

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)

2021

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 2021 calendar year, or tax year beginning and ending

Form sections B through M: B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts; H(a) Is this a group return; H(b) Are all subordinates included; H(c) Group exemption number; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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.

Signature and Preparer information fields: Sign Here (Signature of officer, Date), Paid Preparer (Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN), Preparer Use Only (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 \$ 8,867,171. including grants of \$ 7,694,933.) (Revenue \$) THE COMMUNITY IMPACT FUNDING PROGRAM PROVIDES FUNDING SUPPORT TO 102 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 - 95% OF PRE-K CHILDREN ENROLLED IN THE READ TO SUCCEED EARLY LITERACY PROGRAM ASSESSED KINDERGARTEN READY. FINANCIAL STABILITY- 6,742 FAMILIES BENEFITTED FROM FREE TAX PREPARATION AND RECEIVED MORE THAN \$10 MILLION IN TAX REFUNDS AND EITC CREDITS. HEALTH - MORE THAN 8,391 INDIVIDUALS IMPROVED PHYSICAL OR MENTAL HEALTH THROUGH PHYSICAL ACTIVITY, CASE MANAGEMENT, OR CHRONIC DISEASE

4b (Code:) (Expenses \$ 3,874,908. including grants of \$ 3,044,436.) (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 1,300 INDIVIDUALS ARE REACHED THROUGH SPECIFIC PREVENTION INTERVENTIONS

4c (Code:) (Expenses \$ 3,287,095. including grants of \$ 3,287,095.) (Revenue \$ 288,330.) 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 \$ 17,584,398. including grants of \$ 14,204,814.) (Revenue \$)

4e Total program service expenses 33,613,572.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through H.

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 controlled entities.

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 checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 42		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
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 on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **TN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website
 Another's website
 Upon request
 Other (explain 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			455,575.	0.	68,394.	
(2) ERICA MITCHELL CHIEF COMMUNITY IMPACT OFF	40.00			X			224,753.	0.	19,085.	
(3) SUMMOR PENNINGTON CHIEF FINANCIAL OFFICER	40.00			X			180,639.	0.	14,022.	
(4) JENNIFER WRIGHT CHIEF MARKETING OFFICER	40.00			X			162,618.	0.	16,239.	
(5) CELESTE WILSON SR. DIRECTOR, MAJOR GIFTS	40.00					X	132,910.	0.	10,508.	
(6) COURTNEY BARLAR CHIEF DEVELOPMENT OFFICER	40.00			X			133,608.	0.	5,798.	
(7) TIM ADAMS TRUSTEE	2.00	X					0.	0.	0.	
(8) SCOTT BECKER TRUSTEE	2.00	X					0.	0.	0.	
(9) LEE BLANK TRUSTEE	2.00	X		X			0.	0.	0.	
(10) CATHY STEWART BROWN TRUSTEE	2.00	X					0.	0.	0.	
(11) WILLIAM F. CARPENTER III TRUSTEE	2.00	X					0.	0.	0.	
(12) CHARLIE COOK TRUSTEE	2.00	X					0.	0.	0.	
(13) JOHN CROSSLIN VICE CHAIR - TRUSTEE	4.00	X		X			0.	0.	0.	
(14) HONORABLE KARL DEAN TRUSTEE	2.00	X					0.	0.	0.	
(15) ROBERT DENNIS STRATEGY COMMITTEE CHAIR-MEMBER AT L	4.00	X					0.	0.	0.	
(16) SAM DEVANE INVESTMENT COMMITTEE CHAIR-TRUSTEE	4.00	X					0.	0.	0.	
(17) ROBERT DITTUS 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JOHN DOERGE TRUSTEE	2.00	X						0.	0.	0.
(19) MARGARET DOLAN TRUSTEE	2.00	X						0.	0.	0.
(20) DAVID FREEMAN TRUSTEE	2.00	X						0.	0.	0.
(21) RANDY GIBSON TRUSTEE	2.00	X						0.	0.	0.
(22) JIM GINGRICH TRUSTEE	2.00	X						0.	0.	0.
(23) HON. ALBERTO R. GONZALES SECRETARY	4.00	X		X				0.	0.	0.
(24) TONY HEARD TRUSTEE	2.00	X						0.	0.	0.
(25) R. MILTON JOHNSON TRUSTEE	2.00	X						0.	0.	0.
(26) JENNEEN KAUFMAN IMMEDIATE PAST BOARD CHAIR	4.00	X		X				0.	0.	0.
1b Subtotal								1,290,103.	0.	134,046.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,290,103.	0.	134,046.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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	174,419.
TECHBRIDGE PO BOX 1741, MEMPHIS, TN 38101	IT SUPPORT SALESFORCE- FAMILY COLLECTIVE	174,127.

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) GORDON KNAPP MEMBER AT LARGE	2.00	X						0.	0.	0.
(28) WILLIAM C. KOCH, JR. TRUSTEE	2.00	X						0.	0.	0.
(29) RICHARD MANSON TRUSTEE	2.00	X						0.	0.	0.
(30) MICKEY MCKAY MEMBER AT LARGE	2.00	X						0.	0.	0.
(31) ROB MCNEILLY CAMPAIGN COMMITTEE CHAIR-TRUSTEE	4.00	X						0.	0.	0.
(32) KRISTI MORROW MEMBER AT LARGE	2.00	X						0.	0.	0.
(33) JUNAID ODUBEKO TRUSTEE	2.00	X						0.	0.	0.
(34) SCOTT POHLMAN TRUSTEE	2.00	X						0.	0.	0.
(35) CHER PORTIES TRUSTEE	2.00	X						0.	0.	0.
(36) BEN L. RECHTER TRUSTEE	2.00	X						0.	0.	0.
(37) RONALD ROBERTS TRUSTEE	2.00	X						0.	0.	0.
(38) HEATHER ROHAN CHAIR - TRUSTEE	4.00	X		X				0.	0.	0.
(39) ANNE RUSSELL TRUSTEE	2.00	X						0.	0.	0.
(40) JIM SCHMITZ MEMBER AT LARGE	2.00	X						0.	0.	0.
(41) WAYNE SMITH TRUSTEE	2.00	X						0.	0.	0.
(42) BLAKE STINNETTE MEMBER AT LARGE	2.00	X						0.	0.	0.
(43) ERIC STUCKEY MEMBER AT LARGE	2.00	X						0.	0.	0.
(44) BRIAN TIBBS TRUSTEE	2.00	X						0.	0.	0.
(45) DAVE WALTON TRUSTEE	2.00	X						0.	0.	0.
(46) JAMES WEAVER GOVERNMENT RELATIONS CHAIR	4.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 473,949.					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e 18,224,083.					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 37,847,453.					
	g	Noncash contributions included in lines 1a-1f	1g \$ 187,597.					
	h	Total. Add lines 1a-1f						56,545,485.
Program Service Revenue	2 a	DESIGNATION SERVICE FE	Business Code 900099	288,330.	288,330.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			288,330.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		358,711.			358,711.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b 33,928,256.	9,012.				
c	Gain or (loss)	7c 2,266,566.	-9,012.					
d	Net gain or (loss)			2,257,554.		2,257,554.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	EMPLOYEE RETIREMENT PL	Business Code 900099	140,050.			140,050.	
	b	MISCELLANEOUS INCOME	900099	51,970.			51,970.	
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			192,020.			
12	Total revenue. See instructions			59,642,100.	288,330.	0.	2,808,285.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	28,231,278.	28,231,278.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,157,193.	391,048.	317,312.	448,833.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,104,187.	2,550,538.	627,982.	925,667.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,208.	24,241.	967.	
9 Other employee benefits	392,910.	254,607.	69,985.	68,318.
10 Payroll taxes	359,527.	206,555.	57,494.	95,478.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,420.	1,566.	1,854.	
c Accounting	60,967.		60,967.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,196,447.	1,010,040.	114,328.	72,079.
12 Advertising and promotion	218,067.	120,338.	16,964.	80,765.
13 Office expenses	344,907.	192,262.	7,809.	144,836.
14 Information technology				
15 Royalties				
16 Occupancy	175,269.	102,215.	37,623.	35,431.
17 Travel	14,832.	13,280.	301.	1,251.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	43,028.	23,548.	3,336.	16,144.
20 Interest				
21 Payments to affiliates	503,092.	279,778.	82,491.	140,823.
22 Depreciation, depletion, and amortization	63,820.	37,228.	12,232.	14,360.
23 Insurance	47,376.		47,376.	
24 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.)				
a MISCELLANEOUS	353,150.	175,050.	92,244.	85,856.
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	37,294,678.	33,613,572.	1,551,265.	2,129,841.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	6,978,013.	2	7,871,141.
	3 Pledges and grants receivable, net	13,532,424.	3	13,998,549.
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	148,705.	9	137,530.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,152,377.		
	b Less: accumulated depreciation	10b 2,768,220.	413,039.	10c 384,157.
	11 Investments - publicly traded securities	24,640,757.	11	48,566,548.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	864,111.	15	918,014.
16 Total assets. Add lines 1 through 15 (must equal line 33)	46,577,049.	16	71,875,939.	
Liabilities	17 Accounts payable and accrued expenses	1,342,107.	17	1,625,613.
	18 Grants payable	7,333,693.	18	8,065,469.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	571,236.	25	624,923.
	26 Total liabilities. Add lines 17 through 25	9,247,036.	26	10,316,005.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	14,826,881.	27	37,397,055.
	28 Net assets with donor restrictions	22,503,132.	28	24,162,879.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	37,330,013.	32	61,559,934.
33 Total liabilities and net assets/fund balances	46,577,049.	33	71,875,939.	

Form 990 (2021)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	59,642,100.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,294,678.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,347,422.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,330,013.
5	Net unrealized gains (losses) on investments	5	1,882,499.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	61,559,934.

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 on 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
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2021)

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24,272,817.	24,702,846.	33,164,153.	45,954,324.	56,545,485.	184,639,625.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	24,272,817.	24,702,846.	33,164,153.	45,954,324.	56,545,485.	184,639,625.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						184,639,625.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	24,272,817.	24,702,846.	33,164,153.	45,954,324.	56,545,485.	184,639,625.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	227,404.	247,994.	281,868.	228,136.	358,711.	1,344,113.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	24,000.	12,000.	12,000.	1,000.	0.	49,000.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						186,032,738.
12 Gross receipts from related activities, etc. (see instructions)					12	2,082,873.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	99.25 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.17 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a 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 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>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), 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).

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/>	\$ 3,969,456.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 9,464,617.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 20,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

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) 2021

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	16,797,648.	14,592,770.	10,276,086.	11,356,159.	9,987,120.
b Contributions	24,400.	169,826.	2,537,900.		323.
c Net investment earnings, gains, and losses	2,098,691.	2,652,247.	2,346,063.	540,416.	1,884,963.
d Grants or scholarships					
e Other expenditures for facilities and programs	681,200.	550,000.	525,000.	497,000.	475,000.
f Administrative expenses	75,518.	67,195.	42,279.	42,656.	41,247.
g End of year balance	18,164,021.	16,797,648.	14,592,770.	10,276,087.	11,356,159.

- 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 _____ %
- 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		686,858.	671,236.	15,622.
d Equipment		1,224,114.	1,128,294.	95,820.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				384,157.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PENSION LIABILITY	624,923.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	624,923.

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.

1	Total revenue, gains, and other support per audited financial statements	1	58,572,727.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,882,499.
b	Donated services and use of facilities	2b	326,211.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	9,012.
e	Add lines 2a through 2d	2e	2,217,722.
3	Subtract line 2e from line 1	3	56,355,005.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	3,287,095.
c	Add lines 4a and 4b	4c	3,287,095.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	59,642,100.

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

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

1	Total expenses and losses per audited financial statements	1	34,342,806.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	326,211.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	9,012.
e	Add lines 2a through 2d	2e	335,223.
3	Subtract line 2e from line 1	3	34,007,583.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	3,287,095.
c	Add lines 4a and 4b	4c	3,287,095.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	37,294,678.

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:

LOSS ON DISPOSAL 9,012.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CAMPAIGN CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES 3,287,095.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL 9,012.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CAMPAIGN CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES 3,287,095.

**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 for the latest information.**

OMB No. 1545-0047

2021

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
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 42428 AMERICAN RED	47-1939832	501(C)3	37,002.	0.			PROGRAM OPNS (OBI)
CROSS/WILLIAMSON NATCHEZ TRACE - 129 W. FOWLKES STREET, SUITE 100 - FRANKLIN, TN 37064	53-0196605	501(C)3	10,156.	0.			PROGRAM OPNS (OBI)
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)
AFFORDABLE HOUSING RESOURCES 50 VANTAGE WAY #107 NASHVILLE, TN 37228	58-1857324	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 177.

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

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Schedule I (Form 990) 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGAPE 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	62-0760716	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
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/DAVIDSON COUNTY 1718 PATTERSON STREET NASHVILLE, TN 37203	62-0983550	501(C)3	25,002.	0.			PROGRAM OPNS (OBI)
ALZHEIMER'S ASSOCIATION MID-SOUTH CHAPTER - 478 CRAIGHEAD ST SUITE 200 - NASHVILLE, TN 37024	62-1860364	501(C)3	10,574.	0.			DONOR DIRECTED DESIGNATIONS
AMERICAN CANCER SOCIETY 2000 CHARLOTTE AVENUE NASHVILLE, TN 37203	13-1788491	501(C)3	7,515.	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 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)
APHESIS HOUSE, INC. 1522 COMPTON AVENUE NASHVILLE, TN 37212	27-0041227	501(C)3	10,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC OF TENNESSEE 545 MAINSTREAM , SUITE 100 NASHVILLE, TN 37228	62-0639154	501(C)3	11,312.	0.			PROGRAM OPNS (OBI)
ARC WILLIAMSON COUNTY 129 W. FOWLKES ST , SUITE 143 FRANKLIN, TN 37064	62-6019147	501(C)3	23,919.	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	13,438.	0.			PROGRAM OPNS (OBI)
BEGIN ANEW OF MIDDLE TENNESSEE 1111 FOSTER AVE NASHVILLE, TN 37210	76-0718734	501(C)3	29,080.	0.			PROGRAM OPNS (OBI)
BETHANY CHRISTIAN SERVICES 230 GREAT CIRCLE RD, STE 229 NASHVILLE, TN 37228	20-1204075	501(C)3	10,002.	0.			PROGRAM OPNS (OBI)
BETHLEHEM CENTER 1417 CHARLOTTE AVENUE NASHVILLE, TN 37203	62-0843073	501(C)3	102,545.	0.			PROGRAM OPNS (OBI)
BIG BROTHERS/BIG SISTERS OF MI 1704 CHARLOTTE AVE SUITE 130 NASHVILLE, TN 37203	23-7056024	501(C)3	99,695.	0.			PROGRAM OPNS (OBI)
BIRTHRIGHT ISRAEL PO BOX 21615 NEW YORK, NY 10087	13-4092050	501(C)3	10,000.	0.			DONOR DIRECTED DESIGNATIONS
BLUE MONARCH P. O. BOX 1207 MONTEAGLE, TN 37356-1207	82-0584070	501(C)3	10,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOOK EM 161 RAINS AVENUE NASHVILLE, TN 37203	58-2000621	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
BOY SCOUTS OF AMERICA - TROOP #8 ATTN: KAROLYN MARINO, 9424 LOST HOL BRENTWOOD, TN 37027	62-0477729	501(C)3	13,515.	0.			PROGRAM OPNS (OBI)
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/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)
BRIDGES DOMESTIC VIOLENCE CENTER PO BOX 1592 FRANKLIN, TN 37065	62-1753127	501(C)3	225,516.	0.			PROGRAM OPNS (OBI)
BRIGHTSTONE, INC. P O BOX 682966 FRANKLIN, TN 37068	62-1783260	501(C)3	10,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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. 340 21ST AVE NASHVILLE, TN 37206	62-1203459	501(C)3	20,002.	0.			PROGRAM OPNS (OBI)
C.O.P.E., INC. P.O. BOX 732 SPRINGFILED, TN 37172	58-1656080	501(C)3	11,250.	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)
CATHOLIC CHARITIES / DC 924 G STREET NW WASHINGTON, DC 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	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)
CENTER OF HOPE/MAURY COUNTY P O BOX 1961 COLUMBIA, TN 38402	62-1375056	501(C)3	15,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTERSTONE 44 VANTAGE WAY SUITE 280 NASHVILLE, TN 37228-1565	62-1674308	501(C)3	7,300.	0.			DONOR DIRECTED DESIGNATIONS
CHANNELS OF LOVE MINISTRIES, I 1026 MCCALLIE AVENUE CHATTANOOGA, TN 37403	58-2067484	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)
CHATTANOOGA CARES, INC 1000 EAST THIRD STREET CHATTANOOGA, TN 37403	62-1325543	501(C)3	163,355.	0.			SUB-RECIPIENT GRANTS
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)
CHILDREN & FAMILY SERVICES, IN PO BOX 845 COVINGTON, TN 38409	62-1166322	501(C)3	25,923.	0.			SUB-RECIPIENT GRANTS
CHRISTIAN COMMUNITY SERVICES, 601 BENTON AVENUE SUITE B NASHVILLE, TN 37204	62-1702753	501(C)3	10,002.	0.			PROGRAM OPNS (OBI)
CHRYSALIS ORAL HEALTH CARE ALL 900 BELDEN WAY NASHVILLE, TN 37221	82-1918365	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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
CLARKSVILLE-MONTGOMERY INTERVE 1778 ASHLAND CITY ROAD, SUITE B CLARKSVILLE, TN 37043	58-1694616	501(C)3	8,975.	0.			SUB-RECIPIENT GRANTS
COLUMBIA CARES, INC. 1202 SOUTH JAMES CAMPBELL BLVD SUIT COLUMBIA, TN 38401	62-1513020	501(C)3	184,630.	0.			SUB-RECIPIENT GRANTS
VANDERBILT UNIVERSITY - SCHOOL OF NURSING - VANDERBILT UNIVERSITY STATION 17 - NASHVILLE, TN 37232-8180	62-0476822	501(C)3	89,502.	0.			PROGRAM OPNS (OBI)
COMMUNITIES IN SCHOOLS OF TN 1207 18TH AVENUE SOUTH NASHVILLE, TN 37212	46-1196944	501(C)3	66,200.	0.			PROGRAM OPNS (OBI)
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	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)

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COMMUNITY HEALTH CHARITIES OF PO BOX 75153 BALTIMORE, MD 22175-5153	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)
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	356,070.	0.			PROGRAM OPNS (OBI)
CONGREGATIONAL HEALTH & EDUCAT 1818 ALBION STREET NASHVILLE, TN 37208	82-2358735	501(C)3	109,500.	0.			SUB-RECIPIENT GRANTS
COUNCIL FOR ALCOHOL & DRUG ABU 207 SPEARS AVE CHATTANOOGA, TN 37405	62-0716063	501(C)3	64,351.	0.			SUB-RECIPIENT GRANTS
CREATIVE GIRLS ROCK PO BOX 330812 NASHVILLE, TN 37203	84-2460498	501(C)3	22,000.	0.			SUB-RECIPIENT GRANTS
CUMBERLAND CRISIS PREGNANCY CENTER 2229 NASHVILLE PIKE GALLATIN, TN 37066	58-1705496	501(C)3	5,847.	0.			DONOR DIRECTED DESIGNATIONS

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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 DEPT. 2300 STEELE STREET DENVER, CO 80205	84-0502539	501(C)3	10,000.	0.			DONOR DIRECTED DESIGNATIONS
DYMON IN THE ROUGH PO BOX 330816 NASHVILLE, TN 37203	46-1319844	501(C)3	89,100.	0.			SUB-RECIPIENT GRANTS
E TN CHILDREN'S HOSPITAL P O BOX 15010 ATTN: DEVELOPMENT DEPT 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 ENRIC 1811 OSAGE STREET NASHVILLE, TN 37208	62-0562855	501(C)3	99,002.	0.			PROGRAM OPNS (OBI)
ELAM MENTAL HEALTH CENTER MEHARRY MEDICAL COLLEGE 1005 DR. D.B. TODD 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	15,000.	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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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)
FAITH FAMILY MEDICAL CLINIC 326 21ST AVE. NORTH NASHVILLE, TN 37203	62-1816811	501(C)3	114,002.	0.			PROGRAM OPNS (OBI)
FAMILY & CHILDREN'S SVCS/WILLIAMSON - 1704 HEIMAN 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	81,002.	0.			PROGRAM OPNS (OBI)
FIFTY FORWARD 960 HERITAGE WAY BRENTWOOD, TN 37027	62-0566419	501(C)3	347,862.	0.			PROGRAM OPNS (OBI)
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 STEPS 1900 GRAYBAR LANE NASHVILLE, TN 37215	62-0674974	501(C)3	133,000.	0.			PROGRAM OPNS (OBI)
FRIENDSHIP HOUSE 202 23RD AVE NORTH NASHVILLE, TN 37203	62-0713645	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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FRIST CENTER FOR THE VISUAL ARTS 919 BROADWAY NASHVILLE, TN 37203	62-1731492	501(C)3	5,451.	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	25,000.	0.			PROGRAM OPNS (OBI)
GIRL SCOUTS OF MIDDLE TN 4522 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0589380	501(C)3	7,583.	0.			DONOR DIRECTED DESIGNATIONS
GOODWILL INDUSTRIES OF MIDDLE 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)
GREATER FAITH COMMUNITY ACTION P.O. BOX 215 SPRINGFIELD, TN 37172	90-0139322	501(C)3	31,376.	0.			PROGRAM OPNS (OBI)
GUARDIANSHIP & TRUST CORPORATI 501 UNION STREET, SUITE 404 NASHVILLE, TN 37219	58-1454706	501(C)3	17,002.	0.			PROGRAM OPNS (OBI)

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HABITAT FOR HUMANITY/NASHVILLE 414 HARDING PL SUITE 100 NASHVILLE, TN 37211	58-1636286	501(C)3	32,500.	0.			PROGRAM OPNS (OBI)
HABITAT FOR HUMANITY/WILLIAMSON 511 WEST MEADE BLVD. FRANKLIN, TN 37064	62-1506788	501(C)3	25,000.	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)
HISPANIC FAMILY FOUNDATION, IN 3955 NOLENSVILLE PIKE SUITE 119 NASHVILLE, TN 37211	46-4181468	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
HOPE COMMUNITY DEVELOPMENT COR 2311 MURFREESBORO PIKE NASHVILLE, TN 37217	27-0958369	501(C)3	168,700.	0.			SUB-RECIPIENT GRANTS
HOUSING FUND P.O. BOX 281345 NASHVILLE, TN 37228	62-1632388	501(C)3	56,250.	0.			SUB-RECIPIENT GRANTS
IMF COMMUNITY FUND, INC. PO BOX 331903 NASHVILLE, TN 37203	47-2915650	501(C)3	11,500.	0.			PROGRAM OPNS (OBI)
INSIGHT COUNSELING CENTERS, IN PO BOX 50242 NASHVILLE, TN 37205	58-1731899	501(C)3	32,500.	0.			PROGRAM OPNS (OBI)
INSPIRITUS, INC PO BOX 60597 NASHVILLE, TN 37206	62-1499797	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)

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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	25,000.	0.			PROGRAM OPNS (OBI)
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
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 PL NASHVILLE, TN 37204	62-0582571	501(C)3	7,500.	0.			PROGRAM OPNS (OBI)
KEVA, INC. PO BOX 70771 NASHVILLE, TN 37207	82-1982417	501(C)3	160,899.	0.			SUB-RECIPIENT GRANTS
KING'S DAUGHTER DAY HOME 590 NORTH DUPONT AVENUE MADISON, TN 37115	62-0729602	501(C)3	133,000.	0.			PROGRAM OPNS (OBI)
KNOXVILLE-KNOX CO CAC ON AGING PO BOX 51650 KNOXVILLE, TN 37950-1650	62-6007979	501(C)3	33,531.	0.			SUB-RECIPIENT GRANTS

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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 300 DEADERICK STREET NASHVILLE, TN 37201	62-0800756	501(C)3	106,000.	0.			PROGRAM OPNS (OBI)
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, I 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	15,000.	0.			PROGRAM OPNS (OBI)
MARTHA O'BRYAN CENTER 711 SOUTH 7TH STREET NASHVILLE, TN 37206	62-0477728	501(C)3	577,947.	0.			PROGRAM OPNS (OBI)
MATTHEW 25 P O BOX 158461 NASHVILLE, TN 37215	58-1673641	501(C)3	6,043.	0.			DONOR DIRECTED DESIGNATIONS
MATTHEW WALKER COMPREHENSIVE HEALTH CENTER - 1035 14TH AVE NORTH - NASHVILLE, TN 37208	62-1035426	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
MAURY REGIONAL HEALTHCARE FOUN 1224 TROTWOOD AVENUE COLUMBIA, TN 38401	20-5822527	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)

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MCHRA / WM 1101 KERMIT DRIVE SUITE 300 NASHVILLE, TN 37217	62-0923487	501(C)3	325,981.	0.			PROGRAM OPNS (OBI)
MCNEILLY CENTER FOR CHILDREN 400 MERIDIAN STREET NASHVILLE, TN 37207	62-0479366	501(C)3	382,000.	0.			PROGRAM OPNS (OBI)
MDHA HOUSING TRUST CORPORATION 701 SOUTH SIXTH STREET NASHVILLE, TN 37206	58-1803918	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
MEMPHIS PUBLIC LIBRARY - LINC 3030 POPLAR AVENUE 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	10,000.	0.			PROGRAM OPNS (OBI)
MENDING HEARTS, INC. P. O. BOX 280236 NASHVILLE, TN 37228-0236	73-1697900	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
MENTAL HEALTH AMERICA OF MIDDLE TN 446 METROPLEX DR SUITE A-224 NASHVILLE, TN 37211	62-0637710	501(C)3	40,000.	0.			PROGRAM OPNS (OBI)
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 ACTIO PO BOX 310 LEBANON, TN 37088-0310	62-0859072	501(C)3	17,264.	0.			PROGRAM OPNS (OBI)

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MONROE HARDING CHILDREN'S HOME 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)
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 & MUSEU PO BOX 23655 NASHVILLE, TN 37202	75-3128782	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
MY FRIEND'S HOUSE/FAM & CHILD SVCS 626 EASTVIEW CIRCLE FRANKLIN, TN 37064	58-1525248	501(C)3	46,655.	0.			PROGRAM OPNS (OBI)
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 ADULT LITERACY COUNC COHN ADULT LITERACY COUNCIL 4805 PA NASHVILLE, TN 37209	58-1488230	501(C)3	110,000.	0.			PROGRAM OPNS (OBI)
NASHVILLE CARES P. O. BOX 42097 NASHVILLE, TN 37204-1900	62-1274532	501(C)3	60,002.	0.			PROGRAM OPNS (OBI)

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NASHVILLE CHILDREN'S ALLIANCE 1264 FOSTER AVENUE 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 GENERAL HOSPITAL FOU 1818 ALBION STREET NASHVILLE, TN 37208	62-1383977	501(C)3	30,000.	0.			PROGRAM OPNS (OBI)
NASHVILLE HUMANE ASSOCIATION 213 OCEOLA AVENUE NASHVILLE, TN 37209	62-0672999	501(C)3	21,847.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE INTERNT'L CENTER EMPOWERMENT - 417 WELSHWOOD DRIVE SUITE 100 - NASHVILLE, TN 37211	02-0674431	501(C)3	98,002.	0.			PROGRAM OPNS (OBI)
NASHVILLE LAUNCH PAD INC. PO BOX 330695 NASHVILLE, TN 37203	81-3538014	501(C)3	50,000.	0.			PROGRAM OPNS (OBI)
NASHVILLE PUBLIC EDUCATION FDN. J SEIGENTHLER CTR 1207 18TH AVE S. NASHVILLE, TN 37212	48-1266314	501(C)3	24,221.	0.			DONOR DIRECTED DESIGNATIONS

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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 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 372113324	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	84,920.	0.			PROGRAM OPNS (OBI)
NEEDLINK NASHVILLE PO BOX 91107 SUITE 108 NASHVILLE, TN 37209	62-0544852	501(C)3	308,000.	0.			PROGRAM OPNS (OBI)
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 CARIGHEAD ST NASHVILLE, TN 37204	90-0751722	501(C)3	25,002.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HOPE MISSIONARY BAPTIST CH PO BOX 41338 NASHVILLE, TN 37204	54-3316992	501(C)3	110,000.	0.			SUB-RECIPIENT GRANTS
NURSES FOR NEWBORNS/WM 50 VANTAGE WAY SUITE 101 NASHVILLE, TN 37228	43-1601329	501(C)3	89,390.	0.			PROGRAM OPNS (OBI)
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	44,956.	0.			PROGRAM OPNS (OBI)
OPEN TABLE NASHVILLE PO BOX 110266 NASHVILLE, TN 37222	27-3514899	501(C)3	20,000.	0.			PROGRAM OPNS (OBI)
OPERATION STAND DOWN NASHVILLE 1125 12TH AVENUE SOUTH NASHVILLE, TN 37203	62-1638832	501(C)3	118,000.	0.			PROGRAM OPNS (OBI)
OSHO ACADEMY 1330 CACIQUE STREET SANTA BARBARA, CA 93103	86-0760237	501(C)3	15,000.	0.			DONOR DIRECTED DESIGNATIONS
PARK CENTER 186 N 1ST STREET NASHVILLE, TN 37213	62-1336640	501(C)3	93,500.	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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PATHWAY LENDING 201 VENTURE CIRCLE NASHVILLE, TN 37228	62-1823596	501(C)3	46,000.	0.			PROGRAM OPNS (OBI)
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	20,000.	0.			PROGRAM OPNS (OBI)
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 AVENUE KNOXVILLE, TN 37917	62-1698383	501(C)3	283,295.	0.			SUB-RECIPIENT GRANTS
PRESTON TAYLOR MINISTRIES PO BOX 90442 NASHVILLE, TN 37209	62-1757018	501(C)3	20,000.	0.			PROGRAM OPNS (OBI)
PREVENT CHILD ABUSE TN 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

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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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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	127,500.	0.			PROGRAM OPNS (OBI)
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	65,241.	0.			PROGRAM OPNS (OBI)
RENEWAL HOUSE P.O. BOX 280356 NASHVILLE, TN 37228-0356	62-1631055	501(C)3	20,002.	0.			PROGRAM OPNS (OBI)
RIDGEVIEW PSYCH HOSPITAL & CTR 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 AVENUE NASHVILLE, TN 37212	62-1310717	501(C)3	9,139.	0.			DONOR DIRECTED DESIGNATIONS
ROOFTOP FOUNDATION 108 7TH AVENUE SOUTH NASHVILLE, TN 37203	20-4970385	501(C)3	280,000.	0.			PROGRAM OPNS (OBI)

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SADDLE UP ! 1549 OLD HILLSBORO ROAD FRANKLIN, TN 37069	58-1930303	501(C)3	23,155.	0.			DONOR DIRECTED DESIGNATIONS
SAFE HAVEN FAMILY SHELTER INC 1234 THIRD AVENUE SOUTH NASHVILLE, TN 37210	62-1807653	501(C)3	183,753.	0.			PROGRAM OPNS (OBI)
SALAMA FELLOWSHIP URBAN MINIST 1205 EIGHTH AVENUE SOUTH NASHVILLE, TN 37203	58-2198012	501(C)3	25,002.	0.			PROGRAM OPNS (OBI)
SALVATION ARMY/DAVIDSON COUNTY P O BOX 78625 NASHVILLE, TN 37207-8625	62-6033090	501(C)3	367,947.	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 ROAD NASHVILLE, TN 37228	62-1049447	501(C)3	125,835.	0.			PROGRAM OPNS (OBI)
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	25,000.	0.			PROGRAM OPNS (OBI)
SEXUAL ASSAULT CENTER/WMSON 101 FRENCH LANDING NASHVILLE, TN 37228	62-1043294	501(C)3	170,000.	0.			PROGRAM OPNS (OBI)

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SHOWER THE PEOPLE 77 DONELSON STREET NASHVILLE, TN 37210	47-3404538	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)3	127,002.	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 ATTN: ALA 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 JUDE'S CHILDREN'S RESEARCH HOSP 501 ST. JUDE'S PLACE MEMPHIS, TN 38105	62-0646012	501(C)3	39,268.	0.			DONOR DIRECTED DESIGNATIONS
ST MARY VILLA CHILD DEVELOPMENT CENTER - 1704 HEIMAN ST - NASHVILLE, TN 37208	62-0579243	501(C)3	201,002.	0.			PROGRAM OPNS (OBI)
ST. LUKES COMMUNITY HOUSE 5601 NEW YORK AVENUE NASHVILLE, TN 37209	62-0484183	501(C)3	274,047.	0.			PROGRAM OPNS (OBI)

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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)
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)
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
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)

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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 POISON CENTER 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	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)
THE BRANCH OF NASHVILLE INC 2620 UNA ANTIOCH PIKE ANTIOCH, TN 37013	46-3153789	501(C)3	35,000.	0.			PROGRAM OPNS (OBI)
THE CROSSROADS CAMPUS 707 MONROE STREET NASHVILLE, TN 37208	27-2397528	501(C)3	7,500.	0.			PROGRAM OPNS (OBI)
THE FAMILY CENTER 139 THOMPSON LANE NASHVILLE, TN 37211	62-1237360	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)

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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	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 NEXT DOOR PO BOX 23336 NASHVILLE, TN 37202-3336	43-2001774	501(C)3	72,002.	0.			PROGRAM OPNS (OBI)
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 WELL OUTREACH 5226 MAIN STREET, SUITE C5 SPRING HILL, TN 37174	32-0258525	501(C)3	30,000.	0.			PROGRAM OPNS (OBI)
THISTLE FARM P O BOX 6330B NASHVILLE, TN 37235	58-2050089	501(C)3	8,016.	0.			DONOR DIRECTED DESIGNATIONS

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TN BAPTIST CHILDREN'S HOME P O BOX 2206 BRENTWOOD, TN 37024	62-0488043	501(C)3	7,152.	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 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)
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.			PROGRAM OPNS (OBI)
UNITED MINISTRIES OF ROBERTSON CO P O BOX 1094 SPRINGFIELD, TN 37172	62-1581339	501(C)3	14,376.	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

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UPPER CUMBERLAND HUMAN RESOURC 580 SOUTH JEFFERSON AVE SUITE B COOKEVILLE, TN 38501-4010	62-0906260	501(C)3	50,307.	0.			SUB-RECIPIENT GRANTS
UPRISE NASHVILLE ATTN: LAUREN HESTER 235 WHITE BRIDGE 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	32,500.	0.			PROGRAM OPNS (OBI)
UW HEART OF FLORIDA DR. NELSON YING CENTER 1940 TRAYLOR BLVD. - ORLANDO, FL 32804-4714	59-0808854	501(C)3	9,214.	0.			PROGRAM OPNS (OBI)
UW MADISON COUNTY/AL 701 ANDREW JACKSON WAY HUNTSVILLE, AL 35801	63-0366294	501(C)3	36,298.	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
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

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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 CHATTANOOGA P.O. BOX 4027 CHATTANOOGA, TN 37405	62-0565962	501(C)3	52,763.	0.			SUB-RECIPIENT GRANTS
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 MAURY COUNTY P.O. BOX 222 COLUMBIA, TN 38402	62-6014994	501(C)3	32,548.	0.			DONOR DIRECTED DESIGNATIONS
UW OF METROPOLITAN NASHVILLE ATTN: SUMMOR PENNINGTON, 250 VENTUR 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 OF WEST TN P. O. BOX 2086 JACKSON, TN 38302-2086	62-0590257	501(C)3	10,213.	0.			DONOR DIRECTED DESIGNATIONS
UW OF WILSON COUNTY & UPPER CUMBERLANDS - PO BOX 3541 - LEBANON, TN 37088	62-1660029	501(C)3	57,446.	0.			DONOR DIRECTED DESIGNATIONS
WAVES, INC. 145 SOUTHEAST PARKWAY, SUITE 100 FRANKLIN, TN 37064	62-0920595	501(C)3	117,590.	0.			PROGRAM OPNS (OBI)

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WAYNE REED CHRISTIAN CHILD CARE CTR - 11 B LINDSLEY AVENUE - NASHVILLE, TN 37210	62-1625142	501(C)3	78,002.	0.			PROGRAM OPNS (OBI)
WELCOME HOME MINISTRIES PO BOX 100183 NASHVILLE, TN 37224	62-1515995	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
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 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)
WOODBINE COMMUNITY ORGANIZATIO 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)
WORLD CENTRAL KITCHEN, INC. 1342 FLORIDA AVE NW WASHINGTON, DC 20009	27-3521132	501(C)3	10,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOUNDED WARRIOR PROJECT INC. 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)3	5,235.	0.			DONOR DIRECTED DESIGNATIONS
YMCA 1000 CHURCH STREET NASHVILLE, TN 37203	62-0476243	501(C)3	124,002.	0.			PROGRAM OPNS (OBI)
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)
YWCA OF NASHVILLE & MIDDLE TN 1608 WOODMONT BLVD NASHVILLE, TN 37215	62-0475702	501(C)3	227,209.	0.			PROGRAM OPNS (OBI)

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

2021

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

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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)	387,181.	68,394.	0.	61,520.	6,874.	523,969.	19,100.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ERICA MITCHELL CHIEF COMMUNITY IMPACT OFF	(i)	205,668.	19,085.	0.	6,863.	12,222.	243,838.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUMMOR PENNINGTON CHIEF FINANCIAL OFFICER	(i)	166,617.	14,022.	0.	5,365.	8,657.	194,661.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNIFER WRIGHT CHIEF MARKETING OFFICER	(i)	146,378.	16,240.	0.	4,062.	12,177.	178,857.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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. THE FIRST DISTRIBUTION WAS MADE IN 2021.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	20	164,464.	
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	114,611	164,806.	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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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), LINE 25 REPRESENTS AN ESTIMATE OF THE NUMBER OF ITEMS CONTRIBUTED.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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:

DESIGNED FOR THE 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. THIS WORK CONTINUED IN 2021 DEPLOYING OVER
\$4 MILLION IN RENT, MORTGAGE AND UTILITY ASSISTANCE FOR THOSE STILL
FEELING THE EFFECTS OF THE PANDEMIC.
EXPENSES \$ 4,046,100. INCLUDING GRANTS OF \$ 4,020,227. 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

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

Schedule O (Form 990) 2021

Name of the organization UNITED WAY OF MIDDLE TENNESSEE, INC	Employer identification number 62-0533104
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PREPARATION IS OFFERED THROUGH VOLUNTEER INCOME TAX ASSISTANCE (VITA)

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

SERVICE ENSURES FILERS CLAIM ALL THEIR ELIGIBLE CREDITS. IN 2021, VITA

SITES HELPED 6,742 FAMILIES COLLECT OVER \$10 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 10,000 CLIENTS

ELIMINATE DEBT OF \$20 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 GRANTEES THROUGH SNAP EMPLOYMENT & TRAINING. THIS

PROGRAM IS A FEDERAL PROGRAM THAT PASSES THROUGH THE TN DEPARTMENT OF

LABOR AND WORKFORCE DEVELOPMENT. 531 SNAP EMPLOYMENT & TRAINING

PARTICIPANTS OBTAINED AN INDUSTRY CREDENTIAL WHILE WORKING TOWARDS

EMPLOYMENT.

EXPENSES \$ 3,960,107. INCLUDING GRANTS OF \$ 2,983,744. 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

Name of the organization UNITED WAY OF MIDDLE TENNESSEE, INC	Employer identification number 62-0533104
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OUR 42-COUNTY SERVICE AREA. THE 2-1-1 HOTLINE HAS TAKEN MORE THAN 1,5

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

UTILITIES, RENT PAYMENT ASSISTANCE, AND TAX PREPARATION SITE

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

FOR FREE TAX PREPARATION SERVICES THROUGH THE NASHVILLE ALLIANCE FOR

FINANCIAL INDEPENDENCE AND VOLUNTEER INCOME TAX ASSISTANCE SITES.

EXPENSES \$ 624,345. INCLUDING GRANTS OF \$ 475,381. 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 2021, UNITED WAY OF GREATER NASHVILLE DISTRIBUTED 493,067 BOOKS TO

CHILDREN IN THE THREE-COUNTY COVERAGE AREA.

EXPENSES \$ 1,118,806. INCLUDING GRANTS OF \$ 1,008,451. 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

Name of the organization UNITED WAY OF MIDDLE TENNESSEE, INC	Employer identification number 62-0533104
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LITERACY INITIATIVE IN LOCAL CHILDCARE CENTERS SERVING VULNERABLE POPULATIONS. READ TO SUCCEED'S GOAL IS TO PREPARE AT-RISK, LOW-INCOME 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 2020, 95% 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 \$ 763,772. INCLUDING GRANTS OF \$ 69,601. 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.

Name of the organization UNITED WAY OF MIDDLE TENNESSEE, INC	Employer identification number 62-0533104
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EXPENSES \$ 373,775. INCLUDING GRANTS OF \$ 334,274. REVENUE \$ 0.

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 1,667 WORKING FAMILIES SINCE INCEPTION IN JAN 2019. MORE THAN 779 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 \$ 6,697,493. INCLUDING GRANTS OF \$ 5,313,136. 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:

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

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

EXECUTIVE COMPENSATION WAS SET WITH THE APPROVAL OF THE HUMAN RESOURCE
 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.

Name of the organization UNITED WAY OF MIDDLE TENNESSEE, INC	Employer identification number 62-0533104
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FORM 990, PART XII, LINE 2C

ORGANIZATION'S BOARD OF TRUSTEES IS RESPONSIBLE FOR THE SELECTION AND
 OVERSIGHT OF THE INDEPENDENT AUDITOR. THERE HAVE BEEN NO CHANGES MADE
 IN THE CURRENT YEAR RELATED TO THE OVERSIGHT / SELECTION PROCESS.