

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: UNITED WAY OF MIDDLE TENNESSEE, INC
D Employer identification number: 62-0533104
E Telephone number: 615-255-8501
G Gross receipts \$: 73,215,667.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number
I Tax-exempt status: 501(c)(3)
J Website: WWW.UNITEDWAYNASHVILLE.ORG
K Form of organization: Corporation
L Year of formation: 1954
M State of legal domicile: TN

Part I Summary
Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown, expenses breakdown, and net assets.

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.
Sign Here: Signature of officer, Date, Name and title
Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, 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 GREATER NASHVILLE UNITES THE COMMUNITY AND MOBILIZES RESOURCES SO THAT EVERY CHILD, INDIVIDUAL, AND FAMILY THRIVES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 9,076,959. including grants of \$ 7,647,928. ) (Revenue \$ ) THE COMMUNITY IMPACT FUNDING PROGRAM PROVIDES FUNDING SUPPORT TO 100 NONPROFIT AGENCIES IN DAVISON, WILLIAMSON, ROBERTSON, CHEATHAM AND HICKMAN COUNTIES, TN. THESE PROGRAMS SERVE OVER 116,000 LOW INCOME, VULNERABLE CHILDREN AND ADULTS BY PROVIDING MEASURABLE CHANGES IN BEHAVIOR OR CONDITION IN THREE FOCUS AREAS- EDUCATION, FINANCIAL STABILITY AND HEALTH. HIGHLIGHTS OF PROGRAM OUTCOMES IN THESE AREAS ARE: EDUCATION 94% OF PRE-K CHILDREN ENROLLED IN THE READ TO SUCCEED EARLY LITERACY PROGRAM ASSESSED KINDERGARTEN READY. FINANCIAL STABILITY- 10,000 FAMILIES BENEFITTED FROM FREE TAX PREPARATION AND RECEIVED MORE THAN \$13.5 MILLION IN TAX REFUNDS AND EITC CREDITS. HEALTH MORE THAN 6,400 INDIVIDUALS IMPROVED PHYSICAL OR MENTAL HEALTH THROUGH PHYSICAL ACTIVITY, CASE MANAGEMENT, OR CHRONIC DISEASE

4b (Code: ) (Expenses \$ 4,411,694. including grants of \$ 3,634,622. ) (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 \$ 4,437,993. including grants of \$ 4,437,993. ) (Revenue \$ 439,117. ) 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 501C3, HAVE A HEALTH AND HUMAN SERVICES FOCUS, AND HAVE A PRESENCE IN THE MIDDLE TENNESSEE COMMUNITY.

4d Other program services (Describe on Schedule O.) (Expenses \$ 23,290,303. including grants of \$ 20,377,521. ) (Revenue \$ )

4e Total program service expenses 41,216,949.

**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 donor-restricted endowments or in 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
<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	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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 on 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 (42); 1b Enter the number of voting members included on line 1a, above, who are independent (42); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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? (X); 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? (X); 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [ ] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) BRIAN HASSETT PRESIDENT AND CEO	40.00			X			345,390.	0.	65,403.	
(2) ERICA MITCHELL CHIEF COMMUNITY IMPACT OFFICER	40.00			X			185,524.	0.	15,230.	
(3) SUMMOR PENNINGTON CHIEF FINANCIAL OFFICER	40.00			X			160,299.	0.	13,104.	
(4) JENNIFER WRIGHT CHIEF MARKETING OFFICER	40.00			X			136,545.	0.	16,209.	
(5) JOHN BALL SR. DIRECTOR, IT	40.00					X	128,863.	0.	14,235.	
(6) CELESTE WILSON SR. DIRECTOR, MAJOR GIFTS	40.00					X	119,592.	0.	10,113.	
(7) PAM BRYANT AREA PRESIDENT	40.00					X	109,171.	0.	4,546.	
(8) COURTNEY BARLAR CHIEF DEVELOPMENT OFFICER	40.00			X			97,400.	0.	4,490.	
(9) TIM ADAMS TRUSTEE	2.00	X					0.	0.	0.	
(10) SCOTT BECKER TRUSTEE	2.00	X					0.	0.	0.	
(11) LEE BLANK TRUSTEE	2.00	X		X			0.	0.	0.	
(12) CATHY STEWART BROWN TRUSTEE	2.00	X					0.	0.	0.	
(13) WILLIAM F. CARPENTER III TRUSTEE	2.00	X					0.	0.	0.	
(14) CHARLIE COOK TRUSTEE	2.00	X					0.	0.	0.	
(15) HONORABLE KARL DEAN TRUSTEE	2.00	X					0.	0.	0.	
(16) ROBERT DENNIS TRUSTEE	2.00	X					0.	0.	0.	
(17) SAM DEVANE 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) ROBERT DITTUS COMMUNITY INVESTMENT STRATEGY CHAIR	4.00	X		X				0.	0.	0.
(19) JIM GINGRICH TRUSTEE	2.00	X						0.	0.	0.
(20) HON. ALBERTO R. GONZALES TRUSTEE	2.00	X						0.	0.	0.
(21) TONY HEARD TRUSTEE	2.00	X						0.	0.	0.
(22) DAMON HININGER TRUSTEE	2.00	X						0.	0.	0.
(23) JOHN CROSSLIN TRUSTEE	2.00	X						0.	0.	0.
(24) LEE ANN INGRAM TRUSTEE	2.00	X						0.	0.	0.
(25) R. MILTON JOHNSON TRUSTEE	2.00	X						0.	0.	0.
(26) JENNEEN KAUFMAN BOARD CHAIR-TRUSTEE	4.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								1,282,784.	0.	143,330.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,282,784.	0.	143,330.

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 7

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ELEVATE CONSULTING, 1011 GILLOCK STREET #160466, NASHVILLE, TN 37216	COMMUNITY IMPACT CONSULTING	176,462.
THE AME GROUP (FORMERLY ANS) P.O. BOX 3086, EVANSVILLE, TN 47730	IT HELP DESK & MANAGED SERVICES	136,089.

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 2

SEE PART VII, SECTION A CONTINUATION SHEETS



<b>Part VII</b> Section A. <b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> (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) GORDON KNAPP IMMEDIATE PAST BOARD CHAIR	4.00	X		X				0.	0.	0.
(28) WILLIAM C. KOCH, JR. TRUSTEE	2.00	X						0.	0.	0.
(29) MICKEY MCKAY TRUSTEE	2.00	X		X				0.	0.	0.
(30) ROB MCNEILLY TRUSTEE	2.00	X						0.	0.	0.
(31) KRISTI MORROW TRUSTEE	2.00	X						0.	0.	0.
(32) JOHN DOERGE TRUSTEE	2.00	X						0.	0.	0.
(33) SCOTT POHLMAN TRUSTEE	2.00	X						0.	0.	0.
(34) BEN L. RECHTER TRUSTEE	2.00	X						0.	0.	0.
(35) RONALD ROBERTS TRUSTEE	2.00	X						0.	0.	0.
(36) HEATHER ROHAN VICE CHAIR - TRUSTEE	2.00	X						0.	0.	0.
(37) KEVIN ROME, PHD SECRETARY	2.00	X						0.	0.	0.
(38) ANNE RUSSELL TRUSTEE	2.00	X						0.	0.	0.
(39) MARGARET DOLAN TRUSTEE	2.00	X						0.	0.	0.
(40) JIM SCHMITZ TRUSTEE	2.00	X		X				0.	0.	0.
(41) DAVID FREEMAN TRUSTEE	2.00	X						0.	0.	0.
(42) WAYNE SMITH TRUSTEE	2.00	X						0.	0.	0.
(43) REV. LEIGH SPRUILL TRUSTEE	2.00	X						0.	0.	0.
(44) BLAKE STINNETTE TRUSTEE	2.00	X						0.	0.	0.
(45) ERIC STUCKEY TRUSTEE	2.00	X						0.	0.	0.
(46) DAVE WALTON TRUSTEE	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for James Weaver, Emily Weiss, Randy Gibson, and Cher Porties.

Total to Part VII, Section A, line 1c

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	1a	509,426.			
	<b>b</b>	Membership dues .....	1b				
	<b>c</b>	Fundraising events .....	1c				
	<b>d</b>	Related organizations .....	1d				
	<b>e</b>	Government grants (contributions) .....	1e	21,548,968.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	1f	23,895,930.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	1g	\$ 264,545.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		45,954,324.			
	Program Service Revenue	<b>2 a</b>	DESIGNATION SERVICE FE	Business Code	900099	439,117.	439,117.
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue .....					
<b>g</b>		<b>Total.</b> Add lines 2a-2f .....		439,117.			
Other Revenue		<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		228,136.		
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	(i) Real	1,000.			
			(ii) Personal				
	<b>b</b>	Less: rental expenses ...	6b	900.			
	<b>c</b>	Rental income or (loss)	6c	100.			
	<b>d</b>	Net rental income or (loss) .....		100.		100.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities	26,725,427.			
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses .....	7b	23,917,943.			
	<b>c</b>	Gain or (loss) .....	7c	2,807,484.			
	<b>d</b>	Net gain or (loss) .....		2,807,484.			2,807,484.
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	8a					
<b>b</b>	Less: direct expenses .....	8b					
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	9a					
<b>b</b>	Less: direct expenses .....	9b					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	10a					
<b>b</b>	Less: cost of goods sold .....	10b					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS INCOME	Business Code	900099	18,866.		18,866.
	<b>b</b>	EMPLOYEE RETIREMENT PL		900099	-151,203.		-151,203.
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		-132,337.			
<b>12</b>	<b>Total revenue.</b> See instructions .....		49,296,824.	439,117.	100.	2,903,283.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	36,098,064.	36,098,064.		
<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 .....	1,153,313.	406,315.	353,500.	393,498.
<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) .....	4,387,206.	2,412,555.	646,606.	1,328,045.
<b>7</b> Other salaries and wages .....				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	34,244.	22,406.	2,852.	8,986.
<b>9</b> Other employee benefits .....	365,247.	218,058.	67,572.	79,617.
<b>10</b> Payroll taxes .....	380,893.	197,307.	62,473.	121,113.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	1,718.	440.	1,278.	
<b>c</b> Accounting .....	68,135.	7,000.	61,135.	
<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.)	1,264,069.	1,035,724.	60,165.	168,180.
<b>12</b> Advertising and promotion .....	211,355.	96,241.	17,453.	97,661.
<b>13</b> Office expenses .....	405,775.	163,125.	56,813.	185,837.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	283,735.	158,638.	47,882.	77,215.
<b>17</b> Travel .....	26,809.	18,741.	1,352.	6,716.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	36,393.	22,906.	10,614.	2,873.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....	337,252.	176,519.	61,563.	99,170.
<b>22</b> Depreciation, depletion, and amortization .....	63,669.	33,190.	12,069.	18,410.
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on 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	352,860.	149,720.	107,432.	95,708.
<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	45,470,737.	41,216,949.	1,570,759.	2,683,029.
<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 .....	7,086,939.	<b>2</b>	6,978,013.
	<b>3</b> Pledges and grants receivable, net .....	13,261,847.	<b>3</b>	13,532,424.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<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 .....	159,579.	<b>9</b>	148,705.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,313,468.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,900,429.	434,043.	<b>10c</b> 413,039.
	<b>11</b> Investments - publicly traded securities .....	21,110,642.	<b>11</b>	24,640,757.
	<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 .....	670,066.	<b>15</b>	864,111.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	42,723,116.	<b>16</b>	46,577,049.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,821,361.	<b>17</b>	1,342,107.
	<b>18</b> Grants payable .....	7,867,367.	<b>18</b>	7,333,693.
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<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 .....	207,924.	<b>25</b>	571,236.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	9,896,652.	<b>26</b>	9,247,036.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	11,620,112.	<b>27</b>	14,826,881.
	<b>28</b> Net assets with donor restrictions .....	21,206,352.	<b>28</b>	22,503,132.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	32,826,464.	<b>32</b>	37,330,013.
<b>33</b> Total liabilities and net assets/fund balances .....	42,723,116.	<b>33</b>	46,577,049.	

**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>	49,296,824.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	45,470,737.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,826,087.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	32,826,464.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	677,462.
<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 on 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 32, column (B))	<b>10</b>	37,330,013.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	19,685,124.	24,272,817.	24,702,846.	33,164,153.	45,954,324.	147,779,264.
<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 .....	19,685,124.	24,272,817.	24,702,846.	33,164,153.	45,954,324.	147,779,264.
<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.						147,779,264.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	19,685,124.	24,272,817.	24,702,846.	33,164,153.	45,954,324.	147,779,264.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	201,207.	227,404.	247,994.	281,868.	228,136.	1,186,609.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	4,895.	24,000.	12,000.	12,000.	1,000.	53,895.
<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						149,019,768.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,131,343.
<b>13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.17 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	98.99 %
<b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 - 2019.</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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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

	Yes	No
<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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<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 governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**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

# 2020

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  UNITED WAY OF MIDDLE TENNESSEE, INC	Employer identification number  62-0533104
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**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	<hr/> <hr/> <hr/>	\$ 4,410,814.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 4,304,549.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,050,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 9,985,391.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	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
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**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
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**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

**2020**

**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 (for example, 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 FASB 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 FASB 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 FASB 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) 2020

**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 make 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 program
  - 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	14,592,770.	10,276,086.	11,356,159.	9,987,120.	9,670,867.
b Contributions	169,826.	2,537,900.		323.	55,178.
c Net investment earnings, gains, and losses	2,652,247.	2,346,063.	540,416.	1,884,963.	758,005.
d Grants or scholarships					
e Other expenditures for facilities and programs	550,000.	525,000.	497,000.	475,000.	460,000.
f Administrative expenses	67,195.	42,279.	42,656.	41,247.	36,930.
g End of year balance	16,797,648.	14,592,770.	10,276,087.	11,356,159.	9,987,120.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  45.0000 %
  - b Permanent endowment  55.0000 %
  - c Term endowment  .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		272,715.		272,715.
b Buildings		968,690.	968,690.	0.
c Leasehold improvements		714,337.	679,817.	34,520.
d Equipment		1,357,726.	1,251,922.	105,804.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				413,039.

**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	571,236.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	571,236.

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 FASB 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>	45,748,762.
<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>	677,461.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	211,570.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	900.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	889,931.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	44,858,831.
<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>	4,437,993.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	4,437,993.
<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>	49,296,824.

**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>	41,245,214.
<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>	211,570.
<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>	900.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	212,470.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	41,032,744.
<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>	4,437,993.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	4,437,993.
<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>	45,470,737.

**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 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 900.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CAMPAIGN CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES 4,437,993.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 900.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CAMPAIGN CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES 4,437,993.

**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

**2020**

**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
100 BLACK MEN OF MID TN P. O. BOX 140789 NASHVILLE, TN 37214	58-1984750	501(C)3	5,000.	0.			DONOR DIRECTED DESIGNATIONS
100 BLACK MEN OF MID TN P. O. BOX 140789 NASHVILLE, TN 37214	58-1984750	501(C)3	1,358.	0.			DONOR DIRECTED DESIGNATIONS
15TH AVE N LEARNING ACADEMY 1417 CHARLOTTE AVE NASHVILLE, TN 37203	47-2487996	501(C)3	679.	0.			SUB-RECIPIENT GRANTS
15TH AVE N LEARNING ACADEMY 1417 CHARLOTTE AVE NASHVILLE, TN 37203	47-2487996	501(C)3	9,444.	0.			PROGRAM OPNS (OBI)
4:13 STRONG PO BOX 101425 NASHVILLE, TN 37224	47-1939832	501(C)3	2,264.	0.			DONOR DIRECTED DESIGNATIONS
4:13 STRONG PO BOX 101425 NASHVILLE, TN 37224	47-1939832	501(C)3	37,002.	0.			PROGRAM OPNS (OBI)

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 317.

**3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) 2020



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
42428 AMERICAN RED CROSS/WILLIAMSON NATCHEZ TRACE - 129 W. FOWLKES STREET, SUITE 100 - FRANKLIN, TN 37064	53-0196605	501(C)3	10,156.	0.			PROGRAM OPNS (OBI)
42428 AMERICAN RED CROSS/WILLIAMSON NATCHEZ TRACE - 129 W. FOWLKES STREET, SUITE 100 - FRANKLIN, TN 37064	53-0196605	501(C)3	2,359.	0.			DONOR DIRECTED DESIGNATIONS
4622 JDRF MIDDLE TENNESSEE CHAPTER 105 WESTPARK DRIVE SUITE 415 BRENTWOOD, TN 37027	23-1907729	501(C)3	9,641.	0.			DONOR DIRECTED DESIGNATIONS
ADVENTURE SCIENCE CENTER 800 FORT NEGLEY BOULEVARD NASHVILLE, TN 37203	62-0479192	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
ADVENTURE SCIENCE CENTER 800 FORT NEGLEY BOULEVARD NASHVILLE, TN 37203	62-0479192	501(C)3	528.	0.			DONOR DIRECTED DESIGNATIONS
AFFORDABLE HOUSING RESOURCES 50 VANTAGE WAY #107 NASHVILLE, TN 37228	58-1857324	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
AFFORDABLE HOUSING RESOURCES 50 VANTAGE WAY #107 NASHVILLE, TN 37228	58-1857324	501(C)3	500,000.	0.			SUB-RECIPIENT GRANTS
AGAPE 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	62-0760716	501(C)3	6,699.	0.			DONOR DIRECTED DESIGNATIONS
AGAPE 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	62-0760716	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
AGEWELL MIDDLE TENNESSEE 95 WHITE BRIDGE RD SUITE 250 NASHVILLE, TN 37205	62-1867122	501(C)3	786.	0.			DONOR DIRECTED DESIGNATIONS
AGEWELL MIDDLE TENNESSEE 95 WHITE BRIDGE RD SUITE 250 NASHVILLE, TN 37205	62-1867122	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
ALIVE HOSPICE, INC. 1718 PATTERSON ST NASHVILLE, TN 37203	62-0983550	501(C)3	25,002.	0.			PROGRAM OPNS (OBI)
ALIVE HOSPICE, INC. 1719 PATTERSON ST NASHVILLE, TN 37203	62-0983551	501(C)3	36,430.	0.			DONOR DIRECTED DESIGNATIONS
ALSAC / ST. JUDE 201 EAST SANDPOINTE AVE, #300 SANTA ANA, CA 92707	35-1044585	501(C)3	5,000.	0.			DONOR DIRECTED DESIGNATIONS
ALZHEIMER'S ASSOCIATION OF MID-SOUTH CHAPTER - 478 CRAIGHEAD ST SUITE 200 - NASHVILLE, TN 37024	62-1860364	501(C)3	10,574.	0.			DONOR DIRECTED DESIGNATIONS
AM RED CROSS/WILLIAMSON CO. CH 2201 CHARLOTTE AVENUE NASHVILLE, TN 37203	53-0196605	501(C)3	19,852.	0.			PROGRAM OPNS (OBI)
AM RED CROSS/WILLIAMSON CO. CH 2201 CHARLOTTE AVENUE NASHVILLE, TN 37203	53-0196605	501(C)3	42.	0.			DONOR DIRECTED DESIGNATIONS
AMERICAN CANCER SOCIETY 2000 CHARLOTTE AVENUE NASHVILLE, TN 37203	13-1788491	501(C)3	7,515.	0.			DONOR DIRECTED DESIGNATIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY/DAVIDSON 2008 CHARLOTTE AVENUE NASHVILLE, TN 37203	13-1788491	501(C)3	6,167.	0.			DONOR DIRECTED DESIGNATIONS
AMERICAN HEART ASSOC./DAVIDSON CO. 1818 PATTERSON STREET NASHVILLE, TN 37203	13-5613797	501(C)3	7,127.	0.			DONOR DIRECTED DESIGNATIONS
AMERICAN HEART ASSOCIATION 1818 PATTERSON STREET NASHVILLE, TN 37203	13-5613797	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
AMERICAN JEWISH JOINT DISTRIBUTION 220 EAST 42ND STREET NEW YORK, NY 10017	13-1656634	501(C)3	300,000.	0.			DONOR DIRECTED DESIGNATIONS
AMERICAN MUSLIM ADVISORY COUNCIL 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	36-4720454	501(C)3	90,000.	0.			PROGRAM OPNS (OBI)
AMERICAN RED CROSS-DAVIDSON COUNTY 2201 CHARLOTTE AVE NASHVILLE, TN 37203	53-0196605	501(C)3	59,778.	0.			PROGRAM OPNS (OBI)
AMERICAN RED CROSS-DAVIDSON COUNTY 2201 CHARLOTTE AVE NASHVILLE, TN 37203	53-0196605	501(C)3	36,465.	0.			DONOR DIRECTED DESIGNATIONS
APHESIS HOUSE, INC. 1522 COMPTON AVENUE NASHVILLE, TN 37212	27-0041227	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
ARC OF TENNESSEE 545 MAINSTREAM, SUITE 100 NASHVILLE, TN 37228	62-0639154	501(C)3	11,312.	0.			PROGRAM OPNS (OBI)

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ARC WILLIAMSON COUNTY 129 W. FOWLKES ST , SUITE 143 FRANKLIN, TN 37064	62-6019147	501(C)3	23,919.	0.			PROGRAM OPNS (OBI)
ARC WILLIAMSON COUNTY 129 W. FOWLKES ST , SUITE 143 FRANKLIN, TN 37064	62-6019147	501(C)3	1,892.	0.			DONOR DIRECTED DESIGNATIONS
ASHLAND CITY MINISTERIAL ALLIANCE BETHEADA CENTER - 124 S MAIN ST DR. SAM CREED - ASHLAND CITY, TN 37015	58-2015542	501(C)3	13,438.	0.			PROGRAM OPNS (OBI)
ASHLAND CITY MINISTERIAL ALLIANCE BETHEADA CENTER - 124 S MAIN ST DR. SAM CREED - ASHLAND CITY, TN 37015	58-2015542	501(C)3	484.	0.			DONOR DIRECTED DESIGNATIONS
BEGIN ANEW OF MIDDLE TENNESSEE 1111 FOSTER AVE NASHVILLE, TN 37210	76-0718734	501(C)3	29,080.	0.			PROGRAM OPNS (OBI)
BEGIN ANEW OF MIDDLE TENNESSEE 1111 FOSTER AVE NASHVILLE, TN 37210	76-0718734	501(C)3	4,060.	0.			DONOR DIRECTED DESIGNATIONS
BETHANY CHRISTIAN SERVICES 901 EASTERN AVENUE NE, PO BOX GRAND RAPIDS, MI 49501	20-1204075	501(C)3	1,404.	0.			DONOR DIRECTED DESIGNATIONS
BETHANY CHRISTIAN SERVICES 901 EASTERN AVENUE NE, PO BOX GRAND RAPIDS, MI 49501	20-1204075	501(C)3	10,002.	0.			PROGRAM OPNS (OBI)
BETHLEHEM CENTER 1417 CHARLOTTE AVE NASHVILLE, TN 37203	62-0843073	501(C)3	9,741.	0.			SUB-RECIPIENT GRANTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BETHLEHEM CENTER 1417 CHARLOTTE AVE NASHVILLE, TN 37203	62-0843073	501(C)3	102,545.	0.			PROGRAM OPNS (OBI)
BETHLEHEM CENTER 1417 CHARLOTTE AVE NASHVILLE, TN 37203	62-0843073	501(C)3	4,311.	0.			DONOR DIRECTED DESIGNATIONS
BIG BROTHERS/BIG SISTERS 1704 CHARLOTTE AVENUE NASHVILLE, TN 37203	23-7056024	501(C)3	99,695.	0.			PROGRAM OPNS (OBI)
BIG BROTHERS/BIG SISTERS 1704 CHARLOTTE AVENUE NASHVILLE, TN 37203	23-7056024	501(C)3	11,162.	0.			DONOR DIRECTED DESIGNATIONS
BIRTHRIGHT ISREAL P.O. BOX 21615 NEW YORK, NY 10087	13-4092050	501(C)3	10,000.	0.			DONOR DIRECTED DESIGNATIONS
BLUE MONARCH PO BOX 1207 MONTEAGLE, TN 37356-1207	82-0584070	501(C)3	10,000.	0.			DONOR DIRECTED DESIGNATIONS
BOOK EM 161 RAINS AVENUE NASHVILLE, TN 37203	58-2000621	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
BOOK EM 161 RAINS AVENUE NASHVILLE, TN 37203	58-2000621	501(C)3	907.	0.			DONOR DIRECTED DESIGNATIONS
BOY SCOUTS OF AMERICA - TROOP #8 9424 LOST HOLLOW CT BRENTWOOD, TN 37027	62-0477729	501(C)3	13,515.	0.			PROGRAM OPNS (OBI)

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BOY SCOUTS/WILLIAMSON COUNTY P O BOX 150409 NASHVILLE, TN 37215	62-0477729	501(C)3	32,500.	0.			PROGRAM OPNS (OBI)
BOY SCOUTS/WILLIAMSON COUNTY P O BOX 150409 NASHVILLE, TN 37215	62-0477729	501(C)3	17,507.	0.			DONOR DIRECTED DESIGNATIONS
BOYS & GIRLS CLUB MAURY 210 WEST 8TH STREET COLUMBIA, TN 38401	62-1611131	501(C)3	5,735.	0.			DONOR DIRECTED DESIGNATIONS
BOYS & GIRLS CLUB OF RUTHERFORD CO. - P O BOX 3343 - MURFREESBORO, TN 37133	47-4334308	501(C)3	8,656.	0.			DONOR DIRECTED DESIGNATIONS
BOYS & GIRLS CLUBS/DAVIDSON 1704 CHARLOTTE AVENUE, SUITE 200 NASHVILLE, TN 37203	62-0540402	501(C)3	29,442.	0.			DONOR DIRECTED DESIGNATIONS
BRANCHES COUNSELING CENTER 1102 DOW ST MURFREESBORO, TN 37130	26-1119206	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
BRIDGE MINISTRY, INC. P. O. BOX 463 GOODLETTSVILLE, TN 37070	01-0849577	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
BRIDGE MINISTRY, INC. P. O. BOX 463 GOODLETTSVILLE, TN 37070	01-0849577	501(C)3	2,250.	0.			DONOR DIRECTED DESIGNATIONS
BRIDGES DOMESTIC VIOLENCE CENTER PO BOX 1592 NASHVILLE, TN 37203	62-1753127	501(C)3	31,929.	0.			DONOR DIRECTED DESIGNATIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 DOMESTIC VIOLENCE CENTER PO BOX 1592 NASHVILLE, TN 37203	62-1753127	501(C)3	225,516.	0.			PROGRAM OPNS (OBI)
BRIDGES, SERVING DEAF & HARD OF HEARING - 935 EDGEHILL AVENUE - NASHVILLE, TN 37203	62-0498798	501(C)3	965.	0.			DONOR DIRECTED DESIGNATIONS
BRIDGES, SERVING DEAF & HARD OF HEARING - 935 EDGEHILL AVENUE - NASHVILLE, TN 37203	62-0498798	501(C)3	5,000.	0.			PROGRAM OPNS (OBI)
BRIDGES, SERVING DEAF & HARD OF HEARING - 935 EDGEHILL AVENUE - NASHVILLE, TN 37203	62-0498798	501(C)3	2,295.	0.			SUB-RECIPIENT GRANTS
BRIGHTSTONE, INC. P O BOX 682966 FRANKLIN, TN 37068	62-1783260	501(C)3	3,077.	0.			DONOR DIRECTED DESIGNATIONS
BRIGHTSTONE, INC. P O BOX 682966 FRANKLIN, TN 37068	62-1783260	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
BROKEN RESTORED REDEEMED MINIS 425 S WATER AVE SUITE 10 GALLATIN, TN 37066	82-1520637	501(C)3	440,000.	0.			SUB-RECIPIENT GRANTS
BUILDING LIVES FOUNDATION, INC 2000 MALLORY LN SUITE 130-166 FRANKLIN, TN 37067	20-5584526	501(C)3	56,666.	0.			SUB-RECIPIENT GRANTS
C.A.S.A. 601 WOODLAND ST NASHVILLE, TN 37206	62-1203459	501(C)3	3,772.	0.			DONOR DIRECTED DESIGNATIONS

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
C.A.S.A. 601 WOODLAND ST NASHVILLE, TN 37206	62-1203459	501(C)3	20,002.	0.			PROGRAM OPNS (OBI)
C.O.P.E., INC. P O BOX 732 SPRINGFIELD, TN 37172	58-1656080	501(C)3	11,250.	0.			PROGRAM OPNS (OBI)
C.O.P.E., INC. P O BOX 732 SPRINGFIELD, TN 37172	58-1656080	501(C)3	1,810.	0.			DONOR DIRECTED DESIGNATIONS
CAMPUS FOR HUMAN DEVELOPMENT/DAVIDSON - 532 8TH AVENUE SOUTH - NASHVILLE, TN 37203	62-0811413	501(C)3	9,153.	0.			DONOR DIRECTED DESIGNATIONS
CATHOLIC CHARITIES / DC 924 G STREET NW WASHINGTON D.C., VI 20001	53-0196524	501(C)3	5,218.	0.			DONOR DIRECTED DESIGNATIONS
CATHOLIC CHARITIES OF TN, INC 2806 MCGAVOCK PIKE NASHVILLE, TN 37214	62-0679520	501(C)3	31,022.	0.			DONOR DIRECTED DESIGNATIONS
CATHOLIC CHARITIES OF TN, INC 2806 MCGAVOCK PIKE NASHVILLE, TN 37214	62-0679520	501(C)3	1,051,439.	0.			SUB-RECIPIENT GRANTS
CATHOLIC CHARITIES OF TN, INC 2806 MCGAVOCK PIKE NASHVILLE, TN 37214	62-0679520	501(C)3	809,393.	0.			PROGRAM OPNS (OBI)
CENTER FOR LIVING & LEARNING/WM PO BOX 50272 NASHVILLE, TN 37205	58-1742628	501(C)3	65,592.	0.			PROGRAM OPNS (OBI)

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CENTER FOR LIVING & LEARNING/WM PO BOX 50272 NASHVILLE, TN 37205	58-1742628	501(C)3	545.	0.			DONOR DIRECTED DESIGNATIONS
CENTER OF HOPE/MAURY COUNTY P O BOX 1961 COLUMBIA, TN 38402	62-1375056	501(C)3	990.	0.			DONOR DIRECTED DESIGNATIONS
CENTER OF HOPE/MAURY COUNTY P O BOX 1961 COLUMBIA, TN 38402	62-1375056	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
CENTERSTONE 44 VANTAGE WAY SUITE 280 NASHVILLE, TN 37228-1565	62-1674308	501(C)3	7,300.	0.			DONOR DIRECTED DESIGNATIONS
CHABAD JEWISH CENTER 9950 LONE TREE PARKWAY LONE TREE, CO 80124	20-0285036	501(C)3	5,000.	0.			DONOR DIRECTED DESIGNATIONS
CHANNELS OF LOVE MINISTRIES, INC 1023 MCCALLIE AVE CHATTANOOGA, TN 37403	20-1602391	501(C)3	48,289.	0.			SUB-RECIPIENT GRANTS
CHARIS HEALTH CENTER WILSON 2620 N MT. JULIET ROAD MOUNT JULIET, TN 37122	35-2298919	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
CHARIS HEALTH CENTER WILSON 2620 N MT. JULIET ROAD MOUNT JULIET, TN 37122	35-2298919	501(C)3	207.	0.			DONOR DIRECTED DESIGNATIONS
CHATTANOOGA CARES, INC 1000 EAST THIRD STREET CHATTANOOGA, TN 37403	62-1325543	501(C)3	163,355.	0.			SUB-RECIPIENT GRANTS

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CHEEKWOOD 1200 FORREST PARK DRIVE NASHVILLE, TN 37205	62-0627921	501(C)3	7,000.	0.			DONOR DIRECTED DESIGNATIONS
CHILD ADVOCACY CENTER 406 N. MAIN STREET SPRINGFIELD, TN 37172	62-1553913	501(C)3	6,376.	0.			PROGRAM OPNS (OBI)
CHILD ADVOCACY CENTER 406 N. MAIN STREET SPRINGFIELD, TN 37172	62-1553913	501(C)3	560.	0.			DONOR DIRECTED DESIGNATIONS
CHILDREN & FAMILY SERVICES, INC PO BOX 845 COVINGTON, TN 38409	62-1166322	501(C)3	25,923.	0.			SUB-RECIPIENT GRANTS
CHRISTIAN COMMUNITY SERVICES, INC. 601 BENTON AVENUE B NASHVILLE, TN 37204	62-1702753	501(C)3	10,002.	0.			PROGRAM OPNS (OBI)
CHRISTIAN COMMUNITY SERVICES, INC. 601 BENTON AVENUE B NASHVILLE, TN 37204	62-1702753	501(C)3	1,885.	0.			DONOR DIRECTED DESIGNATIONS
CHRYSALIS ORAL HEALTH CARE ALL 900 BELDEN WAY NASHVILLE, TN 37221	82-1918365	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
CHURCH OF THE ADVENT 5501 FRANKLIN RD. NASHVILLE, TN 37220	62-0547288	501(C)3	231,273.	0.			SUB-RECIPIENT GRANTS
CITY OF LIFE COMM DEVELOPMENT 4300 CLARKSVILLE HWY NASHVILLE, TN 37218	62-1865308	501(C)3	112,000.	0.			SUB-RECIPIENT GRANTS

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CIVICTN 5016 CENTENNIAL BLVD SUITE 200 NASHVILLE, TN 37209	84-2967597	501(C)3	5,000.	0.			PROGRAM OPNS (OBI)
CLARKSVILLE-MONTGOMERY INTERVE 1778 ASHLAND CITY ROAD, SUITE B CLARKSVILLE, TN 37043	58-1694616	501(C)3	8,975.	0.			SUB-RECIPIENT GRANTS
CLARKSVILLE-MONTGOMERY INTERVE 1778 ASHLAND CITY ROAD, SUITE B CLARKSVILLE, TN 37043	58-1694616	501(C)3	141.	0.			DONOR DIRECTED DESIGNATIONS
CLEVELAND STREET BAPTIST CHURC 608 CLEVELAND STREET NASHVILLE, TN 37207	62-1166013	501(C)3	5,000.	0.			PROGRAM OPNS (OBI)
COLBY'S ARMY PO BOX 90464 NASHVILLE, TN 37209	27-1023432	501(C)3	5,000.	0.			PROGRAM OPNS (OBI)
COLUMBIA CARES, INC. 319-D WEST 7TH STREET COLUMBIA, TN 38401	62-1513020	501(C)3	184,630.	0.			SUB-RECIPIENT GRANTS
COLUMBIA CARES, INC. 1202 SOUTH JAMES CAMPBELL BLVD SUIT COLUMBIA, TN 38401	62-1513020	501(C)3	824.	0.			DONOR DIRECTED DESIGNATIONS
COMMUNITIES IN SCHOOLS OF TN 1207 18TH AVE SOUTH NASHVILLE, TN 37212	46-1196944	501(C)3	66,200.	0.			PROGRAM OPNS (OBI)
COMMUNITIES IN SCHOOLS OF TN 1207 18TH AVE SOUTH NASHVILLE, TN 37212	46-1196944	501(C)3	1,442.	0.			DONOR DIRECTED DESIGNATIONS

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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COMMUNITY CARE FELLOWSHIP 511 S 8TH ST BOX 60068 NASHVILLE, TN 37206	62-1063538	501(C)3	712.	0.			DONOR DIRECTED DESIGNATIONS
COMMUNITY CARE FELLOWSHIP 511 S 8TH ST BOX 60068 NASHVILLE, TN 37206	62-1063538	501(C)3	30,000.	0.			PROGRAM OPNS (OBI)
COMMUNITY CHILD CARE CENTER 129 W. FOWLKES ST SUITE 1270 FRANKLIN, TN 37064	62-0852972	501(C)3	1,504.	0.			DONOR DIRECTOR DESIGNATIONS
COMMUNITY CHILD CARE CENTER 129 W. FOWLKES ST SUITE 1270 FRANKLIN, TN 37064	62-0852972	501(C)3	181,436.	0.			PROGRAM OPNS (OBI)
COMMUNITY CLINIC OF SHELBYVILL 200 DOVER ST SUITE 202 SHELBYVILLE, TN 37160	34-1974609	501(C)3	8,423.	0.			PROGRAM OPNS (OBI)
COMMUNITY FOUNDATION OF MIDDLE TENNESSEE - 3833 CLEGHORN AVENUE - NASHVILLE, TN 37215	62-1471789	501(C)3	128,747.	0.			DONOR DIRECTED DESIGNATIONS
COMMUNITY FOUNDATION OF MIDDLE TENNESSEE - 3833 CLEGHORN AVENUE - NASHVILLE, TN 37215	62-1471789	501(C)3	5,000.	0.			PROGRAM OPNS (OBI)
COMMUNITY HEALTH CHARITIES P O BOX 75153 NASHVILLE, TN 37228	23-7456385	501(C)3	87,919.	0.			DONOR DIRECTED DESIGNATIONS
COMMUNITY HOUSING PARTNERSHIP 129 W. FOWLKES ST SUITE 124 FRANKLIN, TN 37064	62-1572386	501(C)3	77,460.	0.			PROGRAM OPNS (OBI)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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COMMUNITY HOUSING PARTNERSHIP 129 W. FOWLKES ST SUITE 124 FRANKLIN, TN 37064	62-1572386	501(C)3	1,232.	0.			DONOR DIRECTED DESIGNATIONS
COMMUNITY RESOURCE CENTER 218 OMOHUNDRO PLACE NASHVILLE, TN 37210	62-1308387	501(C)3	130.	0.			DONOR DIRECTED DESIGNATIONS
COMMUNITY RESOURCE CENTER 218 OMOHUNDRO PLACE NASHVILLE, TN 37210	62-1308387	501(C)3	75,000.	0.			PROGRAM OPNS (OBI)
COMMUNITY SHARES OF TENNESSEE 955 WOODLAND STREET NASHVILLE, TN 37206	62-1233685	501(C)3	48,450.	0.			DONOR DIRECTED DESIGNATIONS
CONEXION AMERICAS 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	62-1715618	501(C)3	5,792.	0.			DONOR DIRECTED DESIGNATIONS
CONEXION AMERICAS 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	62-1715618	501(C)3	356,070.	0.			PROGRAM OPNS (OBI)
CONEXION AMERICAS 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	62-1715618	501(C)3	728,329.	0.			SUB-RECIPIENT GRANTS
CONGREGATIONAL HEALTH & EDUCAT 1818 ALBION STREET NASHVILLE, TN 37208	82-2358735	501(C)3	109,500.	0.			SUB-RECIPIENT GRANTS
COUNCIL FOR ALCOHOL & DRUG ABUSE SERVICES - 207 SPEARS AVE - CHATTANOOGA, TN 37405	62-0716063	501(C)3	64,351.	0.			SUB-RECIPIENT GRANTS

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CREATIVE GIRLS ROCK PO BOX 330812 NASHVILLE, TN 37203	84-2460498	501(C)3	22,000.	0.			SUB-RECIPIENT GRANTS
CRIMSON TIDE FOUNDATION P. O. BOX 870343 TUSCALOOSA, AL 35487	20-1715023	501(C)3	5,000.	0.			DONOR DIRECTED DESIGNATIONS
CUMBERLAND CRISIS PREGNANCY CENTER PO BOX 1031 HENDERSONVILLE, TN 37077	58-1705496	501(C)3	5,847.	0.			DONOR DIRECTED DESIGNATIONS
CURREY INGRAM ACADEMY 6544 MURRAY LANE BRENTWOOD, TN 37027-5633	62-1296326	501(C)3	5,288.	0.			DONOR DIRECTED DESIGNATIONS
CYSTIC FIBROSIS FOUNDATION 4538 TROUSDALE DR NASHVILLE, TN 37204	13-1930701	501(C)3	9,755.	0.			DONOR DIRECTED DESIGNATIONS
DENVER ZOO DEVELOPMENT DEPARTMENT 2300 STEELE S DENVER, CO 80205	84-0502539	501(C)3	10,000.	0.			DONOR DIRECTED DESIGNATIONS
DOMESTIC VIOLENCE PROG / RUTHERFORD - P O BOX 2652 - MURFREESBORO, TN 37133	62-1303875	501(C)3	2,321.	0.			DONOR DIRECTED DESIGNATIONS
DOMESTIC VIOLENCE PROG / RUTHERFORD - P O BOX 2652 - MURFREESBORO, TN 37133	62-1303875	501(C)3	5,000.	0.			PROGRAM OPNS (OBI)
DYMON IN THE ROUGH PO BOX 330816 NASHVILLE, TN 37203	46-1319844	501(C)3	89,100.	0.			SUB-RECIPIENT GRANTS

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E TN CHILDREN'S HOSPITAL P O BOX 15010 ATTN: DEVELOPMENT DE KNOXVILLE, TN 37901-5010	62-6002604	501(C)3	5,233.	0.			DONOR DIRECTED DESIGNATIONS
EDGEHILL NEIGHBORHOOD PARTNERS PO BOX 121016 NASHVILLE, TN 37212	90-0381834	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
EIGHTEENTH AVENUE FAMILY ENRICHMENT CENTER - 1811 OSAGE ST - NASHVILLE, TN 37208	62-0562855	501(C)3	99,002.	0.			PROGRAM OPNS (OBI)
EIGHTEENTH AVENUE FAMILY ENRICHMENT CENTER - 1811 OSAGE ST - NASHVILLE, TN 37208	62-0562855	501(C)3	1,863.	0.			DONOR DIRECTED DESIGNATIONS
ELAM MENTAL HEALTH CENTER 1005 DR. DB TODD JR. BLVD NASHVILLE, TN 37208	62-0488046	501(C)3	68,304.	0.			SUB-RECIPIENT GRANTS
ELIJAH'S HEART 2817 WEST END AVE SUITE 126-272 NASHVILLE, TN 37203	27-2819153	501(C)3	34.	0.			DONOR DIRECTED DESIGNATIONS
ELIJAH'S HEART 2817 WEST END AVE SUITE 126-272 NASHVILLE, TN 37203	27-2819153	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
EQUAL CHANCE FOR EDUCATION 3715 WEST END AVE NASHVILLE, TN 37205	46-4528066	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
EQUITY ALLIANCE PO BOX 331821 NASHVILLE, TN 37203	81-5394158	501(C)3	45,000.	0.			PROGRAM OPNS (OBI)

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EXCHANGE CLUB FAMILY CENTER, INC. 139 THOMPSON LN NASHVILLE, TN 37211	62-1237360	501(C)3	4,036.	0.			DONOR DIRECTED DESIGNATIONS
EXCHANGE CLUB FAMILY CENTER, INC. 139 THOMPSON LN NASHVILLE, TN 37211	62-1237360	501(C)3	51,502.	0.			PROGRAM OPNS (OBI)
FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)3	114,002.	0.			PROGRAM OPNS (OBI)
FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)3	10,588.	0.			DONOR DIRECTED DESIGNATIONS
FAMILY & CHILDREN'S SERVICES 1704 HEIMEN ST NASHVILLE, TN 37208	62-0499284	501(C)3	3,714.	0.			DONOR DIRECTED DESIGNATIONS
FAMILY & CHILDREN'S SERVICES 1704 HEIMEN ST NASHVILLE, TN 37208	62-0499284	501(C)3	105,000.	0.			PROGRAM OPNS (OBI)
FANNIE BATTLE DAY HOME FOR CHILDREN - 108 CHAPEL AVENUE - NASHVILLE, TN 37206	62-0476290	501(C)3	45,851.	0.			SUB-RECIPIENT GRANTS
FANNIE BATTLE DAY HOME FOR CHILDREN - 108 CHAPEL AVENUE - NASHVILLE, TN 37206	62-0476290	501(C)3	1,497.	0.			DONOR DIRECTED DESIGNATIONS
FANNIE BATTLE DAY HOME FOR CHILDREN - 108 CHAPEL AVENUE - NASHVILLE, TN 37206	62-0476290	501(C)3	81,002.	0.			PROGRAM OPNS (OBI)

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FIFTYFORWARD 960 HERITAGE WAY BRENTWOOD, TN 37207	62-0566419	501(C)3	347,862.	0.			PROGRAM OPNS (OBI)
FIFTYFORWARD 960 HERITAGE WAY BRENTWOOD, TN 37207	62-0566419	501(C)3	15,057.	0.			DONOR DIRECTED DESIGNATIONS
FIRST BAPTIST CHURCH PLEASANT VIEW 2555 HWY 49 E PLEASANT VIEW, TN 37146	62-1189685	501(C)3	7,020.	0.			DONOR DIRECTED DESIGNATIONS
FIRST BAPTIST CHURCH SOUTH ING 1515 ANN STREET NASHVILLE, TN 37216	20-7378739	501(C)3	36,100.	0.			SUB-RECIPIENT GRANTS
FIRST STEPS, INC. 1900 GRAYBAR LANE NASHVILLE, TN 37215	62-0674974	501(C)3	133,000.	0.			PROGRAM OPNS (OBI)
FIRST STEPS, INC. 1900 GRAYBAR LANE NASHVILLE, TN 37215	62-0674974	501(C)3	1,816.	0.			DONOR DIRECTED DESIGNATIONS
FRANKLIN BOYS & GIRLS CLUB P O BOX 1084 FRANKLIN, TN 37065	62-0540402	501(C)3	95,511.	0.			PROGRAM OPNS (OBI)
FRANKLIN BOYS & GIRLS CLUB P O BOX 1084 FRANKLIN, TN 37065	62-0540402	501(C)3	5,405.	0.			DONOR DIRECTED DESIGNATIONS
FRIENDSHIP HOUSE 202 23RD AVE NORTH NASHVILLE, TN 37203	62-0713645	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)

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FRIST CENTER FOR THE VISUAL ARTS 919 BROADWAY NASHVILLE, TN 37203	62-1731492	501(C)3	5,451.	0.			DONOR DIRECTED DESIGNATIONS
FROM YOUR FATHER PO BOX 41253 NASHVILLE, TN 37210	81-1460347	501(C)3	5,000.	0.			PROGRAM OPNS (OBI)
FRONTIER HEALTH 1167 SPRATLIN PARK DR GRAY, TN 37645	46-1432508	501(C)3	130.	0.			DONOR DIRECTED DESIGNATIONS
FRONTIER HEALTH 1167 SPRATLIN PARK DR. GRAY, TN 37645	46-1432508	501(C)3	100,250.	0.			SUB-RECIPIENT GRANTS
GIDEONS ARMY 600 28TH AVE N NASHVILLE, TN 37209	82-1741628	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
GILDA'S CLUB OF NASHVILLE 1707 DIVISION STREET NASHVILLE, TN 37203	62-1614190	501(C)3	11,560.	0.			DONOR DIRECTED DESIGNATIONS
GILDA'S CLUB OF NASHVILLE 1707 DIVISION STREET NASHVILLE, TN 37203	62-1614190	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
GIRL SCOUTS OF MIDDLE TENNESSEE 4522 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0589380	501(C)3	7,583.	0.			DONOR DIRECTED DESIGNATIONS
GOODWILL INDUSTRIES OF MIDDLE TENNESSEE - 937 HERMAN STREET - NASHVILLE, TN 37208	62-0599413	501(C)3	2,450.	0.			DONOR DIRECTED DESIGNATIONS

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GOODWILL INDUSTRIES OF MIDDLE TENNESSEE - 937 HERMAN STREET - NASHVILLE, TN 37208	62-0599413	501(C)3	34,500.	0.			PROGRAM OPNS (OBI)
GRACEWORKS MINISTRIES INC 104 SOUTH EAST PARKWAY STE. 100 FRANKLIN, TN 37064	62-1584204	501(C)3	130,397.	0.			PROGRAM OPNS (OBI)
GRACEWORKS MINISTRIES INC 104 SOUTH EAST PARKWAY STE. 100 FRANKLIN, TN 37064	62-1584204	501(C)3	1,858.	0.			SUB-RECIPIENT GRANT
GRACEWORKS MINISTRIES, INC. 104 SOUTH EAST PARKWAY STE. 100 FRANKLIN, TN 37064	62-1584204	501(C)3	15,604.	0.			DONOR DIRECTED DESIGNATIONS
GREATER FAITH COMMUNITY ACTION P O BOX 215 SPRINGFIELD, TN 37172	90-0139322	501(C)3	31,376.	0.			PROGRAM OPNS (OBI)
GUARDIANSHIP & TRUST CORPORATION 51 UNION STREET, SUITE 404 NASHVILLE, TN 37205	58-1454706	501(C)3	17,002.	0.			PROGRAM OPNS (OBI)
H.E.A.L. MINISTRIES P O BOX 50361 NASHVILLE, TN 37205	26-2267496	501(C)3	5,000.	0.			DONOR DIRECTED DESIGNATIONS
HABITAT FOR HUMANITY/NASHVILLE 414 HARDING PL SUITE 100 NASHVILLE, TN 37211	58-1636286	501(C)3	2,572.	0.			DONOR DIRECTED DESIGNATIONS
HABITAT FOR HUMANITY/NASHVILLE 414 HARDING PL SUITE 100 NASHVILLE, TN 37211	58-1636286	501(C)3	32,500.	0.			PROGRAM OPNS (OBI)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
HABITAT FOR HUMANITY/WILLIAMSON 511 WEST MEADE BLVD. FRANKLIN, TN 37064	62-1506788	501(C)3	3,682.	0.			DONOR DIRECTED DESIGNATIONS
HABITAT FOR HUMANITY/WILLIAMSON 511 WEST MEADE BLVD. FRANKLIN, TN 37064	62-1506788	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
HEALING HOUSING INC PO BOX 2385 BRENTWOOD, TN 37027	47-3758041	501(C)3	5,000.	0.			PROGRAM OPNS (OBI)
HIGH HOPES, INC. 301 HIGH HOPES COURT FRANKLIN, TN 37064	62-1210720	501(C)3	68,000.	0.			PROGRAM OPNS (OBI)
HIGH HOPES, INC. 301 HIGH HOPES COURT FRANKLIN, TN 37064	62-1210720	501(C)3	11,780.	0.			DONOR DIRECTED DESIGNATIONS
HISPANIC FAMILY FOUNDATION, IN 3955 NOLENSVILLE PIKE SUITE 119 NASHVILLE, TN 37211	46-4181468	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
HOLY FAMILY CATHOLIC CHURCH 9100 CROCKETT ROAD BRENTWOOD, TN 37027	62-1400461	501(C)3	5,000.	0.			DONOR DIRECTED DESIGNATIONS
HOMESAFE SUMNER, ROBERTSON & 331 SOUTH WATER AVE GALLATIN, TN 37066	58-1575248	501(C)3	3,750.	0.			PROGRAM OPNS (OBI)
HOMESAFE SUMNER, ROBERTSON & 331 SOUTH WATER AVE GALLATIN, TN 37066	58-1575248	501(C)3	3,338.	0.			DONOR DIRECTED DESIGNATIONS

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
HOPE CLINIC FOR WOMEN 1810 HAYES ST. NASHVILLE, TN 37203	62-1164825	501(C)3	5,000.	0.			DONOR DIRECTED DESIGNATIONS
HOPE COMMUNITY DEVELOPMENT COR 2311 MURFREESBORO PIKE NASHVILLE, TN 37217	27-0958369	501(C)3	168,700.	0.			SUB-RECIPIENT GRANTS
HOPE STATION 819 33RD AVE NORTH NASHVILLE, TN 37209	37-1775568	501(C)3	5,000.	0.			PROGRAM OPNS (OBI)
HOPE STATION 819 33RD AVE NORTH NASHVILLE, TN 37209	37-1775568	501(C)3	755,775.	0.			SUB-RECIPIENT GRANTS
HOPE STATION 819 33RD AVE NORTH NASHVILLE, TN 37209	37-1775568	501(C)3	842.	0.			DONOR DIRECTED DESIGNATIONS
HOUSING FUND P.O. BOX 281345 NASHVILLE, TN 37228	62-1632388	501(C)3	56,250.	0.			SUB-RECIPIENT GRANTS
HOUSING FUND P.O. BOX 281345 NASHVILLE, TN 37228	62-1632388	501(C)3	51.	0.			DONOR DIRECTED DESIGNATIONS
IMF COMMUNITY FUND, INC. P O BOX 331903 NASHVILLE, TN 37203	47-2915650	501(C)3	11,500.	0.			PROGRAM OPNS (OBI)
INSIGHT COUNSELING CENTERS, INC. P O BOX 50242 NASHVILLE, TN 37205	58-1731899	501(C)3	32,500.	0.			PROGRAM OPNS (OBI)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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INSPIRITUS, INC. P O BOX 60597 NASHVILLE, TN 37206	62-1499797	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
INTERFAITH DENTAL CLINIC/WILLIAMSON - 1721 PATTERSON STREET - NASHVILLE, TN 37203	62-1567615	501(C)3	3,528.	0.			DONOR DIRECTED DESIGNATIONS
INTERFAITH DENTAL CLINIC/WILLIAMSON - 1721 PATTERSON STREET - NASHVILLE, TN 37203	62-1567615	501(C)3	179,667.	0.			PROGRAM OPNS (OBI)
ISLAMIC CENTER OF NASHVILLE 2515 12TH AVE S NASHVILLE, TN 37204	58-5255045	501(C)3	108.	0.			DONOR DIRECTED DESIGNATIONS
ISLAMIC CENTER OF NASHVILLE 2515 12TH AVE S NASHVILLE, TN 37204	58-5255045	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
JEWISH AGENCY FOR ISRAEL 633 THIRD AVENUE 32ND FLOOR SUITE C NEW YORK, NY 10017	23-0053483	501(C)3	5,000.	0.			DONOR DIRECTED DESIGNATIONS
JEWISH BOOK COUNCIL 520 8TH AVE 4TH FLOOR NEW YORK, NY 10018	13-3737760	501(C)3	5,000.	0.			DONOR DIRECTED DESIGNATIONS
JEWISH FED OF SO. PALM BEACH 9901 DONNA KLEIN BLVD BOCA RATON, FL 33428-1788	59-1945109	501(C)3	76,600.	0.			DONOR DIRECTED DESIGNATIONS
JEWISH FEDERATION OF NASHVILLE 801 PERCY WARNER BLVD. NASHVILLE, TN 37205	62-6077703	501(C)3	76,300.	0.			DONOR DIRECTED DESIGNATIONS

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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JEWISH LEARNING CENTER OF FISH 41216 FISHER ISLAND DRIVE MIAMI BEACH, FL 33109	27-4235404	501(C)3	25,000.	0.			DONOR DIRECTED DESIGNATIONS
JUNIOR ACHIEVEMENT OF MIDDLE TN 120 POWELL PLACE NASHVILLE, TN 37204	62-0582571	501(C)3	12,498.	0.			DONOR DIRECTED DESIGNATIONS
JUNIOR ACHIEVEMENT OF MIDDLE TN 120 POWELL PL NASHVILLE, TN 37204	62-0582571	501(C)3	7,500.	0.			PROGRAM OPNS (OBI)
KEVA, INC P O BOX 70771 NASHVILLE, TN 37207	82-1982417	501(C)3	160,899.	0.			SUB-RECIPIENT GRANTS
KING'S DAUGHTERS DAY HOME 590 N DUPONT AVE NASHVILLE, TN 37115	62-0729602	501(C)3	133,000.	0.			PROGRAM OPNS (OBI)
KING'S DAUGHTERS DAY HOME 590 N DUPONT AVE NASHVILLE, TN 37115	62-0729602	501(C)3	1,513.	0.			DONOR DIRECTED DESIGNATIONS
KNOXVILLE-KNOX CO CAC ON AGING PO BOX 51650 KNOXVILLE, TN 37950	27-0849601	501(C)3	33,531.	0.			SUB-RECIPIENT GRANTS
LEAVE THE LIGHT ON FOUNDATION 700 STRICKLAND DRIVE NASHVILLE, TN 37206	27-4131726	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
LEGAL AID SOCIETY OF MIDDLE TENNESSEE - 300 DEADERICK ST - NASHVILLE, TN 37201	62-0800756	501(C)3	106,000.	0.			PROGRAM OPNS (OBI)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL AID SOCIETY OF MIDDLE TENNESSEE - 300 DEADERICK ST - NASHVILLE, TN 37201	62-0800756	501(C)3	11,464.	0.			DONOR DIRECTED DESIGNATIONS
LEWA WILDLIFE CONSERVANCY USA P O BOX 449 NEW YORK, NY 10163	87-0572187	501(C)3	6,930.	0.			DONOR DIRECTED DESIGNATIONS
LIVING DEVELOPMENT CONCEPTS, INC. 3250 DICKERSON PIKE, SUITE 212 NASHVILLE, TN 37207	62-1855943	501(C)3	100,000.	0.			SUB-RECIPIENT GRANTS
MANNA CAFE MINISTRIES 1960 J. MADISON STREET, UNIT 312 CLARKSVILLE, TN 37043	27-1699146	501(C)3	86.	0.			DONOR DIRECTED DESIGNATIONS
MANNA CAFE MINISTRIES 1960 J. MADISON STREET, UNIT 312 CLARKSVILLE, TN 37043	27-1699146	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
MARTHA O'BRYAN CENTER 711 SOUTH SEVENTH STREET NASHVILLE, TN 37205	62-0477728	501(C)3	14,410.	0.			DONOR DIRECTED DESIGNATIONS
MARTHA O'BRYAN CENTER 711 SOUTH SEVENTH STREET NASHVILLE, TN 37205	62-0477728	501(C)3	577,947.	0.			PROGRAM OPNS (OBI)
MARTHA O'BRYAN CENTER 711 SOUTH SEVENTH STREET NASHVILLE, TN 37205	62-0477728	501(C)3	433,314.	0.			SUB-RECIPIENT GRANTS
MATTHEW 25 P O BOX 158461 NASHVILLE, TN 37215	58-1673641	501(C)3	6,043.	0.			DONOR DIRECTED DESIGNATIONS

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MATTHEW WALKER COMPREHENSIVE HEALTH CTR - 1035 14TH AVE - NASHVILLE, TN 37208	62-1035426	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
MATTHEW WALKER COMPREHENSIVE HEALTH CTR - 1035 14TH AVE - NASHVILLE, TN 37208	62-1035426	501(C)3	279.	0.			DONOR DIRECTED DESIGNATIONS
MATTHEW WALKER COMPREHENSIVE HEALTH CTR - 1035 14TH AVE - NASHVILLE, TN 37208	62-1035426	501(C)3	66,705.	0.			SUB-RECIPIENT GRANTS
MAURY REGIONAL HEALTHCARE FOUN 1224 TROTWOOD AVENUE COLUMBIA, TN 38401	20-5822527	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
MCHRA / WM 1101 KERMIT DRIVE SUITE 300 NASHVILLE, TN 37217	62-0923487	501(C)3	325,981.	0.			PROGRAM OPNS (OBI)
MCHRA / WM 1101 KERMIT DRIVE SUITE 300 NASHVILLE, TN 37217	62-0923487	501(C)3	63,315.	0.			SUB-RECIPIENT GRANTS
MCHRA / WM 1101 KERMIT DRIVE SUITE 300 NASHVILLE, TN 37217	62-0923487	501(C)3	13,015.	0.			DONOR DIRECTED DESIGNATIONS
MCNEILLY CENTER FOR CHILDREN 400 MERIDIAN ST NASHVILLE, TN 37207	62-0479366	501(C)3	22,150.	0.			SUB-RECIPIENT GRANTS
MCNEILLY CENTER FOR CHILDREN 400 MERIDIAN ST NASHVILLE, TN 37207	62-0479366	501(C)3	382,000.	0.			PROGRAM OPNS (OBI)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 400 MERIDIAN ST NASHVILLE, TN 37207	62-0479366	501(C)3	5,572.	0.			DONOR DIRECTED DESIGNATIONS
MDHA HOUSING TRUST CORPORATION 701 SOUTH SIXTH STREET NASHVILLE, TN 37206	58-1803918	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
MDHA HOUSING TRUST CORPORATION 701 SOUTH SIXTH STREET NASHVILLE, TN 37206	58-1803918	501(C)3	11,985.	0.			SUB-RECIPIENT GRANTS
MEHARRY MEDICAL COLLEGE 1005 D B TODD BLVD NASHVILLE, TN 37208	62-0488046	501(C)3	9,101.	0.			DONOR DIRECTED DESIGNATIONS
MEHARRY MEDICAL COLLEGE 1005 D B TODD BLVD NASHVILLE, TN 37208	62-0488046	501(C)3	7,500.	0.			PROGRAM OPNS (OBI)
MEHARRY MEDICAL COLLEGE 1005 DR. DB TODD JR. BLVD NASHVILLE, TN 37208	62-0488046	501(C)3	12,319.	0.			SUB-RECIPIENT GRANTS
MEMPHIS PUBLIC LIBRARY - LINC 3030 POPLAR AVE MEMPHIS, TN 38111	62-6000361	501(C)3	28,232.	0.			SUB-RECIPIENT GRANTS
MEN OF VALOR 1410 DONELSON PIKE, SUITE B-1 NASHVILLE, TN 37217	62-1836815	501(C)3	2,687.	0.			DONOR DIRECTED DESIGNATIONS
MEN OF VALOR 1410 DONELSON PIKE, SUITE B-1 NASHVILLE, TN 37217	62-1836815	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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MENDING HEARTS, INC. PO BOX 280236 NASHVILLE, TN 37228	73-1697900	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
MENDING HEARTS, INC. PO BOX 280236 NASHVILLE, TN 37228	73-1697900	501(C)3	928.	0.			DONOR DIRECTED DESIGNATIONS
MENTAL HEALTH AMERICA OF MIDDLE TN 446 METROPLEX DR SUITE A-224 NASHVILLE, TN 37211	62-0637710	501(C)3	40,000.	0.			PROGRAM OPNS (OBI)
MENTAL HEALTH AMERICA OF MIDDLE TN 446 METROPLEX DR SUITE A-224 NASHVILLE, TN 37211	62-0637710	501(C)3	106.	0.			DONOR DIRECTED DESIGNATIONS
MERCY COMMUNITY HEALTHCARE 1113 MURFREESBORO ROAD, SUITE 319 FRANKLIN, TN 37064	62-1781969	501(C)3	5,730.	0.			DONOR DIRECTED DESIGNATIONS
MERCY COMMUNITY HEALTHCARE 1113 MURFREESBORO ROAD, SUITE 319 FRANKLIN, TN 37064	62-1781969	501(C)3	85,203.	0.			PROGRAM OPNS (OBI)
MID CUMBERLAND COMMUNITY ACTION 1101 KERMIT DRIVE, SUITE 300 NASHVILLE, TN 37217	62-0859072	501(C)3	6,938.	0.			PROGRAM OPNS (OBI)
MID CUMBERLAND COMMUNITY ACTION PO BOX 310 LEBANON, TN 37088-0310	62-0859072	501(C)3	17,264.	0.			PROGRAM OPNS (OBI)
MID CUMBERLAND COMMUNITY ACTION PO BOX 310 LEBANON, TN 37088-0310	62-0859072	501(C)3	135.	0.			DONOR DIRECTED DESIGNATIONS

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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MID CUMBERLAND COMMUNITY ACTION 1101 KERMIT DRIVE, SUITE 300 NASHVILLE, TN 37217	62-0859072	501(C)3	12,386.	0.			SUB-RECIPIENT GRANTS
MONROE HARDING 1120 GLENDALE LANE NASHVILLE, TN 37204	62-0476670	501(C)3	8,882.	0.			DONOR DIRECTED DESIGNATIONS
MONROE HARDING 1120 GLENDALE LANE NASHVILLE, TN 37204	62-0476670	501(C)3	87,002.	0.			PROGRAM OPNS (OBI)
MOTHER TO MOTHER 5133 HARDING PIKE SUITE B10, #313 NASHVILLE, TN 37205-5012	20-1028812	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
MOVES AND GROOVES, INC. (MAG) 2275 MURFREESBORO PIKE STE. 101 NASHVILLE, TN 37217	68-0516440	501(C)3	7,500.	0.			PROGRAM OPNS (OBI)
MOVES AND GROOVES, INC. (MAG) 2275 MURFREESBORO PIKE STE. 101 NASHVILLE, TN 37217	68-0516440	501(C)3	1,754.	0.			DONOR DIRECTED DESIGNATIONS
MT CARMEL CUMBERLAND PRESBYTER 2300 LEWISBURG PIKE FRANKLIN, TN 37064	46-0804514	501(C)3	5,000.	0.			PROGRAM OPNS (OBI)
MT. ZION BAPTIST CHURCH 7594 OLD HICKORY BLVD. WHITES CREEK, TN 37189	62-1189845	501(C)3	220,000.	0.			SUB-RECIPIENT GRANTS
MUSICIANS HALL OF FAME & MUSEUM PO BOX 23655 NASHVILLE, TN 37202	75-3128782	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)

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MY FRIEND'S HOUSE/FAM & CHILD SVCS 626 EASTVIEW CIRCLE FRANKLIN, TN 37064	58-1525248	501(C)3	3,564.	0.			DONOR DIRECTED DESIGNATIONS
MY FRIEND'S HOUSE/FAM & CHILD SVCS 626 EASTVIEW CIRCLE FRANKLIN, TN 37064	58-1525248	501(C)3	46,655.	0.			PROGRAM OPNS (OBI)
NASHV ORGANIZED FOR ACTION AND PO BOX 331144 NASHVILLE, TN 37203		501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
NASHV ORGANIZED FOR ACTION AND PO BOX 331144 NASHVILLE, TN 37203		501(C)3	271.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE ACADEMY OF MEDICINE 28 WHITE BRIDGE ROAD SUITE 400 NASHVILLE, TN 37205	62-0473060	501(C)3	25,002.	0.			PROGRAM OPNS (OBI)
NASHVILLE ACADEMY OF MEDICINE 28 WHITE BRIDGE ROAD SUITE 400 NASHVILLE, TN 37205	62-0473060	501(C)3	16.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE ADULT LITERACY COUNCIL 4805 PARK AVE NASHVILLE, TN 37209	58-1488230	501(C)3	110,000.	0.			PROGRAM OPNS (OBI)
NASHVILLE ADULT LITERACY COUNCIL 4805 PARK AVE NASHVILLE, TN 37209	58-1488230	501(C)3	1,664.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE CARES P. O. BOX 42097 NASHVILLE, TN 37207	62-1274532	501(C)3	1,046,094.	0.			SUB-RECIPIENT GRANTS

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NASHVILLE CARES P. O. BOX 42097 NASHVILLE, TN 37207	62-1274532	501(C)3	13,585.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE CARES P. O. BOX 42097 NASHVILLE, TN 37207	62-1274532	501(C)3	60,002.	0.			PROGRAM OPNS (OBI)
NASHVILLE CHILDREN'S ALLIANCE 1264 FOSTER AVE NASHVILLE, TN 37210	62-1484097	501(C)3	6,970.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE CHILDREN'S ALLIANCE 1264 FOSTER AVE NASHVILLE, TN 37210	62-1484097	501(C)3	25,002.	0.			PROGRAM OPNS (OBI)
NASHVILLE CONFLICT RESOLUTION 4732 W. LONGDALE DRIVE NASHVILLE, TN 37211	62-1828238	501(C)3	1,346,850.	0.			SUB-RECIPIENT GRANTS
NASHVILLE DIAPER CONNECTION PO BOX 159128 NASHVILLE, TN 37215	46-3597632	501(C)3	20,000.	0.			PROGRAM OPNS (OBI)
NASHVILLE FOOD PROJECT 3605 HILLSBORO ROAD NASHVILLE, TN 37215	45-2905951	501(C)3	50,000.	0.			PROGRAM OPNS (OBI)
NASHVILLE FOOD PROJECT 3605 HILLSBORO ROAD NASHVILLE, TN 37215	45-2905951	501(C)3	1,516.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE GENERAL HOSPITAL FOUNDATION - 1818 ALBION STREET - NASHVILLE, TN 37208	62-1383977	501(C)3	30,000.	0.			PROGRAM OPNS (OBI)

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NASHVILLE HUMANE ASSOCIATION 213 OCEOLA AVENUE NASHVILLE, TN 37209	57-1203593	501(C)3	21,847.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE INTERNATIONAL CENTER FOR EMPOWERMENT - 417 WELSHWOOD DRIVE SUITE 100 - NASHVILLE, TN 37211	02-0674431	501(C)3	1,444.	0.			PROGRAM OPNS (OBI)
NASHVILLE INTERNATIONAL CENTER FOR EMPOWERMENT - 417 WELSHWOOD DRIVE SUITE 100 - NASHVILLE, TN 37211	02-0674431	501(C)3	98,002.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE LAUNCH PAD INC. PO BOX 330695 NASHVILLE, TN 37203	81-3538014	501(C)3	50,000.	0.			PROGRAM OPNS (OBI)
NASHVILLE LAUNCH PAD INC. PO BOX 330695 NASHVILLE, TN 37203	81-3538014	501(C)3	843.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE PUBLIC EDUCATION FOUNDATION - 1207 18TH AVE S. - NASHVILLE, TN 37212	48-1266314	501(C)3	24,221.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE PUBLIC LIBRARY FOUND 615 CHURCH STREET NASHVILLE, TN 37219	62-1681766	501(C)3	6,567.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE RESCUE MISSION 639 LAFAYETTE ST. NASHVILLE, TN 37203	45-2424130	501(C)3	24,558.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE STATE COMM COLLEGE F 120 WHITE BRIDGE ROAD NASHVILLE, TN 37206	62-1567873	501(C)3	5,000.	0.			PROGRAM OPNS (OBI)

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NASHVILLE SYMPHONY ONE SYMPHONY PLACE NASHVILLE, TN 37201-2031	62-0550979	501(C)3	6,148.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE ZOO FOR GRASSMERE 3777 NOLENSVILLE ROAD NASHVILLE, TN 37211-3324	62-1411210	501(C)3	5,829.	0.			DONOR DIRECTED DESIGNATIONS
NATIONS MINISTRY CENTER 406 WELSHWOOD DRIVE NASHVILLE, TN 37211	55-0898912	501(C)3	4,647.	0.			DONOR DIRECTED DESIGNATIONS
NATIONS MINISTRY CENTER 406 WELSHWOOD DRIVE NASHVILLE, TN 37211	55-0898912	501(C)3	283,600.	0.			SUB-RECIPIENT GRANTS
NATIONS MINISTRY CENTER 406 WELSHWOOD DRIVE NASHVILLE, TN 37211	55-0898912	501(C)3	84,920.	0.			PROGRAM OPNS (OBI)
NATIVE AMERICAN INDIAN ASSOCIATION 230 SPENCE LANE NASHVILLE, TN 37210-3623	58-1613534	501(C)3	574.	0.			DONOR DIRECTED DESIGNATIONS
NATIVE AMERICAN INDIAN ASSOCIATION 230 SPENCE LANE NASHVILLE, TN 37210-3623	58-1613534	501(C)3	5,000.	0.			PROGRAM OPNS (OBI)
NEEDLINK NASHVILLE PO BOX 91107 SUITE 108 NASHVILLE, TN 37209	62-0544852	501(C)3	3,168.	0.			DONOR DIRECTED DESIGNATIONS
NEEDLINK NASHVILLE PO BOX 91107 SUITE 108 NASHVILLE, TN 37209	62-0544852	501(C)3	308,000.	0.			PROGRAM OPNS (OBI)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 PO BOX 91107 SUITE 108 NASHVILLE, TN 37209	62-0544852	501(C)3	525,000.	0.			SUB-RECIPIENT GRANTS
NEIGHBOR 2 NEIGHBOR 240 GREAT CIRCLE RD #318 NASHVILLE, TN 37228	62-1817514	501(C)3	21,825.	0.			PROGRAM OPNS (OBI)
NEIGHBORHOOD HEALTH, INC. 2711 FOSTER AVE. NASHVILLE, TN 37210	62-1032792	501(C)3	40,000.	0.			PROGRAM OPNS (OBI)
NEW BEGINNINGS CENTER 509 CRAIGHEAD STREET #100 NASHVILLE, TN 37204	90-0751722	501(C)3	25,002.	0.			PROGRAM OPNS (OBI)
NEW BEGINNINGS CENTER 509 CRAIGHEAD STREET #100 NASHVILLE, TN 37204	90-0751722	501(C)3	1,540.	0.			DONOR DIRECTED DESIGNATIONS
NEW COVENANT CHRISTIAN CHURCH 2201 OSAGE STREET NASHVILLE, TN 37208	62-1546183	501(C)3	400,000.	0.			SUB-RECIPIENT GRANTS
NEW COVENANT CHRISTIAN CHURCH 2201 OSAGE STREET NASHVILLE, TN 37208	62-1546183	501(C)3	4,500.	0.			PROGRAM OPNS (OBI)
NEW HOPE ACADEMY 1820 DOWNS BLVD. FRANKLIN, TN 37064	63-1172489	501(C)3	5,000.	0.			DONOR DIRECTED DESIGNATIONS
NEW HOPE MISSIONARY BAPTIST CH PO BOX 41338 NASHVILLE, TN 37204	54-3316992	501(C)3	110,000.	0.			SUB-RECIPIENT GRANTS

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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NEW RESTORATION COMMUNITY CHURCH 1209 RIVERGATE MEADOWS DR GOODLETTSVILLE, TN 37072	24-4875776	501(C)3	5,000.	0.			PROGRAM OPNS (OBI)
NURSES FOR NEWBORNS/WM 50 VANTAGE WAY SUITE 101 NASHVILLE, TN 37228	43-1601329	501(C)3	89,390.	0.			PROGRAM OPNS (OBI)
NURSES FOR NEWBORNS/WM 50 VANTAGE WAY SUITE 101 NASHVILLE, TN 37228	43-1601329	501(C)3	5,947.	0.			DONOR DIRECTED DESIGNATIONS
OASIS CENTER/WILLIAMSON 1704 CHARLOTTE AVENUE, SUITE 200 NASHVILLE, TN 37203	62-0968273	501(C)3	19,179.	0.			DONOR DIRECTED DESIGNATIONS
OASIS CENTER/WILLIAMSON 1704 CHARLOTTE AVENUE, SUITE 200 NASHVILLE, TN 37203	62-0968273	501(C)3	357,802.	0.			PROGRAM OPNS (OBI)
ONE GENERATION AWAY 104 SOUTHEAST PKWY, SUITE 300 FRANKLIN, TN 37064	46-2741214	501(C)3	40,000.	0.			PROGRAM OPNS (OBI)
ONE ORGANIZED NEIGHBORS EDGEHILL INC - 1001 EDGEHILL AVE - NASHVILLE, TN 37203	62-1540325	501(C)3	7,234.	0.			SUB-RECIPIENT GRANTS
ONE ORGANIZED NEIGHBORS EDGEHILL INC - 1001 EDGEHILL AVE - NASHVILLE, TN 37203	62-1540325	501(C)3	44,956.	0.			PROGRAM OPNS (OBI)
ONE ORGANIZED NEIGHBORS EDGEHILL INC - 1001 EDGEHILL AVE - NASHVILLE, TN 37203	62-1540325	501(C)3	244.	0.			DONOR DIRECTED DESIGNATIONS

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OPEN TABLE NASHVILLE PO BOX 110266 NASHVILLE, TN 37222	27-3514899	501(C)3	20,000.	0.			PROGRAM OPNS (OBI)
OPERATION STAND DOWN TENNESSEE 1125 12TH AVENUE SOUTH NASHVILLE, TN 37203	62-1638832	501(C)3	118,000.	0.			PROGRAM OPNS (OBI)
OPERATION STAND DOWN TENNESSEE 1125 12TH AVENUE SOUTH NASHVILLE, TN 37203	62-1638832	501(C)3	8,607.	0.			DONOR DIRECTED DESIGNATIONS
OSHO ACADEMY 1330 CACIQUE STREET SANTA BARBARA, CA 93103	86-0760237	501(C)3	15,000.	0.			DONOR DIRECTED DESIGNATIONS
PALMER HOME FOR CHILDREN PO BOX 746 COLUMBUS, MS 39703	64-0334999	501(C)3	5,000.	0.			PROGRAM OPNS (OBI)
PARK CENTER 186 N 1ST STREET NASHVILLE, TN 37213	62-1336640	501(C)3	93,500.	0.			PROGRAM OPNS (OBI)
PARK CENTER 186 N 1ST STREET NASHVILLE, TN 37213	62-1336640	501(C)3	3,245.	0.			DONOR DIRECTED DESIGNATIONS
PATHWAY LENDING 201 VENTURE CIRCLE NASHVILLE, TN 37228	62-1823596	501(C)3	46,000.	0.			PROGRAM OPNS (OBI)
PATHWAY LENDING 201 VENTURE CIRCLE NASHVILLE, TN 37228	62-1823596	501(C)3	23.	0.			DONOR DIRECTED DESIGNATIONS

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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PENCIL FOUNDATION 4805 PARK AVE, SUITE 101 NASHVILLE, TN 37209	58-1475675	501(C)3	6,962.	0.			DONOR DIRECTED DESIGNATIONS
PENCIL FOUNDATION 4805 PARK AVE, SUITE 101 NASHVILLE, TN 37209	58-1475675	501(C)3	94,745.	0.			PROGRAM OPNS (OBI)
PEOPLE LOVING NASHVILLE P O BOX 60431 NASHVILLE, TN 37206	27-3589196	501(C)3	83.	0.			DONOR DIRECTED DESIGNATIONS
PEOPLE LOVING NASHVILLE P O BOX 60431 NASHVILLE, TN 37206	27-3589196	501(C)3	20,000.	0.			PROGRAM OPNS (OBI)
PLANNED PARENTHOOD 50 VANTAGE WAY, SUITE 255 NASHVILLE, TN 37228	62-6073178	501(C)3	7,778.	0.			DONOR DIRECTED DESIGNATIONS
PLANNED PARENTHOOD 50 VANTAGE WAY, SUITE 255 NASHVILLE, TN 37228	62-6073178	501(C)3	153,358.	0.			SUB-RECIPIENT GRANTS
POSITIVELY LIVING 1501 EAST FIFTH AVE KNOXVILLE, TN 37917	62-1698383	501(C)3	369,437.	0.			SUB-RECIPIENT GRANTS
PRESTON TAYLOR MINISTRIES PO BOX 90442 NASHVILLE, TN 37209	62-1757018	501(C)3	5,750.	0.			DONOR DIRECTED DESIGNATIONS
PRESTON TAYLOR MINISTRIES PO BOX 90442 NASHVILLE, TN 37209	62-1757018	501(C)3	39,565.	0.			SUB-RECIPIENT GRANTS

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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PRESTON TAYLOR MINISTRIES PO BOX 90442 NASHVILLE, TN 37209	62-1757018	501(C)3	20,000.	0.			PROGRAM OPNS (OBI)
PREVENT CHILD ABUSE TENNESSEE 600 HILL AVE SUITE 202 NASHVILLE, TN 37210	58-1567835	501(C)3	4,864.	0.			DONOR DIRECTED DESIGNATIONS
PREVENT CHILD ABUSE TENNESSEE 600 HILL AVE SUITE 202 NASHVILLE, TN 37210	58-1567835	501(C)3	16,002.	0.			PROGRAM OPNS (OBI)
PROJECT C.U.R.E. 2300 CLIFTON AVENUE NASHVILLE, TN 37209	84-1568566	501(C)3	75,000.	0.			PROGRAM OPNS (OBI)
PROJECT CONNECT NASHVILLE PO BOX 295 MADISON, TN 37116	27-4003340	501(C)3	100,700.	0.			SUB-RECIPIENT GRANTS
PROJECT REFLECT 730 NEELYS BEND ROAD MADISON, TN 37115	62-1563841	501(C)3	6,000.	0.			DONOR DIRECTED DESIGNATIONS
PROJECT RETURN, INC. 712 4TH AVE S NASHVILLE, TN 37210	62-1058325	501(C)3	809,277.	0.			SUB-RECIPIENT GRANTS
PROJECT RETURN, INC. 712 4TH AVE S NASHVILLE, TN 37210	61-1563841	501(C)3	127,500.	0.			PROGRAM OPNS (OBI)
PROJECT RETURN, INC. 712 4TH AVE S NASHVILLE, TN 37210	62-1058325	501(C)3	1,427.	0.			DONOR DIRECTED DESIGNATIONS

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PROJECT TRANSFORMATION TENNESS 1008 19TH AVENUE SOUTH NASHVILLE, TN 37212	45-3265261	501(C)3	101.	0.			DONOR DIRECTED DESIGNATIONS
PROJECT TRANSFORMATION TENNESS 1008 19TH AVENUE SOUTH NASHVILLE, TN 37212	45-3265261	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
RAPHAH INSTITUTE 615 MAIN STREET SUITE B23 NASHVILLE, TN 37206	82-1181441	501(C)3	7,500.	0.			PROGRAM OPNS (OBI)
REFUGE CENTER FOR COUNSELING 103 FORREST CROSSING BLVD, STE 102 FRANKLIN, TN 37064	20-3931843	501(C)3	9,831.	0.			DONOR DIRECTED DESIGNATIONS
REFUGE CENTER FOR COUNSELING 103 FORREST CROSSING BLVD, STE 102 FRANKLIN, TN 37064	20-3931843	501(C)3	65,241.	0.			PROGRAM OPNS (OBI)
RENEWAL HOUSE PO BOX 280356 NASHVILLE, TN 37228	62-1631055	501(C)3	1,737.	0.			DONOR DIRECTED DESIGNATIONS
RENEWAL HOUSE PO BOX 280356 NASHVILLE, TN 37228	62-1631055	501(C)3	20,002.	0.			PROGRAM OPNS (OBI)
RIDGEVIEW PSYCH HOSPITAL & CENTER, INC - 240 WEST TYRONE ROAD - OAK RIDGE, TN 37830	62-0579512	501(C)3	67,101.	0.			SUB-RECIPIENT GRANTS
RONALD MCDONALD HOUSE / DAVIDSON CO. - 2144 FAIRFAX - NASHVILLE, TN 37212	62-1310717	501(C)3	9,139.	0.			DONOR DIRECTED DESIGNATIONS

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ROOFTOP FOUNDATION 108 7TH AVENUE SOUTH NASHVILLE, TN 37203	20-4970385	501(C)3	1,259.	0.			DONOR DIRECTED DESIGNATIONS
ROOFTOP FOUNDATION 108 7TH AVENUE SOUTH NASHVILLE, TN 37203	20-4970385	501(C)3	565,400.	0.			SUB-RECIPIENT GRANTS
ROOFTOP FOUNDATION 108 7TH AVENUE SOUTH NASHVILLE, TN 37203	20-4970385	501(C)3	280,000.	0.			PROGRAM OPNS (OBI)
ROOM IN THE INN P. O. BOX 25309 NASHVILLE, TN 37202	62-0811413	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
ROOM IN THE INN P. O. BOX 25309 NASHVILLE, TN 37202	62-0811413	501(C)3	4,453.	0.			DONOR DIRECTED DESIGNATIONS
SADDLE UP! 1549 OLD HILLSBORO ROAD FRANKLIN, TN 37069	58-1930303	501(C)3	23,155.	0.			DONOR DIRECTED DESIGNATIONS
SAFE HAVEN FAMILY SHELTER 1234 3RD AVE S NASHVILLE, TN 37210	62-1807653	501(C)3	183,753.	0.			PROGRAM OPNS (OBI)
SAFE HAVEN FAMILY SHELTER 1234 3RD AVE S NASHVILLE, TN 37210	62-1807653	501(C)3	1,279,986.	0.			SUB-RECIPIENT GRANTS
SAFE HAVEN FAMILY SHELTER 1234 3RD AVE S NASHVILLE, TN 37210	62-1807653	501(C)3	12,020.	0.			SUB-RECIPIENT GRANTS

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SALAMA FELLOWSHIP URBAN MINISTRIES 1205 8TH AVE S NASHVILLE, TN 37203	58-2198012	501(C)3	6,536.	0.			DONOR DIRECTED DESIGNATIONS
SALAMA FELLOWSHIP URBAN MINISTRIES 1205 8TH AVE S NASHVILLE, TN 37203	58-2198012	501(C)3	25,002.	0.			PROGRAM OPNS (OBI)
SALVATION ARMY-DAVIDSON COUNTY P O BOX 78625 NASHVILLE, TN 37207	62-6033090	501(C)3	914,062.	0.			SUB-RECIPIENT GRANTS
SALVATION ARMY-DAVIDSON COUNTY P O BOX 78625 NASHVILLE, TN 37207	62-6033090	501(C)3	367,947.	0.			PROGRAM OPNS (OBI)
SALVATION ARMY-DAVIDSON COUNTY P O BOX 78625 NASHVILLE, TN 37207	62-6033090	501(C)3	31,019.	0.			DONOR DIRECTED DESIGNATIONS
SALVUS CENTER INC PO BOX 8046 556 HARTSVILLE PIKE GALLATIN, TN 37066	20-2278505	501(C)3	598.	0.			DONOR DIRECTED DESIGNATIONS
SALVUS CENTER INC PO BOX 8046 556 HARTSVILLE PIKE GALLATIN, TN 37066	20-2278505	501(C)3	5,000.	0.			PROGRAM OPNS (OBI)
SCHRADER LANE CHURCH OF CHRIST 603 BENTON AVE NASHVILLE, TN 37204	62-0863030	501(C)3	9,444.	0.			PROGRAM OPNS (OBI)
SECOND HARVEST FOOD BANK 331 GREAT CIRCLE RD NASHVILLE, TN 37228	62-1049447	501(C)3	157,540.	0.			DONOR DIRECTED DESIGNATIONS

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SECOND HARVEST FOOD BANK 331 GREAT CIRCLE RD NASHVILLE, TN 37228	62-1049447	501(C)3	125,835.	0.			PROGRAM OPNS (OBI)
SECOND HARVEST FOOD BANK / WM 331 GREAT CIRCLE RD NASHVILLE, TN 37228	62-1049447	501(C)3	5,167.	0.			PROGRAM OPNS (OBI)
SECOND HARVEST FOOD BANK / WM 331 GREAT CIRCLE ROAD NASHVILLE, TN 37228	62-1049447	501(C)3	5,406.	0.			DONOR DIRECTED DESIGNATIONS
SENIOR RIDE NASHVILLE 298 FOSTER STREET NASHVILLE, TN 37207	81-4119450	501(C)3	50,002.	0.			PROGRAM OPNS (OBI)
SERVANT GROUP INT (SEW FOR HOPE) 506 TANKSLEY AVE NASHVILLE, TN 37211	62-1504533	501(C)3	1,000.	0.			DONOR DIRECTED DESIGNATIONS
SERVANT GROUP INT (SEW FOR HOPE) 506 TANKSLEY AVE NASHVILLE, TN 37211	62-1504533	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DRIVE NASHVILLE, TN 37228	62-1043294	501(C)3	170,000.	0.			PROGRAM OPNS (OBI)
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DRIVE NASHVILLE, TN 37228	62-1043294	501(C)3	9,682.	0.			DONOR DIRECTED DESIGNATIONS
SHOWER THE PEOPLE 77 DONELSON STREET NASHVILLE, TN 37210	47-3404538	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)

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SICKLE CELL FDTN OF MIDDLE TN 223 TOWN CENTER PKWY SUITE 523 SPRING HILL, TN 37174	45-5417071	501(C)3	513.	0.			DONOR DIRECTED DESIGNATIONS
SICKLE CELL FDTN OF MIDDLE TN 223 TOWN CENTER PKWY SUITE 523 SPRING HILL, TN 37174	45-5417071	501(C)3	5,000.	0.			PROGRAM OPNS (OBI)
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)3	6,040.	0.			SUB-RECIPIENT GRANTS
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)3	127,002.	0.			PROGRAM OPNS (OBI)
SOMALI COMMUNITY OF MIDDLE TN 325 PLUS PARK BLVD STE 105 NASHVILLE, TN 37217	27-3499416	501(C)3	4,000.	0.			SUB-RECIPIENT GRANTS
SOMALI COMMUNITY OF MIDDLE TN 325 PLUS PARK BLVD STE 105 NASHVILLE, TN 37217	27-3499416	501(C)3	5,000.	0.			PROGRAM OPNS (OBI)
SOUTHERN ALLIANCE FOR PEOPLE A PO BOX 23535 NASHVILLE, TN 37202	62-1675393	501(C)3	135,000.	0.			SUB-RECIPIENT GRANTS
SPECIAL KIDS 2132 E MAIN STREET MURFREESBORO, TN 37130	62-1718638	501(C)3	15,262.	0.			DONOR DIRECTED DESIGNATIONS
SPECIAL OLYMPICS TENNESSEE, INC. 1900 12 TH AVE S SUITE B NASHVILLE, TN 37203	23-7348136	501(C)3	4,437.	0.			DONOR DIRECTED DESIGNATIONS

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SPECIAL OLYMPICS TENNESSEE, INC. 1900 12 TH AVE S SUITE B NASHVILLE, TN 37203	23-7348136	501(C)3	7,500.	0.			PROGRAM OPNS (OBI)
ST JOHN AME CHURCH PO BOX 280646 NASHVILLE, TN 37228	62-1488102	501(C)3	496,500.	0.			SUB-RECIPIENT GRANTS
ST LUKE'S COMMUNITY CENTER 5601 NEW YORK AVE NASHVILLE, TN 37209	62-0484183	501(C)3	274,047.	0.			PROGRAM OPNS (OBI)
ST LUKE'S COMMUNITY CENTER 5601 NEW YORK AVE NASHVILLE, TN 37209	62-0484183	501(C)3	16,778.	0.			SUB-RECIPIENT GRANTS
ST LUKE'S COMMUNITY CENTER 5601 NEW YORK AVE NASHVILLE, TN 37209	62-0484183	501(C)3	4,738.	0.			DONOR DIRECTED DESIGNATIONS
ST MARY VILLA 30 WHITE BRIDGE RD NASHVILLE, TN 37205	62-0579243	501(C)3	3,880.	0.			DONOR DIRECTED DESIGNATIONS
ST MARY VILLA 30 WHITE BRIDGE RD NASHVILLE, TN 37205	62-0579243	501(C)3	33,667.	0.			SUB-RECIPIENT GRANTS
ST MARY VILLA 30 WHITE BRIDGE RD NASHVILLE, TN 37205	62-0579243	501(C)3	201,002.	0.			PROGRAM OPNS (OBI)
ST. JUDE'S CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE'S PLACE - MEMPHIS, TN 68105	62-0646012	501(C)3	39,268.	0.			DONOR DIRECTED DESIGNATIONS

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ST. VINCENT DE PAUL PARISH 1700 HEIMAN ST. NASHVILLE, TN 37208	62-0930039	501(C)3	55,000.	0.			SUB-RECIPIENT GRANTS
STARS/WILLIAMSON 1704 CHARLOTTE AVE, SUITE 200 NASHVILLE, TN 37203	62-1285699	501(C)3	516,102.	0.			PROGRAM OPNS (OBI)
STARS/WILLIAMSON 1704 CHARLOTTE AVE, SUITE 200 NASHVILLE, TN 37203	62-1285699	501(C)3	6,150.	0.			DONOR DIRECTED DESIGNATIONS
STEVEN WISE TEMPLE 15500 STEPHEN S WISE BLVD LOS ANGELES, CA 90077	95-6087552	501(C)3	5,175.	0.			DONOR DIRECTED DESIGNATIONS
STREET WORKS PO BOX 60037 NASHVILLE, TN 37206-0037	62-1806967	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
STREET WORKS PO BOX 60037 NASHVILLE, TN 37206	62-1806967	501(C)3	110.	0.			DONOR DIRECTED DESIGNATIONS
STREET WORKS PO BOX 60037 NASHVILLE, TN 37206	62-1806967	501(C)3	173,202.	0.			SUB-RECIPIENT GRANTS
TEACH FOR AMERICA - GREATER NA 220 ATHENS WAY, SUITE 300 NASHVILLE, TN 37228	13-3541913	501(C)3	7,500.	0.			PROGRAM OPNS (OBI)
TEMPLE OHABAI SHALOM 5015 HARDING ROAD NASHVILLE, TN 37205	62-0488037	501(C)3	7,775.	0.			DONOR DIRECTED DESIGNATIONS

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
TENNESSEE BAPTIST CHILDREN'S HOME PO BOX 2206 BRENTWOOD, TN 37024	62-0488043	501(C)3	7,152.	0.			DONOR DIRECTED DESIGNATIONS
TENNESSEE COLLEGE ACCESS AND S 1704 CHARLOTTE AVE. SUITE 200 NASHVILLE, TN 37210	45-4475679	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
TENNESSEE CONFERENCE UMC PO BOX 440132 NASHVILLE, TN 37244	62-1172580	501(C)3	120,000.	0.			PROGRAM OPNS (OBI)
TENNESSEE FOREIGN LANGUAGE INS PO BOX 281676 NASHVILLE, TN 37228	58-2108833	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
TENNESSEE JUSTICE CENTER 211 7TH AVE N STE. 100 NASHVILLE, TN 37219	62-1630417	501(C)3	720.	0.			DONOR DIRECTED DESIGNATIONS
TENNESSEE JUSTICE CENTER 211 7TH AVE N STE. 100 NASHVILLE, TN 37219	62-1630417	501(C)3	29,000.	0.			PROGRAM OPNS (OBI)
TENNESSEE JUSTICE FOR OUR NEIG 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	46-0872616	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
TENNESSEE KIDNEY FOUNDATION 95 WHITE BRIDGE ROAD, SUITE 300 NASHVILLE, TN 37205	27-0812507	501(C)3	7,500.	0.			PROGRAM OPNS (OBI)
TENNESSEE KIDNEY FOUNDATION 95 WHITE BRIDGE ROAD, SUITE 300 NASHVILLE, TN 37205	27-0812507	501(C)3	27,500.	0.			SUB-RECIPIENT GRANTS

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TENNESSEE KIDNEY FOUNDATION 95 WHITE BRIDGE ROAD, SUITE 300 NASHVILLE, TN 37205	27-0812507	501(C)3	602.	0.			DONOR DIRECTED DESIGNATIONS
TENNESSEE POISON CENTER /WM 1161 21ST AVE S NASHVILLE, TN 37232	35-2528741	501(C)3	1,228.	0.			DONOR DIRECTED DESIGNATIONS
TENNESSEE POISON CENTER /WM 1161 21ST AVE S NASHVILLE, TN 37232	35-2528741	501(C)3	14,919.	0.			PROGRAM OPNS (OBI)
TENNESSEE POISON CENTER /WM 501 OXFORD HOUSE 1161 21ST AVENUE S NASHVILLE, TN 37232	35-2528741	501(C)3	11.	0.			DONOR DIRECTED DESIGNATIONS
TENNESSEE POISON CENTER /WM 501 OXFORD HOUSE 1161 21ST AVENUE S NASHVILLE, TN 37232	35-2528741	501(C)3	25,705.	0.			PROGRAM OPNS (OBI)
TENNESSEE PRISON OUTREACH MINI 136 RAINS AVE. NASHVILLE, TN 37203-5316	35-2458555	501(C)3	1,773.	0.			DONOR DIRECTED DESIGNATIONS
TENNESSEE PRISON OUTREACH MINI 136 RAINS AVE. NASHVILLE, TN 37203-5316	35-2458555	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
TENNESSEE RESPITE COALITION 2685 N. MT. JULIET RD MT. JULIET, TN 37122	03-0512876	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
TENNESSEE RESPITE COALITION 2685 N. MT. JULIET RD MT. JULIET, TN 37122	03-0512876	501(C)3	79.	0.			DONOR DIRECTED DESIGNATIONS

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THE BRANCH OF NASHVILLE INC 2620 UNA ANTIOCH PIKE ANTIOCH, TN 37013	46-3153789	501(C)3	35,000.	0.			PROGRAM OPNS (OBI)
THE CONTRIBUTOR, INC P.O. BOX 332023 NASHVILLE, TN 37203	37-1551739	501(C)3	5,000.	0.			PROGRAM OPNS (OBI)
THE CONTRIBUTOR, INC P.O. BOX 332023 NASHVILLE, TN 37203	37-1551739	501(C)3	47,614.	0.			SUB-RECIPIENT GRANTS
THE CROSSROADS CAMPUS 707 MONROE STREET NASHVILLE, TN 37208	27-2397528	501(C)3	7,500.	0.			PROGRAM OPNS (OBI)
THE CROSSROADS CAMPUS 707 MONROE STREET NASHVILLE, TN 37208	27-2397528	501(C)3	3,000.	0.			DONOR DIRECTED DESIGNATIONS
THE FAMILY CENTER 139 THOMPSON LANE NASHVILLE, TN 37211	62-1237360	501(C)3	117.	0.			DONOR DIRECTED DESIGNATIONS
THE FAMILY CENTER 139 THOMPSON LANE NASHVILLE, TN 37211	62-1237360	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
THE FORTITUDE GROUP PO BOX 280942 NASHVILLE, TN 37228	80-0674994	501(C)3	99,000.	0.			SUB-RECIPIENT GRANTS
THE HELP CENTER 3918 DICKERSON PIKE SUITE E NASHVILLE, TN 37207	47-2594358	501(C)3	111,000.	0.			SUB-RECIPIENT GRANTS

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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THE HELP CENTER 3918 DICKERSON PIKE SUITE E NASHVILLE, TN 37207	47-2594358	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
THE LITTLE PANTRY THAT COULD P. O. BOX 90932 NASHVILLE, TN 37209	45-3746317	501(C)3	35,000.	0.			PROGRAM OPNS (OBI)
THE LITTLE PANTRY THAT COULD P. O. BOX 90932 NASHVILLE, TN 37209	45-3746317	501(C)3	206.	0.			DONOR DIRECTED DESIGNATIONS
THE NEXT DOOR P.O. BOX 23336 NASHVILLE, TN 37202	43-2001774	501(C)3	72,002.	0.			PROGRAM OPNS (OBI)
THE NEXT DOOR P.O. BOX 23336 NASHVILLE, TN 37202	43-2001774	501(C)3	6,655.	0.			DONOR DIRECTED DESIGNATIONS
THE OPERATION ANDREW GROUP 3902 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-1799192	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
THE PATH PROJECT, INC. PO BOX 1659 LAWRENCEVILLE, GA 30046	45-3861248	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
THE SHOWER TRUCK/SHOWER UP 6019 THRUSH CT SPRING HILL, TN 37174	81-3713374	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
THE SHOWER TRUCK/SHOWER UP 6019 THRUSH CT SPRING HILL, TN 37174	81-3713374	501(C)3	104.	0.			DONOR DIRECTED DESIGNATIONS

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THE WELL OUTREACH 5226 MAIN STREET, SUITE C5 SPRING HILL, TN 37174	32-0258525	501(C)3	30,000.	0.			PROGRAM OPNS (OBI)
THE WELL OUTREACH 5226 MAIN STREET, SUITE C5 SPRING HILL, TN 37174	32-0258525	501(C)3	107.	0.			DONOR DIRECTED DESIGNATIONS
THISTLE FARM P O BOX 6330B NASHVILLE, TN 37235	58-2050089	501(C)3	8,016.	0.			DONOR DIRECTED DESIGNATIONS
TN COALITION AGAINST DOMESTIC 2 INTERNATIONAL PLAZA DRIVE SUITE 4 NASHVILLE, TN 37217	58-1632437	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
TN COALITION AGAINST DOMESTIC 2 INTERNATIONAL PLAZA DRIVE SUITE 4 NASHVILLE, TN 37217	58-1632437	501(C)3	25,000.	0.			SUB-RECIPIENT GRANTS
TN COALITION AGAINST DOMESTIC 2 INTERNATIONAL PLAZA DRIVE SUITE 4 NASHVILLE, TN 37217	58-1632437	501(C)3	1,119.	0.			DONOR DIRECTED DESIGNATIONS
TN EQUALITY PROJECT FOUNDATION P. O. BOX 330895 NASHVILLE, TN 37203-7506	20-3518536	501(C)3	88.	0.			DONOR DIRECTED DESIGNATIONS
TN EQUALITY PROJECT FOUNDATION P. O. BOX 330895 NASHVILLE, TN 37203-7506	20-3518536	501(C)3	9,000.	0.			PROGRAM OPNS (OBI)
TN IMMIGRANT & REFUGEE RIGHTS COALITION - 2195 NOLENSVILLE PIKE - NASHVILLE, TN 37211	20-0121100	501(C)3	71,250.	0.			PROGRAM OPNS (OBI)

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TN IMMIGRANT & REFUGEE RIGHTS COALITION - 2195 NOLENSVILLE PIKE - NASHVILLE, TN 37211	20-0121100	501(C)3	117.	0.			DONOR DIRECTED DESIGNATIONS
TN IMMIGRANT & REFUGEE RIGHTS COALITION - 2195 NOLENSVILLE PIKE - NASHVILLE, TN 37211	20-0121100	501(C)3	165,000.	0.			SUB-RECIPIENT GRANTS
TNKIDS NUTRITION 1006 PEPPER ST SPRINGFIELD, TN 37172	27-2268298	501(C)3	109.	0.			DONOR DIRECTED DESIGNATIONS
TNKIDS NUTRITION 1006 PEPPER ST SPRINGFIELD, TN 37172	27-2268298	501(C)3	44,876.	0.			PROGRAM OPNS (OBI)
TRANSITIONAL HOUSING & WORK PR 109 CUDE LANE MADISON, TN 37115	26-3482285	501(C)3	21,384.	0.			SUB-RECIPIENT GRANTS
TUCKER'S HOUSE P.O. BOX 682086 FRANKLIN, TN 37068	27-0896877	501(C)3	15,960.	0.			DONOR DIRECTED DESIGNATIONS
TUCKER'S HOUSE P.O. BOX 682086 FRANKLIN, TN 37068	27-0896877	501(C)3	11,594.	0.			DONOR DIRECTED DESIGNATIONS
UNITED MINISTRIES OF ROBERTSON CO P O BOX 1094 SPRINGFIELD, TN 37172	62-1581339	501(C)3	75.	0.			DONOR DIRECTED DESIGNATIONS
UNITED MINISTRIES OF ROBERTSON CO P O BOX 1094 SPRINGFIELD, TN 37172	62-1581339	501(C)3	14,376.	0.			PROGRAM OPNS (OBI)

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UNITED NEIGHBORHOOD HEALTH SER 2711 FOSTER AVENUE NASHVILLE, TN 37210	62-1032792	501(C)3	5,276.	0.			SUB-RECIPIENT GRANTS
UNITED NEIGHBORHOOD HEALTH SER 2711 FOSTER AVENUE NASHVILLE, TN 37210	62-1032792	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
UNITED WAY OF SUMNER COUNTY 1531 HUNT CLUB BLVD., SUITE 110 GALLATIN, TN 37066	31-1510208	501(C)3	25,684.	0.			DONOR DIRECTED DESIGNATIONS
UNIVERSITY OF MONTEVALLO FDN ATTN: SCOTT DILLARD STATION 6215 MONTEVALLO, AL 35115	23-7349527	501(C)3	5,000.	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 - 580 SOUTH JEFFERSON AVE SUITE B - COOKEVILLE, TN 38501-4010	62-0906260	501(C)3	807.	0.			DONOR DIRECTED DESIGNATIONS
UPPER CUMBERLAND HUMAN RESOURCE AGENCY - 580 SOUTH JEFFERSON AVE SUITE B - COOKEVILLE, TN 38501-4010	62-0906260	501(C)3	50,307.	0.			SUB-RECIPIENT GRANTS
UPRISE NASHVILLE 235 WHITE BRIDGE PIKE NASHVILLE, TN 37209	62-1681150	501(C)3	35,700.	0.			SUB-RECIPIENT GRANTS
URBAN LEAGUE OF MIDDLE TN 50 VANTAGE WAY, SUITE 201 NASHVILLE, TN 37228	62-0795167	501(C)3	1,042.	0.			DONOR DIRECTED DESIGNATIONS

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URBAN LEAGUE OF MIDDLE TN 50 VANTAGE WAY, SUITE 201 NASHVILLE, TN 37228	62-0795167	501(C)3	32,500.	0.			PROGRAM OPNS (OBI)
UW CHATTANOOGA PO BOX 4027 CHATTANOOGA, TN 37405	62-0565962	501(C)3	52,763.	0.			SUB-RECIPIENT GRANTS
UW CHATTANOOGA PO BOX 4027 CHATTANOOGA, TN 37405	62-0565962	501(C)3	29,248.	0.			DONOR DIRECTED DESIGNATIONS
UW HEART OF FLORIDA 1940 TRAYLOR BLVD. ORLANDO, FL 32804-4714	59-0808854	501(C)3	9,214.	0.			PROGRAM OPNS (OBI)
UW HEART OF FLORIDA 1940 TRAYLOR BLVD ORLANDO, FL 32804	59-0808854	501(C)3	344,484.	0.			SUB-RECIPIENT GRANTS
UW MADISON COUNTY / AL 701 ANDREW JACKSON WAY HUNTSVILLE, AL 35801	63-0366294	501(C)3	36,298.	0.			DONOR DIRECTED DESIGNATIONS
UW MAURY COUNTY P.O. BOX 222 COLUMBIA, TN 38402	62-6014994	501(C)3	32,548.	0.			DONOR DIRECTED DESIGNATIONS
UW MORGAN COUNTY AL PO BOX 1058 DECATUR, AL 35602	63-0358762	501(C)3	17,256.	0.			DONOR DIRECTED DESIGNATIONS
UW OF ANDERSON CO./OAK RIDGE P. O. BOX 4158 OAK RIDGE, TN 37831-4158	62-6041371	501(C)3	6,921.	0.			DONOR DIRECTED DESIGNATIONS

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UW OF BEDFORD COUNTY PO BOX 1438 SHELBYVILLE, TN 37162	63-1675928	501(C)3	7,697.	0.			DONOR DIRECTED DESIGNATIONS
UW OF BLOUNT CO./MARYVILLE 1615 E BROADWAY AVENUE MARYVILLE, TN 37804	23-7122193	501(C)3	18,644.	0.			DONOR DIRECTED DESIGNATIONS
UW OF BREVARD COUNTY/FL 937 DIXON BOULEVARD COCOA, FL 32922	59-0836384	501(C)3	5,976.	0.			DONOR DIRECTED DESIGNATIONS
UW OF COFFEE & MOORE COUNTIES P O BOX 27 TULLAHOMA, TN 37388	58-1468822	501(C)3	7,027.	0.			DONOR DIRECTED DESIGNATIONS
UW OF DICKSON COUNTY P O BOX 1652 DICKSON, TN 37056	62-1771536	501(C)3	5,466.	0.			DONOR DIRECTED DESIGNATIONS
UW OF ELIZABETHTON/CARTER CO TN P O BOX 1715 ELIZABETHTON, TN 37644	62-1104204	501(C)3	5,905.	0.			DONOR DIRECTED DESIGNATIONS
UW OF GREATER KINGSPORT, TN 301 LOUIS STREET, SUITE 201 KINGSPORT, TN 37660	62-0481461	501(C)3	6,189.	0.			DONOR DIRECTED DESIGNATIONS
UW OF GREATER KNOXVILLE 1301 HANNAH AVENUE KNOXVILLE, TN 37921	62-0475748	501(C)3	108,956.	0.			DONOR DIRECTED DESIGNATIONS
UW OF METROPOLITAN NASHVILLE 250 VENTURE CIR NASHVILLE, TN 37228	62-0533104	501(C)3	67,314.	0.			DONOR DIRECTED DESIGNATIONS

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UW OF MID-SOUTH/SHELBY CO TN 1005 TILLMAN STREET MEMPHIS, TN 38112	56-1010742	501(C)3	148,459.	0.			DONOR DIRECTED DESIGNATIONS
UW OF MONTGOMERY / CLARKSVILLE - TN - 529 NORTH 2ND STREET, SUITE 1 - CLARKSVILLE, TN 37040	62-6014536	501(C)3	19,557.	0.			DONOR DIRECTED DESIGNATIONS
UW OF RUTHERFORD CO./ MURFREESBORO P O BOX 330056 MURFREESBORO, TN 37133-0056	58-1341880	501(C)3	12,899.	0.			SUB-RECIPIENT GRANTS
UW OF SEVIER COUNTY/ SEVIERVILLE P O BOX 6458 SEVIERVILLE, TN 37864-6458	62-1225078	501(C)3	7,690.	0.			DONOR DIRECTED DESIGNATIONS
UW OF THE LOWCOUNTRY, INC. PO BOX 202 BEAUFORT, SC 29901	57-0405847	501(C)3	7,155.	0.			DONOR DIRECTED DESIGNATIONS
UW OF UNICOI COUNTY - TN P O BOX 343 ERWIN, TN 37650	62-6048193	501(C)3	5,113.	0.			DONOR DIRECTED DESIGNATIONS
UW RUTHERFORD COUNTY PO BOX 330056 MURFREESBORO, TN 37133	58-1341880	501(C)3	102,870.	0.			DONOR DIRECTED DESIGNATIONS
UW WEST TN P. O. BOX 2086 JACKSON, TN 38302-2086	62-0590257	501(C)3	10,213.	0.			SUB-RECIPIENT GRANTS
UW WILSON COUNTY PO BOX 3541 LEBANON, TN 37088	62-1660029	501(C)3	57,446.	0.			DONOR DIRECTED DESIGNATIONS

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VANDERBILT MONROE CARELL JR. CHILDRENS' HOSPITAL - VUMC GIFT AND DONOR SERVICES - NASHVILLE, TN 37203	35-2528741	501(C)3	10,171.	0.			DONOR DIRECTED DESIGNATIONS
VANDERBILT UNIVERSITY - SCHOOL OF NURSING - VANDERBILT UNIVERSITY STATION 17 - NASHVILLE, TN 37232-8180	62-0476822	501(C)3	89,502.	0.			PROGRAM OPNS (OBI)
VISITATION HOSPITAL FOUNDATION 237 OLD HICKORY BLVD, SUITE 100 NASHVILLE, TN 37221	62-1774851	501(C)3	5,000.	0.			DONOR DIRECTED DESIGNATIONS
WAVES INC. WILLIAMSON 145 SOUTHEAST PARKWAY, SUITE 100 FRANKLIN, TN 37064	62-0920595	501(C)3	117,590.	0.			PROGRAM OPNS (OBI)
WAVES INC. WILLIAMSON 145 SOUTHEAST PARKWAY, SUITE 100 FRANKLIN, TN 37064	62-0920595	501(C)3	3,428.	0.			DONOR DIRECTED DESIGNATIONS
WAYNE REED CHRISTIAN CHILDCARE CENTER - 11-B LINDSLEY AVENUE - NASHVILLE, TN 37210	62-1625142	501(C)3	78,002.	0.			PROGRAM OPNS (OBI)
WAYNE REED CHRISTIAN CHILDCARE CENTER - 11-B LINDSLEY AVENUE - NASHVILLE, TN 37210	62-1625142	501(C)3	5,542.	0.			DONOR DIRECTED DESIGNATIONS
WELCOME HOME MINISTRIES P O BOX 100183 NASHVILLE, TN 37224	62-1515995	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
WELCOME HOME MINISTRIES P O BOX 100183 NASHVILLE, TN 37224	62-1515995	501(C)3	898.	0.			DONOR DIRECTED DESIGNATIONS

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WEST END SYNAGOGUE 3810 WEST END AVENUE NASHVILLE, TN 37205	62-0513743	501(C)3	14,540.	0.			DONOR DIRECTED DESIGNATIONS
WEST NASHVILLE DREAM CENTER 520 39TH AVE N NASHVILLE, TN 37209	81-4064177	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
WEST NASHVILLE DREAM CENTER 520 39TH AVE N NASHVILLE, TN 37209	81-4064177	501(C)3	27,500.	0.			SUB-RECIPIENT GRANTS
WEST TENNESSEE LEGAL SERVICES 210 W. MAIN STREET JACKSON, TN 38301	58-1326791	501(C)3	257,639.	0.			SUB-RECIPIENT GRANTS
WILLIAMSON COUNTY CASA 1205 COLUMBIA AVE FRANKLIN, TN 37064	62-1583334	501(C)3	44,195.	0.			PROGRAM OPNS (OBI)
WILLIAMSON COUNTY CASA 1205 COLUMBIA AVE FRANKLIN, TN 37064	62-1583334	501(C)3	5,615.	0.			DONOR DIRECTED DESIGNATIONS
WILLOW OAK CENTER FOR ARTS & LEARNING - PO BOX 236 - SPRINGFIELD, TN 37172	26-0692088	501(C)3	5,000.	0.			PROGRAM OPNS (OBI)
WOODBINE COMMUNITY ORGANIZATION 643 SPENCE LANE NASHVILLE, TN 37217	62-1280006	501(C)3	7,890.	0.			SUB-RECIPIENT GRANTS
WORKERS DIGNITY PROJECT 335 WHITSETT ROAD NASHVILLE, TN 37210	45-3202280	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)

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WORLD CENTRAL KITCHEN, INC. 1342 FLORIDA AVE NW WASHINGTON D.C., VI 20009	27-3521132	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)3	5,235.	0.			DONOR DIRECTED DESIGNATIONS
YMCA 1000 CHURCH STREET NASHVILLE NASHVILLE, TN 37203	62-0476243	501(C)3	124,002.	0.			PROGRAM OPNS (OBI)
YMCA 1000 CHURCH STREET NASHVILLE NASHVILLE, TN 37203	62-0476243	501(C)3	70,940.	0.			DONOR DIRECTED DESIGNATIONS
YOUTH ENCOURAGEMENT SERVICES 521 MCIVER ST. NASHVILLE, TN 37211	62-0570681	501(C)3	1,388.	0.			DONOR DIRECTED DESIGNATIONS
YOUTH ENCOURAGEMENT SERVICES 521 MCIVER ST. NASHVILLE, TN 37211	62-0570681	501(C)3	45,000.	0.			PROGRAM OPNS (OBI)
YOUTH VILLAGES / DAVIDSON 3310 PERIMETER HILL DR. NASHVILLE, TN 37211	58-1716970	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
YOUTH VILLAGES / DAVIDSON 3310 PERIMETER HILL DR. NASHVILLE, TN 37211	58-1716970	501(C)3	2,196.	0.			DONOR DIRECTED DESIGNATIONS
YWCA 1608 WOODMONT BOULEVARD NASHVILLE, TN 37215	62-0475702	501(C)3	8,471.	0.			DONOR DIRECTED DESIGNATIONS

Schedule I (Form 990)



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

PROGRAM OPNS (OBI)- GRANT AWARDS ARE DISBURSED PER BOARD APPROVAL AS

RECOMMENDED BY AN INDEPENDENT, VOLUNTEER REVIEW COMMITTEE. DURING THE

ALLOCATIONS PROCESS, THE REVIEW COMMITTEE WILL EVALUATE EACH NON-PROFIT,

THEIR PROGRAM OUTCOMES, THEIR FINANCIAL STATUS, ETC. TO DETERMINE IF THEY

ARE IN SOUND IN FINANCIAL OPERATIONS AS WELL AS HAVING THE ABILITY TO

PRODUCE THE PROPOSED OUTCOMES SHOULD THEY BE AWARDED THE GRANT DOLLARS.

THE RECIPIENT AGENCIES MUST PRODUCE PROGRAM OUTCOME MEASUREMENTS AND

STATISTICS TO REPORT RESULTS OF THE MONEY INVESTED.

**Part IV Supplemental Information**

DONOR DIRECTED DESIGNATIONS- THESE DOLLARS REPRESENT DONOR DESIGNATIONS  
 RECEIVED AND PROCESSED BY UW TO OTHER NON-PROFIT AGENCIES. THESE AGENCIES  
 ARE DETERMINED TO BE IN GOOD STANDING WITH THE IRS, HAVE THEIR 501C3  
 STATUS, AND ARE PATRIOT ACT COMPLIANT.

SUB-RECIPIENT GRANTS- GRANT DOLLARS ARE PASSED THROUGH FROM STATE AND  
 FEDERAL GRANTS TO SUBCONTRACTED AGENCIES. THESE AGENCIES ARE REVIEWED BY  
 UW STAFF FOR COMPLIANCE AS WELL AS THE AGENCY'S OWN INDEPENDENT AUDIT  
 FIRMS. ALL GRANT RECIPIENTS ARE REQUIRED TO PRODUCE PROGRAM RESULT  
 REPORTS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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.

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.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- 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 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.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- 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) 2020

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRIAN HASSETT PRESIDENT AND CEO	(i)	268,040.	77,350.	0.	58,639.	6,764.	410,793.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ERICA MITCHELL CHIEF COMMUNITY IMPACT OFFICER	(i)	160,424.	25,100.	0.	6,166.	9,064.	200,754.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUMMOR PENNINGTON CHIEF FINANCIAL OFFICER	(i)	135,199.	25,100.	0.	5,168.	7,936.	173,403.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNIFER WRIGHT CHIEF MARKETING OFFICER	(i)	111,445.	25,100.	0.	3,882.	12,327.	152,754.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PAM BRYANT AREA PRESIDENT	(i)	104,071.	5,100.	0.	3,432.	1,114.	113,717.	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)							

**Part III Supplemental Information**

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

PART I, LINE 1B:

THE HUMAN RESOURCES COMMITTEE PRESENTED, WHICH WAS ULTIMATELY APPROVED BY THE BOARD OF TRUSTEES, A CONTRACT FOR THE CEO WHICH INCLUDED AN ANNUAL MEMBERSHIP TO THE YMCA, OR ITS EQUIVALENT. THAT BENEFIT HAS SUBSEQUENTLY BEEN OFFERED TO OTHER SENIOR MANAGEMENT MEMBERS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A. THERE IS NO OTHER DEFINED POLICY REGARDING ANNUAL HEALTHCLUB MEMBERSHIPS.

PART I, LINE 4B:

BRIAN HASSETT, PRESIDENT & CEO, PARTICIPATES IN A SUPPLEMENTAL, NON-QUALIFIED DEFINED CONTRIBUTION 457(F) PLAN MAINTAINED BY THE ORGANIZATION. NO DISTRIBUTION WAS MADE IN YEAR 2020. THE FIRST DISTRIBUTION IS SCHEDULED TO BE MADE IN THE FIRST QUARTER OF 2021, AS HIS VEST DATE OCCURS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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 instructions and the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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	63,864	256,545.	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 V, 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.		



**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 1, COLUMN (B)

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

**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

**2020**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

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

SELF-MANAGEMENT.

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

TARGET POPULATIONS.

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

IN MARCH 2020, UNITED WAY OF GREATER NASHVILLE ACTIVATED ITS RESTORE  
THE DREAM FUND TO ASSIST THOSE AFFECTED BY THE DEVASTATING TORNADO THAT  
RIPPED THROUGH NASHVILLE. NOT BUT A WEEK LATER, COVID-19 WAS DECLARED  
A PANDEMIC, AND IN PARTNERSHIP WITH THE MAYOR'S OFFICE, UWGN LED THE  
COVID-19 EMERGENCY RESPONSE FUND, FUNDRAISING FOR OVER \$5.1 MILLION AND  
DISTRIBUTING ALL DOLLARS OUT TO THOSE WHO WERE AFFECTED BY THE VIRUS.  
WE THEN PARTNERED WITH THE CITY OF NASHVILLE AND THE FINANCIAL  
ASSISTANCE NETWORK, DISTRIBUTING \$10 MILLION IN CARES ACT FUNDING FOR  
RENT AND UTILITY ASSISTANCE.  
EXPENSES \$ 15,142,826. INCLUDING GRANTS OF \$ 14,965,167. REVENUE \$ 0.

THE NASHVILLE ALLIANCE FOR FINANCIAL INDEPENDENCE (NAFI) IS COALITION  
OF PROFESSIONALS HELPING WORKING INDIVIDUALS AND FAMILIES BUILD ASSETS  
FOR LONG-LASTING FINANCIAL INDEPENDENCE. NAFI PROVIDES PROFESSIONAL  
DEVELOPMENT TO MORE THAN 50 LOCAL NONPROFITS ON TOPICS RELATED TO  
FINANCES AND CONVENES MULTI-SECTOR PARTNERS TO EFFECTIVELY PROBLEM  
SOLVE TO CHANGE COMMUNITY CONDITIONS. FREE FEDERAL INCOME TAX  
PREPARATION IS OFFERED THROUGH VOLUNTEER INCOME TAX ASSISTANCE (VITA)

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

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization UNITED WAY OF MIDDLE TENNESSEE, INC	Employer identification number 62-0533104
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SERVICE ENSURES FILERS CLAIM ALL THEIR ELIGIBLE CREDITS. IN 2020, VITA

SITES HELPED 10,000 FAMILIES COLLECT OVER \$13.5 MILLION IN TOTAL

FEDERAL REFUNDS AND SAVE MILLIONS IN FILING FEES. IN PARTNERSHIP WITH

THE MAYOR'S OFFICE, UWGN OPERATES THE CITY'S FINANCIAL EMPOWERMENT

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

SAVINGS AND PROVIDING FINANCIAL LITERACY TO THE COMMUNITY. CENTERS

PROVIDE FREE ONE-ON-ONE FINANCIAL COUNSELING AND TEACH CLIENTS HOW TO

OPEN SAFE AND AFFORDABLE BANK ACCOUNTS, ESTABLISH AND INCREASE CREDIT

SCORES, REDUCE DEBT AND INCREASE SAVINGS. COMMON GOALS AND METRICS WERE

ESTABLISHED IN PARTNERSHIP WITH THE MAYOR'S OFFICE AND SUSTAINABILITY

FOR THE WORK HAS CONTINUED THROUGH CITY AND UNITED WAY OPERATING A COST

SHARE MODEL. SINCE INCEPTION, THE FECS HAVE ASSISTED MORE THAN 8,756

CLIENTS ELIMINATE DEBT OF NEARLY \$16.5 MILLION, INCREASE SAVINGS OVER

\$3.5 MILLION, INCREASE THEIR CREDIT SCORES AND ENGAGE IN A TRADITIONAL

AND SAFE BANKING RELATIONSHIP, ULTIMATELY RESULTING IN FINANCIAL

INDEPENDENCE. IN 2019, UWGN BECAME THE INTERMEDIARY FOR MIDDLE

TENNESSEE TO RECRUIT, TRAIN AND MONITOR GRANTEEES THROUGH SNAP

EMPLOYMENT & TRAINING. THIS PROGRAM IS A FEDERAL PROGRAM THAT PASSES

THROUGH THE TN DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT. UWGN

MANAGED 10 SUBCONTRACTORS IN 2020 AND HAVE EXPANDED TO 14 PARTNERS IN

2021.

EXPENSES \$ 1,791,954. INCLUDING GRANTS OF \$ 964,064. REVENUE \$ 0.

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

COMMUNITY SERVICES HELP LINE TO SPEAK WITH A COMMUNITY RESOURCE

SPECIALIST WITH ACCESS TO A COMPREHENSIVE DATABASE OF RESOURCES ACROSS

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

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

Name of the organization UNITED WAY OF MIDDLE TENNESSEE, INC	Employer identification number 62-0533104
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UTILITIES, RENT PAYMENT ASSISTANCE, AND TAX PREPARATION SITE

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

FOR FREE TAX PREPARATION SERVICES THROUGH THE NASHVILLE ALLIANCE FOR

FINANCIAL INDEPENDENCE AND VOLUNTEER INCOME TAX ASSISTANCE SITES.

EXPENSES \$ 660,906. INCLUDING GRANTS OF \$ 521,843. REVENUE \$ 0.

EFFECTIVE JUNE 1, 2013, UNITED WAY OF GREATER NASHVILLE PARTNERED WITH

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

IMAGINATION LIBRARY PROGRAM IN DAVIDSON, WILLIAMSON AND SUMNER

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

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

FAMILIES, REGARDLESS OF INCOME. WITH THE IMAGINATION LIBRARY

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

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

IN 2020, UNITED WAY OF GREATER NASHVILLE DISTRIBUTED 513,737 BOOKS TO

CHILDREN IN THE THREE-COUNTY COVERAGE AREA.

EXPENSES \$ 1,162,214. INCLUDING GRANTS OF \$ 1,050,706. REVENUE \$ 0.

THREE OUT OF FOUR NASHVILLE THIRD GRADERS ARE NOT READING AT GRADE

LEVEL, A CHALLENGE NASHVILLE HAS WRESTLED WITH FOR MORE THAN TWO

DECADES. UNITED WAY WAS SELECTED TO LEAD THE FIRST OF ITS KIND

LITERACY PLAN TO DOUBLE THE NUMBER OF THIRD GRADERS READING AT GRADE

LEVEL BY 2025. THIS INITIATIVE, REFERRED TO AS THE BLUEPRINT FOR EARLY

CHILDHOOD SUCCESS, ADDRESSES A RANGE OF ISSUES, INCLUDING ACCESS TO

BOOKS, CHRONIC ABSENTEEISM, SUMMER LEARNING LOSS, AFTER-SCHOOL PROGRAMS

AND MORE. THIS PROGRAM WORKS ALONGSIDE READ TO SUCCEED, A PRE-K

LITERACY INITIATIVE IN LOCAL CHILDCARE CENTERS SERVING VULNERABLE

POPULATIONS. READ TO SUCCEED'S GOAL IS TO PREPARE AT-RISK, LOW-INCOME

Name of the organization UNITED WAY OF MIDDLE TENNESSEE, INC	Employer identification number 62-0533104
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CHILDREN TO BE SUCCESSFUL IN SCHOOL. THROUGH DONOR FUNDING, UNITED WAY IS SERVING OVER 750 OF NASHVILLE'S MOST AT-RISK PRESCHOOL CHILDREN IN AN OUTSTANDING, HIGH-QUALITY PRESCHOOL EXPERIENCE. BEFORE THE START OF THIS PROGRAM, ONLY 33% OF THE FOUR-YEAR-OLDS IN THESE CENTERS TESTED AT AVERAGE OR HIGHER ON KINDERGARTEN READINESS ASSESSMENTS. IN THE SPRING OF 2018, 97% OF THE FOUR-YEAR-OLDS ENROLLED IN READ TO SUCCEED PROGRAMS WERE ASSESSED WITH THE LITERACY AND KINDERGARTEN READINESS SKILLS NEEDED TO ENTER SCHOOL FOR SUCCESS. READ TO SUCCEED HAS ENJOYED A SUCCESS RATE OF 90% OR HIGHER SINCE 2007. RAISE YOUR HAND IS A TUTORING INITIATIVE WITHIN 13 WILLIAMSON COUNTY AND FRANKLIN SPECIAL SCHOOLS, MATCHING TUTORS WITH STUDENTS WHO ARE PERFORMING BELOW THE STATE STANDARD. THESE VOLUNTEERS TUTOR IN CLASSROOMS AFTER SCHOOL, HELPING FIRST THROUGH FOURTH GRADE STUDENTS STRUGGLING WITH READING AND MATH.

EXPENSES \$ 1,016,883. INCLUDING GRANTS OF \$ 302,999. 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 GREATER NASHVILLE. 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 \$ 495,850. INCLUDING GRANTS OF \$ 377,609. REVENUE \$ 0.

Name of the organization UNITED WAY OF MIDDLE TENNESSEE, INC	Employer identification number 62-0533104
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IN 2014, WITH SEED FUNDING FROM THE SIEMER INSTITUTE, UNITED WAY OF GREATER NASHVILLE LAUNCHED THE FAMILY COLLECTIVE ORIGINALLY THE FAMILY EMPOWERMENT PROGRAM TO ADDRESS HOMELESSNESS, CONNECT FAMILIES TO SUSTAINABLE OPPORTUNITIES AND DISRUPT CYCLES OF POVERTY. WITH OVER 25 PARTNERS IN 5 COUNTIES WE ARE WORKING TOGETHER TO REBUILD SYSTEMS TO PREVENT AND END FAMILY HOMELESSNESS. UWGN USES FUNDING FROM THE SIEMER INSTITUTE AND THE DEPARTMENT OF HUMAN SERVICES TO ADMINISTER THIS PROGRAM, SERVING MORE THAN 1,172 WORKING FAMILIES SINCE INCEPTION IN JAN 2019. MORE THAN 700 FAMILIES HAVE BEEN HOUSED OR WERE PREVENTED FROM HOMELESSNESS. THE INITIATIVE PROVIDES AN ARRAY OF WRAP AROUND SERVICES THAT OFFERS CONTINUOUS SUPPORT FOR FAMILIES TO MOVE FROM CRISIS TO THRIVING. IT UTILIZES UNITED WAY COMMUNITY PARTNERS AND FAMILY RESOURCE CENTERS TO LOCATE CASE MANAGERS THROUGHOUT THE CITY. THE PROGRAM ALSO PROVIDES FREE ONE-ON-ONE FINANCIAL COUNSELING THROUGH THE NASHVILLE FINANCIAL EMPOWERMENT CENTER, A UNITED WAY PARTNERSHIP WITH THE MAYOR'S OFFICE TO HELP PARTICIPATING FAMILIES BECOME FINANCIALLY STABLE EXPENSES \$ 3,019,670. INCLUDING GRANTS OF \$ 2,195,133. 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

Name of the organization UNITED WAY OF MIDDLE TENNESSEE, INC	Employer identification number 62-0533104
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FOR CLARITY AND TRUSTEES COMPLETE THE FORM WITH ALL DISCLOSURES AS APPLICABLE, INCLUDING AN ACKNOWLEDGEMENT THAT CHANGES IN STATUS AND ACTIVITIES ARE TO BE COMMUNICATED TO THE ORGANIZATION. THE BOARD MEETS EVERY OTHER MONTH AND THE ORGANIZATION REMAINS CLOSELY ENGAGED WITH TRUSTEES SO THAT IT CAN MONITOR ANY UPDATES TO THE QUESTIONNAIRE THROUGHOUT THE YEAR.

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

EXECUTIVE COMPENSATION WAS SET WITH THE APPROVAL OF THE HUMAN RESOURCE 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

