

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 private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **01-01-2019**, and ending **12-31-2019**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE (6273)**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **1000 CHURCH STREET**
 City or town, state or province, country, and ZIP or foreign postal code: **NASHVILLE, TN 37203**

D Employer identification number: **62-0476243**

E Telephone number: **(615) 259-9622**

G Gross receipts \$ **94,776,876**

F Name and address of principal officer:
DAN DUMMERMUTH
1000 CHURCH STREET
NASHVILLE, TN 37203

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates 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:
 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.

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 | 58 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 57 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 4,787 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 2,023 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 139,390 |
| 7b Net unrelated business taxable income from Form 990-T, line 39 | 7b | |

| | Prior Year | Current Year |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 7,816,051 | 9,455,226 |
| 9 Program service revenue (Part VIII, line 2g) | 73,966,826 | 76,986,945 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 376,256 | 6,254,117 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 885,615 | 1,037,130 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 83,044,748 | 93,733,418 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 5,264,012 | 5,365,157 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 44,143,382 | 48,920,418 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 12,960 | 14,460 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,977,144 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 34,152,227 | 34,380,871 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 83,572,581 | 88,680,906 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -527,833 | 5,052,512 |

| | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 124,450,941 | 121,460,514 |
| 21 Total liabilities (Part X, line 26) | 54,984,672 | 48,673,572 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 69,466,269 | 72,786,942 |

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: **2020-11-11**

JOSEPH W HARWELL CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____

Firm's name ▶ **CHERRY BEKAERT LLP** Firm's EIN ▶ **56-0574444**

Firm's address ▶ **222 SECOND AVENUE SOUTH SUITE 1240** Phone no. **(615) 383-6592**
NASHVILLE, TN 37201

Check if self-employed PTIN **P00034774**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

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. The YMCA of Middle Tennessee is the region's leading nonprofit dedicated to strengthening community by nurturing the potential of children and teens, improving health and well-being and providing opportunities to give back and support our neighbors. For more than 140 years, we've been giving people of all ages and backgrounds the tools and support they need to learn, grow and thrive. With a presence in six Middle Tennessee counties, our Y reached 251,847 lives in 2019.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 50,487,324 including grants of \$ 378,924) (Revenue \$ 52,572,612)

See Additional Data

4b (Code:) (Expenses \$ 24,437,750 including grants of \$ 1,078,645) (Revenue \$ 20,509,813)

See Additional Data

4c (Code:) (Expenses \$ 560,463 including grants of \$ 3,907,588) (Revenue \$ 3,904,520)

See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 75,485,537

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 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 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 | | 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 | Yes | |
| 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 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 | | 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; 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 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V | Yes | |
| 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, line 10? If "Yes," complete Schedule D, Part VI | 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 | | 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 | | 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 | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 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 | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 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 and XII is optional | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | Yes | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | | 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) | | 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 | 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 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | Yes | |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | | | | | |
|--|---|------------|--|------------|-----|--|--|
| 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 | <table border="1"> <tr> <td style="text-align: center;">2a</td> <td style="text-align: right;">4,787</td> </tr> </table> | 2a | 4,787 | | | | |
| 2a | 4,787 | | | | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | <table border="1"> <tr> <td style="text-align: center;">2b</td> <td style="text-align: center;">Yes</td> </tr> </table> | 2b | Yes | | |
| 2b | Yes | | | | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . | | | <table border="1"> <tr> <td style="text-align: center;">3a</td> <td style="text-align: center;">Yes</td> </tr> </table> | 3a | Yes | | |
| 3a | Yes | | | | | | |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . | | | <table border="1"> <tr> <td style="text-align: center;">3b</td> <td style="text-align: center;">Yes</td> </tr> </table> | 3b | Yes | | |
| 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)? . . . | | | <table border="1"> <tr> <td style="text-align: center;">4a</td> <td style="text-align: center;">No</td> </tr> </table> | 4a | No | | |
| 4a | No | | | | | | |
| b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . | | | <table border="1"> <tr> <td style="text-align: center;">5a</td> <td style="text-align: center;">No</td> </tr> </table> | 5a | No | | |
| 5a | No | | | | | | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | <table border="1"> <tr> <td style="text-align: center;">5b</td> <td style="text-align: center;">No</td> </tr> </table> | 5b | No | | |
| 5b | No | | | | | | |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | <table border="1"> <tr> <td style="text-align: center;">5c</td> <td></td> </tr> </table> | 5c | | | |
| 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 as charitable contributions? . . . | | | <table border="1"> <tr> <td style="text-align: center;">6a</td> <td style="text-align: center;">No</td> </tr> </table> | 6a | No | | |
| 6a | No | | | | | | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | <table border="1"> <tr> <td style="text-align: center;">6b</td> <td></td> </tr> </table> | 6b | | | |
| 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? | | | <table border="1"> <tr> <td style="text-align: center;">7a</td> <td style="text-align: center;">Yes</td> </tr> </table> | 7a | Yes | | |
| 7a | Yes | | | | | | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | <table border="1"> <tr> <td style="text-align: center;">7b</td> <td style="text-align: center;">Yes</td> </tr> </table> | 7b | Yes | | |
| 7b | Yes | | | | | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | <table border="1"> <tr> <td style="text-align: center;">7c</td> <td style="text-align: center;">No</td> </tr> </table> | 7c | No | | |
| 7c | No | | | | | | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | <table border="1"> <tr> <td style="text-align: center;">7d</td> <td></td> </tr> </table> | 7d | | | | | |
| 7d | | | | | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | <table border="1"> <tr> <td style="text-align: center;">7e</td> <td style="text-align: center;">No</td> </tr> </table> | 7e | No | | |
| 7e | No | | | | | | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . | | | <table border="1"> <tr> <td style="text-align: center;">7f</td> <td style="text-align: center;">No</td> </tr> </table> | 7f | No | | |
| 7f | No | | | | | | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | <table border="1"> <tr> <td style="text-align: center;">7g</td> <td></td> </tr> </table> | 7g | | | |
| 7g | | | | | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | <table border="1"> <tr> <td style="text-align: center;">7h</td> <td></td> </tr> </table> | 7h | | | |
| 7h | | | | | | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | <table border="1"> <tr> <td style="text-align: center;">8</td> <td></td> </tr> </table> | 8 | | | |
| 8 | | | | | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | | <table border="1"> <tr> <td style="text-align: center;">9a</td> <td></td> </tr> </table> | 9a | | | |
| 9a | | | | | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . | | | <table border="1"> <tr> <td style="text-align: center;">9b</td> <td></td> </tr> </table> | 9b | | | |
| 9b | | | | | | | |
| 10 Section 501(c)(7) organizations. Enter: | | | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | <table border="1"> <tr> <td style="text-align: center;">10a</td> <td></td> </tr> </table> | 10a | | | | | |
| 10a | | | | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | <table border="1"> <tr> <td style="text-align: center;">10b</td> <td></td> </tr> </table> | 10b | | | | | |
| 10b | | | | | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | | | | | |
| a Gross income from members or shareholders | <table border="1"> <tr> <td style="text-align: center;">11a</td> <td></td> </tr> </table> | 11a | | | | | |
| 11a | | | | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | <table border="1"> <tr> <td style="text-align: center;">11b</td> <td></td> </tr> </table> | 11b | | | | | |
| 11b | | | | | | | |
| 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. | <table border="1"> <tr> <td style="text-align: center;">12b</td> <td></td> </tr> </table> | 12b | | | | | |
| 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. | | | <table border="1"> <tr> <td style="text-align: center;">13a</td> <td></td> </tr> </table> | 13a | | | |
| 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 | <table border="1"> <tr> <td style="text-align: center;">13b</td> <td></td> </tr> </table> | 13b | | | | | |
| 13b | | | | | | | |
| c Enter the amount of reserves on hand | <table border="1"> <tr> <td style="text-align: center;">13c</td> <td></td> </tr> </table> | 13c | | | | | |
| 13c | | | | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | <table border="1"> <tr> <td style="text-align: center;">14a</td> <td style="text-align: center;">No</td> </tr> </table> | 14a | No | | |
| 14a | No | | | | | | |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . | | | <table border="1"> <tr> <td style="text-align: center;">14b</td> <td></td> </tr> </table> | 14b | | | |
| 14b | | | | | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | | <table border="1"> <tr> <td style="text-align: center;">15</td> <td style="text-align: center;">No</td> </tr> </table> | 15 | No | | |
| 15 | No | | | | | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O. | | | <table border="1"> <tr> <td style="text-align: center;">16</td> <td style="text-align: center;">No</td> </tr> </table> | 16 | No | | |
| 16 | No | | | | | | |

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 or note to any line in this Part VI



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed TN
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JOSEPH W HARWELL 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 or note to any line 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, or 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.

See instructions for the order in which to list the persons above.

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 (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | |
|--|--|---|-----------------------|---------|--------------|------------------------------|-----------|--|---|---|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| 1d Total (add lines 1b and 1c) | | | | | | | 2,667,817 | 0 | 331,519 | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **23**

| | 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 | | 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 | 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 | | 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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| Concord Building Group 3205 Powell Suite C Nashville, TN 37204 | Construction | 649,562 |
| Reinhart Foodservice LLC PO Box 1657 Bowling Green, KY 42102 | Food Services | 370,886 |
| Pro-Clean LLC PO Box 416 Kingston Springs, TN 37082 | Custodial Services | 278,618 |
| TNT Group 2 LLC 444 Metroplex Drive B-264 Nashville, TN 37211 | Custodial Services | 250,835 |
| FitWorX LLC 215 Gothic Court Suite 103 Franklin, TN 37067 | Commercial Fitness Equipment | 223,766 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **8**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|--|--|-----------------------------------|--|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | 39,253 | | | | |
| | b Membership dues | 1b | 0 | | | | |
| | c Fundraising events | 1c | 851,419 | | | | |
| | d Related organizations | 1d | 0 | | | | |
| | e Government grants (contributions) | 1e | 3,445,148 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 5,119,406 | | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | 9,075 | | | | |
| | h Total. Add lines 1a-1f | | | 9,455,226 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a Healthy Living | | | 52,572,612 | 52,572,612 | | |
| | b Youth Development | | | 20,509,813 | 20,509,813 | | |
| | c Social Responsibility | | | 3,904,520 | 3,904,520 | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue. | | | 0 | 0 | 0 | |
| g Total. Add lines 2a-2f. | | | 76,986,945 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 61,891 | | 61,891 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | | | | | |
| | | 6a | 42,781 | (ii) Personal | | | |
| | | | 6b Less: rental expenses | 31,524 | | | |
| | | 6c Rental income or (loss) | 11,257 | 0 | | | |
| | d Net rental income or (loss) | | | 11,257 | | 11,257 | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | | |
| | | 7a | | (ii) Other | 6,955,708 | | |
| | | | 7b Less: cost or other basis and sales expenses | | 763,482 | | |
| | | 7c Gain or (loss) | 0 | 6,192,226 | | | |
| | d Net gain or (loss) | | | 6,192,226 | | 6,192,226 | |
| | 8a Gross income from fundraising events (not including \$ 851,419 of contributions reported on line 1c). See Part IV, line 18 | | 8a | | | | |
| | b Less: direct expenses | | 8b | 248,452 | | | |
| | c Net income or (loss) from fundraising events | | | -248,452 | | -248,452 | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | | 9a | | | | |
| b Less: direct expenses | | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | | 10a | | | | | |
| b Less: cost of goods sold | | 10b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a Building/Equipment Rental | | 541610 | 465,729 | | 465,729 | | |
| b Service Delivery Y Income | | 541610 | 222,112 | | 222,112 | | |
| c Miscellaneous Income | | 541610 | 248,969 | | 248,969 | | |
| d All other revenue | | | 337,515 | 0 | 128,133 | 209,382 | |
| e Total. Add lines 11a-11d | | | 1,274,325 | | | | |
| 12 Total revenue. See instructions | | | 93,733,418 | 76,986,945 | 139,390 | 7,151,857 | |

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).

Check if Schedule O contains a response or note to any line in this Part IX

| 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 domestic organizations and domestic governments. See Part IV, line 21 | 1,357,088 | 1,357,088 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 3,988,569 | 3,988,569 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 19,500 | 19,500 | | |
| 4 Benefits paid to or for members | 0 | 0 | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 2,208,681 | 598,687 | 1,370,740 | 239,254 |
| 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 | 38,465,634 | 32,760,475 | 4,595,048 | 1,110,111 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 2,129,643 | 1,536,547 | 506,904 | 86,192 |
| 9 Other employee benefits | 3,155,392 | 2,373,956 | 645,554 | 135,882 |
| 10 Payroll taxes | 2,961,068 | 2,519,262 | 351,057 | 90,749 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 105,051 | | 105,051 | |
| c Accounting | 62,583 | | 62,583 | |
| d Lobbying | 25,817 | | 25,817 | |
| e Professional fundraising services. See Part IV, line 17 | 14,460 | | | 14,460 |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 2,364,253 | 2,060,728 | 270,444 | 33,081 |
| 12 Advertising and promotion | 882,162 | 209,620 | 652,548 | 19,994 |
| 13 Office expenses | 2,931,719 | 2,523,170 | 295,697 | 112,852 |
| 14 Information technology | 1,704,320 | 872,161 | 772,270 | 59,889 |
| 15 Royalties | | | | |
| 16 Occupancy | 10,738,143 | 10,425,020 | 313,123 | |
| 17 Travel | 887,282 | 719,232 | 157,962 | 10,088 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 1,689,795 | 1,397,130 | 265,397 | 27,268 |
| 20 Interest | 1,813,106 | 1,813,106 | | |
| 21 Payments to affiliates | 494,669 | 494,669 | 0 | 0 |
| 22 Depreciation, depletion, and amortization | 7,302,449 | 7,123,635 | 178,814 | |
| 23 Insurance | 213,383 | 172,678 | 40,705 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a EQUIPMENT COSTS | 1,347,758 | 1,020,565 | 314,520 | 12,673 |
| b MEMBERSHIP DUES | 75,772 | 23,178 | 48,560 | 4,034 |
| c PROGRAM SUPPLIES | 1,256,421 | 1,251,242 | 4,255 | 924 |
| d MISCELLANEOUS | 287,671 | 89,603 | 190,316 | 7,752 |
| e All other expenses | 198,517 | 135,716 | 50,860 | 11,941 |
| 25 Total functional expenses. Add lines 1 through 24e | 88,680,906 | 75,485,537 | 11,218,225 | 1,977,144 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|------------------------|
| Assets | 1 Cash—non-interest-bearing | 3,837,202 | 1 | 2,691,628 |
| | 2 Savings and temporary cash investments | 7,945,710 | 2 | 8,316,824 |
| | 3 Pledges and grants receivable, net | 623,219 | 3 | 775,960 |
| | 4 Accounts receivable, net | 1,224,094 | 4 | 1,202,482 |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | | 7 | 0 |
| | 8 Inventories for sale or use | | 8 | 0 |
| | 9 Prepaid expenses and deferred charges | 470,742 | 9 | 604,682 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 201,752,734 | | |
| | b Less: accumulated depreciation | 10b 93,939,017 | 110,290,505 | 10c 107,813,717 |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | 0 | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 59,469 | 15 | 55,221 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 124,450,941 | 16 | 121,460,514 | |
| Liabilities | 17 Accounts payable and accrued expenses | 4,847,068 | 17 | 5,222,288 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 2,490,814 | 19 | 2,185,330 |
| | 20 Tax-exempt bond liabilities | 40,685,761 | 20 | 39,042,129 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 5,979,955 | 23 | 27,024 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 981,074 | 25 | 2,196,801 |
| | 26 Total liabilities. Add lines 17 through 25 | 54,984,672 | 26 | 48,673,572 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 68,070,224 | 27 | 70,817,820 |
| | 28 Net assets with donor restrictions | 1,396,045 | 28 | 1,969,122 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 69,466,269 | 32 | 72,786,942 | |
| 33 Total liabilities and net assets/fund balances | 124,450,941 | 33 | 121,460,514 | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|-----------|--|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 93,733,418 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 88,680,906 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 5,052,512 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 69,466,269 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -1,731,837 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 72,786,942 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 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?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- 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.

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | Yes | |
| 3b | Yes | |

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 62-0476243
Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE
TENNESSEE (6273)

Form 990 (2019)

Form 990, Part III, Line 4a:

Healthy Living We're committed to improving the health and well-being of our community because we believe a community is strongest when everyone in it has the opportunity to live healthier in all areas of life-spirit, mind and body. Unfortunately, too many people in our community are suffering from a health and obesity crisis that is causing unnecessary harm and costing our state billions of dollars in preventable health care costs. Research shows that by investing in the health of our neighbors now, we can stop illnesses before they start, and the savings quickly add up in our community through: * Improved quality of life * Fewer illnesses * Increased school performance * Healthy aging * A better workforce How? We're committed to providing community-based health solutions that offer everyone, regardless of age, income or background, the opportunity to improve their health and well-being. Our Strategies: Prevention As a leading provider of holistic health and wellness services in our community, we help individuals and families practice the healthy lifestyle habits that have been proven to prevent illnesses ranging from diabetes and stroke to heart disease and many forms of cancer. In addition, we work outside the walls of our facilities to engage in community partners and leaders in all areas of government to advocate for policies and programs that can make the healthy choice the easier choice for everyone in our community. Assisting Targeted Health Populations Some people need more help with their health than others. That's why we provide support groups and other programs focused on serving the physical, mental and spiritual needs of targeted health populations ranging from people with cancer or diabetes to individuals fighting addiction or depression. We're also partnering with local hospitals and other health providers to offer medically-based services including physical therapy, nutrition education and cardiac rehabilitation. Eliminating Health Disparities Studies show that individuals with the lowest incomes are 44% more likely to become obese compared to households with higher incomes. In addition, some minority groups or people living in certain under-served communities have much higher rates of obesity as well as other painful and debilitating health conditions. Through its financial assistance programs and commitment to maintaining a presence in all parts of our community, we address these health disparities and eliminate the link between an individual's socioeconomic status and their health. Our 2019 Impact: * Improved the health of more than 182,000 members * Improved the physical and social well-being of thousands of participants in nearly 1,840 YMCA weekly group fitness classes taught by 685 instructors throughout middle Tennessee. * Eliminated health disparities by offering financial assistance to over 1 in 5 YMCA members in more than 38,000 individuals through our Open Doors Program.

Form 990, Part III, Line 4b:

Youth Development Why? We're committed to nurturing the potential of children and teens in our community because we believe the values and skills learned early on are the vital building blocks of life. Research shows that the way a child or teen spends their time away from school can play a critical role in their future success. Specifically, programs like those the Y offers help youth: * Find inspiration and meaning * Do better in school * Learn essential skills * Develop socially and emotionally * Gain confidence * Feel safe and welcomed How? Every day we give thousands of youth the opportunity to discover their true potential and to cultivate the values, skills and relationships that will lead to positive behaviors and better health and educational achievement. Our Strategies: Provide A Place to Belong The Y gives youth and teens in our community a safe place to belong while offering quality programs and services that make sure our kids' learning and development does not begin and end with the sound of the school bell. Develop Character Values and Life Skills The Y connects kids to caring adult role models whose example and leadership teach kids critical character values and life skills ranging from how to get into college to how to be a good sport and even better citizen. Cultivate Healthy Habits Children reach their full potential when they are healthy in all areas of life-spirit, mind and body. Through a wide range of youth wellness programs and initiatives, the Y is working to give kids the healthy habits they need to learn, grow and thrive. Help Those Who Need Us Most Whether it's providing a literacy tutor to close a child's achievement gap, a swim lesson in a community with a higher risk of drowning or a mentor to a teen trying to overcome the mistakes of their past, the Y believes in giving every child a chance to thrive regardless of their socioeconomic circumstances. Our 2019 Impact: Nurtured the potential of more than 77,000 youth and teens through Y membership programs including swim lessons, summer camp, before-and-after school care and other enrichment opportunities designed to teach critical life skills; as a participant in both the Federal Child and Adult Care Food Program and the Summer Food Service Program, served over 398,000 meals to children at our highest-need after-school care sites.

Form 990, Part III, Line 4c:

Social Responsibility Why? Our Y has been listening and responding to our community's most critical social needs for over 140 years, and we remain committed to fostering a sense of social responsibility by providing people with opportunities to give back and support neighbors. History has taught us that lasting personal and social change only comes when we join hands to work together and support one another. How? Following Christ's great commandment to love our neighbor, the Y strives to provide places and environments where people can feel like they can belong, and where they can make a difference in their own neighborhood. Every day we work side-by-side with neighbors to provide opportunities for people to give back and to develop the community support and resources needed to address our region's most pressing challenges. Our Strategies: Nurturing Supportive Communities Science is starting to prove what the Y has long known: that when people form positive and mutually supportive relationships with one another, they can accomplish remarkable things for both themselves and their community. From group exercise to teen centers to senior social clubs, the Y seeks to provide opportunities for people of all ages, backgrounds and incomes to make meaningful connections with one another. Providing Opportunities to Give Back As a volunteer led organization, the Y recognizes the mutual benefit that results when people share their time, talent and financial resources in support of a cause larger than themselves. That's why we've made it a priority to develop new systems to both help the Y engage its current volunteers and encourage others in our community to give back and support their fellow neighbors. Embracing Community Partnerships Recognizing that we must work together to move our community forward, the Y seeks out relationships with local schools, non-profits, businesses, churches and other partners who wish to join hands in our effort to give everyone the opportunity to learn, grow and thrive. Our 2019 Impact: * Enriched the lives of 251,847 people of all ages in our community * Provided over \$3.9 million in financial assistance, allowing members and program participants to access the Y's life-changing services * Provided opportunities to give back to 2,023 caring volunteers who devoted 25,590 hours to strengthen their community through the Y * Helped more than 38,000 neighbors in need by providing financial assistance through our Open Doors Program to allow deserving families and individuals to become members and participants in the Y's life-changing programs

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 (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| David Wilds Treasurer | 1.0 | X | | X | | | | 0 | 0 | 0 |
| Decosta Jenkins Assistant Treasurer | 1.0 | X | | X | | | | 0 | 0 | 0 |
| Liz Allbritton Chair Elect | 1.0 | X | | X | | | | 0 | 0 | 0 |
| Wood Caldwell Chair | 1.0 | X | | X | | | | 0 | 0 | 0 |
| Alfred Degrafinreid Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Ann Mayo Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Bill Henderson Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Bill Plantz Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Bill Thompson Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Brandon Oliver Board of Directors | 1.0 | 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 (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| Brian Poynter Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Carol Yochem Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Catherine Gemmato-Smith Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Chip Howorth Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Chris Holmes Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Cooper Jones Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Darrell Moore Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| David Bohan Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Dexter Samuels Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Florence Davis Board of Directors | 1.0 | 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 (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| George Cate Jr Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| H Lee Barfield Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Homer Gibbs Jr Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| James Harbison Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Jerry Painter Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Jimmy Granbery Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| John Gromos Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Jonathan Cole Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Jordan Woodruff Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Kate Chinn Board of Directors | 1.0 | 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 (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| Kelvin Ault Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Kevin Tilbury Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Laura Beth Brown Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Lawson Allen Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Lee O'Dell Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Leilani Boulware Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Marty Dickens Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Michael Harris Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Michael McBride Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Michelle Robertson Board of Directors | 1.0 | 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 (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| Norah Buikstra Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Paula Farmer Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Rich Ford Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Rob McNeilly Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Robin Shope Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Ron Knox Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Shauna Zurawski Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Sheila Gibson Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Simon Henley Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Stephen Young Board of Directors | 1.0 | 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 (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| Steve Greene Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Stewart Bronaugh Jr Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Terrence Brooks Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Tony Wall Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Trudy Carpenter Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Walter Knestrick Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Wes Golden Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| William Wilson Board of Directors | 1.0 | X | | | | | | 0 | 0 | 0 |
| Amanda Jill Tramel SR, VP - Youth Development | 45.0 | | | X | | | | 148,961 | 0 | 16,591 |
| Bob Knestrick Executive VP & COO | 45.0 | | | X | | | | 226,204 | 0 | 28,375 |

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 (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| Dan Dummermuth President & CEO | 45.0 2.0 | | | X | | | | 442,527 | 0 | 31,505 |
| David Abbott SR. VP - ITS | 45.0 | | | X | | | | 178,685 | 0 | 26,073 |
| David Shipman SR. VP - Operations | 45.0 | | | X | | | | 162,440 | 0 | 16,116 |
| Jessica Fain Chief Strategy Officer | 45.0 | | | X | | | | 176,193 | 0 | 22,252 |
| Joseph Harwell Chief Financial Officer | 45.0 5.0 | | | X | | | | 194,398 | 0 | 28,947 |
| Julie Sistrunk Chief Development Officer | 25.0 20.0 | | | X | | | | 207,547 | 0 | 31,707 |
| Peter Oldham Executive VP & CAO | 30.0 15.0 | | | X | | | | 238,415 | 0 | 31,745 |
| Hakan Darud Head Tennis Pro | 45.0 | | | | | X | | 153,526 | 0 | 23,887 |
| Jeff Merhige Executive Director | 45.0 | | | | | X | | 139,380 | 0 | 13,774 |
| Laurel Wilson Executive Director | 45.0 | | | | | X | | 144,330 | 0 | 22,629 |

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 (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| Rebecca Walker VP of Human Resources | 45.0 | | | | | X | | 138,862 | 0 | 18,203 |
| Scott Clinton Executive Director | 45.0 | | | | | X | | 116,349 | 0 | 19,715 |

SCHEDULE A
(Form 990 or 990-EZ)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE (6273)

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | 9,511,173 | 9,083,521 | 8,269,403 | 7,816,051 | 9,455,226 | 44,135,374 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | 0 |
| 4 Total. Add lines 1 through 3 | 9,511,173 | 9,083,521 | 8,269,403 | 7,816,051 | 9,455,226 | 44,135,374 |
| 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) . . . | | | | | | 345,256 |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 43,790,118 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-------------|
| 7 Amounts from line 4. . . | 9,511,173 | 9,083,521 | 8,269,403 | 7,816,051 | 9,455,226 | 44,135,374 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | 264,635 | 64,666 | 78,125 | 49,950 | 104,672 | 562,048 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . | -100,115 | 25,000 | 73,083 | 67,514 | 52,018 | 117,500 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . | 1,127,769 | 1,057,546 | 924,831 | 922,340 | 1,146,192 | 5,178,678 |
| 11 Total support. Add lines 7 through 10 | | | | | | 49,993,600 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 367,057,451 |

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

| | | |
|--|-----------|---------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 87.59 % |
| 15 Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | 86.97 % |

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. 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 VI 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 10 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. 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—2018. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | | Yes | No |
|------------|--|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i> | | |
| | 10b | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b | A family member of a person described in (a) above? | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|-----|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|--|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|--|---|---|--|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Schedule A, Part II, Line 10 Other Income | DESCRIPTION - OTHER INCOME, COLUMN A - 454680.0, COLUMN B - 445760.0, COLUMN C - 356790.0, COLUMN D - 344189.0, COLUMN E - 372381.0, COLUMN F - 1973800.0; DESCRIPTION - BUILDING/EQUIPMENT RENTAL, COLUMN A - 579856.0, COLUMN B - 519892.0, COLUMN C - 476771.0, COLUMN D - 491683.0, COLUMN E - 465729.0, COLUMN F - 2533931.0; DESCRIPTION - PUBLIC POLICY/MRC FEES, COLUMN A - 93233.0, COLUMN B - 91894.0, COLUMN C - 91270.0, COLUMN D - 86468.0, COLUMN E - 85970.0, COLUMN F - 448835.0; DESCRIPTION - SERVICE DELIVERY Y INCOME, COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D - , COLUMN E - 222112.0, COLUMN F - 222112.0; |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|--|--|
| Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE (6273) | Employer identification number 62-0476243 |
|--|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|--|
| Not over \$500,000 | 20% of the amount on line 1e. |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. |
| Over \$17,000,000 | \$1,000,000. |

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-

| | |
|--|--|
| | |
| | |
| | |

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
|--|-----------------|-----------------|-----------------|-----------------|------------------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | | (a) | | (b) |
|-----------|---|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 25,817 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | | No | |
| j | Total. Add lines 1c through 1i | | | 25,817 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | |
|---|-----------|
| 1 Dues, assessments and similar amounts from members | 1 |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | |
| a Current year | 2a |
| b Carryover from last year | 2b |
| c Total | 2c |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | 3 |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|---|--|
| Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | A consulting firm is contracted to provide the YMCA of Middle Tennessee with advice, information and assistance from time to time as requested by the organization in connection with legislation and state executive branch activities pertaining to business and regulatory issues affecting the organization. |

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE (6273)

Employer identification number 62-0476243

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor/donor advisor notification.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts related to these items.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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" on 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 XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 | 965,552 | 954,102 | 1,454,817 | 954,717 | 953,717 |
| b Contributions | | 11,450 | | 500,100 | 1,000 |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 11,835 | 0 | 500,715 | 0 | 0 |
| f Administrative expenses | | | | | |
| g End of year balance | 953,717 | 965,552 | 954,102 | 1,454,817 | 954,717 |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 0 %
- c** Temporarily restricted endowment ▶ 100 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 6,962,843 | | 6,962,843 |
| b Buildings | | 144,653,445 | 66,374,126 | 78,279,319 |
| c Leasehold improvements | | 426,980 | 251,953 | 175,027 |
| d Equipment | | 43,291,061 | 25,087,612 | 18,203,449 |
| e Other | | 6,418,405 | 2,225,326 | 4,193,079 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 107,813,717 |

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 2,196,801 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 88,644,055 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | -1,184,203 |
| e | Add lines 2a through 2d | 2e | -1,184,203 |
| 3 | Subtract line 2e from line 1 | 3 | 89,828,258 |
| 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 XIII.) | 4b | 3,905,160 |
| c | Add lines 4a and 4b | 4c | 3,905,160 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 93,733,418 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 85,323,382 |
| 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 XIII.) | 2d | 547,636 |
| e | Add lines 2a through 2d | 2e | 547,636 |
| 3 | Subtract line 2e from line 1 | 3 | 84,775,746 |
| 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 XIII.) | 4b | 3,905,160 |
| c | Add lines 4a and 4b | 4c | 3,905,160 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 88,680,906 |

Part XIII Supplemental Information

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 62-0476243
Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE
TENNESSEE (6273)

Supplemental Information

| Return Reference | Explanation |
|---|---|
| Schedule D, Part V, Line 4 Intended uses of endowment funds | The organization's endowment funds (held by the YMCA Foundation of Middle Tennessee) benefit it the YMCA of Middle Tennessee, giving priority to major maintenance, modernization or expansion of facilities, extension of services, and developing and training professional leadership. |

Supplemental Information

| Return Reference | Explanation |
|--|--|
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | <p>The YMCA qualifies as a nonprofit organization exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The YMCA pays tax on unrelated business income from certain activities. These activities and the related tax were insignificant in 2019 and 2018. The YMCA files U.S. Federal Form 990 for organizations exempt from income tax and Form 990-T, an exempt organization business income tax return. In addition, the YMCA files a Tennessee state income tax return. The YMCA follows Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") guidance related to unrecognized tax benefits. The guidance clarifies the accounting for uncertainty in income taxes recognized in an organization's financial statements. This guidance prescribes a minimum probability threshold that a tax position must meet before a financial statement benefit is recognized. The minimum threshold is defined as a tax position that is more likely than not to be sustained upon examination by the applicable taxing authority, including resolution of any related appeals or litigation processes, based on the technical merits of the position. The tax benefit to be recognized is measured as the largest amount of benefit that is greater than fifty percent likely of being realized upon ultimate settlement. The YMCA has no tax penalties or interest reported in the accompanying financial statements. There is no accrual for uncertain tax positions at December 31, 2019 and 2018.</p> |

Supplemental Information

| Return Reference | Explanation |
|--|---|
| Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990 | Change in derivative liability - -1215727 Reclassified rental expenses - 31524 |

Supplemental Information

| Return Reference | Explanation |
|---|---|
| Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements | Membership Financial Assistance - 2985370 Program Financial Assistance - 919790 |

Supplemental Information

| Return Reference | Explanation |
|---|--|
| Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990 | Bad Debt Expense - 516112 Reclassified Rental Expenses - 31524 |

Supplemental Information

| Return Reference | Explanation |
|--|---|
| Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements | Membership Financial Assistance - 2985370 Program Financial Assistance - 919790 |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE (6273)

Employer identification number
62-0476243

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| See Add'l Data | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | 0 | 0 | | | 19,500 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 19,500 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | Sub-Saharan Africa | Grant Making | 11,500 | Check | | | Book |
| | | South America | Grant Making | 8,000 | Wire Transfer | | | Book |
| | | | | | | | | |
| | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

3 Enter total number of other organizations or entities **0**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds | Assistance to the YMCA abroad is monitored through progress reports, annual updates and actual visits to the site. |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS | Assistance to the YMCA abroad is monitored through progress reports, annual updates and actual visits to the site. |

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 62-0476243

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE
TENNESSEE (6273)

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Middle East and North Africa | 0 | 0 | Grantmaking | | 1,500 |
| Sub-Saharan Africa | 0 | 0 | Grantmaking | | 10,000 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---|--|--|-----------------------------------|
| South America | 0 | 0 | Grantmaking | | 8,000 |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE (6273)

Employer identification number 62-0476243

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

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

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

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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|--|---|--|----------------------|---------------------------------|
| | | Tournament of Champions (event type) | Maryland Farms Heroes in Heels (event type) | 16 (total number) | (add col. (a) through col. (c)) |
| 1 | Gross receipts | 100,500 | 99,683 | 651,236 | 851,419 |
| 2 | Less: Contributions | 100,500 | 99,683 | 651,236 | 851,419 |
| 3 | Gross income (line 1 minus line 2) | 0 | 0 | 0 | 0 |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 18,609 | 32,460 | 197,383 |
| 10 | Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 248,452 |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -248,452 |

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

| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col.(a) through col.(c)) |
|-----------------|--|---------------------------------|---|---|---|
| | | 1 | Gross revenue | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

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

a Is the organization licensed to conduct 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 conduct 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 conducted in:

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

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE (6273)

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...
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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 24
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|-----------------------------------|--------------------------|--------------------------|----------------------------------|---|---|
| (1) Membership Financial Aid | 58 | | 19,398 | FMV | Membership Financial Aid: Membership/Program Assistance |
| (2) Tuition/Books/School Supplies | 58 | 53,250 | | FMV | |
| (3) Membership Financial Aid | 38792 | | 2,985,370 | FMV | Membership Financial Aid: Membership/Program Assistance |
| (4) Program Financial Aid | 1524 | | 919,790 | FMV | Membership Financial Aid: Membership/Program Assistance |
| (5) Hope Fund | | 10,761 | | FMV | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation |
|---|--|
| Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds. | All grant individuals are required to provide receipts or invoices for all expenditures. |

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 62-0476243
Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE (6273)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Senior Citizens Inc (Fifty Forward) 174 Rains Avenue Nashville, TN 37203 | 62-0566419 | 501(c)(3) | 160,000 | | | | TO FURTHER EXEMPT PURPOSE |
| YMCA of Metropolitan Chattanooga 301 West 6th Street Chattanooga, TN 37402 | 62-0475699 | 501(c)(3) | 83,125 | | | | TO FURTHER EXEMPT PURPOSE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Moves & Grooves Inc 2275 Murfreesboro Pike Nashville, TN 37217 | 68-0516440 | 501(c)(3) | 98,868 | | | | TO FURTHER EXEMPT PURPOSE |
| YMCA of East Tennessee 616 Jessamine Street Knoxville, TN 37917 | 62-0475700 | 501(c)(3) | 83,125 | | | | TO FURTHER EXEMPT PURPOSE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| YMCA of Memphis & the Mid-South 6373 Quail Hollow Memphis, TN 38120 | 62-0476304 | 501(c)(3) | 83,125 | | | | TO FURTHER EXEMPT PURPOSE |
| Metropolitan Government of Nashville and Davidson County 700 2nd Avenue Nashville, TN 37219 | 62-0694743 | Government | 77,708 | | | | TO FURTHER EXEMPT PURPOSE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Beech Creek Ministries Inc 3101 Curtis Street Nashville, TN 37218 | 36-4651466 | 501(c)(3) | 50,712 | | | | TO FURTHER EXEMPT PURPOSE |
| DYMON In The Rough PO Box 330816 Nashville, TN 37203 | 46-1319844 | 501(c)(3) | 77,692 | | | | TO FURTHER EXEMPT PURPOSE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| In Full Motion Inc PO Box 70270 Nashville, TN 37218 | 20-3543271 | 501(c)(3) | 76,876 | | | | TO FURTHER EXEMPT PURPOSE |
| Backfield in Motion 920 Woodland Street Nashville, TN 37206 | 62-1826603 | 501(c)(3) | 78,016 | | | | TO FURTHER EXEMPT PURPOSE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Boys and Girls Clubs of Middle Tennessee 1704 Charlotte Avenue Nashville, TN 37203 | 62-0540402 | 501(c)(3) | 55,532 | | | | TO FURTHER EXEMPT PURPOSE |
| Bethlehem Centers of Nashville 1417 Charlotte Avenue Nashville, TN 37203 | 62-0843073 | 501(c)(3) | 28,140 | | | | TO FURTHER EXEMPT PURPOSE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| National Council of YMCAs of the USA 101 North Wacker Drive Chicago, IL 60606 | 36-3258696 | 501(c)(3) | 11,750 | | | | TO FURTHER EXEMPT PURPOSE |
| Restore Small Groups 8001 Highway 70 S Nashville, TN 37221 | 47-1995301 | 501(C)(3) | 7,000 | | | | TO FURTHER EXEMPT PURPOSE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Young Men's Christian Association Blue Ridge Assembly 84 Blue Ridge Circle Black Mountain, NC 28711 | 56-0532130 | 501(c)(3) | 10,000 | | | | TO FURTHER EXEMPT PURPOSE |
| Project Transformation Tennessee Inc 1008 19th Avenue S Nashville, TN 37212 | 45-3265261 | 501(c)(3) | 16,940 | | | | TO FURTHER EXEMPT PURPOSE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Aspiring Youth Enrichment Services 602 Pennington Avenue Nashville, TN 37206 | 47-1025284 | 501(c)(3) | 31,508 | | | | TO FURTHER EXEMPT PURPOSE |
| Martha O'Bryan Center 711 South 7th Street Nashville, TN 37206 | 62-0477728 | 501(c)(3) | 95,480 | | | | TO FURTHER EXEMPT PURPOSE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Conexion Americas 2195 Nolensville Pike Nashville, TN 37211 | 62-1715618 | 501(c)(3) | 58,412 | | | | TO FURTHER EXEMPT PURPOSE |
| Global Outreach Developments International 401 Center Street Old Hickory, TN 37138 | 20-0238931 | 501(c)(3) | 52,360 | | | | TO FURTHER EXEMPT PURPOSE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Nations Ministry Center 406 Welshwood Drive Nashville, TN 37211 | 55-0898912 | 501(c)(3) | 46,200 | | | | TO FURTHER EXEMPT PURPOSE |
| Why We Can't Wait Inc 220 Nathan Drive Goodlettsville, TN 37072 | 46-0755751 | 501(c)(3) | 30,800 | | | | TO FURTHER EXEMPT PURPOSE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Nashville International Center for Empowerment 417 Welshwood Drive Nashville, TN 37211 | 02-0674431 | 501(c)(3) | 18,480 | | | | TO FURTHER EXEMPT PURPOSE |
| From the Heart Int'l Education Foundation 8120 Sawyer Brown Road Nashville, TN 37221 | 47-3020888 | 501(c)(3) | 7,359 | | | | TO FURTHER EXEMPT PURPOSE |

Schedule J
(Form 990)

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE (6273)

Employer identification number
62-0476243

Part I Questions Regarding Compensation

| | | Yes | No |
|-------------------------------------|---|---------------|----|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | |
| <input type="checkbox"/> | First-class or charter travel | | |
| <input type="checkbox"/> | Travel for companions | | |
| <input type="checkbox"/> | Tax idemnification and gross-up payments | | |
| <input type="checkbox"/> | Discretionary spending account | | |
| <input checked="" type="checkbox"/> | Housing allowance or residence for personal use | | |
| <input type="checkbox"/> | Payments for business use of personal residence | | |
| <input type="checkbox"/> | Health or social club dues or initiation fees | | |
| <input type="checkbox"/> | Personal services (e.g., maid, chauffeur, chef) | | |
| b | If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b Yes | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? | 2 Yes | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | |
| <input checked="" type="checkbox"/> | Compensation committee | | |
| <input type="checkbox"/> | Independent compensation consultant | | |
| <input type="checkbox"/> | Form 990 of other organizations | | |
| <input type="checkbox"/> | Written employment contract | | |
| <input checked="" type="checkbox"/> | Compensation survey or study | | |
| <input checked="" type="checkbox"/> | Approval by the board or compensation committee | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a | Receive a severance payment or change-of-control payment? | 4a | 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 | For persons listed on 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," on line 5a or 5b, describe in Part III. | | |
| 6 | For persons listed on 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," on line 6a or 6b, describe in Part III. | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | 7 | No |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | 8 | No |
| 9 | If "Yes" on 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 on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | (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 in column (B) reported as deferred on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|---|---|
| Schedule J, Part I, Line 1a Housing allowance or residence for personal use | Jeff Merhige, the Executive Director at Camp Widjiwagan, lives in a house on the property. Housing is provided as a benefit to the employer, and is a condition of employment. Therefore, it is not taxable and is not treated as taxable compensation. |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE (6273)

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 IND DEVELOP BOARD OF THE METRO GOVT- NASHVILLE & DAVIDSON CO | 52-1789764 | NONEAVAIL | 05-31-2018 | 41,582,076 | CONSTRUCTION AND EQUIPMENT ACTIVITIES; PRIOR BOND REFUND | | X | | X | | X |

Part II Proceeds

| | | A | B | C | D |
|----|--|------------|----|-----|----|
| 1 | Amount of bonds retired | 2,539,947 | | | |
| 2 | Amount of bonds legally defeased | 0 | | | |
| 3 | Total proceeds of issue | 41,582,076 | | | |
| 4 | Gross proceeds in reserve funds | 0 | | | |
| 5 | Capitalized interest from proceeds | 0 | | | |
| 6 | Proceeds in refunding escrows | 0 | | | |
| 7 | Issuance costs from proceeds | 0 | | | |
| 8 | Credit enhancement from proceeds | 0 | | | |
| 9 | Working capital expenditures from proceeds | 0 | | | |
| 10 | Capital expenditures from proceeds | 0 | | | |
| 11 | Other spent proceeds | 41,582,076 | | | |
| 12 | Other unspent proceeds | 0 | | | |
| 13 | Year of substantial completion | 2013 | | | |
| | | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | X | | | |
| 15 | Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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 of bond-financed property? | X | | | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | X | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any 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 ▶ | | 0.28 % | | | | | | |
| 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 | | 0.28 % | | | | | | |
| 7 Does the bond issue meet the private security or payment test? | | X | | | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | X | | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. | | 12.69 % | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | X | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | | | | | | | |
| b Exception to rebate? | X | | | | | | | |
| c No rebate due? | | | | | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | X | | | | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (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? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | | | | | | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | X | | | | | | | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

| Return Reference | Explanation |
|--------------------------------|---|
| Schedule K, Part I, Column (d) | PART I (D) DATE ISSUED AND (E) ISSUE PRICE: THE BONDS LISTED IN ROW A ARE TITLED "THE INDUSTRIAL DEVELOPMENT BOARD OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE REVENUE REFUNDING AND IMPROVEMENT BONDS (YMCA OF MIDDLE TENNESSEE PROJECT) SERIES 2012." THE BONDS WERE ORIGINALLY ISSUED ON JULY 2, 2012 IN THE PRINCIPAL AMOUNT OF \$57,000,000. BECAUSE OF A SIGNIFICANT MODIFICATION TO THE TERMS OF THE BONDS, THE BONDS WERE CONSIDERED REISSUED FOR FEDERAL TAX PURPOSES ON OCTOBER 30, 2015, AND AGAIN ON MAY 31, 2018, UNDER SECTION 1.1001-3 OF THE TREASURY REGULATIONS. THE OUTSTANDING AMOUNT OF THE BONDS ON THE DATE OF SUCH REISSUANCE IN 2018 WAS \$41,582,076, WHICH SUCH AMOUNT WAS CONSIDERED CURRENTLY REFUNDED ON THE REISSUANCE DATE. ON OCTOBER 26, 2016, THE ISSUER (AT THE REQUEST OF THE ORGANIZATION) FILED A PRECAUTIONARY FORM 8038 IN CONNECTION WITH THE SALE OF CERTAIN FACILITIES DESCRIBED IN PART III, LINE 8 HEREOF. SUCH FILING WAS MADE AS PRECAUTION IN THE EVENT THE PORTION OF THE BOND PROCEEDS ALLOCATED TO THE TRANSFERRED FACILITIES WAS DETERMINED TO BE REISSUED IN CONNECTION WITH THE USE OF SUCH PROCEEDS FOR AN ALTERNATIVE USE UNDER 1.141-12(E) AS MORE FULLY DESCRIBED IN SUCH FILING. |

| Return Reference | Explanation |
|--------------------------------|--|
| Schedule K, Part I, Column (f) | <p>PART I (F) DESCRIPTION OF PURPOSE: ALL OF THE PROCEEDS OF THE BONDS WERE CONSIDERED SPENT IN FULL ON THE MAY 31, 2018 REISSUANCE DATE TO REFUND THE SERIES 2012 BONDS. THE SERIES 2012 BONDS WERE ISSUED ON JULY 2, 2012 AND THE PROCEEDS THEREOF WERE USED TO (I) REFINANCE THE ISSUER'S \$52,000,000 REVENUE BONDS (YMCA PROJECTS) SERIES 1998, DATED DECEMBER 17, 1998; (II) REFINANCE THE ISSUER'S \$31,440,000 VARIABLE RATE REVENUE BONDS (YMCA PROJECTS) SERIES 2007, DATED DECEMBER 6, 2007; (III) FINANCE THE CONSTRUCTION, RENOVATION, EXPANSION AND/OR EQUIPPING OF THE FOLLOWING FACILITIES OF THE ORGANIZATION: DONELSON YMCA, BRENTWOOD YMCA, FRANKLIN YMCA, MAURY COUNTY YMCA, RUTHERFORD COUNTY YMCA, NORTHWEST YMCA, PUTNAM COUNTY YMCA, MARYLAND FARMS YMCA, BELLEVUE YMCA, DOWNTOWN YMCA, GREEN HILLS YMCA, JOE C. DAVIS YMCA, MARGARET MADDOX YMCA, CLARKSVILLE YMCA, COOL SPRINGS YMCA, MT. JULIET YMCA, NORTH RUTHERFORD YMCA, ROBERTSON COUNTY YMCA, AND SUMNER COUNTY YMCA; (IV) FINANCE A SWAP TERMINATION PAYMENT FOR A QUALIFIED HEDGE ENTERED INTO IN CONNECTION WITH THE SERIES 2007 BONDS; AND (V) FINANCE THE PURCHASE OF LAND IN MT. JULIET, TENNESSEE. THE SERIES 2007 BONDS WERE USED TO FINANCE THE CONSTRUCTION, RENOVATION, EXPANSION AND/OR EQUIPPING OF THE FOLLOWING FACILITIES OF THE ORGANIZATION: DOWNTOWN YMCA, MARGARET MADDOX YMCA, NORTHWEST YMCA, JOE C. DAVIS RESIDENT CAMP, BELLEVUE YMCA, THE SMYRNA YMCA AND THE PUTNAM COUNTY YMCA. THE SERIES 1998 BONDS WERE USED TO FINANCE OR REFINANCE THE CONSTRUCTION, RENOVATION, EXPANSION AND/OR EQUIPPING OF THE FACILITIES OF THE ORGANIZATION DESCRIBED ABOVE AND THE HARDING PLACE YMCA.</p> |

| Return Reference | Explanation |
|-------------------------------|--|
| Schedule K, Part III, Line 8a | <p>PART III LINE 8: DURING 2015, THE ORGANIZATION SOLD LAND IN MT. JULIET THAT WAS ORIGINALLY PURCHASED WITH BOND PROCEEDS, AND THE ORGANIZATION RECEIVED \$1,473,664 FROM THE SALE. ALL OF THE PROCEEDS FROM THE SALE OF THE MT. JULIET LAND WERE USED TO REDEEM A PORTION OF THE SERIES 2012 BONDS. DURING 2015 AND 2016, (I) THE ORGANIZATION SOLD THE MAURY COUNTY YMCA FACILITY AND RECEIVED \$1,100,000 FROM THE SALE, (II) THE ORGANIZATION SOLD THE HARDING PLACE YMCA AND RECEIVED \$864,581 FROM THE SALE AND (III) THE ORGANIZATION SOLD THE RUTHERFORD COUNTY YMCA FACILITY AND RECEIVED \$3,334,106 FROM THE SALE. ALL OF THE PROCEEDS FROM THE SALE OF THE MAURY COUNTY YMCA, THE HARDING PLACE YMCA AND THE RUTHERFORD COUNTY YMCA WERE USED FOR CAPITAL IMPROVEMENTS AT THE DONELSON YMCA AND THE FRANKLIN YMCA. DURING 2019, THE ORGANIZATION SOLD A BUILDING LOCATED AT 900 CHURCH STREET IN NASHVILLE, TENNESSEE, ON WHICH 0.134% OF THE 2012 BOND PROCEEDS WERE SPENT FOR RENOVATIONS. THE ORGANIZATION REDEEMED 0.134% (OR \$52,565.11) OF THE OUTSTANDING AMOUNT OF THE 2012 BONDS WITH PROCEEDS FROM THE SALE OF THE 900 CHURCH PROPERTY. THE PROCEEDS OF THE SERIES 2012 BONDS ALLOCATED TO THE FINANCING OF THE IMPROVEMENTS AT THE MAURY COUNTY YMCA, THE HARDING PLACE YMCA, THE RUTHERFORD COUNTY YMCA , THE MT. JULIET LAND AND THE 900 CHURCH STREET BUILDING WERE EQUAL TO \$7,235,470, OR 12.69% OF \$57,000,000 OF THE PROCEEDS OF THE SERIES 2012.</p> |

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 & Assistant Treasurer | 2,041,832 | Electrical services provided to facilities from Nashville Electric Services | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
| | |

SCHEDULE O
 (Form 990 or 990-EZ)

Department of the Treasury
 Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
 ▶ Attach to Form 990 or 990-EZ.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
 YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE (6273)

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
 62-0476243

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------|--|
| MISSION & COMMUNITY IMPACT | <p>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. As the region's largest nonprofit dedicated to strengthening community, we're committed to nurturing the potential of children and teens, improving health and well-being and providing opportunities to give back and support neighbors in need. At the Y, we're: For Youth Development We believe that all kids deserve the opportunity to discover who they are and what they can achieve. That's why we engage more than 77,000 youth in our community by cultivating the values, skills and relationships that lead to positive behaviors, better health and educational achievement. For Healthy Living With a mission centered on balance, our Y brings families closer together, encourages good health and fosters supportive connections through fitness, sports, fun and shared interests. Each year, we offer more than 182,000 individuals the opportunity to improve their health and well-being at the Y. And with an income-based rate scale made possible by generous donors who support our cause, we ensure that our neighbors don't have to decide between their health and paying their bills. 1 in 5 of our members benefit from charitable subsidy for Y membership. For Social Responsibility Our Y has been listening to and responding to our communities' most critical social needs for more than 140 years. We know that lasting personal and social change only happens when we come together to work together and support one another. That's why we're committed to fostering a sense of social responsibility in our community by providing opportunities for people to give back, make meaningful connections with one another and develop the community support and resources needed to meet our region's most critical needs. In 2019, our Y engaged 2,023 volunteers and provided nearly \$3.9 million in financial assistance and other charitable subsidies to deserving individuals and families could become members and participate in life-changing programs.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 11a 990 Review Process | The full form 990, inclusive of schedule B donor names and addresses, is provided to the governing body for its review. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 1a Delegate broad authority to a committee | The Bylaws allow the Executive Committee to conduct all Association board actions, except for those that Tennessee law does not allow to be delegated. The non-delegable powers, which can only be performed by the Association board, include the election, appointment or removal of Directors or committee members; the amendment of the Charter or Bylaws; and the dissolution, merger or pledge of all assets of the corporation. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 2 Family/business relationships amongst interested persons | H. LEE BARFIELD II & LAWSON ALLEN - Family relationship, ROBERT KNESTRICK & WALTER KNESTRICK - Family relationship |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 11b Review of form 990 by governing body | <p>They Y's CFO works with its auditors to prepare the 990. After being reviewed by the CFO, the 990 is distributed to board members via e-mail prior to its being filed with the IRS.</p> <p>Board members are afforded what the CFO believes to be a reasonable amount of time to review the 990. Board members are requested to notify the CFO when they have completed their 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.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 12c Conflict of interest policy | <p>The Y has a Conflicts Committee, which is composed of 3 board members. 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.</p> <p>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.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 15a Process to establish compensation of top management official | The Y uses a "pay grade" system for all of its full-time positions, and used the recommendations of a third party compensation firm to establish the range within each pay grade. The actual compensation of the CEO is determined by the Board's President/CEO Performance and Compensation Committee which is composed of 3-5 Board members. The Committee establishes annual goals for the CEO, evaluates his performance against those goals, and uses comparability data in setting his compensation. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 15b Process to establish compensation of other employees | The compensation of other full-time staff, including executive officers, is determined by each staff person's supervisor, in consultation with the Vice President of People Services and utilizing the pay grade recommendations from the third party firm. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 19 Required documents available to the public | The Y's governing documents, conflict of interest policy and financial statements are available upon request. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VIII, Line 2f Other Program Service Revenue | - Total Revenue: , Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; - Total Revenue: , Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VIII, Line 11d Other Miscellaneous Revenue | Public Policy/MRC Fees - Total Revenue: 85970, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 85970; Returned Payment Service Charges - Total Revenue: 55300, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 55300; Management - Total Revenue: 68112, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 68112; Management - Total Revenue: 128133, Related or Exempt Function Revenue: , Unrelated Business Revenue: 128133, Revenue Excluded from Tax Under Sections 512, 513, or 514: ; |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part XI, Line 9 Other changes in net assets or fund balances | CHANGE IN DERIVATIVE LIABILITY - -1215724; BAD DEBT EXPENSE - -516113; |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VIII, Line 11D Other Miscellaneous Revenue | Management Fees (Business Code - 541610) - \$116,361 |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF MIDDLE TENNESSEE (6273)

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 (if applicable) 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 entity? | |
|---|---|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | 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) | 11 | NA | | 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) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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 | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

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

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

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) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

| Return Reference | Explanation |
|-------------------------|--------------------|
| | |