

EXTENDED TO NOVEMBER 15, 2019

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

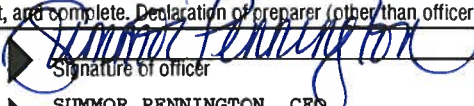
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF MIDDLE TENNESSEE, INC		D Employer identification number 62-0533104
	Doing business as UNITED WAY OF METROPOLITAN NASHVILLE		E Telephone number 615-255-8501
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 34,133,914
	250 VENTURE CIRCLE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code NASHVILLE, TN 37228		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
F Name and address of principal officer: SUMMOR PENNINGTON SAME AS C ABOVE		H(c) Group exemption number	
J Website: WWW.UNITEDWAYNASHVILLE.ORG		L Year of formation: 1954 M State of legal domicile: TN	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UWMN UNITES THE COMMUNITY AND MOBILIZES RESOURCES SO THAT EVERY CHILD, INDIVIDUAL AND FAMILY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	42
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	42
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	74
	6 Total number of volunteers (estimate if necessary)	6	3950
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	12,000.
b Net unrelated business taxable income from Form 990-T, line 38	7b	11,000.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	24,272,817.	24,702,846.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	452,174.	429,392.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,476,552.	831,958.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,307.	-159,252.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,229,850.	25,804,944.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	17,762,307.	18,496,213.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,303,759.	4,239,112.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,646,076.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,985,865.	2,146,233.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	24,051,931.	24,881,558.
	20 Total assets (Part X, line 16)	2,177,919.	923,386.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	33,218,339.	32,076,934.
		8,274,339.	7,861,764.
		24,944,000.	24,215,170.

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 06/10/19			
	SUMMOR PENNINGTON, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY OF METROPOLITAN NASHVILLE UNITES THE COMMUNITY AND MOBILIZES RESOURCES SO THAT EVERY CHILD, INDIVIDUAL, AND FAMILY THRIVES.

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

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

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 \$ 6,807,291. including grants of \$ 6,251,214.) (Revenue \$) THE OUTCOME BASED INVESTMENTS PROGRAM PROVIDES FUNDING SUPPORT TO 143 COMMUNITY BASED PROGRAMS IN 64 NONPROFIT AGENCIES IN DAVISON COUNTY, TN. THESE PROGRAMS SERVE OVER 116,000 LOW INCOME, VULNERABLE CHILDREN AND ADULTS BY PROVIDING MEASURABLE CHANGES IN BEHAVIOR OR CONDITION IN THREE FOCUS AREAS- EDUCATION, FINANCIAL STABILITY AND HEALTH. HIGHLIGHTS OF PROGRAM OUTCOMES IN THESE AREAS ARE: EDUCATION - 97% OF PRE-K CHILDREN ENROLLED IN THE READ TO SUCCEED EARLY LITERACY PROGRAM ASSESSED KINDERGARTEN READY. FINANCIAL STABILITY- 14,300 FAMILIES BENEFITTED FROM FREE TAX PREPARATION AND RECEIVED MORE THAN \$18 MILLION IN TAX REFUNDS AND EITC CREDITS. HEALTH - MORE THAN 6,400 INDIVIDUALS IMPROVED PHYSICAL OR MENTAL HEALTH THROUGH PHYSICAL ACTIVITY, CASE MANAGEMENT, OR CHRONIC DISEASE SELF-MANAGEMENT.

4b (Code:) (Expenses \$ 6,526,353. including grants of \$ 5,682,945.) (Revenue \$) UNITED WAY ADMINISTERS TWO FEDERAL GRANTS AWARDED TO STATE AND LOCAL HEALTH DEPARTMENTS THROUGH THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AND THE CENTER FOR DISEASE CONTROL (CDC) THAT ARE FOCUSED ON HIV CARE AND PREVENTION. THE RYAN WHITE/CARE GRANTS FOCUSES ON PROVIDING CORE MEDICAL (MEDICAL CASE MANAGEMENT, MENTAL HEALTH, SUBSTANCE ABUSE, ORAL HEALTH CARE, ETC.) AND SUPPORT SERVICES (NON-MEDICAL CASE MANAGEMENT, FOOD BANK/HOME DELIVERED MEALS, TRANSPORTATION, ETC.) TO INDIVIDUALS LIVING IN 92 OF THE 95 COUNTIES IN TENNESSEE. OVER 2,500 ARE SERVED ANNUALLY. THE CDC/HIV PREVENTION GRANT FOCUSES ON PROVIDING PREVENTION AND EDUCATION SERVICES TO TARGET POPULATIONS AT HIGH RISK FOR HIV/LIVING WITH HIV. OVER 700 INDIVIDUALS ARE REACHED THROUGH SPECIFIC PREVENTION INTERVENTIONS DESIGNED FOR THE

4c (Code:) (Expenses \$ 3,787,984. including grants of \$ 3,787,984.) (Revenue \$ 429,392.) DURING THE ANNUAL UNITED WAY CAMPAIGN, SOME DONORS CHOOSE TO DIRECTLY DESIGNATE SOME PORTION OF THEIR GIFT TO A SPECIFIC NON-PROFIT AGENCY OR UNITED WAY IN ANOTHER COMMUNITY. DESIGNATED GIFTS ARE AGGREGATED AND ARE THEN PAID TO THE AGENCIES OR ORGANIZATIONS AS THEY ARE COLLECTED, SUBJECT ONLY TO A MODEST ADMINISTRATIVE FEE TO HELP SUPPORT THE COST OF THE UNITED WAY CAMPAIGN. THE DESIGNATED GIFTS ARE DISTRIBUTED TO THE RECIPIENT AGENCIES WITHOUT RESTRICTION, FOR USE AS DETERMINED BY THE AGENCY. TO BE ELIGIBLE FOR DESIGNATED GIFTS, AGENCIES MUST BE TAX EXEMPT UNDER SECTION 5013, HAVE A HEALTH AND HUMAN SERVICES FOCUS, AND HAVE A PRESENCE IN THE MIDDLE TENNESSEE COMMUNITY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,694,141. including grants of \$ 2,774,070.) (Revenue \$)

4e Total program service expenses 21,815,769.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and contributions.

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, Yes, No. 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)

Table with columns for question number, description, and Yes/No responses. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	42	
b	Enter the number of voting members included in line 1a, above, who are independent	42	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed TN
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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 _____
 SUMOR PENNINGTON, CFO - 615-255-8501
 250 VENTURE CIRCLE, NASHVILLE, TN 37228

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) DON ABEL TRUSTEE	2.00	X						0.	0.	0.
(2) JANET AYERS TRUSTEE	2.00	X						0.	0.	0.
(3) JAMES BEARDEN SECRETARY-TRUSTEE	4.00	X		X				0.	0.	0.
(4) SCOTT BECKER TRUSTEE	2.00	X						0.	0.	0.
(5) CATHY STEWART BROWN TRUSTEE	2.00	X						0.	0.	0.
(6) WILLIAM F. CARPENTER III TRUSTEE	2.00	X						0.	0.	0.
(7) DON COCHRON EX OFFICIO TRUSTEE	2.00	X						0.	0.	0.
(8) CHARLIE COOK TRUSTEE	2.00	X						0.	0.	0.
(9) JOHN CROSSLIN TRUSTEE	2.00	X						0.	0.	0.
(10) HONORABLE KARL DEAN TRUSTEE	2.00	X						0.	0.	0.
(11) ROBERT DENNIS BOARD SUCCESSION CHAIR-TRUSTEE	4.00	X		X				0.	0.	0.
(12) SAM DEVANE CAMPAIGN CHAIR-TRUSTEE	2.00	X						0.	0.	0.
(13) ROBERT DITTUS COMMUNITY IMPACT CO-CHAIR- TRUSTEE	4.00	X		X				0.	0.	0.
(14) MARGARET O. DOLAN EXECUTIVE COMMITTEE AT LARGE MEMBER	4.00	X		X				0.	0.	0.
(15) DAVID FREEMAN TRUSTEE	2.00	X						0.	0.	0.
(16) HON. ALBERTO R. GONZALES TRUSTEE	2.00	X						0.	0.	0.
(17) TONY HEARD TRUSTEE	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) KATE HERMAN TRUSTEE	2.00	X						0.	0.	0.
(19) DAMON HININGER TRUSTEE	2.00	X						0.	0.	0.
(20) LAURA HOLLINGSWORTH TRUSTEE	2.00	X						0.	0.	0.
(21) LEE ANN INGRAM TRUSTEE	2.00	X						0.	0.	0.
(22) R. MILTON JOHNSON TRUSTEE	2.00	X						0.	0.	0.
(23) JENNEEN KAUFMAN TREASURER-TRUSTEE	4.00	X		X				0.	0.	0.
(24) GORDON KNAPP VICE CHAIR-TRUSTEE	4.00	X		X				0.	0.	0.
(25) WILLIAM C. KOCH, JR. TRUSTEE	2.00	X						0.	0.	0.
(26) L. RANDOLPH LOWRY III TRUSTEE	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,060,029.	0.	86,395.
d Total (add lines 1b and 1c)								1,060,029.	0.	86,395.

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 6

	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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
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		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
NONE		

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 0

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MICKEY MCKAY TRUSTEE	2.00	X						0.	0.	0.
(28) ROB MCNEILLY TRUSTEE	2.00	X						0.	0.	0.
(29) SCOTT MCWILLIAMS TRUSTEE	2.00	X						0.	0.	0.
(30) JOELLE PHILLIPS TRUSTEE	2.00	X						0.	0.	0.
(31) BEN L. RECHTER TRUSTEE	2.00	X						0.	0.	0.
(32) RONALD ROBERTS TRUSTEE	2.00	X						0.	0.	0.
(33) HEATHER ROHAN TRUSTEE	2.00	X						0.	0.	0.
(34) ANNE RUSSELL TRUSTEE	2.00	X						0.	0.	0.
(35) MIKE SCHATZLEIN IMMEDIATE PAST BOARD CHAIR-TRUSTEE	4.00	X	X					0.	0.	0.
(36) JIM SCHMITZ BOARD CHAIR-TRUSTEE	4.00	X	X					0.	0.	0.
(37) MIKE SHMERLING TRUSTEE	2.00	X						0.	0.	0.
(38) WAYNE SMITH TRUSTEE	2.00	X						0.	0.	0.
(39) REV. LEIGH SPRUILL TRUSTEE	2.00	X						0.	0.	0.
(40) DAVE WALTON TRUSTEE	2.00	X						0.	0.	0.
(41) JAMES WEAVER GOVERNMENT RELATIONS CHAIR & COUNSEL	4.00	X	X					0.	0.	0.
(42) EMILY WEISS TRUSTEE	2.00	X						0.	0.	0.
(43) BRIAN HASSETT PRESIDENT AND CEO	40.00			X				261,315.	0.	18,132.
(44) MARY JO WIGGINS CHIEF DEVELOPMENT OFFICER	40.00			X				220,931.	0.	15,163.
(45) SUMMOR PENNINGTON CHIEF FINANCIAL OFFICER	40.00			X				107,955.	0.	10,998.
(46) ERICA MITCHELL CHIEF COMMUNITY IMPACT OFFICER	40.00			X				172,411.	0.	12,892.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 483,484.					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e 8,589,953.					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 15,629,409.					
	g	Noncash contributions included in lines 1a-1f: \$	483,726.					
	h	Total. Add lines 1a-1f		24,702,846.				
Program Service Revenue	2 a	DESIGNATION SERVICE FE	Business Code 900099	429,392.	429,392.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		429,392.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		247,994.			247,994.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real 12,000.					
		Less: rental expenses	(ii) Personal 0.					
		Rental income or (loss)	12,000.					
	d	Net rental income or (loss)		12,000.		12,000.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities 8,912,934.					
		Less: cost or other basis and sales expenses	(ii) Other 8,328,970.					
		Gain or (loss)	583,964.					
		Net gain or (loss)		583,964.				583,964.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	MISCELLANEOUS INCOME	999999	22,590.			22,590.		
b	EMPLOYEE RETIREMENT PL	999999	-193,842.			-193,842.		
c								
d	All other revenue							
e	Total. Add lines 11a-11d		-171,252.					
12	Total revenue. See instructions		25,804,944.	429,392.	12,000.	660,706.		

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	18,496,213.	18,496,213.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	889,378.	269,137.	202,788.	417,453.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,804,831.	1,650,133.	496,230.	658,468.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	61,452.	31,433.	17,898.	12,121.
9 Other employee benefits	232,704.	136,582.	48,428.	47,694.
10 Payroll taxes	250,747.	135,857.	45,498.	69,392.
11 Fees for services (non-employees):				
a Management				
b Legal	19,636.		19,636.	
c Accounting	59,775.	10,000.	49,775.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	689,099.	383,795.	243,552.	61,752.
12 Advertising and promotion	198,026.	106,821.	16,866.	74,339.
13 Office expenses	273,460.	133,455.	49,229.	90,776.
14 Information technology				
15 Royalties				
16 Occupancy	196,944.	107,366.	52,810.	36,768.
17 Travel	117,087.	81,822.	11,345.	23,920.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	124,074.	69,758.	19,541.	34,775.
20 Interest				
21 Payments to affiliates	216,963.	108,535.	63,213.	45,215.
22 Depreciation, depletion, and amortization	30,982.	16,839.	6,156.	7,987.
23 Insurance				
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 MISCELLANEOUS	220,187.	78,023.	76,748.	65,416.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	24,881,558.	21,815,769.	1,419,713.	1,646,076.
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 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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	4,443,788.	2	4,664,982.
	3 Pledges and grants receivable, net	11,036,616.	3	11,353,722.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	78,718.	9	70,596.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,282,915.		
	b Less: accumulated depreciation	10b 2,912,669.	379,131.	10c 370,246.
	11 Investments - publicly traded securities	16,648,521.	11	15,001,589.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	631,565.	15	615,799.
16 Total assets. Add lines 1 through 15 (must equal line 34)	33,218,339.	16	32,076,934.	
Liabilities	17 Accounts payable and accrued expenses	630,024.	17	497,849.
	18 Grants payable	7,639,488.	18	7,326,711.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	4,827.	25	37,204.
	26 Total liabilities. Add lines 17 through 25	8,274,339.	26	7,861,764.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,772,814.	27	5,072,731.
	28 Temporarily restricted net assets	12,570,581.	28	11,541,834.
	29 Permanently restricted net assets	7,600,605.	29	7,600,605.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	24,944,000.	33	24,215,170.	
34 Total liabilities and net assets/fund balances	33,218,339.	34	32,076,934.	

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	25,804,944.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,881,558.
3	Revenue less expenses. Subtract line 2 from line 1	3	923,386.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,944,000.
5	Net unrealized gains (losses) on investments	5	-1,652,216.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,215,170.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2018)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24,355,995.	19,113,022.	19,685,124.	24,272,817.	24,702,846.	112,129,804.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	24,355,995.	19,113,022.	19,685,124.	24,272,817.	24,702,846.	112,129,804.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						112,129,804.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	24,355,995.	19,113,022.	19,685,124.	24,272,817.	24,702,846.	112,129,804.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	153,865.	200,528.	201,207.	227,404.	247,994.	1,030,998.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	35,318.	26,648.	4,895.	24,000.	12,000.	102,861.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						113,263,663.
12 Gross receipts from related activities, etc. (see instructions)					12	1,506,753.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.00 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.01 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. 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	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. 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	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
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?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

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? 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.	1	
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? 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.	2	

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)? 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).	1	

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?	1	
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

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 The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete line 3 below.

c 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.

	Yes	No
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? 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.	2a	
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? 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.	2b	
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? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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):		
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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization UNITED WAY OF MIDDLE TENNESSEE, INC	Employer identification number 62-0533104
--------------------------------------------------------------------	-----------------------------------------------------

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 6,526,353.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,139,844.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF MIDDLE TENNESSEE, INC	Employer identification number 62-0533104
-----------------------------------------------------------------	--------------------------------------------------

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization UNITED WAY OF MIDDLE TENNESSEE, INC	Employer identification number 62-0533104
-----------------------------------------------------------------	--------------------------------------------------

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: UNITED WAY OF MIDDLE TENNESSEE, INC. Employer identification number: 62-0533104

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions about total number of funds, aggregate values, and donor notification.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions about purpose of easements, monitoring, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions about reporting on art and historical treasures.

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

Schedule D (Form 990) 2018

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:

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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 on 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	11,356,159.	9,987,120.	9,670,867.	9,030,915.	8,965,625.
b Contributions		323.	55,178.	1,143,890.	
c Net investment earnings, gains, and losses	540,416.	1,884,963.	758,005.	9,586.	620,703.
d Grants or scholarships					
e Other expenditures for facilities and programs	497,000.	475,000.	460,000.	475,000.	520,000.
f Administrative expenses	42,656.	41,247.	36,930.	38,524.	35,413.
g End of year balance	10,276,087.	11,356,159.	9,987,120.	9,670,867.	9,030,915.

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

- a Board designated or quasi-endowment 15.40 %
- b Permanent endowment 74.00 %
- c Temporarily restricted endowment 10.60 %

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:

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

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		272,715.		272,715.
b Buildings		968,690.	968,690.	0.
c Leasehold improvements		705,175.	662,901.	42,274.
d Equipment		1,336,335.	1,281,078.	55,257.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				370,246.

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. (Col. (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. (Col. (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) PENSION LIABILITY	37,204.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	37,204.

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	20,495,537.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-1,652,216.	
b	Donated services and use of facilities	2b	130,793.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-1,521,423.	
3	Subtract line 2e from line 1	3	22,016,960.	
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	3,787,984.	
c	Add lines 4a and 4b	4c	3,787,984.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	25,804,944.	

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	21,224,367.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	130,793.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	130,793.	
3	Subtract line 2e from line 1	3	21,093,574.	
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	3,787,984.	
c	Add lines 4a and 4b	4c	3,787,984.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	24,881,558.	

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.

PART V, LINE 4:

CURRENTLY, ENDOWMENT FUNDS ARE PERMANENTLY RESTRICTED AND HELD WITHIN

MARKET PER THE ORGANIZATION'S IPS FOR GROWTH.

PART X, LINE 2:

MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR

EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S INCOME

TAX RETURN TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE

LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE

APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVALUATION OF

ALL INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS

DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE

Part XIII Supplemental Information (continued)

LIKELY THAN NOT" STANDARD. ACCORDINGLY, THERE WERE NO PROVISIONS FOR
INCOME TAXES, PENALTIES OR INTEREST RECEIVABLE OR PAYABLE RELATING TO
UNCERTAIN INCOME TAX POSITIONS IN THE ACCOMPANYING FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CAMPAIGN CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES 3,787,984.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CAMPAIGN CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES 3,787,984.

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.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

2018

Open to Public Inspection

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number
62-0533104

Part I General information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
4:13 STRONG PO BOX 101425 NASHVILLE, TN 37224	47-1939832	501(C)3	37,000.	0.			PROGRAM OPNS (OBI)
4:13 STRONG PO BOX 101425 NASHVILLE, TN 37224	47-1939832	501(C)3	323.	0.			DONOR DIRECTED DESIGNATIONS
ALIVE HOSPICE, INC. 1718 PATTERSON ST NASHVILLE, TN 37203	62-0983550	501(C)3	20,000.	0.			PROGRAM OPNS (OBI)
ALIVE HOSPICE, INC. 1719 PATTERSON ST NASHVILLE, TN 37203	62-0983551	501(C)3	51,426.	0.			DONOR DIRECTED DESIGNATIONS
ALZHEIMER'S ASSOCIATION OF MIDDLE TN - 4205 HILLSBORO PIKE SUITE 216 - NASHVILLE, TN 37215	62-1437684	501(C)3	8,871.	0.			DONOR DIRECTED DESIGNATIONS
AMERICAN CANCER SOCIETY 2000 CHARLOTTE AVENUE NASHVILLE, TN 37203	13-1788491	501(C)3	10,613.	0.			DONOR DIRECTED DESIGNATIONS

1 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 136.

2 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
AMERICAN HEART ASSOCIATION 1818 PATTERSON RD. NASHVILLE, TN 37203	13-5613797	501(C)3	7,454.	0.			DONOR DIRECTED DESIGNATIONS
AMERICAN RED CROSS/RUTHERFORD 501 MEMORIAL BLVD MURFREESBORO, TN 37129	53-0196650	501(C)3	7,109.	0.			DONOR DIRECTED DESIGNATIONS
AMERICAN RED CROSS-DAVIDSON COUNTY 2201 CHARLOTTE AVE NASHVILLE, TN 37203	53-0196605	501(C)3	30,000.	0.			PROGRAM OPNS (OBI)
AMERICAN RED CROSS-DAVIDSON COUNTY 2201 CHARLOTTE AVE NASHVILLE, TN 37203	53-0196605	501(C)3	48,452.	0.			DONOR DIRECTED DESIGNATIONS
BETHANY CHRISTIAN SERVICES 901 EASTERN AVENUE NE, PO BOX GRAND RAPIDS, MI 49501	20-1204075	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
BETHANY CHRISTIAN SERVICES 901 EASTERN AVENUE NE, PO BOX GRAND RAPIDS, MI 49501	20-1204075	501(C)3	1,509.	0.			DONOR DIRECTED DESIGNATIONS
BETHLEHEM CENTER 1417 CHARLOTTE AVE NASHVILLE, TN 37203	62-0843073	501(C)3	82,500.	0.			PROGRAM OPNS (OBI)
BETHLEHEM CENTER 1417 CHARLOTTE AVE NASHVILLE, TN 37203	62-0843073	501(C)3	2,784.	0.			DONOR DIRECTED DESIGNATIONS
BETHSEDA CENTER 108 S MAIN ST ASHLAND CITY, TN 37015	58-2015542	501(C)3	13,436.	0.			PROGRAM OPNS (OBI)

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(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
BETHSEDA CENTER 108 S MAIN ST ASHLAND CITY, TN 37015	58-2015542	501(C)3	300.	0.			DONOR DIRECTED DESIGNATIONS
BIG BROTHERS/BIG SISTERS 1704 CHARLOTTE AVENUE NASHVILLE, TN 37203	23-7056024	501(C)3	77,068.	0.			PROGRAM OPNS (OBI)
BIG BROTHERS/BIG SISTERS 1704 CHARLOTTE AVENUE NASHVILLE, TN 37203	23-7056024	501(C)3	7,870.	0.			DONOR DIRECTED DESIGNATIONS
BLUE MONARCH PO BOX 1207 MONTEAGLE, TN 37356	82-0584070	501(C)3	10,000.	0.			DONOR DIRECTED DESIGNATIONS
BOY SCOUTS OF AMERICA MIDDLE TENNESSEE - PO BOX 150409 - NASHVILLE, TN 37215	62-0477729	501(C)3	19,569.	0.			DONOR DIRECTED DESIGNATIONS
BOYS & GIRLS CLUB OF NASH/MID TN 624 GRASSMERE PARK DRIVE NASHVILLE, TN 37204	62-0540402	501(C)3	17,068.	0.			DONOR DIRECTED DESIGNATIONS
BOYS & GIRLS CLUB OF RUTHERFORD 820 JONES BLVD. MURFREESBORO, TN 37129	62-0540402	501(C)3	5,893.	0.			DONOR DIRECTED DESIGNATIONS
C.A.S.A. 601 WOODLAND ST NASHVILLE, TN 37206	62-1203459	501(C)3	20,000.	0.			PROGRAM OPNS (OBI)
C.A.S.A. 601 WOODLAND ST NASHVILLE, TN 37206	62-1203459	501(C)3	5,038.	0.			DONOR DIRECTED DESIGNATIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(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		
CAMPUS FOR HUMAN DEVELOPMENT/DAVIDSON - PO BOX 25309 - NASHVILLE, TN 37202	62-0811413	501(C)3	9,218.	0.			DONOR DIRECTED DESIGNATIONS		
CATHOLIC CHARITIES OF TN, INC 30 WHITE BRIDGE ROAD NASHVILLE, TN 37205	62-0679520	501(C)3	528,500.	0.			PROGRAM OPNS (OBI)		
CATHOLIC CHARITIES OF TN, INC 30 WHITE BRIDGE ROAD NASHVILLE, TN 37205	62-0679520	501(C)3	35,976.	0.			DONOR DIRECTED DESIGNATIONS		
CATHOLIC CHARITIES OF TN, INC 30 WHITE BRIDGE ROAD NASHVILLE, TN 37205	62-0679520	501(C)3	199,365.	0.			SUB-RECIPIENT GRANTS		
CHANNELS OF LOVE MINISTRIES, INC 1023 MCCALLIE AVE CHATTAHOOGA, TN 37403	20-1602391	501(C)3	52,596.	0.			SUB-RECIPIENT GRANTS		
CHATTAHOOGA CARES, INC PO BOX 4497 CHATTAHOOGA, TN 37403	62-1325543	501(C)3	247,893.	0.			SUB-RECIPIENT GRANTS		
CHILDREN & FAMILY SERVICES, INC PO BOX 845 COVINGTON, TN 38409	62-1166322	501(C)3	40,179.	0.			SUB-RECIPIENT GRANTS		
CHRISTIAN COMMUNITY OUTREACH 923 SWINGING BRIDGE ROAD OLD HICKORY, TN 37138	62-1279200	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)		
CHRISTIAN COMMUNITY OUTREACH 923 SWINGING BRIDGE ROAD OLD HICKORY, TN 37138	62-1279200	501(C)3	804.	0.			DONOR DIRECTED DESIGNATIONS		

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
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CHRISTIAN COMMUNITY SERVICES, INC. 601 BENTON AVENUE B NASHVILLE, TN 37204	62-1702753	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
CHRISTIAN COMMUNITY SERVICES, INC. 601 BENTON AVENUE B NASHVILLE, TN 37204	62-1702753	501(C)3	1,194.	0.			DONOR DIRECTED DESIGNATIONS
COLUMBIA CARES, INC. 319-D WEST 7TH STREET COLUMBIA, TN 38401	62-1513020	501(C)3	302.	0.			DONOR DIRECTED DESIGNATIONS
COLUMBIA CARES, INC. 319-D WEST 7TH STREET COLUMBIA, TN 38401	62-1513020	501(C)3	190,123.	0.			SUB-RECIPIENT GRANTS
COMM HEALTH SOLUTIONS-SCHOOL OF NURSING - 461 21ST AVE SOUTH - NASHVILLE, TN 37240	62-0476822	501(C)3	89,500.	0.			PROGRAM OPNS (OBI)
COMM HEALTH SOLUTIONS-SCHOOL OF NURSING - 461 21ST AVE SOUTH - NASHVILLE, TN 37240	62-0476822	501(C)3	353.	0.			DONOR DIRECTED DESIGNATIONS
COMMUNITIES IN SCHOOLS OF TN 1207 18TH AVE SOUTH NASHVILLE, TN 37212	46-1196944	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
COMMUNITIES IN SCHOOLS OF TN 1207 18TH AVE SOUTH NASHVILLE, TN 37212	46-1196944	501(C)3	560.	0.			DONOR DIRECTED DESIGNATIONS
COMMUNITY FOUNDATION OF MIDDLE TENNESSEE - 3833 CLEGHORN AVENUE - NASHVILLE, TN 37215	62-1471789	501(C)3	28,926.	0.			DONOR DIRECTED DESIGNATIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
COMMUNITY HEALTH CHARITIES 220 ATHENS WAY SUITE 480 NASHVILLE, TN 37228	23-7456385	501(C)3	102,957.	0.			DONOR DIRECTED DESIGNATIONS
COMMUNITY SHARES OF TENNESSEE 107 WEST MAIN STREET KNOXVILLE, TN 37902	62-1233685	501(C)3	54,159.	0.			DONOR DIRECTED DESIGNATIONS
CONEXION AMERICAS 800 18TH AVE S # A NASHVILLE, TN 37203	62-1715618	501(C)3	100,000.	0.			PROGRAM OPNS (OBI)
CONEXION AMERICAS 800 18TH AVE S # A NASHVILLE, TN 37203	62-1715618	501(C)3	9,584.	0.			DONOR DIRECTED DESIGNATIONS
CONEXION AMERICAS 800 18TH AVE S # A NASHVILLE, TN 37203	62-1715618	501(C)3	39,996.	0.			SUB-RECIPIENT GRANTS
COUNCIL FOR ALCOHOL & DRUG ABUSE SERVICES - 207 SPEARS AVE - CHATTANOOGA, TN 37405	62-0716063	501(C)3	37,482.	0.			SUB-RECIPIENT GRANTS
COUNCIL ON AGING OF GREATER NASHVILLE - 95 WHITE BRIDGE RD 114 - NASHVILLE, TN 37205	62-1867122	501(C)3	1,250.	0.			DONOR DIRECTED DESIGNATIONS
COUNCIL ON AGING OF GREATER NASHVILLE - 95 WHITE BRIDGE RD 114 - NASHVILLE, TN 37206	62-1867122	501(C)3	50,000.	0.			PROGRAM OPNS (OBI)
CROHNS AND COLITIS FOUNDATION 386 PARK AVE S, 17TH FLOOR NEW YORK, NY 10016	13-6193105	501(C)3	5,345.	0.			DONOR DIRECTED DESIGNATIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(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
CURREY INGRAM ACADEMY 6445 MURRAY LN BRENTWOOD, TN 37027	62-1296326	501(C)3	5,000.	0.			DONOR DIRECTED DESIGNATIONS
EASTER SEAL SOCIETY OF TENNESSEE 3011 ARMORY DR SUITE 100 NASHVILLE, TN 37204	62-0504893	501(C)3	32,093.	0.			DONOR DIRECTED DESIGNATIONS
EIGHTEENTH AVENUE FAMILY ENRICHMENT CENTER - 1811 OSAGE ST - NASHVILLE, TN 37208	62-0562855	501(C)3	74,000.	0.			PROGRAM OPNS (OBI)
EIGHTEENTH AVENUE FAMILY ENRICHMENT CENTER - 1811 OSAGE ST - NASHVILLE, TN 37208	62-0562855	501(C)3	878.	0.			DONOR DIRECTED DESIGNATIONS
ELAM MENTAL HEALTH CENTER 1005 DR. DB TODD JR. BLVD NASHVILLE, TN 37208	62-0488046	501(C)3	48,018.	0.			SUB-RECIPIENT GRANTS
EXCHANGE CLUB FAMILY CENTER, INC. 2180 UNION AVENUE MEMPHIS, TN 38104	62-1237360	501(C)3	3,595.	0.			DONOR DIRECTED DESIGNATIONS
EXCHANGE CLUB FAMILY CENTER, INC. 2181 UNION AVENUE MEMPHIS, TN 38104	62-1237360	501(C)3	51,500.	0.			PROGRAM OPNS (OBI)
FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)3	74,000.	0.			PROGRAM OPNS (OBI)
FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)3	4,016.	0.			DONOR DIRECTED DESIGNATIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
FAMILY & CHILDREN'S SERVICES 201 23RD AVE N NASHVILLE, TN 37203	62-0499284	501(C)3	272,000.	0.			PROGRAM OPNS (OBI)
FAMILY & CHILDREN'S SERVICES 201 23RD AVE N NASHVILLE, TN 37203	62-0499284	501(C)3	7,916.	0.			DONOR DIRECTED DESIGNATIONS
FANNIE BATTLE DAY HOME 911 SHELBY AVENUE NASHVILLE, TN 37206	62-1859820	501(C)3	76,000.	0.			PROGRAM OPNS (OBI)
FANNIE BATTLE DAY HOME 911 SHELBY AVENUE NASHVILLE, TN 37206	62-1859820	501(C)3	2,481.	0.			DONOR DIRECTED DESIGNATIONS
FANNIE BATTLE DAY HOME 911 SHELBY AVENUE NASHVILLE, TN 37206	62-1859820	501(C)3	77,807.	0.			SUB-RECIPIENT GRANTS
FIFTYFORWARD 174 RAINS AVENUE NASHVILLE, TN 37203	62-1202660	501(C)3	184,000.	0.			PROGRAM OPNS (OBI)
FIFTYFORWARD 174 RAINS AVENUE NASHVILLE, TN 37203	62-1202660	501(C)3	11,963.	0.			DONOR DIRECTED DESIGNATIONS
FIRST STEPS, INC. 4414 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0674974	501(C)3	123,000.	0.			PROGRAM OPNS (OBI)
FIRST STEPS, INC. 4414 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0674974	501(C)3	2,761.	0.			DONOR DIRECTED DESIGNATIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
FRIST CENTER OF THE VISUAL ARTS 919 BROADWAY NASHVILLE, TN 37203	62-1731495	501(C)3	8,223.	0.			DONOR DIRECTED DESIGNATIONS
FRONTIER HEALTH PO BOX 9054 JOHNSON CITY, TN 37615	46-1432508	501(C)3	112,216.	0.			SUB-RECIPIENT GRANTS
GILDA'S CLUB OF MIDDLE TENNESSEE 1707 DIVISION STREET NASHVILLE, TN 37203	62-1614190	501(C)3	15,072.	0.			DONOR DIRECTED DESIGNATIONS
GIRL SCOUTS OF MIDDLE TENNESSEE 4522 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0589380	501(C)3	9,924.	0.			DONOR DIRECTED DESIGNATIONS
GOODWILL INDUSTRIES OF MIDDLE TENNESSEE - 1015 HERMAN STREET - NASHVILLE, TN 37208	62-0599413	501(C)3	34,500.	0.			PROGRAM OPNS (OBI)
GOODWILL INDUSTRIES OF MIDDLE TENNESSEE - 1015 HERMAN STREET - NASHVILLE, TN 37208	62-0599413	501(C)3	2,514.	0.			DONOR DIRECTED DESIGNATIONS
GRACEWORKS MINISTRIES INC 104 SOUTH EAST PARKWA STE. 100 FRANKLIN, TN 37064	62-1584204	501(C)3	6,501.	0.			DONOR DIRECTED DESIGNATIONS
GUARDIANSHIP & TRUST CORPORATION 95 WHITE BRIDGE ROAD SUITE 330 NASHVILLE, TN 37205	58-1454706	501(C)3	14,000.	0.			PROGRAM OPNS (OBI)
GUARDIANSHIP & TRUST CORPORATION 95 WHITE BRIDGE ROAD SUITE 330 NASHVILLE, TN 37205	58-1454706	501(C)3	658.	0.			DONOR DIRECTED DESIGNATIONS

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
HILLEL: THE FOUNDATION FOR JEWISH CAMPUS LIFE - 800 8TH ST NW - WASHINGTON, DC 20001	52-1844823	501(C)3	5,000.	0.			DONOR DIRECTED DESIGNATIONS
INTERFAITH DENTAL CLINIC 1721 PATTERSON ST NASHVILLE, TN 37203	62-1567615	501(C)3	120,000.	0.			PROGRAM OPNS (OBI)
INTERFAITH DENTAL CLINIC 1721 PATTERSON ST NASHVILLE, TN 37203	62-1567615	501(C)3	6,460.	0.			DONOR DIRECTED DESIGNATIONS
JEWISH FEDERATION OF NASHVILLE 801 PERCY WARNER BLDV NASHVILLE, TN 37205	62-6077703	501(C)3	74,300.	0.			DONOR DIRECTED DESIGNATIONS
JEWISH FED OF SO. PALM BEACH CO. 4601 COMMUNITY DR WEST PALM BEACH, FL 33417	59-1945109	501(C)3	34,300.	0.			DONOR DIRECTED DESIGNATIONS
JUNIOR ACHIEVEMENT OF NASHVILLE 120 POWELL PLACE NASHVILLE, TN 37204	62-0582571	501(C)3	6,416.	0.			DONOR DIRECTED DESIGNATIONS
KING'S DAUGHTERS DAY HOME 590 N DUPONT AVE NASHVILLE, TN 37115	62-0729602	501(C)3	108,000.	0.			PROGRAM OPNS (OBI)
KING'S DAUGHTERS DAY HOME 590 N DUPONT AVE NASHVILLE, TN 37115	62-0729602	501(C)3	831.	0.			DONOR DIRECTED DESIGNATIONS
KNOXVILLE-KNOX CO CAC ON AGING PO BOX 51650 KNOXVILLE, TN 37950	27-0849601	501(C)3	18,413.	0.			SUB-RECIPIENT GRANTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
LEGAL AID SOCIETY OF MIDDLE TENNESSEE - 300 DEADERICK ST - NASHVILLE, TN 37201	62-0800756	501(C)3	93,000.	0.			PROGRAM OPNS (OBI)
LEGAL AID SOCIETY OF MIDDLE TENNESSEE - 300 DEADERICK ST - NASHVILLE, TN 37201	62-0800756	501(C)3	10,522.	0.			DONOR DIRECTED DESIGNATIONS
LEWA WILDLIFE CONSERVANCY USA 38 MILLER AVE 507 MILL VALLEY, CA 94941	87-0572187	501(C)3	12,840.	0.			DONOR DIRECTED DESIGNATIONS
MARTHA O' BRYAN CENTER 1101 KERMIT DR NASHVILLE, TN 37217	13-1846366	501(C)3	262,000.	0.			PROGRAM OPNS (OBI)
MARTHA O' BRYAN CENTER 711 SOUTH SEVENTH STREET NASHVILLE, TN 37205	62-0477728	501(C)3	19,756.	0.			DONOR DIRECTED DESIGNATIONS
MATTHEW WALKER COMPREHENSIVE HEALTH CTR - P O BOX 158461 - NASHVILLE, TN 37215	58-1673641	501(C)3	1,817.	0.			DONOR DIRECTED DESIGNATIONS
MATTHEW WALKER COMPREHENSIVE HEALTH CTR - 1035 14TH AVE - NASHVILLE, TN 37208	62-1035426	501(C)3	65,891.	0.			SUB RECIPIENT GRANTS
MCNEILLY CENTER FOR CHILDREN 1035 14TH AVE NASHVILLE, TN 37208	62-1035426	501(C)3	372,000.	0.			PROGRAM OPNS (OBI)
MCNEILLY CENTER FOR CHILDREN 400 MERIDIAN ST NASHVILLE, TN 37207	62-0479366	501(C)3	2,302.	0.			DONOR DIRECTED DESIGNATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
MEHARRY MEDICAL COLLEGE 1005 DR. DB TODD JR. BLVD NASHVILLE, TN 37208	62-0488046	501(C)3	4,000.	0.			DONOR DIRECTED DESIGNATIONS
MEHARRY MEDICAL COLLEGE 1005 DR. DB TODD JR. BLVD NASHVILLE, TN 37208	62-0488046	501(C)3	84,843.	0.			SUB-RECIPIENT GRANTS
MEMPHIS PUBLIC LIBRARY - LINC 3030 POPLAR AVE MEMPHIS, TN 38111	62-1590768	501(C)3	7,286.	0.			SUB-RECIPIENT GRANTS
MENDING HEARTS, INC. PO BOX 280236 NASHVILLE, TN 37228	73-1697900	501(C)3	1,097.	0.			DONOR DIRECTED DESIGNATIONS
MENDING HEARTS, INC. PO BOX 280236 NASHVILLE, TN 37228	73-1697900	501(C)3	92,204.	0.			SUB-RECIPIENT GRANTS
METROPOLITAN NASH EDUCATION FDN 531 FAIRGROUND COURT NASHVILLE, TN 37211	62-0674167	501(C)3	6,686.	0.			DONOR DIRECTED DESIGNATIONS
MID-CUMBERLAND HRA PO BOX 17385 NASHVILLE, TN 37217	62-0923487	501(C)3	65,116.	0.			PROGRAM OPNS (OBI)
MID-CUMBERLAND HRA PO BOX 17385 NASHVILLE, TN 37217	62-0923487	501(C)3	13,039.	0.			DONOR DIRECTED DESIGNATIONS
MONROE HARDING 1120 GLENDALE LANE NASHVILLE, TN 37204	62-0476670	501(C)3	82,000.	0.			PROGRAM OPNS (OBI)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(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
MONROE HARDING 1120 GLENDALE LANE NASHVILLE, TN 37204	62-0476670	501(C)3	7,858.	0.			DONOR DIRECTED DESIGNATIONS
MURCI-HOMES, INC 2984 BABY RUTH LN ANTIOCH, TN 37013	62-0649797	501(C)3	5,803.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE ACADEMY OF MEDICINE 3301 WEST END AVE #100 NASHVILLE, TN 37203	62-0473060	501(C)3	20,000.	0.			PROGRAM OPNS (OBI)
NASHVILLE ADULT LITERACY COUNCIL 4805 PARK AVE NASHVILLE, TN 37209	58-1488230	501(C)3	105,000.	0.			PROGRAM OPNS (OBI)
NASHVILLE ADULT LITERACY COUNCIL 4805 PARK AVE NASHVILLE, TN 37209	58-1488230	501(C)3	836.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE CARES 501 BRICK CHURCH PARK DRIVE NASHVILLE, TN 37207	62-1274532	501(C)3	35,000.	0.			PROGRAM OPNS (OBI)
NASHVILLE CARES 501 BRICK CHURCH PARK DRIVE NASHVILLE, TN 37207	62-1274532	501(C)3	15,007.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE CARES 501 BRICK CHURCH PARK DRIVE NASHVILLE, TN 37207	62-1274532	501(C)3	3,515,342.	0.			SUB-RECIPIENT GRANTS
NASHVILLE CHILDREN'S ALLIANCE 1264 FOSTER AVE NASHVILLE, TN 37210	62-1484097	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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 CHILDREN'S ALLIANCE 1264 FOSTER AVE NASHVILLE, TN 37210	62-1484097	501(C)3	7,940.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE HUMANE ASSOCIATION 213 OCEOLA AVENUE NASHVILLE, TN 37209	57-1203593	501(C)3	20,606.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE INTERNATIONAL CENTER FOR EMPOWERMENT - 3221 NOLENSVILLE PIKE 100 - NASHVILLE, TN 37211	02-0674431	501(C)3	73,000.	0.			PROGRAM OPNS (OBI)
NASHVILLE INTERNATIONAL CENTER FOR EMPOWERMENT - 3221 NOLENSVILLE PIKE 100 - NASHVILLE, TN 37211	02-0674431	501(C)3	160.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE PUBLIC EDUCATION FOUNDATION - 2400 FAIRFRAX AVENUE - NASHVILLE, TN 37212	48-1266314	501(C)3	66,232.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE PUBLIC LIBRARY FOUNDATION - 615 CHURCH ST - NASHVILLE, TN 37219	62-1681766	501(C)3	5,042.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE RESCUE MISSION PO BOX 333229 NASHVILLE, TN 37203	62-6018832	501(C)3	24,388.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE SYMPHONY ONE SYMPHONY PLACE NASHVILLE, TN 37201	62-0550979	501(C)3	8,493.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE ZOO FOR GRASSMERE 3777 NOLENSVILLE RD NASHVILLE, TN 37211	62-1411210	501(C)3	7,433.	0.			DONOR DIRECTED DESIGNATIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 3301 WEST END AVENUE NASHVILLE, TN 37203	62-0473060	501(C)3	18,500.	0.			PROGRAM OPNS (OBI)
NEEDLINK NASHVILLE 1600 56TH AVENUE NORTH NASHVILLE, TN 37209	62-0544852	501(C)3	48,000.	0.			PROGRAM OPNS (OBI)
NEEDLINK NASHVILLE 1600 56TH AVENUE NORTH NASHVILLE, TN 37209	62-0544852	501(C)3	3,560.	0.			DONOR DIRECTED DESIGNATIONS
NEW BEGINNINGS CENTER 509 CRAIGHEAD STREET #100 NASHVILLE, TN 37204	90-0751722	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
NEW BEGINNINGS CENTER 509 CRAIGHEAD STREET #100 NASHVILLE, TN 37204	90-0751722	501(C)3	6,744.	0.			DONOR DIRECTED DESIGNATIONS
NEW HOPE ACADEMY 1820 DOWNS BLVD FRANKLIN, TN 37064	63-1172489	501(C)3	5,000.	0.			DONOR DIRECTED DESIGNATIONS
NURSES FOR NEWBORNS 50 VANTAGE WAY NASHVILLE, TN 37228	43-1601329	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
NURSES FOR NEWBORNS 50 VANTAGE WAY NASHVILLE, TN 37228	43-1601329	501(C)3	2,037.	0.			DONOR DIRECTED DESIGNATIONS
OASIS CENTER P.O. BOX 121648 NASHVILLE, TN 37212	62-0968273	501(C)3	320,000.	0.			PROGRAM OPNS (OBI)

Schedule I (Form 990)

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
OASIS CENTER P.O. BOX 121648 NASHVILLE, TN 37212	62-0968273	501(C)3	15,180.	0.			DONOR DIRECTED DESIGNATIONS
ONE-ORGANIZED NEIGHBORS/EDGEHILL 1001 EDGEHILL AVE NASHVILLE, TN 37203	62-1540325	501(C)3	50,000.	0.			PROGRAM OPNS (OBI)
ONE-ORGANIZED NEIGHBORS/EDGEHILL 1001 EDGEHILL AVE NASHVILLE, TN 37203	62-1540325	501(C)3	676.	0.			DONOR DIRECTED DESIGNATIONS
OPERATION STAND DOWN TENNESSEE 1101 EDGEHILL AVE # 1000 NASHVILLE, TN 37203	62-1638832	501(C)3	78,000.	0.			PROGRAM OPNS (OBI)
OPERATION STAND DOWN TENNESSEE 1101 EDGEHILL AVE # 1000 NASHVILLE, TN 37203	62-1638832	501(C)3	10,773.	0.			DONOR DIRECTED DESIGNATIONS
PARK CENTER 801 12ST AVE SOUTH NASHVILLE, TN 37203	62-1336640	501(C)3	88,500.	0.			PROGRAM OPNS (OBI)
PARK CENTER 801 12ST AVE SOUTH NASHVILLE, TN 37203	62-1336640	501(C)3	2,830.	0.			DONOR DIRECTED DESIGNATIONS
PATHWAY LENDING 201 VENTURE CIRCLE NASHVILLE, TN 37228	62-1823596	501(C)3	36,000.	0.			PROGRAM OPNS (OBI)
PATHWAY LENDING 201 VENTURE CIRCLE NASHVILLE, TN 37228	62-1823596	501(C)3	21.	0.			PROGRAM OPNS (OBI)

UNITED WAY OF MIDDLE TENNESSEE, INC
 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
PENCIL FOUNDATION 421 GREAT CIRCLE RD #100 NASHVILLE, TN 37228	58-1475675	501(C)3	198,000.	0.			PROGRAM OPNS (OBI)
PENCIL FOUNDATION 421 GREAT CIRCLE RD #100 NASHVILLE, TN 37228	58-1475675	501(C)3	8,170.	0.			DONOR DIRECTED DESIGNATIONS
PLANNED PARENTHOOD MIDDLE/EAST TN 50 VANTAGE WAY NASHVILLE, TN 37228	62-6050064	501(C)3	40,327.	0.			SUB-RECIPIENT GRANTS
PLANNED PARENTHOOD OF MIDDLE TENNESSEE - 50 VANTAGE WAY - NASHVILLE, TN 37228	62-6050064	501(C)3	6,113.	0.			DONOR DIRECTED DESIGNATIONS
PLANNED PARENTHOOD OF MIDDLE TENNESSEE - 50 VANTAGE WAY - NASHVILLE, TN 37228	62-6050064	501(C)3	107,411.	0.			SUB-RECIPIENT GRANTS
POSITIVELY LIVING 1501 EAST FIFTH AVE KNOXVILLE, TN 37917	62-1698383	501(C)3	400,331.	0.			SUB-RECIPIENT GRANTS
PRESTON TAYLOR MINISTRIES PO BOX 90442 NASHVILLE, TN 37209	62-1757018	501(C)3	7,243.	0.			DONOR DIRECTED DESIGNATIONS
PREVENT CHILD ABUSE TENNESSEE 4721 TROUSDALE DRIVE STE NASHVILLE, TN 37220	58-1567835	501(C)3	16,000.	0.			PROGRAM OPNS (OBI)
PREVENT CHILD ABUSE TENNESSEE 4721 TROUSDALE DRIVE STE NASHVILLE, TN 37220	58-1567835	501(C)3	2,541.	0.			DONOR DIRECTED DESIGNATIONS

Schedule I (Form 990)

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
PROJECT RETURN, INC. 3307 BRICK CHURCH PIKE NASHVILLE, TN 37207	61-1563841	501(C)3	180,000.	0.			PROGRAM OPNS (OBI)
PROJECT RETURN, INC. 3307 BRICK CHURCH PIKE NASHVILLE, TN 37203	62-1058325	501(C)3	6,161.	0.			DONOR DIRECTED DESIGNATIONS
PROJECT RETURN, INC. 3307 BRICK CHURCH PIKE NASHVILLE, TN 37203	62-1058325	501(C)3	7,500.	0.			SUB-RECIPIENT GRANTS
RENEWAL HOUSE PO BOX 280356 NASHVILLE, TN 37228	62-1631055	501(C)3	20,000.	0.			PROGRAM OPNS (OBI)
RENEWAL HOUSE PO BOX 280356 NASHVILLE, TN 37228	62-1631055	501(C)3	4,414.	0.			DONOR DIRECTED DESIGNATIONS
RIDGEVIEW PSYCH HOSPITAL & CENTER, INC - 604 GALLATIN AVE # 103 - NASHVILLE, TN 37206	62-1718171	501(C)3	112,395.	0.			SUB-RECIPIENT GRANTS
RONALD MCDONALD HOUSE 2144 FAIRFAX NASHVILLE, TN 37212	62-1310717	501(C)3	10,945.	0.			DONOR DIRECTED DESIGNATIONS
ROOFTOP FOUNDATION 108 7TH AVENUE SOUTH NASHVILLE, TN 37203	20-4970385	501(C)3	30,000.	0.			PROGRAM OPNS (OBI)
ROOFTOP FOUNDATION 108 7TH AVENUE SOUTH NASHVILLE, TN 37203	20-4970385	501(C)3	161.	0.			DONOR DIRECTED DESIGNATIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
S.T.A.R.S. 1704 CHARLOTTE AVENUE NASHVILLE, TN 37203	62-1285699	501(C)3	204,963.	0.			PROGRAM OPNS (OBI)
S.T.A.R.S. 1704 CHARLOTTE AVENUE NASHVILLE, TN 37203	62-1285699	501(C)3	3,876.	0.			DONOR DIRECTED DESIGNATIONS
SAFE HAVEN FAMILY SHELTER 1234 3RD AVE S NASHVILLE, TN 37210	62-1807653	501(C)3	183,750.	0.			PROGRAM OPNS (OBI)
SAFE HAVEN FAMILY SHELTER 1234 3RD AVE S NASHVILLE, TN 37210	62-1807653	501(C)3	13,294.	0.			DONOR DIRECTED DESIGNATIONS
SAFE HAVEN FAMILY SHELTER 1234 3RD AVE S NASHVILLE, TN 37210	62-1807653	501(C)3	321,614.	0.			SUB RECIPIENT GRANTS
SALAMA FELLOWSHIP URBAN MINISTRIES 1205 8TH AVE S NASHVILLE, TN 37203	58-2198012	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
SALAMA FELLOWSHIP URBAN MINISTRIES 1205 8TH AVE S NASHVILLE, TN 37203	58-2198012	501(C)3	8,023.	0.			DONOR DIRECTED DESIGNATIONS
SALVATION ARMY NASHVILLE 631 DICKERSON RD. NASHVILLE, TN 37207	58-0660607	501(C)3	115,000.	0.			PROGRAM OPNS (OBI)
SALVATION ARMY NASHVILLE 631 DICKERSON RD. NASHVILLE, TN 37207	58-0660607	501(C)3	21,652.	0.			DONOR DIRECTED DESIGNATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
SECOND HARVEST FOOD BANK 331 GREAT CIRCLE RD NASHVILLE, TN 37228	62-1049447	501(C)3	50,000.	0.			PROGRAM OPNS (OBI)
SECOND HARVEST FOOD BANK 331 GREAT CIRCLE RD NASHVILLE, TN 37228	62-1049447	501(C)3	76,209.	0.			DONOR DIRECTED DESIGNATIONS
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DRIVE NASHVILLE, TN 37228	62-1043294	501(C)3	120,000.	0.			PROGRAM OPNS (OBI)
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DRIVE NASHVILLE, TN 37228	62-1043294	501(C)3	12,091.	0.			DONOR DIRECTED DESIGNATIONS
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)3	37,000.	0.			PROGRAM OPNS (OBI)
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)3	10,353.	0.			DONOR DIRECTED DESIGNATIONS
SPECIAL KIDS 202 ARNETTE STREET MURFREESBORO, TN 37130	62-1718638	501(C)3	11,797.	0.			DONOR DIRECTED DESIGNATIONS
ST LUKE'S COMMUNITY CENTER 5601 NEW YORK AVE NASHVILLE, TN 37209	62-0484183	501(C)3	229,000.	0.			PROGRAM OPNS (OBI)
ST LUKE'S COMMUNITY CENTER 5601 NEW YORK AVE NASHVILLE, TN 37209	62-0484183	501(C)3	21,167.	0.			DONOR DIRECTED DESIGNATIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ST MARY VILLA 30 WHITE BRIDGE RD NASHVILLE, TN 37205	62-0579243	501(C)3	176,000.	0.			PROGRAM OPNS (OBI)
ST MARY VILLA 30 WHITE BRIDGE RD NASHVILLE, TN 37205	62-0579243	501(C)3	2,926.	0.			DONOR DIRECTED DESIGNATIONS
ST. JUDE'S CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE'S PLACE - MEMPHIS, TN 68105	62-0646012	501(C)3	22,057.	0.			DONOR DIRECTED DESIGNATIONS
STREET WORKS PO BOX 60037 NASHVILLE, TN 37206	62-1806967	501(C)3	639.	0.			DONOR DIRECTED DESIGNATIONS
STREET WORKS PO BOX 60037 NASHVILLE, TN 37206	62-1806967	501(C)3	201,594.	0.			SUB-RECIPIENT GRANTS
TENNESSEE BAPTIST CHILDREN'S HOME PO BOX 2206 BRENTWOOD, TN 37024	62-0488043	501(C)3	5,333.	0.			DONOR DIRECTED DESIGNATIONS
TENNESSEE POISON CENTER 1161 21ST AVE S NASHVILLE, TN 37232	62-0476822	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
TENNESSEE POISON CENTER 1161 21ST AVE S NASHVILLE, TN 37232	62-0476822	501(C)3	1,209.	0.			DONOR DIRECTED DESIGNATIONS
THE NEXT DOOR P.O. BOX 23336 NASHVILLE, TN 37202	43-2001774	501(C)3	62,000.	0.			PROGRAM OPNS (OBI)

Schedule I (Form 990)

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
THE NEXT DOOR P.O. BOX 23336 NASHVILLE, TN 37202	43-2001774	501(C)3	5,955.	0.			DONOR DIRECTED DESIGNATIONS
UNITED METHODIST SAFE HOUSE PO BOX 324 CLARKSVILLE, TN 37041	62-1294095	501(C)3	5,039.	0.			PROGRAM OPNS (OBI)
UNITED METHODIST SAFE HOUSE PO BOX 324 CLARKSVILLE, TN 37041	62-1294095	501(C)3	314.	0.			DONOR DIRECTED DESIGNATIONS
UPPER CUMBERLAND HUMAN RESOURCE AGENCY - 311 ENTERPRISE DRIVE - COOKEVILLE, TN 38506	62-0906260	501(C)3	2,116.	0.			DONOR DIRECTED DESIGNATIONS
UPPER CUMBERLAND HUMAN RESOURCE AGENCY - 311 ENTERPRISE DRIVE - COOKEVILLE, TN 38506	62-0906260	501(C)3	59,508.	0.			SUB-RECIPIENT GRANTS
UW CHATTANOOGA PO BOX 4027 CHATTANOOGA, TN 37405	62-0565962	501(C)3	121.	0.			DONOR DIRECTED DESIGNATIONS
UW CHATTANOOGA PO BOX 4027 CHATTANOOGA, TN 37405	62-0565962	501(C)3	26,807.	0.			SUB-RECIPIENT GRANTS
UW GREATER HOUSTON PO BOX 3247 HOUSTON, TX 77253	74-1167964	501(C)3	75,058.	0.			DONOR DIRECTED DESIGNATIONS
UW HEART OF FLORIDA 1940 TRAYLOR BLVD ORLANDO, FL 32804	59-0808854	501(C)3	252.	0.			DONOR DIRECTED DESIGNATIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
UW HEART OF FLORIDA 1940 TRAYLOR BLVD ORLANDO, FL 32804	59-0808854	501(C)3	335,856.	0.			SUB-RECIPIENT GRANTS
UW RUTHERFORD COUNTY PO BOX 330056 MURFREESBORO, TN 37133	58-1341880	501(C)3	58,857.	0.			DONOR DIRECTED DESIGNATIONS
UW SUMNER COUNTY 625 JOHNNY CASH BLVD HENDERSONVILLE, TN 37075	31-1510208	501(C)3	10,727.	0.			DONOR DIRECTED DESIGNATIONS
UW WHITE COUNTY/SEARCY, AR PO BOX 907 SEARCY, AR 72145	71-0525401	501(C)3	7,263.	0.			DONOR DIRECTED DESIGNATIONS
UW WILLIAMSON COUNTY 209 GOTHIC COURT FRANKLIN, TN 37067	62-6049469	501(C)3	71,600.	0.			DONOR DIRECTED DESIGNATIONS
UW WILLIAMSON COUNTY 209 GOTHIC COURT FRANKLIN, TN 37067	62-6049469	501(C)3	12,500.	0.			SUB-RECIPIENT GRANTS
UW WILSON COUNTY PO BOX 3541 LEBANON, TN 37088	62-1660029	501(C)3	22,624.	0.			DONOR DIRECTED DESIGNATIONS
VANDERBILT MONROE CARELL JR. CHILDRENS' HOSPITAL - 1211 MEDICAL CENTER DRIVE - NASHVILLE, TN 37232	62-0476822	501(C)3	10,471.	0.			DONOR DIRECTED DESIGNATIONS
VISITATION HOSPITAL FOUNDATION 237 OLD HICKORY BLVD, SUITE #100 NASHVILLE, TN 37221	62-1774851	501(C)3	5,000.	0.			DONOR DIRECTED DESIGNATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
WAYNE REED CHRISTIAN CHILDCARE CENTER - 11-B LINDSLEY AVENUE - NASHVILLE, TN 37210	62-1625142	501(C)3	73,000.	0.			PROGRAM OPNS (OBI)
WAYNE REED CHRISTIAN CHILDCARE CENTER - 11-B LINDSLEY AVENUE - NASHVILLE, TN 37210	62-1625142	501(C)3	4,163.	0.			DONOR DIRECTED DESIGNATIONS
WEST END UNITED METHODIST CHURCH 2200 WEST END AVE NASHVILLE, TN 37203	62-0475752	501(C)3	7,000.	0.			DONOR DIRECTED DESIGNATIONS
WEST TENNESSEE LEGAL SERVICES 210 W. MAIN STREET JACKSON, TN 38301	58-1326791	501(C)3	338,944.	0.			SUB-RECIPIENT GRANTS
WOODBINE COMMUNITY ORGANIZATION 222 ORIEL AVE NASHVILLE, TN 37210	62-1280006	501(C)3	10,520.	0.			SUB-RECIPIENT GRANTS
YMCA 900 CHURCH STREET NASHVILLE NASHVILLE, TN 37203	62-0476243	501(C)3	49,000.	0.			PROGRAM OPNS (OBI)
YMCA 900 CHURCH STREET NASHVILLE NASHVILLE, TN 37203	62-0476243	501(C)3	19,145.	0.			DONOR DIRECTED DESIGNATIONS
YOUTH LIFE FOUNDATION 3656 TROUSDALE DR # 109 NASHVILLE, TN 37204	62-1848192	501(C)3	58,620.	0.			SUB-RECIPIENT GRANTS
YOUTH LIFE LEARNING CENTER 3656 TROUSDALE DR # 109 NASHVILLE, TN 37204	62-1848192	501(C)3	35,000.	0.			PROGRAM OPNS (OBI)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(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
YOUTH LIFE LEARNING CENTER 3656 TROUSDALE DR # 109 NASHVILLE, TN 37204	62-1848192	501(C)3	1,053.	0.			DONOR DIRECTED DESIGNATIONS
YWCA 1608 WOODMONT BOULEVARD NASHVILLE, TN 37215	62-0475702	501(C)3	201,750.	0.			PROGRAM OPNS (OBI)
YWCA 1608 WOODMONT BOULEVARD NASHVILLE, TN 37215	62-0475702	501(C)3	13,658.	0.			DONOR DIRECTED DESIGNATIONS

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

PROGRAM OPNS (OBI) - GRANT AWARDS ARE DISBURSED PER BOARD APPROVAL AS RECOMMENDED BY AN INDEPENDENT, VOLUNTEER REVIEW COMMITTEE. DURING THE ALLOCATIONS PROCESS, THE REVIEW COMMITTEE WILL EVALUATE EACH NON-PROFIT, THEIR PROGRAM OUTCOMES, THEIR FINANCIAL STATUS, ETC. TO DETERMINE IF THEY ARE IN SOUND IN FINANCIAL OPERATIONS AS WELL AS HAVING THE ABILITY TO PRODUCE THE PROPOSED OUTCOMES SHOULD THEY BE AWARDED THE GRANT DOLLARS. THE RECIPIENT AGENCIES MUST PRODUCE PROGRAM OUTCOME MEASUREMENTS AND STATISTICS TO REPORT RESULTS OF THE MONEY INVESTED.

Part IV Supplemental Information

DONOR DIRECTED DESIGNATIONS - THESE DOLLARS REPRESENT DONOR DESIGNATIONS

RECEIVED AND PROCESSED BY UW TO OTHER NON-PROFIT AGENCIES. THESE AGENCIES

ARE DETERMINED TO BE IN GOOD STANDING WITH THE IRS, HAVE THEIR 501C3

STATUS, AND ARE PATRIOT ACT COMPLIANT.

SUB-RECIPIENT GRANTS- GRANT DOLLARS ARE PASSED THROUGH FROM STATE AND

FEDERAL GRANTS TO SUBCONTRACTED AGENCIES. THESE AGENCIES ARE REVIEWED BY

UW STAFF FOR COMPLIANCE AS WELL AS THE AGENCY'S OWN INDEPENDENT AUDIT

FIRMS. ALL GRANT RECIPIENTS ARE REQUIRED TO PRODUCE PROGRAM RESULT

REPORTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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 checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

Only section 501(c)(3), 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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 on lines 5 and 6? If "Yes," describe in Part III

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

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

	Yes	No
1b		X
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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 aren't 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				
(1) BRIAN HASSETT PRESIDENT AND CEO	(i)	249,315.	12,000.	0.	6,492.	11,640.	279,447.
	(ii)	0.	0.	0.	0.	0.	0.
(2) MARY JO WIGGINS CHIEF DEVELOPMENT OFFICER	(i)	155,289.	65,642.	0.	7,485.	7,678.	236,094.
	(ii)	0.	0.	0.	0.	0.	0.
(3) ERICA MITCHELL CHIEF COMMUNITY IMPACT OFFICER	(i)	145,911.	26,500.	0.	5,230.	7,662.	185,303.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
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	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

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.

PART I, LINE 1B:

THE HUMAN RESOURCES COMMITTEE PRESENTED, WHICH WAS ULTIMATELY APPROVED BY

THE BOARD OF TRUSTEES, A CONTRACT FOR THE CEO WHICH INCLUDED AN ANNUAL

MEMBERSHIP TO THE YMCA, OR ITS EQUIVALENT. THAT BENEFIT HAS SUBSEQUENTLY

BEEN OFFERED TO OTHER SENIOR MANAGEMENT MEMBERS LISTED ON FORM 990, PART

VII, SECTION A, LINE 1A. THERE IS NO OTHER DEFINED POLICY REGARDING ANNUAL

HEALTHCLUB MEMBERSHIPS.

PART I, LINE 4B:

BRIAN HASSETT, PRESIDENT & CEO, PARTICIPATES IN A SUPPLEMENTAL,

NON-QUALIFIED DEFINED CONTRIBUTION 457(F) PLAN MAINTAINED BY THE

ORGANIZATION. NO DISTRIBUTING WAS MADE IN HIS FIRST YEAR OF EMPLOYMENT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **UNITED WAY OF MIDDLE TENNESSEE, INC** Employer identification number **62-0533104**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	19	161,878	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (MISCELLANEOUS)	X	101,100	321,848	FAIR MARKET VALUE
26	Other ()				
27	Other ()				
28	Other ()				

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

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

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

Schedule M (Form 990) 2018

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

PART 1, COLUMN (B) REPRESENTS AN ESTIMATE OF THE NUMBER OF ITEMS

CONTRIBUTED.

Multiple horizontal lines for data entry.

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.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THRIVES

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

TARGET POPULATIONS.

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

THE NASHVILLE ALLIANCE FOR FINANCIAL INDEPENDENCE (NAFI) IS COALITION

OF PROFESSIONALS HELPING WORKING INDIVIDUALS AND FAMILIES BUILD ASSETS

FOR LONG-LASTING FINANCIAL INDEPENDENCE. NAFI PROVIDES PROFESSIONAL

DEVELOPMENT TO MORE THAN 50 LOCAL NONPROFITS ON TOPICS RELATED TO

FINANCES AND CONVENES MULTI-SECTOR PARTNERS TO EFFECTIVELY PROBLEM

SOLVE TO CHANGE COMMUNITY CONDITIONS. FREE FEDERAL INCOME TAX

PREPARATION IS OFFERED THROUGH VOLUNTEER INCOME TAX ASSISTANCE (VITA)

SITES SPECIFICALLY AIMED AT HOUSEHOLDS EARNING \$66,000 OR LESS. THIS

SERVICE ENSURES FILERS CLAIM ALL THEIR ELIGIBLE CREDITS. IN 2018, VITA

SITES HELPED 14,300 FAMILIES COLLECT OVER \$18 MILLION IN TOTAL FEDERAL

REFUNDS AND SAVE MORE THAN \$3.89 MILLION IN FILING FEES. IN

PARTNERSHIP WITH THE MAYOR'S OFFICE, UWMN OPERATES THE CITY'S FINANCIAL

EMPOWERMENT CENTERS (FECS), AN INITIATIVE AIMED AT REDUCING DEBT,

INCREASING SAVINGS AND PROVIDING FINANCIAL LITERACY TO THE COMMUNITY.

CENTERS PROVIDE FREE ONE-ON-ONE FINANCIAL COUNSELING AND TEACH CLIENTS

HOW TO OPEN SAFE AND AFFORDABLE BANK ACCOUNTS, ESTABLISH AND INCREASE

CREDIT SCORES, REDUCE DEBT AND INCREASE SAVINGS. COMMON GOALS AND

METRICS WERE ESTABLISHED IN PARTNERSHIP WITH THE MAYOR'S OFFICE AND

SUSTAINABILITY FOR THE WORK HAS CONTINUED THROUGH CITY AND UNITED WAY

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization UNITED WAY OF MIDDLE TENNESSEE, INC	Employer identification number 62-0533104
-----------------------------------------------------------------	----------------------------------------------

OPERATING A COST SHARE MODEL. SINCE INCEPTION, THE FECS HAVE ASSISTED
 MORE THAN 7,200 CLIENTS ELIMINATE DEBT OF NEARLY \$8 MILLION, INCREASE
 SAVINGS OVER \$1MILLION, INCREASE THEIR CREDIT SCORES AND ENGAGE IN A
 TRADITIONAL AND SAFE BANKING RELATIONSHIP, ULTIMATELY RESULTING IN
 FINANCIAL INDEPENDENCE.

EXPENSES \$ 792,338. INCLUDING GRANTS OF \$ 91,857. REVENUE \$ 0.

PEOPLE WHO NEED HELP, BUT DON'T KNOW WHERE TO START CAN CALL THE 2-1-1

COMMUNITY SERVICES HELP LINE TO SPEAK WITH A COMMUNITY RESOURCE

SPECIALIST WITH ACCESS TO A COMPREHENSIVE DATABASE OF RESOURCES ACROSS

OUR 42-COUNTY SERVICE AREA. THE 2-1-1 HOTLINE HAS TAKEN MORE THAN 1.5

MILLION CONTACTS SINCE 2004. TOP NEEDS FREQUENTLY IDENTIFIED ARE FOOD,

UTILITIES, RENT PAYMENT ASSISTANCE, AND TAX PREPARATION SITE

INFORMATION. 2-1-1 ALSO SERVES AS THE ENTRY POINT FOR PEOPLE LOOKING

FOR FREE TAX PREPARATION SERVICES THROUGH THE NASHVILLE ALLIANCE FOR

FINANCIAL INDEPENDENCE AND VOLUNTEER INCOME TAX ASSISTANCE SITES.

EXPENSES \$ 608,702. INCLUDING GRANTS OF \$ 451,243. REVENUE \$ 0.

EFFECTIVE JUNE 1, 2013, UNITED WAY OF METROPOLITAN NASHVILLE PARTNERED

WITH THE GOVERNOR'S BOOKS FROM BIRTH FOUNDATION TO LEAD DOLLY PARTON'S

IMAGINATION LIBRARY PROGRAM IN DAVIDSON, WILLIAMSON AND SUMNER

COUNTIES. THIS PROGRAM DISTRIBUTES ONE HIGH QUALITY AND AGE-APPROPRIATE

BOOK EACH MONTH TO CHILDREN FROM BIRTH TO AGE FIVE, AT NO COST TO THEIR

FAMILIES, REGARDLESS OF INCOME. WITH THE IMAGINATION LIBRARY

COMPLEMENTING THE UNITED WAY READ TO SUCCEED PROGRAM, WE WILL BE ABLE

TO DISPLAY A CLEAR PATH TO LITERACY FOR CHILDREN BEGINNING AT BIRTH.

IN 2018, UNITED WAY OF METROPOLITAN NASHVILLE DISTRIBUTED OVER 508,000

BOOKS TO CHILDREN IN THE THREE-COUNTY COVERAGE AREA.

Name of the organization UNITED WAY OF MIDDLE TENNESSEE, INC	Employer identification number 62-0533104
-----------------------------------------------------------------	----------------------------------------------

EXPENSES \$ 1,140,337. INCLUDING GRANTS OF \$ 1,036,313. REVENUE \$ 0.

READ TO SUCCEED IS A PRE-K LITERACY INITIATIVE IN CHILDCARE CENTERS SERVING VULNERABLE POPULATIONS. ITS GOAL IS TO PREPARE AT-RISK, LOW-INCOME CHILDREN TO BE SUCCESSFUL IN SCHOOL. THROUGH DONOR FUNDING, UNITED WAY IS SERVING OVER 400 OF NASHVILLE'S MOST AT-RISK PRESCHOOL CHILDREN IN AN OUTSTANDING, QUALITY PRESCHOOL EXPERIENCE. BEFORE THE START OF THIS PROGRAM, ONLY 33% OF THE FOUR-YEAR-OLDS IN THESE CENTERS TESTED AT AVERAGE OR HIGHER ON KINDERGARTEN READINESS ASSESSMENTS. IN THE SPRING OF 2018, 97% OF THE FOUR-YEAR-OLDS ENROLLED IN READ TO SUCCEED PROGRAMS WERE ASSESSED WITH THE LITERACY AND KINDERGARTEN READINESS SKILLS NEEDED TO ENTER SCHOOL FOR SUCCESS. READ TO SUCCEED HAS ENJOYED A SUCCESS RATE OF 94% OR HIGHER SINCE 2007.

EXPENSES \$ 213,817. INCLUDING GRANTS OF \$ 61,128. REVENUE \$ 0.

THE MAJORITY OF PROGRAM ASSISTANCE INCLUDED HERE IS ONE-TIME GIFTS OF BASIC NEEDS ITEMS, BOOKS, SCHOOL SUPPLIES, INFANT CARE ITEMS, ETC. TO PARTNER AGENCIES OF UNITED WAY OF MIDDLE TENNESSEE. DURING OUR QUARTERLY DAYS OF ACTION, BOTH MONETARY CONTRIBUTIONS AND IN-KIND ITEMS ARE COLLECTED FOR THE SPECIFIC PURPOSE OF HIGHLIGHTING ONE OF OUR IMPACT AREAS (EDUCATION, FINANCIAL STABILITY, OR HEALTH). VOLUNTEERS JOIN IN THE EFFORTS TO RAISE MONEY, SUPPLIES, AND AWARENESS FOR THOSE PARTNER AGENCIES SERVING THE COMMUNITY IN THAT SPECIFIC IMPACT AREA. THE PROCEEDS, IN THE FORM OF IN-KIND ITEMS, ARE THEN DISTRIBUTED DIRECTLY TO THOSE AGENCIES.

EXPENSES \$ 487,485. INCLUDING GRANTS OF \$ 389,488. REVENUE \$ 0.

INCLUDED HERE ARE MULTIPLE PROGRAMS RELATED TO THE HEALTH OF THE

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

FAMILIES WE SERVE IN THE MOST VULNERABLE NEIGHBORHOODS, INCLUDING BOTH

THE 2 GEN FOR TN AND RAPID REHOUSING GRANTS THROUGH THE DEPARTMENT OF

HUMAN SERVICES FOCUSED ON FAMILY EMPOWERMENT, AND EXPENDITURES

ASSOCIATED WITH OUR UNITED WAY FAMILY RESOURCE CENTERS. THE 2 GEN FOR

TN GRANT WORKS WITH BOTH THE CHILDREN AND PARENTS WITHIN A FAMILY,

FOCUSING ON EMPOWERMENT THROUGH ALL THREE OF OUR PILLARS: EDUCATION,

FINANCIAL STABILITY AND HEALTH. THE RAPID REHOUSING GRANT FOCUSES ON

STABLE HOUSING FOR INDIVIDUALS.

EXPENSES \$ 1,451,462. INCLUDING GRANTS OF \$ 744,041. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE COMPLETE IRS FORM 990 IS PRESENTED TO AND REVIEWED WITH THE BOARD OF

TRUSTEES IN PERSON AT A REGULARLY SCHEDULED MEETING OF THE TRUSTEES PRIOR

TO THE FORM BEING FILED. ALL TRUSTEES RECEIVE A COPY OF THE RETURN AT THE

TIME OF REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION PRESENTS ANNUALLY AT BOARD OF TRUSTEES MEETING THE

CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE. THE QUESTIONS ARE REVIEWED

FOR CLARITY AND TRUSTEES COMPLETE THE FORM WITH ALL DISCLOSURES AS

APPLICABLE, INCLUDING AN ACKNOWLEDGEMENT THAT CHANGES IN STATUS AND

ACTIVITIES ARE TO BE COMMUNICATED TO THE ORGANIZATION. THE BOARD MEETS

EVERY OTHER MONTH AND THE ORGANIZATION REMAINS CLOSELY ENGAGED WITH

TRUSTEES SO THAT IT CAN MONITOR ANY UPDATES TO THE QUESTIONNAIRE THROUGHOUT

THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE COMPENSATION WAS SET WITH THE APPROVAL OF THE HUMAN RESOURCE

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

COMMITTEE. AN EXECUTIVE CONSULTANT WAS EMPLOYED IN THE SEARCH FOR A NEW

CEO. HE PROVIDED COMPARABLE INFORMATION ON SIMILARLY SITUATED CEOS AT

OTHER NONPROFITS IN THE COMMUNITY. ADDITIONALLY, UNITED WAY WORLDWIDE

COMPARABLE SALARY DATA WAS PROVIDED TO THE COMMITTEE AS WELL AS THE RESULTS

OF AN AD HOC SURVEY OF UW EXECUTIVE COMPENSATION IN SIMILARLY SIZED UNITED

WAYS IN THE REGION. THE RECOMMENDATIONS WERE APPROVED BY THE EXECUTIVE

COMMITTEE. THE EXECUTIVE COMMITTEE CONTINUES TO MONITOR CURRENT MARKET

DATA WHEN REVIEWING ANNUAL UPDATES TO THE CEO COMPENSATION. A SIMILAR

PROCESS IS FOLLOWED ANNUALLY FOR OTHER SENIOR MANAGEMENT TEAM MEMBERS

WHEREBY LOCAL MARKET DATA, UNITED WAY WORLDWIDE SALARY SURVEYS, AND

EXECUTIVE COMMITTEE REVIEWS ARE ALL UTILIZED IN SETTING COMPENSATION FOR

THOSE TEAM MEMBERS.

FORM 990, PART VI, SECTION C, LINE 19:

THE AUDITED FINANCIAL STATEMENTS, ALONG WITH THE IRS FORM 990, ARE POSTED

ON THE ORGANIZATION'S WEBSITE. COPIES OF OTHER GOVERNING DOCUMENTS ARE

AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

PROCESS HAS NOT CHANGED FROM PRIOR YEAR