 3 3 Pledges and grants receivable, net 4,384. 16,826. Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of Schedule L 5 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) 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 11,987. 6,892. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 4,585,643. basis Complete Part VI of Schedule D 10a 2,623,885 1,974,078. 1,961,758. 10c 10b b Less accumulated depreciation Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 2,891,797 4,492,439. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 86,842 Accounts payable and accrued expenses 82,555. 17 17 18 Grants payable 18 61,971. 95,393. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 25 25 Total liabilities. Add lines 17 through 25 144,526 182,235. 26 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,747,271. 4,310,204. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 2,747,271 4,310,204. 33 Total net assets or fund balances 33 2,891,797. 4,492,439. Total liabilities and net assets/fund balances

Form 990 (2010)

YOUNG MENS CHRISTIAN ASSOCIATION OF 62-0521204 Form 990 (2010) BRISTOL, INC. Part XI Reconciliation of Net Assets \mathbf{x} Check if Schedule O contains a response to any question in this Part XI 2,227,982. Total revenue (must equal Part VIII, column (A), line 12) 1 2,219,788. 2 Total expenses (must equal Part IX, column (A), line 25) 2 8,194. 3 Revenue less expenses Subtract line 2 from line 1 2,747,<u>271.</u> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1,554,739. 5 Other changes in net assets or fund balances (explain in Schedule O) 4,310,204. Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Х b Were the organization's financial statements audited by an independent accountant? 2h c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Х 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both Separate basis X Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

Form **990** (2010)

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Act and OMB Circular A-133?

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

2010

Open to Public Inspection

Name of the organization

BRISTOL

YOUNG MENS CHRISTIAN ASSOCIATION OF

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

INC.

Employer identification number 62-0521204

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 c Type III - Functionally integrated d ____ Type III · Other **b** Type II 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 11g(i) the governing body of the supported organization? (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? Provide the following information about the supported organization(s) h (vi) Is the (III) Type of (iv) Is the organization (v) Did you notify the (i) Name of supported (vii) Amount of (ii) EIN organization in col organization in col. (i) listed in your organization in col. (i) organized in the support organization (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2010

YOUNG MENS CHRISTIAN ASSOCIATION OF

Schedule A (Form 990 or 990-EZ) 2010 BRISTOL, INC. 62-0521204 Page

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) (c) 2008 (a) 2006 (b) 2007 (d) 2009 (e) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 355,247. 277,733. 176,093 225,762. 327,829 include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 225,762. 355,247. 277.733. 327,829, 176,093. 4 Total, Add lines 1 through 3 1 362 664. 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) 29,066. 6 Public support. Subtract line 5 from line 4 1,333,598, Section B. Total Support **(b)** 2007 (c) 2008 (e) 2010 Calendar year (or fiscal year beginning in) (a) 2006 (d) 2009 (f) Total 176,093 225,762 355,247 277,733 7 Amounts from line 4 327,829 1,362,664. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 2,690 3,383 2,106 430 559 9,168. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 11,797 6.044 3,950 2.416 2,294 26,501. assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 1.398 333. 8,069,281. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 95.37 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f) 14 89.73 15 15 Public support percentage from 2009 Schedule A, Part II, line 14 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 $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 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.

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support		•						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
1 Gifts, grants, contributions, and	_							
membership fees received (Do not								
include any "unusual grants ")								
2 Gross receipts from admissions,								
merchandise sold or services per-			İ					
formed, or facilities furnished in any activity that is related to the					i l			
organization's tax-exempt purpose								
3 Gross receipts from activities that								
are not an unrelated trade or bus-								
iness under section 513								
4 Tax revenues levied for the organ-								
ization's benefit and either paid to	1							
or expended on its behalf								
5 The value of services or facilities	· · · · · · · · · · · · · · · · · · ·							
furnished by a governmental unit to								
the organization without charge	}				1			
6 Total. Add lines 1 through 5								
7a Amounts included on lines 1, 2, and		1			**			
3 received from disqualified persons		1						
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	l							
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		(<u>-)</u>	(5) = = =	(4)	(4)	<u>(7</u>		
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 fo	r the organization	s first second the	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation		
check this box and stop here	tilo organization	5 mot, 6000mg, tm		an your do a oootic	71, 00 1(0)(0) 0. ga. 112	▶ □		
Section C. Computation of Publ	ic Support Pe	rcentage						
15 Public support percentage for 2010 (column (f))		15	%		
16 Public support percentage from 2009			("		16	%		
Section D. Computation of Inve					<u></u>			
17 Investment income percentage for 20					17	%		
18 Investment income percentage from	•	•	· · · · · · · · · · · · · · · · · · ·		18	%		
19a 33 1/3% support tests - 2010. If the			on line 14, and lin	e 15 is more than :				
more than 33 1/3%, check this box a						▶□		
b 33 1/3% support tests - 2009. If the	•	•		• • •		and		
						▶□		
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

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.

2010
Open to Public Inspection

Name of the organization

YOUNG MENS CHRISTIAN ASSOCIATION OF BRISTOL, INC.

Employer identification number 62-0521204

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 v	writing that the assets held in donor advise	ed 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 a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, P	art IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stri	• •	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structu	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax
	year -		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		Yes No
_	violations, and enforcement of the conservation easements if Staff and volunteer hours devoted to monitoring, inspecting,		
6 7	Amount of expenses incurred in monitoring, inspecting, and		
7 8	Does each conservation easement reported on line 2(d) above		
0	and section 170(h)(4)(B)(ii)?	re satisfy the requirements of section 17 of	Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense	
J	include, if applicable, the text of the footnote to the organization		
	conservation easements		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther 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 (AS	GC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtheral	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pul	blic 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 tre	asures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

YOUNG MENS CHRISTIAN ASSOCIATION OF

Schedule D (Form 990) 2010 BRISTOL INC. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) Loan or exchange programs Public exhibition а Scholarly research Other b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 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? 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 Yes No on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table Amount c Beginning balance 10 Additions during the year 1d Distributions during the year 1e е Ending balance 1f Did the organization include an amount on Form 990, Part X, line 21? Yes No If "Yes," explain the arrangement in Part XIV 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 1,156,163 1a Beginning of year balance 1,063,738 1,020,408 Contributions 12,567 Net investment earnings, gains, and losses <135,755 69,564 94,482 45,000 Grants or scholarships 25 000 Other expenditures for facilities and programs Administrative expenses 7,226 6.152 1.020.408 End of year balance 1,113,643 063,738 g Provide the estimated percentage of the year end balance held as 2 Board designated or quasi-endowment Permanent endowment ► 100.00 Term endowment 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(ı) (ii) related organizations 3a(n) X b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds Land, Buildings, and Equipment. See Form 990, Part X, line 10 Part VI (d) Book value Description of investment (a) Cost or other (b) Cost or other (c) Accumulated basis (other) depreciation basis (investment) 154,074 154,074. 1a Land 3,571,179 1,973,745 1,597,434. **b** Buildings c Leasehold improvements 650,140 860,390. 210,250. d Equipment Other

Total. Add lines 1a through 1e (Column (a) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2010

961,758.

62-0521204 Page 3

Schedule D (Form 990) 2010 BRISTOL, IN	· · · · · · · · · · · · · · · · · · ·		62-0521204 Page 3
Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)		. <u> </u>	
(E)			
(F)			
(G)			
(H)			
(l)			
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)	5 000 B 1 V 1 1 1 4		
Part VIII Investments - Program Related. S	ee Form 990, Part X, line 13	(c) Method of	Evaluation
(a) Description of investment type	(b) Book value	Cost or end-of-year	
			
(2)			
(3)			
(6)			
(7)			
(8)			<u> </u>
(9)			<u> </u>
(10) Total (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	15	. ,	
	Description		(b) Book value
(1)	<u>·</u> ;		
(2)			
(3)		_	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (E) line			
Part X Other Liabilities. See Form 990, Part X,	line 25	(h) Amount	
1. (a) Description of liability		(b) Amount	
(1) Federal income taxes			
(2)			
(3)			
(4)			
			
(7)			
(8)			
(9)			
(10)		·	
(11)			
Total. (Column (b) must equal Form 990, Part X, col (F) lin	e 25)		
Total. (Column (b) must equal Form 990, Part X, col (6) lin FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote t 2. FIN 48 (ASC 740)	to the organization's financial statem	ents that reports the organization's liability for	uncertain tax positions under

: :

YOUNG MENS CHRISTIAN ASSOCIATION OF Schedule D (Form 990) 2010 BRISTOL, INC. Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 1 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 4 Net unrealized gains (losses) on investments Donated services and use of facilities 5 5 6 Investment expenses 6 7 7 Prior period adjustments Other (Describe in Part XIV) 8 Я 9 Total adjustments (net) Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIV) 2d Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a 2b Prior year adjustments Other losses 2c С 2d Other (Describe in Part XIV) Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information PART V, LINE 4: ENDOWMENT FUND IS USED TO FINANCIALLY AID THE BRISTOL YMCA IN ITS MISSION.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

YOUNG MENS CHRISTIAN ASSOCIATION OF **Employer identification number** Name of the organization 62-0521204 BRISTOL, INC. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OF ALL FAITHS, RACES, ABILITIES, AND INCOMES. THROUGH THE GENEROSITY OF YMCA FRIENDS, WE OFFER SCHOLARSHIPS FOR THOSE IN NEED. OUR VISION IS TO PROVIDE MISSION-DRIVEN PROGRAMS, TO PROVIDE A PLACE FOR FAMILIES, AND TO PROMOTE HEALTHY LIFESTYLES. FORM 990, PART VI, SECTION B, LINE 11: THE CEO AND CFO REVIEW AND APPROVE FORM 990 BEFORE APPROVAL IS SOUGHT BY THE BOARD OF TRUSTEES. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE TO FILL OUT CONFLICT OF INTEREST FORMS ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: BOARD APPROVES SALARIES FOR ALL OF THE MANAGEMENT OF THE YMCA OF BRISTOL

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: DONATED SERVICE RECEIVABLE RECORDED AS REVENUE ON FINANCIAL **STATEMENTS** 1,554,739. Related Organizations and Unrelated Partnerships SCHEDI E B

OMB No 1545-0047

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SCHEDULE R	ULER		Related Organizations and Unrelated Partnersinps	and Unrelated Farth	ersinps		2010	· ·
Department Devices	Department of the Treasury		► Complete if the organization allowered lies, to form 950, raid in the cost of the cost	See separate instructions.	s, CT, CC, CC, CI CI NS.		Upen to Public Inspection	on ,
Name of	ation	YOUNG MENS CHR BRISTOL, INC.	YOUNG MENS CHRISTIAN ASSOCIATION OF BRISTOL, INC.	OF		E	Employer identification number $62-0521204$	ımber
Part	Identification of Disregarded Entities (Complete if the organization	ded Entities (Complete	If the organization answered "Yes" to	answered "Yes" to Form 990, Part IV, line 33)			,	
	(e)		(q)	(0)	Ð	(e)	(J)	
	Name, address, and EIN of disregarded entity	d EIN itity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity	
Part II	Identification of Related Tax-Ex organizations during the tax year)	Tax-Exempt Organiza	Identrication of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)	nswered "Yes" to Form 990, Par	t IV, line 34 becaus	e it had one or more	elated tax-exempt	

(g)
Section 512(b)(13)
controlled
entity? Š × Yes Direct controlling entity Public charity status (if section 501(c)(3)) LINE 11A, I Exempt Code section 501(C)(3) ਉ Legal domicile (state or foreign country) છ PENNESSEE TO FINANCIALLY AID THE Primary activity BRISTOL YMCA IN ITS ê MISSION. 23-7380047, 400 MARTIN LUTHER KING JR, BLVD. BRISTOL FAMILY YMCA ENDOWMENT FUND Name, address, and EIN of related organization BRISTOL, TN 37620

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

Schedule R (Form 990) 2010

YOUNG MENS CHRISTIAN ASSOCIATION OF

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BRISTOL, INC. Schedule R (Form 990) 2010

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

Percentage ownership General or Percentage managing ownership Schedule R (Form 990) 2010 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Ξ 3 Yes Share of end-of-year assets 6 Code V-UBI amount in box 720 of Schedule -K-1 (Form 1065) \equiv Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets **e** <u>6</u> Direct controlling entity Share of total income ፱ Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) **e** Primary activity Direct controlling entity ூ (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV

YOUNG MENS CHRISTIAN ASSOCIATION OF BRISTOL, INC.

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Schedule R (Form 990) 2010

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

				Vec	QN .
Note. Complete line 1 if any entity is listed in Parts II, III, of IV of this schedule		20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2	+
1 During the tax year, did the organization engage in any of the rollowing transactions with one or more related organizations used in rails in very	ere or more re	iateu organizations iisteu i		ļ	>
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				7	4 :
b Gift. grant. or capital contribution to other organization(s)				a	×
				1c X	
				7	×
d Loans or loan guarantees to or for otner organization(s)				2 .	;
e Loans or loan guarantees by other organization(s)				<u>а</u>	4
					:
f Sale of assets to other organization(s)				=	×
g Purchase of assets from other organization(s)				19	×
h Exchange of assets				=	×
				;=	×
J Lease of facilities, equipment, or other assets from other organization(s)				7	×
k Performance of services or membership or fundraising solicitations for other organization(s)	tion(s)			¥	×
Performance of services or membership or fundraising solicitations by other organization(s)	tion(s)			=	×
m Sharing of facilities, equipment, mailing lists, or other assets				Ę	×
n Sharing of paid employees				£	×
					-
 Reimbursement paid to other organization for expenses 				9	×
p Reimbursement paid by other organization for expenses				đ	×
					- -
 q Other transfer of cash or property to other organization(s) 				19	× :
r Other transfer of cash or property from other organization(s)				+	×
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	must complete the	ils 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)					
(2)					
9					
					• .
(4)				٠	
(5)					
	-				
(6)			Schedus	Schedule B (Form 990) 2010	0) 2010
032163 12-21-10			i	· · · · · · · · · · · · · · · · · · ·	1. 11.

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YOUNG MENS CHRISTIAN ASSOCIATION OF BRISTOL, INC.

Schedule R (Form 990) 2010

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

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

				i i	٠,٠ ١
(h) General or managing partner? Yes No					
(g) Code V-UBI amount in box 20 of Schedule K·1 (Form 1065)					
Disproportionate allocations?					
(e) Share of end-of- year assets					
(d) Are all partners section 501(c)(3) organizations? Yes No					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2010

Schedule R (Form 990) 2010

032185 12-21-10 YOUNG MENS CHRISTIAN ASSOCIATION OF

Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

If yo	u are filing for an Automatic 3-Month Extension, comple	te only Pa	ert I and check this box		•	X				
• If yo	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form)						
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	rm 8868					
Electro	onic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time t	o file (6 months for a corpo	oration				
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension										
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain										
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,										
visit www.irs.gov/etile and click on e-tile for Charities & Nonprofits										
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)										
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete										
Part I only										
	er corporations (including 1120-C filers), partnerships, REM	IICs, and ti	rusts must use Form 7004 to request an	exter	ision of time					
o file ii	ncome tax returns									
Type or Name of exempt organization Employer identification in										
rint YOUNG MENS CHRISTIAN ASSOCIATION OF										
ida bu th	BRISTOL, INC. 62-0521204									
lue date	Number, street, and room or suite no. If a P.O. box, see instructions									
	ng your um See 400 MARTIN LUTHER KING JR. BLVD									
nstructio	City, town or post office, state, and ZIP code For a foreign address, see instructions									
	BRISTOL, TN 37620									
Enter t	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 1				
Application Return Application										
s For	20	Code	Is For			Code				
orm 9		01	Form 990-T (corporation)			07				
orm 9		02	Form 1041 A			08				
orm 9		03	Form 4720			09				
		04	Form 5227			10				
	90-T (sec_401(a) or 408(a) trust) 90-T (trust other than above)	05 06	Form 6069 Form 8870			11				
OIIII 9	JOHN C. AYERS	1 00	POIII 667 U			12				
The	books are in the care of 400 MARTIN LUTH	יא משנ	תעום אד. סמו	OT.	TIN 37620					
	phone No ► 423-968-3133	11111 111	FAX No. ▶	<u> </u>	114 57020					
	e organization does not have an office or place of business	s in the lin	· ———————							
	s is for a Group Return, enter the organization's four digit (s is fo	r the whole group, cl	neck this				
ох >	[]	1	ch a list with the names and EINs of all		3 .					
					ore and extension is					
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension										
AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for										
•	► X calendar year 2010 or									
•	tax year beginning, and ending									
	, and enoung, and enoung									
2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return										
[2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period									
3a If	this application is for Form 990 BL, 990-PF, 990-T, 4720, c	or 6069, er	nter the tentative tax, less any							
n	onrefundable credits. See instructions			За	\$	0.				
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and							
e	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit	3b	\$	0.				
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,										
	by using EFTPS (Electronic Federal Tax Payment System). See instructions 3c \$ 0.									
autio	If you are going to make an electronic fund withdrawal w	uth this Fo	um 8868, see Form 8/153 FO and Form	8879	EO for navment instr	uctions				