

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2017**

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2017 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNITED WAY OF MIDDLE TENNESSEE, INC		<b>D</b> Employer identification number 62-0533104	
	Doing business as UNITED WAY OF METROPOLITAN NASHVILLE, CHEATHA			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 250 VENTURE CIRCLE		<b>E</b> Telephone number 615-255-8501	
	City or town, state or province, country, and ZIP or foreign postal code NASHVILLE, TN 37228		<b>G</b> Gross receipts \$ 29,577,861.	
	<b>F</b> Name and address of principal officer: SUMMOR PENNINGTON SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.UNITEDWAYNASHVILLE.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1954 **M** State of legal domicile: TN

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: AS A CATALYST FOR PROACTIVE, LASTING AND MEASURABLE CHANGE, UNITED WAY FOCUSES ON FINDING		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	38
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	38
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	76
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	3816
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	24,000.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	23,000.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	19,685,124.	24,272,817.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	552,169.	452,174.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	416,457.	1,476,552.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-423,344.	28,307.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,230,406.	26,229,850.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	15,148,865.	17,762,307.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	4,037,709.	4,303,759.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,771,851.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,834,968.	1,985,865.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,021,542.	24,051,931.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-791,136.	2,177,919.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	29,927,322.	33,218,339.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	8,342,751.	8,274,339.

**Part II Signature Block**

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

<b>Sign Here</b>	▶ Signature of officer		Date		
	▶ SUMMOR PENNINGTON, CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	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 SERVES AS A COMMUNITY COLLABORATOR WHO INCREASES THE ORGANIZED CAPACITY OF THE COMMUNITY TO IMPROVE THE EDUCATION, FINANCIAL STABILITY AND HEALTH OF THE COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the 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 \$ 6,976,367. including grants of \$ 6,327,369. ) (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 95,000 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- 14,800 FAMILIES BENEFITTED FROM FREE TAX PREPARATION AND RECEIVED MORE THAN \$19.4 MILLION IN TAX REFUNDS AND EITC CREDITS. HEALTH - MORE THAN 4,000 INDIVIDUALS IMPROVED PHYSICAL OR MENTAL HEALTH THROUGH PHYSICAL ACTIVITY, CASE MANAGEMENT, OR CHRONIC DISEASE SELF-MANAGEMENT.

4b (Code: ) (Expenses \$ 6,236,550. including grants of \$ 5,500,440. ) (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 \$ 3,811,348. including grants of \$ 3,811,348. ) (Revenue \$ 452,174. ) 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 501(3), 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 \$ 3,813,267. including grants of \$ 2,123,150.) (Revenue \$ )

4e Total program service expenses 20,837,532.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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
<b>10</b> 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	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> 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>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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 (or 1024 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. [X] Own website [X] Another's website [X] 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: SUMMOR 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 EX OFFICIO 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 TRUSTEE	2.00	X						0.	0.	0.
(12) SAM DEVANE CAMPAIGN CHAIR-TRUSTEE	4.00	X		X				0.	0.	0.
(13) ROBERT DITTUS TRUSTEE-COMMUNITY IMPACT CO-CHAIR	4.00	X		X				0.	0.	0.
(14) MARGARET O. DOLAN TRUSTEE-STRATEGY CHAIR	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) E. ANTHONY 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 IMMEDIATE PAST BOARD CHAIR	4.00	X		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 TRUSTEE-TREASURER	4.00	X		X				0.	0.	0.
(24) GORDON KNAPP TRUSTEE	2.00	X						0.	0.	0.
(25) HON. WILLIAM C. KOCH, JR. TRUSTEE	2.00	X						0.	0.	0.
(26) L. RANDOLPH LOWRY III TRUSTEE	2.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,309,294.	0.	131,288.
<b>d Total (add lines 1b and 1c)</b>								1,309,294.	0.	131,288.

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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	
<b>5</b> 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) SCOTT MCWILLIAMS TRUSTEE	2.00	X						0.	0.	0.
(28) KIM NOWELL TRUSTEE	2.00	X						0.	0.	0.
(29) JOELLE PHILLIPS TRUSTEE	2.00	X						0.	0.	0.
(30) BEN L. RECHTER TRUSTEE	2.00	X						0.	0.	0.
(31) RONALD ROBERTS TRUSTEE	2.00	X						0.	0.	0.
(32) HEATHER ROHAN TRUSTEE	2.00	X						0.	0.	0.
(33) ANNE RUSSELL TRUSTEE	2.00	X						0.	0.	0.
(34) MIKE SCHATZLEIN TRUSTEE-BOARD CHAIR	4.00	X		X				0.	0.	0.
(35) JIM SCHMITZ TRUSTEE-VICE CHAIR	4.00	X		X				0.	0.	0.
(36) MIKE SHMERLING TRUSTEE	2.00	X						0.	0.	0.
(37) WAYNE SMITH TRUSTEE	2.00	X						0.	0.	0.
(38) JAMES WEAVER GOVERNMENT RELATIONS CHAIR & COUNSEL	4.00	X		X				0.	0.	0.
(39) ERIC DEWEY PRESIDENT AND CEO	40.00	X		X				421,275.	0.	60,012.
(40) MARY JO WIGGINS SR. DIRECTOR, CFO	40.00			X				255,743.	0.	15,373.
(41) SUMMOR PENNINGTON DIRECTOR, FINANCE	40.00			X				87,713.	0.	10,385.
(42) ERICA MITCHELL SR. DIRECTOR, COMMUNITY IMPACT	40.00				X			166,065.	0.	12,442.
(43) ED LEMIEUX II SR. DIRECTOR, DONOR ENGAGE	40.00					X		148,737.	0.	10,867.
(44) JOHN BALL DIRECTOR, INFORMATION TECH	40.00					X		121,345.	0.	12,957.
(45) CELESTE WILSON DIRECTOR, MAJOR GIFTS	40.00					X		108,416.	0.	9,252.
Total to Part VII, Section A, line 1c .....								1,309,294.		131,288.

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 567,772.				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 7,073,156.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 16,631,889.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	577,610.				
	<b>h Total.</b> Add lines 1a-1f .....	▶ 24,272,817.				
	<b>Program Service Revenue</b>	<b>2 a</b> DESIGNATION SERVICE FE .....	<b>Business Code</b> 900099	452,174.	452,174.	
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> .....						
<b>e</b> .....						
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		▶ 452,174.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶ 227,404.			227,404.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶				
	<b>5</b> Royalties .....	▶				
	<b>6 a</b> Gross rents .....	(i) Real	24,000.			
		(ii) Personal	0.			
		<b>b</b> Less: rental expenses .....	0.			
	<b>c</b> Rental income or (loss) .....	24,000.				
	<b>d</b> Net rental income or (loss) .....	▶ 24,000.		24,000.		
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	4,597,159.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....	3,348,011.			
		<b>c</b> Gain or (loss) .....	1,249,148.			
	<b>d</b> Net gain or (loss) .....	▶ 1,249,148.			1,249,148.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events .....		▶				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....	▶				
Miscellaneous Revenue		<b>Business Code</b>				
<b>11 a</b> MISCELLANEOUS INCOME .....	999999	24,141.	0.	24,141.		
<b>b</b> EMPLOYEE RETIREMENT PL .....	999999	-19,834.	0.	-19,834.		
<b>c</b> .....						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....	▶ 4,307.					
<b>12 Total revenue.</b> See instructions. .....	▶ 26,229,850.	452,174.	24,000.	1,480,859.		

**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17,762,307.	17,762,307.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,029,007.	396,094.	342,797.	290,116.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,783,754.	1,491,168.	486,174.	806,412.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,438.	8,533.	-1,063.	-3,032.
<b>9</b> Other employee benefits	245,860.	120,733.	63,025.	62,102.
<b>10</b> Payroll taxes	240,700.	128,969.	41,064.	70,667.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	20,811.		20,811.	
<b>c</b> Accounting	61,437.		57,975.	3,462.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	599,157.	330,548.	156,528.	112,081.
<b>12</b> Advertising and promotion	266,867.	130,944.	8,758.	127,165.
<b>13</b> Office expenses	313,431.	137,316.	78,334.	97,781.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	180,167.	101,501.	40,418.	38,248.
<b>17</b> Travel	92,398.	54,798.	19,537.	18,063.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	124,354.	59,649.	14,057.	50,648.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	219,384.	85,389.	56,158.	77,837.
<b>22</b> Depreciation, depletion, and amortization	37,736.	27,031.	-1,974.	12,679.
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> MISCELLANEOUS	70,123.	2,552.	59,949.	7,622.
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	24,051,931.	20,837,532.	1,442,548.	1,771,851.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	3,441,475.	<b>2</b>	4,443,788.
	<b>3</b> Pledges and grants receivable, net .....	10,551,199.	<b>3</b>	11,036,616.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	77,056.	<b>9</b>	78,718.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,274,607.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,895,476.		
		365,007.	<b>10c</b>	379,131.
	<b>11</b> Investments - publicly traded securities .....	14,686,920.	<b>11</b>	16,648,521.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	805,665.	<b>15</b>	631,565.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	29,927,322.	<b>16</b>	33,218,339.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	567,076.	<b>17</b>	630,024.
	<b>18</b> Grants payable .....	7,527,760.	<b>18</b>	7,639,488.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	247,915.	<b>25</b>	4,827.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	8,342,751.	<b>26</b>	8,274,339.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	3,388,159.	<b>27</b>	4,772,814.
	<b>28</b> Temporarily restricted net assets .....	10,595,807.	<b>28</b>	12,570,581.
	<b>29</b> Permanently restricted net assets .....	7,600,605.	<b>29</b>	7,600,605.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	21,584,571.	<b>33</b>	24,944,000.
<b>34</b> Total liabilities and net assets/fund balances .....	29,927,322.	<b>34</b>	33,218,339.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	26,229,850.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	24,051,931.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,177,919.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	21,584,571.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,181,510.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	24,944,000.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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>b</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	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
<b>b</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** (2017)



**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	21,699,626.	24,355,995.	19,113,022.	19,685,124.	24,272,817.	109,126,584.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	21,699,626.	24,355,995.	19,113,022.	19,685,124.	24,272,817.	109,126,584.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						109,126,584.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	21,699,626.	24,355,995.	19,113,022.	19,685,124.	24,272,817.	109,126,584.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	185,737.	153,865.	200,528.	201,207.	227,404.	968,741.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	33,871.	35,318.	26,648.	4,895.	24,000.	124,732.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						110,220,057.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,624,983.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.01 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	99.15 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> 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.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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.			
<b>b</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.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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.			
<b>b</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.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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).		

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

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, 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

<b>Name of organization</b>  UNITED WAY OF MIDDLE TENNESSEE, INC	<b>Employer identification number</b>  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	_____ _____ _____	\$ 6,234,385.	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.)
_____	_____ _____ _____	\$ _____	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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2017

**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	9,987,120.	9,670,867.	9,030,915.	8,965,625.	7,923,678.
b Contributions	323.	55,178.	1,143,890.		43,162.
c Net investment earnings, gains, and losses	1,884,963.	758,005.	9,586.	620,703.	1,576,772.
d Grants or scholarships					
e Other expenditures for facilities and programs	475,000.	460,000.	475,000.	520,000.	545,000.
f Administrative expenses	41,247.	36,930.	38,524.	35,413.	32,987.
g End of year balance	11,356,159.	9,987,120.	9,670,867.	9,030,915.	8,965,625.

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

- a Board designated or quasi-endowment  14.70 %
- b Permanent endowment  66.90 %
- c Temporarily restricted endowment  18.40 %

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

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

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		272,715.		272,715.
b Buildings		968,690.	968,690.	0.
c Leasehold improvements		701,971.	651,981.	49,990.
d Equipment		1,331,231.	1,274,805.	56,426.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				379,131.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	4,827.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,827.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	23,742,370.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,181,510.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	142,358.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,323,868.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	22,418,502.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	3,811,348.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	3,811,348.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	26,229,850.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	20,382,941.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	142,358.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	142,358.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	20,240,583.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	3,811,348.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	3,811,348.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	24,051,931.

**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 3,811,348.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CAMPAIGN CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES 3,811,348.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**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.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
33109 SYNAGOGUE FOUNDATION 41216 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	27-4235404	501(C)3	22,450.	0.			DONOR DIRECTED DESIGNATIONS
4:13 STRONG PO BOX 101425 NASHVILLE, TN 37224	47-1939832	501(C)3	18,498.	0.			PROGRAM OPNS (OBI)
AGAPE 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	62-1586158	501(C)3	6,840.	0.			DONOR DIRECTED DESIGNATIONS
AKIVA SCHOOL 809 PERCY WARNER BLVD NASHVILLE, TN 37205	62-0694534	501(C)3	6,000.	0.			DONOR DIRECTED DESIGNATIONS
ALIVE HOSPICE, INC. 1718 PATTERSON ST NASHVILLE, TN 37203	62-0983550	501(C)3	27,411.	0.			PROGRAM OPNS (OBI)
ALIVE HOSPICE, INC. 1719 PATTERSON ST NASHVILLE, TN 37203	62-0983551	501(C)3	81,914.	0.			DONOR DIRECTED DESIGNATIONS

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

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

Schedule I (Form 990) (2017)

**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
ALZHEIMER'S ASSOCIATION OF MIDDLE TN - 4205 HILLSBORO PIKE SUITE 216 - NASHVILLE, TN 37215	62-1437684	501(C)3	16,055.	0.			DONOR DIRECTED DESIGNATIONS
AMERICAN CANCER SOCIETY 2000 CHARLOTTE AVENUE NASHVILLE, TN 37203	13-1788491	501(C)3	18,906.	0.			DONOR DIRECTED DESIGNATIONS
AMERICAN HEART ASSOCIATION 1818 PATTERSON RD. NASHVILLE, TN 37203	13-5613797	501(C)3	9,209.	0.			DONOR DIRECTED DESIGNATIONS
AMERICAN JEWISH JOINT DISTRIBUTION 711 3RD AVENUE NEW YORK, NY 10017	13-1656634	501(C)3	105,851.	0.			DONOR DIRECTED DESIGNATIONS
AMERICAN RED CROSS/RUTHERFORD 501 MEMORIAL BLVD MURFREESBORO, TN 37129	53-0196650	501(C)3	10,565.	0.			DONOR DIRECTED DESIGNATIONS
AMERICAN RED CROSS-DAVIDSON COUNTY 2201 CHARLOTTE AVE NASHVILLE, TN 37203	53-0196605	501(C)3	31,200.	0.			PROGRAM OPNS (OBI)
AMERICAN RED CROSS-DAVIDSON COUNTY 2201 CHARLOTTE AVE NASHVILLE, TN 37203	53-0196605	501(C)3	40,435.	0.			DONOR DIRECTED DESIGNATIONS
AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, SUITE 110 CHANTILLY, VA 20151	54-1517707	501(C)3	6,254.	0.			DONOR DIRECTED DESIGNATIONS
ANIMAL CHARITIES OF AMERICA PO BOX 45756 SAN FRANCISCO, CA 94145	94-3193389	501(C)3	13,121.	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
BACKFIELD IN MOTION, INC. 920 WOODLAND STREET NASHVILLE, TN 37206	62-1826603	501(C)3	35,002.	0.			PROGRAM OPNS (OBI)
BACKFIELD IN MOTION, INC. 920 WOODLAND STREET NASHVILLE, TN 37206	62-1826603	501(C)3	2,138.	0.			DONOR DIRECTED DESIGNATIONS
BEGIN ANEW 420 MAIN STREET NASHVILLE, TN 37206	76-0718734	501(C)3	11,250.	0.			PROGRAM OPNS (OBI)
BEGIN ANEW 420 MAIN STREET NASHVILLE, TN 37206	76-0718734	501(C)3	2,713.	0.			DONOR DIRECTED DESIGNATIONS
BETHANY CHRISTIAN SERVICES 901 EASTERN AVENUE NE, PO BOX GRAND RAPIDS, MI 49501	20-1204075	501(C)3	4,998.	0.			PROGRAM OPNS (OBI)
BETHANY CHRISTIAN SERVICES 901 EASTERN AVENUE NE, PO BOX GRAND RAPIDS, MI 49501	20-1204075	501(C)3	605.	0.			DONOR DIRECTED DESIGNATIONS
BETHLEHEM CENTER 1417 CHARLOTTE AVE NASHVILLE, TN 37203	62-0843073	501(C)3	73,906.	0.			PROGRAM OPNS (OBI)
BETHLEHEM CENTER 1417 CHARLOTTE AVE NASHVILLE, TN 37203	62-0843073	501(C)3	5,942.	0.			DONOR DIRECTED DESIGNATIONS
BETHLEHEM CENTER 1417 CHARLOTTE AVE NASHVILLE, TN 37203	62-0843073	501(C)3	20,984.	0.			SUB-RECIPIENT GRANTS

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
BETHSEDA CENTER 108 S MAIN ST ASHLAND CITY, TN 37015	58-2015542	501(C)3	13,436.	0.			PROGRAM OPNS (OBI)
BETHSEDA CENTER 108 S MAIN ST ASHLAND CITY, TN 37015	58-2015542	501(C)3	126.	0.			DONOR DIRECTED DESIGNATIONS
BIG BROTHERS/BIG SISTERS 1704 CHARLOTTE AVENUE NASHVILLE, TN 37203	23-7056024	501(C)3	94,318.	0.			PROGRAM OPNS (OBI)
BIG BROTHERS/BIG SISTERS 1704 CHARLOTTE AVENUE NASHVILLE, TN 37203	23-7056024	501(C)3	14,455.	0.			DONOR DIRECTED DESIGNATIONS
BOY SCOUTS OF AMERICA-MIDDLE TENNESSEE - PO BOX 150409 - NASHVILLE, TN 37215	62-0477729	501(C)3	31,994.	0.			DONOR DIRECTED DESIGNATIONS
BOYS & GIRLS CLUB OF NASH/MID TN 624 GRASSMERE PARK DRIVE NASHVILLE, TN 37204	62-0540402	501(C)3	28,090.	0.			DONOR DIRECTED DESIGNATIONS
BOYS & GIRLS CLUB OF RUTHERFORD 820 JONES BLVD. MURFRESSBORO, TN 37129	62-0540402	501(C)3	11,845.	0.			DONOR DIRECTED DESIGNATIONS
BOYS & GIRLS CLUBS MAURY 210 WEST 8TH STREET COLUMBIA, TN 38401	62-1611131	501(C)3	7,852.	0.			DONOR DIRECTED DESIGNATIONS
BRIDGES 415 4TH AVE S NASHVILLE, TN 37201	62-0498798	501(C)3	24,998.	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
BRIDGES 415 4TH AVE S NASHVILLE, TN 37201	62-0498798	501(C)3	7,636.	0.			DONOR DIRECTED DESIGNATIONS
BRIDGES 415 4TH AVE S NASHVILLE, TN 37201	62-0498798	501(C)3	1,310.	0.			SUB-RECIPIENT GRANTS
C.A.S.A. 601 WOODLAND ST NASHVILLE, TN 37206	62-1203459	501(C)3	10,002.	0.			PROGRAM OPNS (OBI)
C.A.S.A. 601 WOODLAND ST NASHVILLE, TN 37206	62-1203459	501(C)3	4,651.	0.			DONOR DIRECTED DESIGNATIONS
CAMPUS FOR HUMAN DEVELOPMENT/DAVIDSON - PO BOX 25309 - NASHVILLE, TN 37202	62-0811413	501(C)3	9,320.	0.			DONOR DIRECTED DESIGNATIONS
CATHOLIC CHARITIES OF TN, INC 30 WHITE BRIDGE ROAD NASHVILLE, TN 37205	62-0679520	501(C)3	529,297.	0.			PROGRAM OPNS (OBI)
CATHOLIC CHARITIES OF TN, INC 30 WHITE BRIDGE ROAD NASHVILLE, TN 37205	62-0679520	501(C)3	63,561.	0.			DONOR DIRECTED DESIGNATIONS
CATHOLIC CHARITIES OF TN, INC 30 WHITE BRIDGE ROAD NASHVILLE, TN 37205	62-0679520	501(C)3	38,633.	0.			SUB-RECIPIENT GRANTS
CENTERSTONE 44 VANTAGE WAY STE. 400 NASHVILLE, TN 37228	62-1674308	501(C)3	5,586.	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
CHANNELS OF LOVE MINISTRIES, INC 1023 MCCALLIE AVE CHATTANOOGA, TN 37403	20-1602391	501(C)3	38,794.	0.			SUB-RECIPIENT GRANTS
CHATTANOOGA CARES, INC PO BOX 4497 CHATTANOOGA, TN 37403	62-1325543	501(C)3	174,134.	0.			SUB-RECIPIENT GRANTS
CHILDREN & FAMILY SERVICES, INC PO BOX 845 COVINGTON, TN 38409	62-1166322	501(C)3	40,444.	0.			SUB-RECIPIENT GRANTS
CHRISTIAN COMMUNITY OUTREACH 923 SWINGING BRIDGE ROAD OLD HICKORY, TN 37138	62-1279200	501(C)3	9,987.	0.			PROGRAM OPNS (OBI)
CHRISTIAN COMMUNITY OUTREACH 923 SWINGING BRIDGE ROAD OLD HICKORY, TN 37138	62-1279200	501(C)3	2,422.	0.			DONOR DIRECTED DESIGNATIONS
CHRISTIAN COMMUNITY SERVICES, INC. 601 BENTON AVENUE B NASHVILLE, TN 37204	62-1702753	501(C)3	13,796.	0.			PROGRAM OPNS (OBI)
CHRISTIAN COMMUNITY SERVICES, INC. 601 BENTON AVENUE B NASHVILLE, TN 37204	62-1702753	501(C)3	2,154.	0.			DONOR DIRECTED DESIGNATIONS
CHRISTIAN SERVICE CHARITIES 410 NORTH COLLINS STREET TULLAHOMA, TN 37388	62-0944179	501(C)3	13,149.	0.			DONOR DIRECTED DESIGNATIONS
COFFEE COUNTY SENIOR CITIZENS 319-D WEST 7TH STREET COLUMBIA, TN 38401	62-1513020	501(C)3	5,265.	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
COLUMBIA CARES, INC. 319-D WEST 7TH STREET COLUMBIA, TN 38401	62-1513020	501(C)3	151.	0.			DONOR DIRECTED DESIGNATIONS
COLUMBIA CARES, INC. 319-D WEST 7TH STREET COLUMBIA, TN 38401	62-1513020	501(C)3	180,144.	0.			SUB-RECIPIENT GRANTS
COMM HEALTH SOLUTIONS-SCHOOL OF NURSING - 461 21ST AVE SOUTH - NASHVILLE, TN 37240	62-0476822	501(C)3	37,290.	0.			PROGRAM OPNS (OBI)
COMM HEALTH SOLUTIONS-SCHOOL OF NURSING - 461 21ST AVE SOUTH - NASHVILLE, TN 37240	62-0476822	501(C)3	1,046.	0.			DONOR DIRECTED DESIGNATIONS
COMM HEALTH SOLUTIONS-SCHOOL OF NURSING - 461 21ST AVE SOUTH - NASHVILLE, TN 37240	62-0476822	501(C)3	3,355.	0.			SUB-RECIPIENT GRANTS
COMMUNITIES IN SCHOOLS OF TN 1207 18TH AVE SOUTH NASHVILLE, TN 37212	46-1196944	501(C)3	7,500.	0.			PROGRAM OPNS (OBI)
COMMUNITY FOUNDATION OF MIDDLE TENNESSEE - 3833 CLEGHORN AVENUE - NASHVILLE, TN 37215	62-1471789	501(C)3	33,468.	0.			DONOR DIRECTED DESIGNATIONS
COMMUNITY HEALTH CHARITIES 220 ATHENS WAY SUITE 480 NASHVILLE, TN 37228	23-7456385	501(C)3	212,643.	0.			DONOR DIRECTED DESIGNATIONS
COMMUNITY SHARES OF TENNESSEE 107 WEST MAIN STREET KNOXVILLE, TN 37902	62-1233685	501(C)3	64,778.	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
CONEXION AMERICAS 800 18TH AVE S # A NASHVILLE, TN 37203	62-1715618	501(C)3	82,848.	0.			PROGRAM OPNS (OBI)
CONEXION AMERICAS 800 18TH AVE S # A NASHVILLE, TN 37203	62-1715618	501(C)3	6,625.	0.			DONOR DIRECTED DESIGNATIONS
CONEXION AMERICAS 800 18TH AVE S # A NASHVILLE, TN 37203	62-1715618	501(C)3	626.	0.			SUB-RECIPIENT GRANTS
COUNCIL FOR ALCOHOL & DRUG ABUSE SERVICES - 207 SPEARS AVE - CHATTANOOGA, TN 37405	62-0716063	501(C)3	22,205.	0.			SUB-RECIPIENT GRANTS
COUNCIL ON AGING OF GREATER NASHVILLE - 95 WHITE BRIDGE RD 114 - NASHVILLE, TN 37205	62-1867122	501(C)3	87.	0.			DONOR DIRECTED DESIGNATIONS
COUNCIL ON AGING OF GREATER NASHVILLE - 95 WHITE BRIDGE RD 114 - NASHVILLE, TN 37206	62-1867122	501(C)3	25,002.	0.			PROGRAM OPNS (OBI)
CUMBERLAND HEIGHTS FOUNDATION PO BOX 90762 NASHVILLE, TN 37209	62-6050684	501(C)3	9,462.	0.			DONOR DIRECTED DESIGNATIONS
CURREY INGRAM ACADEMY 6445 MURRAY LN BRENTWOOD, TN 37027	62-1296326	501(C)3	5,000.	0.			DONOR DIRECTED DESIGNATIONS
DENVER ZOO 2300 STEELE ST. DENVER, TN 80205	84-0502539	501(C)3	10,000.	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
EASTER SEAL SOCIETY OF TENNESSEE 3011 ARMORY DR SUITE 100 NASHVILLE, TN 37204	62-0504893	501(C)3	30,740.	0.			DONOR DIRECTED DESIGNATIONS
EIGHTEENTH AVENUE FAMILY ENRICHMENT CENTER - 1811 OSAGE ST - NASHVILLE, TN 37208	62-0562855	501(C)3	74,109.	0.			PROGRAM OPNS (OBI)
EIGHTEENTH AVENUE FAMILY ENRICHMENT CENTER - 1811 OSAGE ST - NASHVILLE, TN 37208	62-0562855	501(C)3	3,272.	0.			DONOR DIRECTED DESIGNATIONS
ELAM MENTAL HEALTH CENTER 1005 DR. DB TODD JR. BLVD NASHVILLE, TN 37208	62-0488046	501(C)3	53,209.	0.			SUB-RECIPIENT GRANTS
EXCHANGE CLUB FAMILY CENTER, INC. 2180 UNION AVENUE MEMPHIS, TN 38104	62-1237360	501(C)3	1,748.	0.			DONOR DIRECTED DESIGNATIONS
EXCHANGE CLUB FAMILY CENTER, INC. 2181 UNION AVENUE MEMPHIS, TN 38104	62-1237360	501(C)3	25,752.	0.			PROGRAM OPNS (OBI)
FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)3	74,502.	0.			PROGRAM OPNS (OBI)
FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)3	3,040.	0.			DONOR DIRECTED DESIGNATIONS
FAMILY & CHILDREN'S SERVICES 201 23RD AVE N NASHVILLE, TN 37203	62-0499284	501(C)3	275,237.	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
FAMILY & CHILDREN'S SERVICES 201 23RD AVE N NASHVILLE, TN 37203	62-0499284	501(C)3	11,406.	0.			DONOR DIRECTED DESIGNATIONS
FANNIE BATTLE DAY HOME 911 SHELBY AVENUE NASHVILLE, TN 37206	62-1859820	501(C)3	81,266.	0.			PROGRAM OPNS (OBI)
FANNIE BATTLE DAY HOME 911 SHELBY AVENUE NASHVILLE, TN 37206	62-1859820	501(C)3	3,809.	0.			DONOR DIRECTED DESIGNATIONS
FANNIE BATTLE DAY HOME 911 SHELBY AVENUE NASHVILLE, TN 37206	62-1859820	501(C)3	10,999.	0.			SUB-RECIPIENT GRANTS
FIFTYFORWARD 174 RAINS AVENUE NASHVILLE, TN 37203	62-1202660	501(C)3	212,216.	0.			PROGRAM OPNS (OBI)
FIFTYFORWARD 174 RAINS AVENUE NASHVILLE, TN 37203	62-1202660	501(C)3	19,357.	0.			DONOR DIRECTED DESIGNATIONS
FIRST STEPS, INC. 4414 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0674974	501(C)3	123,472.	0.			PROGRAM OPNS (OBI)
FIRST STEPS, INC. 4414 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0674974	501(C)3	4,448.	0.			DONOR DIRECTED DESIGNATIONS
FRANKLIN COUNTY HUMANE SOCIETY PO BOX 187 WINCHESTER, TN 37398	91-2171475	501(C)3	6,264.	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
FRIST CENTER OF THE VISUAL ARTS 919 BROADWAY NASHVILLE, TN 37203	62-1731495	501(C)3	14,631.	0.			DONOR DIRECTED DESIGNATIONS
FRONTIER HEALTH PO BOX 9054 JOHNSON CITY, TN 37615	46-1432508	501(C)3	124,068.	0.			SUB-RECIPIENT GRANTS
GIRL SCOUTS OF MIDDLE TENNESSEE 4522 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0589380	501(C)3	12,426.	0.			DONOR DIRECTED DESIGNATIONS
GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 30384	52-1273585	501(C)3	7,032.	0.			DONOR DIRECTED DESIGNATIONS
GOODWILL INDUSTRIES OF MIDDLE TENNESSEE - 1015 HERMAN STREET - NASHVILLE, TN 37208	62-0599413	501(C)3	37,200.	0.			PROGRAM OPNS (OBI)
GOODWILL INDUSTRIES OF MIDDLE TENNESSEE - 1015 HERMAN STREET - NASHVILLE, TN 37208	62-0599413	501(C)3	5,400.	0.			DONOR DIRECTED DESIGNATIONS
GRACE M EATON PARENT RESOURCE CENTER - 1708 PEARL ST - NASHVILLE, TN 37203	62-0481797	501(C)3	40,000.	0.			PROGRAM OPNS (OBI)
GRACE M EATON PARENT RESOURCE CENTER - 1708 PEARL ST - NASHVILLE, TN 37203	62-0481797	501(C)3	1,025.	0.			DONOR DIRECTED DESIGNATIONS
GRACEWORKS MINISTRIES INC 104 SOUTH EAST PARKWA STE. 100 FRANKLIN, TN 37064	62-1584204	501(C)3	7,988.	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
GUARDIANSHIP & TRUST CORPORATION 95 WHITE BRIDGE ROAD SUITE 330 NASHVILLE, TN 37205	58-1454706	501(C)3	7,002.	0.			PROGRAM OPNS (OBI)
GUARDIANSHIP & TRUST CORPORATION 95 WHITE BRIDGE ROAD SUITE 330 NASHVILLE, TN 37205	58-1454706	501(C)3	1,305.	0.			DONOR DIRECTED DESIGNATIONS
HABITAT FOR HUMANITY-NASHVILLE 2950 KRAFT DRIVE 100 NASHVILLE, TN 37204	58-1636286	501(C)3	5,001.	0.			DONOR DIRECTED DESIGNATIONS
HEALTH & MEDICAL RESEARCH CHARITIES - PO BOX 45763 - SAN FRANCISCO, TN 94145	94-3217739	501(C)3	12,207.	0.			DONOR DIRECTED DESIGNATIONS
INTERFAITH DENTAL CLINIC 1721 PATTERSON ST NASHVILLE, TN 37203	62-1567615	501(C)3	117,502.	0.			PROGRAM OPNS (OBI)
INTERFAITH DENTAL CLINIC 1721 PATTERSON ST NASHVILLE, TN 37203	62-1567615	501(C)3	9,403.	0.			DONOR DIRECTED DESIGNATIONS
JEWISH FED OF SO. PALM BEACH CO. 4601 COMMUNITY DR WEST PALM BEACH, FL 33417	59-1945109	501(C)3	31,500.	0.			DONOR DIRECTED DESIGNATIONS
JULIE'S VILLAGE 6120 HAMPTON HALL WAY HERMITAGE, TN 37076	27-3060071	501(C)3	20,002.	0.			PROGRAM OPNS (OBI)
JUNIOR ACHIEVEMENT OF NASHVILLE 120 POWELL PLACE NASHVILLE, TN 37204	62-0582571	501(C)3	15,119.	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
JUVENILE DIABETES FOUNDATION 105 WEST PARK DRIVE 415 BRENTWOOD, TN 37027	23-1907729	501(C)3	24,310.	0.			DONOR DIRECTED DESIGNATIONS
KING'S DAUGHTERS DAY HOME 590 N DUPONT AVE NASHVILLE, TN 37115	62-0729602	501(C)3	108,037.	0.			PROGRAM OPNS (OBI)
KING'S DAUGHTERS DAY HOME 590 N DUPONT AVE NASHVILLE, TN 37115	62-0729602	501(C)3	1,876.	0.			DONOR DIRECTED DESIGNATIONS
KNOXVILLE-KNOX CO CAC ON AGING PO BOX 51650 KNOXVILLE, TN 37950	27-0849601	501(C)3	13,147.	0.			PROGRAM OPNS (OBI)
KNOXVILLE-KNOX CO CAC ON AGING PO BOX 51650 KNOXVILLE, TN 37950	27-0849601	501(C)3	7,144.	0.			DONOR DIRECTED DESIGNATIONS
LEGAL AID SOCIETY OF MIDDLE TENNESSEE - 300 DEADERICK ST - NASHVILLE, TN 37201	62-0800756	501(C)3	87,246.	0.			PROGRAM OPNS (OBI)
LEGAL AID SOCIETY OF MIDDLE TENNESSEE - 300 DEADERICK ST - NASHVILLE, TN 37201	62-0800756	501(C)3	15,465.	0.			DONOR DIRECTED DESIGNATIONS
LEWA WILDLIFE CONSERVANCY USA 38 MILLER AVE 507 MILL VALLEY, CA 94941	87-0572187	501(C)3	5,938.	0.			DONOR DIRECTED DESIGNATIONS
MAGDALENE PO BOX 6330-B NASHVILLE, TN 37235	58-2050089	501(C)3	8,302.	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
MAGDALENE PO BOX 6330-B NASHVILLE, TN 37235	58-2050089	501(C)3	15,661.	0.			DONOR DIRECTED DESIGNATIONS
MAKE A WISH OF MIDDLE TENNESSEE 8119 ISABELLA LANE, SUITE 105A BRENTWOOD, TN 37027	62-1833327	501(C)3	8,992.	0.			DONOR DIRECTED DESIGNATIONS
MARTHA O'BRYAN CENTER 1101 KERMIT DR NASHVILLE, TN 37217	13-1846366	501(C)3	314,809.	0.			PROGRAM OPNS (OBI)
MARTHA O'BRYAN CENTER 711 SOUTH SEVENTH STREET NASHVILLE, TN 37205	62-0477728	501(C)3	19,112.	0.			DONOR DIRECTED DESIGNATIONS
MARTHA O'BRYAN CENTER 711 SOUTH SEVENTH STREET NASHVILLE, TN 37205	62-0477728	501(C)3	14,466.	0.			SUB-RECIPIENT GRANTS
MATTHEW 25, INC. 711 SOUTH SEVENTH STREET NASHVILLE, TN 37205	62-0477728	501(C)3	3,855.	0.			PROGRAM OPNS (OBI)
MATTHEW 25, INC. P O BOX 158461 NASHVILLE, TN 37215	58-1673641	501(C)3	2,233.	0.			DONOR DIRECTED DESIGNATIONS
MATTHEW WALKER COMPREHENSIVE HEALTH CTR - P O BOX 158461 - NASHVILLE, TN 37215	58-1673641	501(C)3	4,337.	0.			DONOR DIRECTED DESIGNATIONS
MATTHEW WALKER COMPREHENSIVE HEALTH CTR - 1035 14TH AVE - NASHVILLE, TN 37208	62-1035426	501(C)3	40,114.	0.			SUB-RECIPIENT GRANTS

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
MCNEILLY CENTER FOR CHILDREN 1035 14TH AVE NASHVILLE, TN 37208	62-1035426	501(C)3	372,260.	0.			PROGRAM OPNS (OBI)
MCNEILLY CENTER FOR CHILDREN 400 MERIDIAN ST NASHVILLE, TN 37207	62-0479366	501(C)3	3,032.	0.			DONOR DIRECTED DESIGNATIONS
MEDIWARE INFORMATION SYSTEMS, INC 400 MERIDIAN ST NASHVILLE, TN 37207	62-0479366	501(C)3	19,030.	0.			SUB-RECIPIENT GRANTS
MEHARRY MEDICAL COLLEGE 1005 DR. DB TODD JR. BLVD NASHVILLE, TN 37208	62-0488046	501(C)3	80,151.	0.			SUB-RECIPIENT GRANTS
MEMPHIS PUBLIC LIBRARY - LINC 3030 POPLAR AVE MEMPHIS, TN 38111	62-1590768	501(C)3	6,661.	0.			SUB-RECIPIENT GRANTS
MENDING HEARTS, INC. PO BOX 280236 NASHVILLE, TN 37228	73-1697900	501(C)3	1,634.	0.			DONOR DIRECTED DESIGNATIONS
MENDING HEARTS, INC. PO BOX 280236 NASHVILLE, TN 37228	73-1697900	501(C)3	94,020.	0.			SUB-RECIPIENT GRANTS
MENTAL HEALTH ASSOCIATION 2416 21ST AVENUE SOUTH, SUITE 201 NASHVILLE, TN 37212	62-0637710	501(C)3	13,500.	0.			PROGRAM OPNS (OBI)
MENTAL HEALTH ASSOCIATION 2416 21ST AVENUE SOUTH, SUITE 201 NASHVILLE, TN 37212	62-0637710	501(C)3	5,447.	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
METROPOLITAN NASH EDUCATION FDN 531 FAIRGROUND COURT NASHVILLE, TN 37211	62-0674167	501(C)3	10,605.	0.			DONOR DIRECTED DESIGNATIONS
MID-CUMBERLAND HRA PO BOX 17385 NASHVILLE, TN 37217	62-0923487	501(C)3	40,118.	0.			PROGRAM OPNS (OBI)
MID-CUMBERLAND HRA PO BOX 17385 NASHVILLE, TN 37217	62-0923487	501(C)3	20,490.	0.			DONOR DIRECTED DESIGNATIONS
MONROE HARDING 1120 GLENDALE LANE NASHVILLE, TN 37204	62-0476670	501(C)3	81,850.	0.			PROGRAM OPNS (OBI)
MONROE HARDING 1120 GLENDALE LANE NASHVILLE, TN 37204	62-0476670	501(C)3	7,360.	0.			DONOR DIRECTED DESIGNATIONS
MURCI-HOMES, INC 2984 BABY RUTH LN ANTIOCH, TN 37013	62-0649797	501(C)3	10,173.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE ACADEMY OF MEDICINE 3301 WEST END AVE #100 NASHVILLE, TN 37203	62-0473060	501(C)3	10,002.	0.			PROGRAM OPNS (OBI)
NASHVILLE ADULT LITERACY COUNCIL 4805 PARK AVE NASHVILLE, TN 37209	58-1488230	501(C)3	163,650.	0.			PROGRAM OPNS (OBI)
NASHVILLE ADULT LITERACY COUNCIL 4805 PARK AVE NASHVILLE, TN 37209	58-1488230	501(C)3	3,012.	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
NASHVILLE CARES 501 BRICK CHURCH PARK DRIVE NASHVILLE, TN 37207	62-1274532	501(C)3	27,329.	0.			PROGRAM OPNS (OBI)
NASHVILLE CARES 501 BRICK CHURCH PARK DRIVE NASHVILLE, TN 37207	62-1274532	501(C)3	22,223.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE CARES 501 BRICK CHURCH PARK DRIVE NASHVILLE, TN 37207	62-1274532	501(C)3	3,104,530.	0.			SUB-RECIPIENT GRANTS
NASHVILLE CHILDREN'S ALLIANCE 1264 FOSTER AVE NASHVILLE, TN 37210	62-1484097	501(C)3	22,496.	0.			PROGRAM OPNS (OBI)
NASHVILLE CHILDREN'S ALLIANCE 1264 FOSTER AVE NASHVILLE, TN 37210	62-1484097	501(C)3	10,639.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE FOOD PROJECT 3605 HILLSBORO PIKE NASHVILLE, TN 37215	45-2905951	501(C)3	12,502.	0.			PROGRAM OPNS (OBI)
NASHVILLE FOOD PROJECT 3605 HILLSBORO PIKE NASHVILLE, TN 37215	45-2905951	501(C)3	6,254.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE FOOD PROJECT 3605 HILLSBORO PIKE NASHVILLE, TN 37215	45-2905951	501(C)3	44,604.	0.			SUB-RECIPIENT GRANTS
NASHVILLE HUMANE ASSOCIATION 213 OCEOLA AVENUE NASHVILLE, TN 37209	57-1203593	501(C)3	30,923.	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
NASHVILLE INTERNATIONAL CENTER FOR EMPOWERMENT - 3221 NOLENSVILLE PIKE 100 - NASHVILLE, TN 37211	02-0674431	501(C)3	62,350.	0.			PROGRAM OPNS (OBI)
NASHVILLE INTERNATIONAL CENTER FOR EMPOWERMENT - 3221 NOLENSVILLE PIKE 100 - NASHVILLE, TN 37211	02-0674431	501(C)3	713.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE OPPORTUNITIES INDUSTRIALIZATION CENTER - 2217 24TH AVENUE SOUTH - NASHVILLE, TN 37208	62-0794650	501(C)3	37,402.	0.			PROGRAM OPNS (OBI)
NASHVILLE OPPORTUNITIES INDUSTRIALIZATION CENTER - 2217 24TH AVENUE SOUTH - NASHVILLE, TN 37208	62-0794650	501(C)3	710.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE PUBLIC EDUCATION FOUNDATION - 2400 FAIRFRAX AVENUE - NASHVILLE, TN 37212	48-1266314	501(C)3	91,797.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE PUBLIC LIBRARY FOUNDATION - 615 CHURCH ST - NASHVILLE, TN 37219	62-1681766	501(C)3	4,247.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE RESCUE MISSION PO BOX 333229 NASHVILLE, TN 37203	62-6018832	501(C)3	53,217.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE SYMPHONY ONE SYMPHONY PLACE NASHVILLE, TN 37201	62-0550979	501(C)3	10,195.	0.			DONOR DIRECTED DESIGNATIONS
NATIONS MINISTRY CENTER 3301 WEST END AVENUE NASHVILLE, TN 37203	62-0473060	501(C)3	9,252.	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
NEEDLINK NASHVILLE 1600 56TH AVENUE NORTH NASHVILLE, TN 37209	62-0544852	501(C)3	45,973.	0.			PROGRAM OPNS (OBI)
NEEDLINK NASHVILLE 1600 56TH AVENUE NORTH NASHVILLE, TN 37209	62-0544852	501(C)3	5,244.	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	2,756.	0.			DONOR DIRECTED DESIGNATIONS
NURSES FOR NEWBORNS 50 VANTAGE WAY NASHVILLE, TN 37228	43-1601329	501(C)3	12,502.	0.			PROGRAM OPNS (OBI)
NURSES FOR NEWBORNS 50 VANTAGE WAY NASHVILLE, TN 37228	43-1601329	501(C)3	3,865.	0.			DONOR DIRECTED DESIGNATIONS
OASIS CENTER P.O. BOX 121648 NASHVILLE, TN 37212	62-0968273	501(C)3	356,034.	0.			PROGRAM OPNS (OBI)
OASIS CENTER P.O. BOX 121648 NASHVILLE, TN 37212	62-0968273	501(C)3	28,726.	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)

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
ONE-ORGANIZED NEIGHBORS/EDGEHILL 1001 EDGEHILL AVE NASHVILLE, TN 37203	62-1540325	501(C)3	502.	0.			DONOR DIRECTED DESIGNATIONS
OPERATION STAND DOWN TENNESSEE 1101 EDGEHILL AVE # 1000 NASHVILLE, TN 37203	62-1638832	501(C)3	48,889.	0.			PROGRAM OPNS (OBI)
OPERATION STAND DOWN TENNESSEE 1101 EDGEHILL AVE # 1000 NASHVILLE, TN 37203	62-1638832	501(C)3	18,931.	0.			DONOR DIRECTED DESIGNATIONS
OSHO ACADEMY 120 DEER TRAIL SEDONA, AZ 86336	86-0760237	501(C)3	28,000.	0.			DONOR DIRECTED DESIGNATIONS
OUR KIDS, INC. 1804 HAYES STREET NASHVILLE, TN 37203	58-1830327	501(C)3	6,630.	0.			DONOR DIRECTED DESIGNATIONS
PARK CENTER 801 12ST AVE SOUTH NASHVILLE, TN 37203	62-1336640	501(C)3	68,022.	0.			PROGRAM OPNS (OBI)
PARK CENTER 801 12ST AVE SOUTH NASHVILLE, TN 37203	62-1336640	501(C)3	4,616.	0.			DONOR DIRECTED DESIGNATIONS
PATHWAY LENDING 201 VENTURE CIRCLE NASHVILLE, TN 37228	62-1823596	501(C)3	18,000.	0.			PROGRAM OPNS (OBI)
PENCIL FOUNDATION 421 GREAT CIRCLE RD #100 NASHVILLE, TN 37228	58-1475675	501(C)3	201,600.	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
PENCIL FOUNDATION 421 GREAT CIRCLE RD #100 NASHVILLE, TN 37228	58-1475675	501(C)3	8,664.	0.			DONOR DIRECTED DESIGNATIONS
PLANNED PARENTHOOD MIDDLE/EAST TN 50 VANTAGE WAY NASHVILLE, TN 37228	62-6050064	501(C)3	17,653.	0.			SUB-RECIPIENT GRANTS
PLANNED PARENTHOOD OF MIDDLE TENNESSEE - 50 VANTAGE WAY - NASHVILLE, TN 37228	62-6050064	501(C)3	8,857.	0.			DONOR DIRECTED DESIGNATIONS
PLANNED PARENTHOOD OF MIDDLE TENNESSEE - 50 VANTAGE WAY - NASHVILLE, TN 37228	62-6050064	501(C)3	51,483.	0.			SUB-RECIPIENT GRANTS
POSITIVELY LIVING 1501 EAST FIFTH AVE KNOXVILLE, TN 37917	62-1698383	501(C)3	293,629.	0.			SUB-RECIPIENT GRANTS
PREVENT CHILD ABUSE TENNESSEE 4721 TROUSDALE DRIVE STE NASHVILLE, TN 37220	58-1567835	501(C)3	7,998.	0.			PROGRAM OPNS (OBI)
PREVENT CHILD ABUSE TENNESSEE 4721 TROUSDALE DRIVE STE NASHVILLE, TN 37220	58-1567835	501(C)3	588.	0.			DONOR DIRECTED DESIGNATIONS
PROJECT RETURN, INC. 3307 BRICK CHURCH PIKE NASHVILLE, TN 37207	61-1563841	501(C)3	140,264.	0.			PROGRAM OPNS (OBI)
PROJECT RETURN, INC. 1200 DIVISION ST # 200 NASHVILLE, TN 37203	62-1058325	501(C)3	2,706.	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
RENEWAL HOUSE PO BOX 280356 NASHVILLE, TN 37228	62-1631055	501(C)3	16,572.	0.			PROGRAM OPNS (OBI)
RENEWAL HOUSE PO BOX 280356 NASHVILLE, TN 37228	62-1631055	501(C)3	6,756.	0.			DONOR DIRECTED DESIGNATIONS
RESIDENTIAL RESOURCES, INC. 604 GALLATIN AVE # 103 NASHVILLE, TN 37206	62-1718171	501(C)3	18,802.	0.			PROGRAM OPNS (OBI)
RIDGEVIEW PSYCH HOSPITAL & CENTER, INC - 604 GALLATIN AVE # 103 - NASHVILLE, TN 37206	62-1718171	501(C)3	70,349.	0.			SUB-RECIPIENT GRANTS
RONALD MCDONALD HOUSE 2144 FAIRFAX NASHVILLE, TN 37212	62-1310717	501(C)3	17,736.	0.			DONOR DIRECTED DESIGNATIONS
ROOFTOP FOUNDATION 108 7TH AVENUE SOUTH NASHVILLE, TN 37203	20-4970385	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
SAFE HAVEN FAMILY SHELTER 1234 3RD AVE S NASHVILLE, TN 37210	62-1807653	501(C)3	154,376.	0.			PROGRAM OPNS (OBI)
SAFE HAVEN FAMILY SHELTER 1234 3RD AVE S NASHVILLE, TN 37210	62-1807653	501(C)3	18,000.	0.			DONOR DIRECTED DESIGNATIONS
SAFE HAVEN FAMILY SHELTER 1234 3RD AVE S NASHVILLE, TN 37210	62-1807653	501(C)3	30,879.	0.			SUB-RECIPIENT GRANTS

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
SALAMA FELLOWSHIP URBAN MINISTRIES 1205 8TH AVE S NASHVILLE, TN 37203	58-2198012	501(C)3	12,498.	0.			PROGRAM OPNS (OBI)
SALAMA FELLOWSHIP URBAN MINISTRIES 1205 8TH AVE S NASHVILLE, TN 37203	58-2198012	501(C)3	11,209.	0.			DONOR DIRECTED DESIGNATIONS
SALVATION ARMY-NASHVILLE 631 DICKERSON RD. NASHVILLE, TN 37207	58-0660607	501(C)3	113,549.	0.			PROGRAM OPNS (OBI)
SALVATION ARMY-NASHVILLE 631 DICKERSON RD. NASHVILLE, TN 37207	58-0660607	501(C)3	21,652.	0.			DONOR DIRECTED DESIGNATIONS
SALVATION ARMY-NASHVILLE 631 DICKERSON RD. NASHVILLE, TN 37207	58-0660607	501(C)3	46,462.	0.			SUB-RECIPIENT GRANTS
SAMARITAN MINISTRIES/PROJECT S.E.E. - 1041 28TH AVE N - NASHVILLE, TN 37208	62-1341004	501(C)3	5,972.	0.			DONOR DIRECTED DESIGNATIONS
SECOND HARVEST FOOD BANK 331 GREAT CIRCLE RD NASHVILLE, TN 37228	62-1049447	501(C)3	56,288.	0.			PROGRAM OPNS (OBI)
SECOND HARVEST FOOD BANK 331 GREAT CIRCLE RD NASHVILLE, TN 37228	62-1049447	501(C)3	91,380.	0.			DONOR DIRECTED DESIGNATIONS
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DRIVE NASHVILLE, TN 37228	62-1043294	501(C)3	112,552.	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
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DRIVE NASHVILLE, TN 37228	62-1043294	501(C)3	15,914.	0.			DONOR DIRECTED DESIGNATIONS
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)3	18,498.	0.			PROGRAM OPNS (OBI)
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)3	5,403.	0.			DONOR DIRECTED DESIGNATIONS
SOUTH CENTRAL HRA PO BOX 638 FAYETTEVILLE, TN 37334	62-0944179	501(C)3	4,151.	0.			DONOR DIRECTED DESIGNATIONS
SOUTH CENTRAL HRA PO BOX 638 FAYETTEVILLE, TN 37334	62-0944179	501(C)3	16,667.	0.			SUB-RECIPIENT GRANTS
SPECIAL KIDS 202 ARNETTE STREET MURFREESBORO, TN 37130	62-1718638	501(C)3	18,872.	0.			DONOR DIRECTED DESIGNATIONS
ST LUKE'S COMMUNITY CENTER 5601 NEW YORK AVE NASHVILLE, TN 37209	62-0484183	501(C)3	244,741.	0.			PROGRAM OPNS (OBI)
ST LUKE'S COMMUNITY CENTER 5601 NEW YORK AVE NASHVILLE, TN 37209	62-0484183	501(C)3	6,575.	0.			DONOR DIRECTED DESIGNATIONS
ST LUKE'S COMMUNITY CENTER 5601 NEW YORK AVE NASHVILLE, TN 37209	62-0484183	501(C)3	904.	0.			SUB-RECIPIENT GRANTS

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
ST MARY VILLA 30 WHITE BRIDGE RD NASHVILLE, TN 37205	62-0579243	501(C)3	176,452.	0.			PROGRAM OPNS (OBI)
ST MARY VILLA 30 WHITE BRIDGE RD NASHVILLE, TN 37205	62-0579243	501(C)3	4,814.	0.			DONOR DIRECTED DESIGNATIONS
ST. JUDE'S CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE'S PLACE - MEMPHIS, TN 68105	62-0646012	501(C)3	32,947.	0.			DONOR DIRECTED DESIGNATIONS
STREET WORKS PO BOX 60037 NASHVILLE, TN 37206	62-1806967	501(C)3	553.	0.			DONOR DIRECTED DESIGNATIONS
STREET WORKS PO BOX 60037 NASHVILLE, TN 37206	62-1806967	501(C)3	197,629.	0.			SUB-RECIPIENT GRANTS
SUMNER COUNTY CASA 393 MAPLE STREET 400 GALLATIN, TN 37066	62-1465336	501(C)3	5,537.	0.			DONOR DIRECTED DESIGNATIONS
TENNESSEE BAPTIST CHILDREN'S HOME PO BOX 2206 BRENTWOOD, TN 37024	62-0488043	501(C)3	12,128.	0.			DONOR DIRECTED DESIGNATIONS
TENNESSEE POISON CENTER 1161 21ST AVE S NASHVILLE, TN 37232	62-0476822	501(C)3	8,900.	0.			PROGRAM OPNS (OBI)
TENNESSEE POISON CENTER 1161 21ST AVE S NASHVILLE, TN 37232	62-0476822	501(C)3	142.	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
THE NEXT DOOR P.O. BOX 23336 NASHVILLE, TN 37202	43-2001774	501(C)3	42,102.	0.			PROGRAM OPNS (OBI)
THE NEXT DOOR P.O. BOX 23336 NASHVILLE, TN 37202	43-2001774	501(C)3	10,976.	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	414.	0.			DONOR DIRECTED DESIGNATIONS
UNITED NEGRO COLLEGE FUND 1805 7TH STREET NW WASHINGTON, DC 20001	13-1624241	501(C)3	8,350.	0.			DONOR DIRECTED DESIGNATIONS
UNITED WAY BENTON & HUMPHREYS COUNTY - PO BOX 212 122 WEST MAIN STREET - WAVERLY, TN 37185	62-1778015	501(C)3	9,646.	0.			DONOR DIRECTED DESIGNATIONS
UNITED WAY RUTHERFORD COUNTY PO BOX 330056 MURFREESBORO, TN 37133	58-1341880	501(C)3	10,971.	0.			DONOR DIRECTED DESIGNATIONS
UNIVERSITY SCHOOL OF NASHVILLE 2000 EDGEHILL AVE NASHVILLE, TN 37212	23-7424429	501(C)3	5,000.	0.			DONOR DIRECTED DESIGNATIONS
UPPER CUMBERLAND HUMAN RESOURCE AGENCY - 311 ENTERPRISE DRIVE - COOKEVILLE, TN 38506	62-0906260	501(C)3	3,855.	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
UPPER CUMBERLAND HUMAN RESOURCE AGENCY - 311 ENTERPRISE DRIVE - COOKEVILLE, TN 38506	62-0906260	501(C)3	47,435.	0.			SUB-RECIPIENT GRANTS
UW CENTRAL SAVANNAH RIVER AREA PO BOX 1724 AUGUSTA, GA 30903	58-0566155	501(C)3	13,474.	0.			SUB-RECIPIENT GRANTS
UW CHATTANOOGA PO BOX 4027 CHATTANOOGA, TN 37405	62-0565962	501(C)3	1,213.	0.			DONOR DIRECTED DESIGNATIONS
UW CHATTANOOGA PO BOX 4027 CHATTANOOGA, TN 37405	62-0565962	501(C)3	29,327.	0.			SUB-RECIPIENT GRANTS
UW HEART OF FLORIDA 1940 TRAYLOR BLVD ORLANDO, FL 32804	59-0808854	501(C)3	47.	0.			DONOR DIRECTED DESIGNATIONS
UW HEART OF FLORIDA 1940 TRAYLOR BLVD ORLANDO, FL 32804	59-0808854	501(C)3	337,680.	0.			SUB-RECIPIENT GRANTS
UW COFFEE & MOORE COUNTIES PO BOX 27 TULLAHOMA, TN 37388	58-1468822	501(C)3	10,682.	0.			DONOR DIRECTED DESIGNATIONS
UW MAURY COUNTY/COLUMBIA PO BOX 222 COLUMBIA, TN 38402	62-6014994	501(C)3	5,747.	0.			DONOR DIRECTED DESIGNATIONS
UW ROBERTSON COUNTY 101 5TH AVENUE WEST SPRING FIELD, TN 37172	62-1763845	501(C)3	6,409.	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
UW RUTHERFORD COUNTY PO BOX 330056 MURFREESBORO, TN 37133	58-1341880	501(C)3	88,672.	0.			DONOR DIRECTED DESIGNATIONS
UW RUTHERFORD COUNTY PO BOX 330056 MURFREESBORO, TN 37133	58-1341880	501(C)3	10,879.	0.			SUB-RECIPIENT GRANTS
UW SUMNER COUNTY 625 JOHNNY CASH BLVD HENDERSONVILLE, TN 37075	31-1510208	501(C)3	14,592.	0.			DONOR DIRECTED DESIGNATIONS
UW WHITE COUNTY/SEARCY, AR PO BOX 907 SEARCY, AR 72145	71-0525401	501(C)3	7,000.	0.			DONOR DIRECTED DESIGNATIONS
UW WILLIAMSON COUNTY 209 GOTHIC COURT FRANKLIN, TN 37067	62-6049469	501(C)3	74,508.	0.			DONOR DIRECTED DESIGNATIONS
UW WILLIAMSON COUNTY 209 GOTHIC COURT FRANKLIN, TN 37067	62-6049469	501(C)3	11,256.	0.			SUB-RECIPIENT GRANTS
UW WILSON COUNTY PO BOX 3541 LEBANON, TN 37088	62-1660029	501(C)3	44,433.	0.			DONOR DIRECTED DESIGNATIONS
VANDERBILT CENTER FOR HEALTH SERVICES - 1215 21ST AVENUE SOUTH - NASHVILLE, TN 37232	62-0476822	501(C)3	53,410.	0.			PROGRAM OPNS (OBI)
VANDERBILT CENTER FOR HEALTH SERVICES - 1215 21ST AVENUE SOUTH - NASHVILLE, TN 37232	62-0476822	501(C)3	4,697.	0.			SUB-RECIPIENT GRANTS

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
VANDERBILT CENTER FOR HEALTH SERVICES - 1215 21ST AVENUE SOUTH - NASHVILLE, TN 37232	62-0476822	501(C)3	112.	0.			SUB-RECIPIENT GRANTS
VANDERBILT MEDICAL CENTER 501 OXFORD HOUSE NASHVILLE, TN 37232	35-2529741	501(C)3	12,498.	0.			PROGRAM OPNS (OBI)
VANDERBILT MEDICAL CENTER 501 OXFORD HOUSE NASHVILLE, TN 37232	35-2529741	501(C)3	118.	0.			DONOR DIRECTED DESIGNATIONS
VANDERBILT MONROE CARELL JR. CHILDRENS' HOSPITAL - 1211 MEDICAL CENTER DRIVE - NASHVILLE, TN 37232	62-0476822	501(C)3	19,686.	0.			DONOR DIRECTED DESIGNATIONS
WAYNE REED CHRISTIAN CHILDCARE CENTER - 11-B LINDSLEY AVENUE - NASHVILLE, TN 37210	62-1625142	501(C)3	73,092.	0.			PROGRAM OPNS (OBI)
WAYNE REED CHRISTIAN CHILDCARE CENTER - 11-B LINDSLEY AVENUE - NASHVILLE, TN 37210	62-1625142	501(C)3	4,199.	0.			DONOR DIRECTED DESIGNATIONS
WESLEY HOUSE COMMUNITY CENTER 923 DAMERON AVENUE KNOXVILLE, TN 37921	59-1766786	501(C)3	5,314.	0.			DONOR DIRECTED DESIGNATIONS
WEST END SYNAGOGUE 3810 WEST END AVE NASHVILLE, TN 37205	62-0513743	501(C)3	7,270.	0.			DONOR DIRECTED DESIGNATIONS
WEST TENNESSEE LEGAL SERVICES 210 W. MAIN STREET JACKSON, TN 38301	58-1326791	501(C)3	246,004.	0.			SUB-RECIPIENT GRANTS

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
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	55,796.	0.			PROGRAM OPNS (OBI)
YMCA 900 CHURCH STREET NASHVILLE NASHVILLE, TN 37203	62-0476243	501(C)3	37,670.	0.			DONOR DIRECTED DESIGNATIONS
YOUTH LIFE LEARNING CENTER 3656 TROUSDALE DR # 109 NASHVILLE, TN 37204	62-1848192	501(C)3	55,002.	0.			PROGRAM OPNS (OBI)
YOUTH LIFE LEARNING CENTER 3656 TROUSDALE DR # 109 NASHVILLE, TN 37204	62-1848192	501(C)3	1,512.	0.			DONOR DIRECTED DESIGNATIONS
YWCA 1608 WOODMONT BOULEVARD NASHVILLE, TN 37215	62-0475702	501(C)3	200,300.	0.			PROGRAM OPNS (OBI)
YWCA 1608 WOODMONT BOULEVARD NASHVILLE, TN 37215	62-0475702	501(C)3	17,788.	0.			DONOR DIRECTED DESIGNATIONS

Schedule I (Form 990)



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

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](http://www.irs.gov/Form990) for instructions and the latest information.

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
<b>1b</b>		X
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017

**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) ERIC DEWEY PRESIDENT AND CEO	(i)	262,496.	158,779.	0.	51,923.	8,089.	481,287.	28,185.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY JO WIGGINS SR. DIRECTOR, CFO	(i)	218,175.	37,568.	0.	7,869.	7,504.	271,116.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ERICA MITCHELL SR. DIRECTOR, COMMUNITY IMPACT	(i)	143,965.	22,100.	0.	5,036.	7,406.	178,507.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ED LEMIEUX II SR. DIRECTOR, DONOR ENGAGE	(i)	147,237.	1,500.	0.	2,290.	8,577.	159,604.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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:

ERIC DEWEY, LATE PRESIDENT & CEO, PARTICIPATES IN A SUPPLEMENTAL NON-QUALIFIED DEFINED CONTRIBUTION 457 (F) PLAN MAINTAINED BY THE ORGANIZATION. A DISTRIBUTION OF \$28,185 WAS MADE IN 2017.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**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](http://www.irs.gov/Form990) for 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	28	294,546.	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	57,400	283,064.	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) 2017

**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):

LINE 9:

INCLUDES DONATIONS OF SHARES OF STOCK FOR FULFILLMENT OF PLEDGES.

UNITED WAY OF MIDDLE TENNESSEE, INC. RECEIVED 28 GIFTS OF STOCK IN 2017, WHICH WERE IN TURN, WERE IMMEDIATELY SOLD AND VALUED AT THE MEAN FOR THE DATE OF THE GIFT.

LINE 25:

INCLUDES ITEMS GIVEN FOR DAYS OF ACTION, WHICH BENEFIT AGENCIES WITHIN THE COMMUNITY. THESE ITEMS CONSISTED OF BOOKS FOR READ TO SUCCEED STUDENTS, DIAPERS AND OTHER BABY ITEMS FOR THE ORGANIZATION'S COMMUNITY BABY SHOWER, AND SCHOOLS SUPPLIES FOR BACKPACKS GIVEN OUT TO STUDENTS IN NEED THROUGH THE PARTNERSHIP WITH METROPOLITAN NASHVILLE PUBLIC SCHOOLS.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

FORM 990, PART I, DOING BUSINESS AS:

UNITED WAY OF METROPOLITAN NASHVILLE, CHEATHAM

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

SOLUTIONS TO THE COMMUNITY'S MOST COMPLEX ISSUES AND BUILDING BETTER

LIVES THROUGH EDUCATION, FINANCIAL STABILITY AND HEALTH.

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) HELPS WORKING

INDIVIDUALS AND FAMILIES BUILD ASSETS FOR LONG-LASTING FINANCIAL

INDEPENDENCE. 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 2017, VITA SITES HELPED 14,800 FAMILIES

COLLECT ALMOST \$19.4 MILLION IN TOTAL FEDERAL REFUNDS AND SAVE MORE

THAN \$4.15 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 WAS

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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

BUILT IN THROUGH THE CITY'S CREATION OF THE OFFICE OF RESILIENCE. SINCE

INCEPTION, THE FECS HAVE ASSISTED MORE THAN 7,400 CLIENTS ELIMINATE

DEBT OF MORE THAN \$6.8 MILLION, INCREASE SAVINGS OVER \$750,000,

INCREASE THEIR CREDIT SCORES AND ENGAGE IN A TRADITIONAL AND SAFE

BANKING RELATIONSHIP, ULTIMATELY RESULTING IN FINANCIAL INDEPENDENCE.

EXPENSES \$ 838,254. INCLUDING GRANTS OF \$ 66,103. REVENUE \$ 0.

PEOPLE WHO NEED HELP OR WANT TO GIVE HELP, BUT DON'T KNOW WHERE TO

START CAN CALL THE 2-1-1 COMMUNITY SERVICES HELP LINE TO SPEAK WITH AN

INFORMATION & REFERRAL SPECIALIST WITH ACCESS TO A DATABASE OF OVER

6,000 PROGRAMS IN OUR 42-COUNTY SERVICE AREA. THE 2-1-1 HOTLINE HAS

TAKEN MORE THAN 1.44 MILLION CONTACTS SINCE 2004. TOP NEEDS

IDENTIFIED WERE FOOD, UTILITIES, RENT PAYMENT ASSISTANCE, AND TAX

PREPARATION SITE INFORMATION. 2-1-1 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 \$ 584,277. INCLUDING GRANTS OF \$ 441,870. 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. 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 2017, UNITED WAY OF

METROPOLITAN NASHVILLE DISTRIBUTED OVER 477,000 BOOKS TO CHILDREN IN

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

THE THREE-COUNTY COVERAGE AREA.

EXPENSES \$ 1,077,396. INCLUDING GRANTS OF \$ 982,726. 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 500 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 2017, 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 \$ 335,389. INCLUDING GRANTS OF \$ 102,279. 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 \$ 400,394. INCLUDING GRANTS OF \$ 254,739. REVENUE \$ 0.

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

INCLUDED HERE ARE MULTIPLE PROGRAMS RELATED TO THE HEALTH OF THE FAMILIES WE SERVE IN THE MOST VULNERABLE NEIGHBORHOODS, INCLUDING PILOTING THE 2 GEN FOR TN GRANT THROUGH THE DEPARTMENT OF HUMAN SERVICES FOCUSED ON FAMILY EMPOWERMENT, THE SPARK AFTER-SCHOOL PROGRAM, 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 SPARK PROGRAM SEEKS TO DEVELOP, STRENGTHEN, AND ENCOURAGE YOUTH PARTICIPATION IN CONSISTENT PHYSICAL ACTIVITY WITH AN INCREASED EXPOSURE TO HEALTH AND NUTRITION, BENEFITTING THE OVERALL WELL-BEING OF YOUTH AND THE GREATER NASHVILLE COMMUNITY. SPARK (SPORT-PLAY-ACTIVE-RECREATION-FOR KIDS) IS AN EVIDENCE-BASED CURRICULUM DESIGNED TO PROMOTE DAILY ACTIVITY, EMPHASIZING HEALTH RELATED FITNESS FOR YOUTH AGES 5-14 DURING AFTER-SCHOOL TIME.

EXPENSES \$ 577,557. INCLUDING GRANTS OF \$ 275,433. 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

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

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

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