** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **and ending**

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

C Name of organization
UNITED WAY OF MIDDLE TENNESSEE, INC
Doing business as UNITED WAY OF GREATER NASHVILLE (UWGN)
Number and street (or P.O. box if mail is not delivered to street address) 250 VENTURE CIRCLE
Room/suite
City or town, state or province, country, and ZIP or foreign postal code NASHVILLE, TN 37228

D Employer identification number 62-0533104

E Telephone number 615-255-8501

G Gross receipts $ 68,186,450.

F Name and address of principal officer: SUMMOR PENNINGTON
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes [X] No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: www.unitedwaygreaternashville.org

K Form of organization: [X] Corporation Trust Association Other

L Year of formation: 1954

M State of legal domicile: TN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: UWGN UNITES THE COMMUNITY AND MOBILIZES RESOURCES SO THAT EVERY CHILD, INDIVIDUAL & FAMILY THRIVES

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	45
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	45
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	160
6	Total number of volunteers (estimate if necessary)	6	15000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	42,623,190.	43,383,204.
9	Program service revenue (Part VIII, line 2g)	231,888.	261,044.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,735,360.	2,200,435.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,741.	377,649.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,647,179.	46,222,332.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	33,852,566.	31,867,137.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,660,788.	10,294,217.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 3,052,526.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,754,045.	4,337,404.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	45,267,399.	46,498,758.
19	Revenue less expenses. Subtract line 18 from line 12	-620,220.	-276,426.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	69,413,140.	70,291,972.
21	Total liabilities (Part X, line 26)	12,834,452.	10,428,111.
22	Net assets or fund balances. Subtract line 21 from line 20	56,578,688.	59,863,861.

Part II Signature Block

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

Sign Here

Summor Pennington
Signature of officer — Date: 07.07.2025
SUMMOR PENNINGTON, CFO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Firm's name			Firm's EIN	
Firm's address			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
UNITED WAY OF 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
If "Yes," describe these new services on Schedule O.

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 13,443,221. including grants of $ 11,283,171.) (Revenue $ 0.)
THE COMMUNITY IMPACT FUNDING PROGRAM PROVIDES FUNDING SUPPORT TO 159 NONPROFIT AGENCIES IN CHEATHAM, DAVIDSON, DICKSON, HICKMAN, HOUSTON, MONTGOMERY, STEWART, ROBERTSON, AND WILLIAMSON COUNTIES, TN. THESE PROGRAMS SERVE LOW-INCOME INDIVIDUALS AND FAMILIES, 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- 9,712 FAMILIES BENEFITTED FROM FREE TAX PREPARATION AND RECEIVED MORE THAN $10.3 MILLION IN TAX REFUNDS AND EITC CREDITS. HEALTH MORE THAN 28,000 INDIVIDUALS IMPROVED PHYSICAL OR MENTAL HEALTH THROUGH PHYSICAL

4b (Code:) (Expenses $ 6,642,949. including grants of $ 5,173,750.) (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 GRANT 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 THE STATE OF TENNESSEE. OVER 2,900 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 1,700 INDIVIDUALS ARE REACHED THROUGH SPECIFIC PREVENTION INTERVENTIONS DESIGNED FOR THE TARGET

4c (Code:) (Expenses $ 3,131,511. including grants of $ 3,131,511.) (Revenue $ 242,744.)
DURING THE ANNUAL UNITED WAY CAMPAIGN, SOME DONORS CHOOSE TO DIRECTLY DESIGNATE SOME PORTION OF THEIR GIFT TO A SPECIFIC NON-PROFIT AGENCY OR UNITED WAY IN ANOTHER COMMUNITY. DESIGNATED GIFTS ARE AGGREGATED AND ARE THEN PAID TO THE AGENCIES OR ORGANIZATIONS AS THEY ARE COLLECTED, SUBJECT ONLY TO A MODEST ADMINISTRATIVE FEE TO HELP SUPPORT THE COST OF THE UNITED WAY CAMPAIGN. THE DESIGNATED GIFTS ARE DISTRIBUTED TO THE RECIPIENT AGENCIES WITHOUT RESTRICTION, FOR USE AS DETERMINED BY THE AGENCY. TO BE ELIGIBLE FOR DESIGNATED GIFTS, AGENCIES MUST BE TAX EXEMPT UNDER SECTION 501(C)3, 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 $ 18,265,241. including grants of $ 12,278,705.) (Revenue $ 18,300.)

4e Total program service expenses 41,482,922.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

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

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 ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	108		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	160		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	45		
	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.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	45		
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?	2			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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			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?	7a			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?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			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?	10a		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?	11a	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		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.

[X] Own website [X] 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, box 6 of 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	40.00									
PRESIDENT AND CEO		X		X				555,263.	0.	61,929.
(2) ERICA MITCHELL	40.00									
CHIEF COMMUNITY IMPACT OFFICER				X				230,268.	0.	17,512.
(3) SUMMOR PENNINGTON	40.00									
CHIEF FINANCIAL OFFICER				X				212,300.	0.	18,003.
(4) COURTNEY BARLAR	40.00									
CHIEF DEVELOPMENT OFFICER				X				176,955.	0.	7,503.
(5) ANGELA STACY	40.00									
CHIEF MARKETING OFFICER				X				164,705.	0.	16,753.
(6) LORI SHINTON	40.00									
CHIEF VOLUNTEERISM OFFICER				X				168,263.	0.	7,498.
(7) JASON MILLER	40.00									
DIRECTOR, IT						X		135,093.	0.	5,699.
(8) KIM BUNDY	40.00									
SR. DIRECTOR, LEADERSHIP GIVING						X		121,578.	0.	17,205.
(9) MATT LIM	40.00									
DIRECTOR, FINANCE						X		116,029.	0.	19,942.
(10) NIKI EASLEY	40.00									
DIRECTOR, RYAN WHITE						X		120,897.	0.	14,965.
(11) TRACEY DILL	40.00									
SR. DIRECTOR, COMMUNITY IMPACT						X		128,759.	0.	5,507.
(12) LEE BLANK	4.00									
VICE CHAIR- TRUSTEE		X		X				0.	0.	0.
(13) ROBERT DITTUS	4.00									
STRATEGY COMMITTEE CHAIR-OBICI		X		X				0.	0.	0.
(14) SARA CORREA	4.00									
MEMBER AT LARGE		X		X				0.	0.	0.
(15) DAVID FREEMAN	4.00									
CAMPIAGN COMMITTEE CHAIR		X		X				0.	0.	0.
(16) REV. ROBERT GARDENHIRE	4.00									
COMMUNITY IMPACT - OBI COMMITTEE CHA		X		X				0.	0.	0.
(17) HON. ALBERTO R. GONZALES	4.00									
BOARD CHAIR- TRUSTEE		X		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) BURKE NIHILL	4.00									
MEMBER AT LARGE		X		X				0.	0.	0.
(19) JUNAID ODUBEKO	4.00									
GENERAL COUNSEL- TRUSTEE		X		X				0.	0.	0.
(20) BLAKE STINNETTE	4.00									
TREASURER & FINANCE COMMITTEE CHAIR-		X		X				0.	0.	0.
(21) ERIC STUCKEY	4.00									
MEMBER AT LARGE		X		X				0.	0.	0.
(22) JAMES WEAVER	4.00									
IMMEDIATE PAST CHAIR		X		X				0.	0.	0.
(23) TIM ADAMS	2.00									
TRUSTEE		X						0.	0.	0.
(24) NELSON ANDREWS	2.00									
TRUSTEE		X						0.	0.	0.
(25) SCOTT BECKER	2.00									
TRUSTEE		X						0.	0.	0.
(26) DAVID BRIGGS	2.00									
TRUSTEE		X						0.	0.	0.
1b Subtotal								2,130,110.	0.	192,516.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,130,110.	0.	192,516.

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 11

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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	201,110.

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 1

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) KATE CHINN	2.00									
TRUSTEE		X						0.	0.	0.
(28) JOHN CROSSLIN	2.00									
TRUSTEE		X						0.	0.	0.
(29) JOHN DOERGE	2.00									
TRUSTEE		X						0.	0.	0.
(30) RANDY GIBSON	2.00									
TRUSTEE		X						0.	0.	0.
(31) JIM GINGRICH	2.00									
TRUSTEE		X						0.	0.	0.
(32) DR. STUART R. GORDON	2.00									
TRUSTEE		X						0.	0.	0.
(33) LAUREL GRAEFE	2.00									
TRUSTEE		X						0.	0.	0.
(34) NEIL HAFER	2.00									
TRUSTEE		X						0.	0.	0.
(35) TONYA HALLETT	2.00									
TRUSTEE		X						0.	0.	0.
(36) TONY HEARD	2.00									
TRUSTEE		X						0.	0.	0.
(37) SHANNA JACKSON	2.00									
TRUSTEE		X						0.	0.	0.
(38) R. MILTON JOHNSON	2.00									
TRUSTEE		X						0.	0.	0.
(39) DR. L. GREGORY JONES	2.00									
TRUSTEE		X						0.	0.	0.
(40) JENNEEN KAUFMAN	2.00									
TRUSTEE		X						0.	0.	0.
(41) GORDON KNAPP	2.00									
TRUSTEE		X						0.	0.	0.
(42) HONORABLE WILLIAM C. KOCH, JR.	2.00									
TRUSTEE		X						0.	0.	0.
(43) ED LANQUIST	2.00									
TRUSTEE		X						0.	0.	0.
(44) RICHARD MANSON	2.00									
TRUSTEE		X						0.	0.	0.
(45) LUCIBETH MAYBERRY	2.00									
TRUSTEE		X						0.	0.	0.
(46) ROB MCNEILLY	2.00									
TRUSTEE		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(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			
(47) DR. CANDICE MCQUEEN	2.00									
TRUSTEE		X						0.	0.	0.
(48) DEB REINER	2.00									
TRUSTEE		X						0.	0.	0.
(49) ANNE RUSSELL	2.00									
TRUSTEE		X						0.	0.	0.
(50) KARL SPRULES	2.00									
TRUSTEE		X						0.	0.	0.
(51) BRIAN TIBBS	2.00									
TRUSTEE		X						0.	0.	0.
(52) JOSH TRUSLEY	2.00									
TRUSTEE		X						0.	0.	0.
(53) CHANDRA VASSER	2.00									
TRUSTEE		X						0.	0.	0.
(54) DAVE WALTON	2.00									
TRUSTEE		X						0.	0.	0.
(55) EMILY WEISS	2.00									
TRUSTEE		X						0.	0.	0.
(56) O'NEAL WIGGINS	2.00									
TRUSTEE		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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 749,045.				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 18,456,986.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 24,177,173.				
	g	Noncash contributions included in lines 1a-1f	1g $ 380,614.				
	h	**Total.** Add lines 1a-1f		43,383,204.			
Program Service Revenue			**Business Code**				
	2a	DESIGNATION SERVICE FE	900099	242,744.	242,744.		
	b	HANDS ON NASHVILLE	900099	18,300.	18,300.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		261,044.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		818,161.			818,161.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 7a	23,346,392.				
	b	Less: cost or other basis and sales expenses 7b	21,964,118.				
	c	Gain or (loss) 7c	1,382,274.				
	d	Net gain or (loss)		1,382,274.			1,382,274.
	8a	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					
	9a	Gross income from gaming activities. See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			**Business Code**				
	11a	EMPLOYEE RETIREMENT PL	900099	305,804.			305,804.
	b	MISCELLANEOUS INCOME	900099	71,845.			71,845.
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		377,649.			
	12	**Total revenue.** See instructions		46,222,332.	261,044.	0.	2,578,084.

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	31,867,137.	31,867,137.		
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	1,636,953.	645,290.	415,461.	576,202.
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	7,240,647.	4,948,817.	841,045.	1,450,785.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,912.	48,831.	7,239.	16,842.
9 Other employee benefits	736,579.	533,152.	95,977.	107,450.
10 Payroll taxes	607,126.	394,917.	75,426.	136,783.
11 Fees for services (nonemployees):				
a Management				
b Legal	9,694.		9,694.	
c Accounting	97,934.	29,800.	68,134.	
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.)	1,558,959.	1,437,450.	18,703.	102,806.
12 Advertising and promotion	454,666.	297,544.	14,403.	142,719.
13 Office expenses	526,055.	343,561.	65,168.	117,326.
14 Information technology				
15 Royalties				
16 Occupancy	428,123.	285,380.	102,207.	40,536.
17 Travel	145,370.	125,976.	3,635.	15,759.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	331,469.	127,799.	28,896.	174,774.
20 Interest				
21 Payments to affiliates	411,760.	255,743.	62,578.	93,439.
22 Depreciation, depletion, and amortization	102,259.	58,430.	25,769.	18,060.
23 Insurance				
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	242,179.	83,095.	128,975.	30,109.
b PLANNED GIVING PREMIUM	28,936.			28,936.
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	46,498,758.	41,482,922.	1,963,310.	3,052,526.
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	11,016,442.	2	11,278,863.
	3	Pledges and grants receivable, net	13,916,289.	3	11,797,031.
	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	134,241.	9	172,420.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 3,612,295.			
	b	Less: accumulated depreciation — 10b: 3,118,429.	499,646.	10c	493,866.
	11	Investments - publicly traded securities	42,848,485.	11	45,412,504.
	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	998,037.	15	1,137,288.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	69,413,140.	16	70,291,972.
Liabilities	17	Accounts payable and accrued expenses	2,366,648.	17	2,095,201.
	18	Grants payable	10,038,859.	18	8,103,483.
	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	428,945.	25	229,427.
	26	**Total liabilities.** Add lines 17 through 25	12,834,452.	26	10,428,111.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	34,106,187.	27	36,499,955.
	28	Net assets with donor restrictions	22,472,501.	28	23,363,906.
		Organizations that do not follow FASB ASC 958, check here ☐ **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	56,578,688.	32	59,863,861.
	33	Total liabilities and net assets/fund balances	69,413,140.	33	70,291,972.

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	46,222,332.
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,498,758.
3	Revenue less expenses. Subtract line 2 from line 1	3	-276,426.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	56,578,688.
5	Net unrealized gains (losses) on investments	5	3,561,599.
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	59,863,861.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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?	2a		X
	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?	2b	X	
	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?	2c	X	
	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	45,954,324.	56,545,485.	43,079,435.	42,623,190.	43,383,204.	231,585,638.
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	45,954,324.	56,545,485.	43,079,435.	42,623,190.	43,383,204.	231,585,638.
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.						231,585,638.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	45,954,324.	56,545,485.	43,079,435.	42,623,190.	43,383,204.	231,585,638.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	228,136.	358,711.	559,988.	974,929.	818,161.	2,939,925.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,000.					1,000.
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						234,526,563.

12 Gross receipts from related activities, etc. (see instructions)	12	2,396,527.

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	98.75 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	98.92 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
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? *If "Yes," provide detail in* **Part VI.**	9b		
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? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

			Yes	No
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? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	**3b**		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 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 ☐ 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 - *provide details in* **Part VI**)	5	
6 Other distributions (describe in **Part VI**). 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 (*provide details in* **Part VI**). See instructions.	8	
9 Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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

[X] 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

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		$ 3,356,567.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 4,679,405.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 1,728,195.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 2,234,694.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 1,313,691.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 3,411,152.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number: 62-0533104

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

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

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

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)
(Rev. December 2024)
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

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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? ☐ Yes ☐ No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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 $ _____

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 in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,319,411.	14,733,899.	18,164,021.	16,797,648.	14,592,770.
b Contributions		282,703.	127,602.	24,400.	169,826.
c Net investment earnings, gains, and losses	2,276,193.	2,170,282.	-2,749,259.	2,098,691.	2,652,247.
d Grants or scholarships					
e Other expenditures for facilities and programs	822,000.	800,000.	739,000.	681,200.	550,000.
f Administrative expenses	75,387.	67,473.	69,465.	75,518.	67,195.
g End of year balance	17,698,217.	16,319,411.	14,733,899.	18,164,021.	16,797,648.

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

a Board designated or quasi-endowment 36.6000 %
b Permanent endowment 42.9000 %
c Term endowment 20.5000 %

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		272,715.		272,715.
b Buildings		968,690.	968,690.	0.
c Leasehold improvements		807,302.	735,359.	71,943.
d Equipment		1,476,891.	1,355,094.	121,797.
e Other		86,697.	59,286.	27,411.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				493,866.

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))*	

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	229,427.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	229,427.

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 ... X

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	46,652,420.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	3,561,599.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	3,561,599.
3	Subtract line 2e from line 1			3	43,090,821.
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	3,131,511.		
c	Add lines 4a and 4b			4c	3,131,511.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	46,222,332.

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	43,367,247.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	43,367,247.
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	3,131,511.		
c	Add lines 4a and 4b			4c	3,131,511.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	46,498,758.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:
CAMPAIGN CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES 3,131,511.

PART XII, LINE 4B - OTHER ADJUSTMENTS:
CAMPAIGN CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES 3,131,511.

Part XIII Supplemental Information *(continued)*

SCHEDULE I
(Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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? ..... [X] 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 AVENUE NORTH LEARNING ACADEMY 1417 CHARLOTTE AVE NASHVILLE, TN 37203	47-2487996	501(C)3	87,504.	0.			PROGRAM OPNS (CIF)
15TH AVENUE NORTH LEARNING ACADEMY 1417 CHARLOTTE AVE NASHVILLE, TN 37203	47-2487996	501(C)3	85,872.	0.			SUB-RECIPIENT GRANTS
23RD DISTRICT ADVOCACY P.O. BOX 468 CHARLOTTE, TN 37036	20-2249106	501(C)3	220,000.	0.			PROGRAM OPNS (CIF)
4:13 STRONG PO BOX 101425 NASHVILLE, TN 37224	47-1939832	501(C)3	30,000.	0.			PROGRAM OPNS (CIF)
4:13 STRONG PO BOX 101425 NASHVILLE, TN 37224	47-1939832	501(C)3	5,716.	0.			DONOR DIRECTED DESIGNATIONS
4-H CLUBS ROBERTSON 408 N. MAIN STREET SPRINGFIELD, TN 37172	62-6047753	501(C)3	5,000.	0.			PROGRAM OPNS (CIF)

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 459.

3 Enter total number of other organizations listed in the line 1 table ..... 7.

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
4-H CLUBS ROBERTSON 408 N. MAIN STREET SPRINGFIELD, TN 37172	62-6047753	501(C)3	1,380.	0.			DONOR DIRECTED DESIGNATIONS
A BETOR WAY 585 SHADY HOLLOW COVE EADS, TN 38028	82-1516718	501(C)3	201,759.	0.			SUB-RECIPIENT GRANTS
ADULT LITERACY COUNCIL MONTGOM 430 GREENWOOD AVENUE CLARKSVILLE, TN 37040-3712	62-1249879	501(C)3	26,000.	0.			PROGRAM OPNS (CIF)
ADULT LITERACY COUNCIL MONTGOM 430 GREENWOOD AVENUE CLARKSVILLE, TN 37040-3712	62-1249879	501(C)3	490.	0.			DONOR DIRECTED DESIGNATIONS
ALIVE HOSPICE, INC. 1718 PATTERSON STREET NASHVILLE, TN 37203	62-0983550	501(C)3	25,000.	0.			PROGRAM OPNS (CIF)
ALIVE HOSPICE, INC. 1718 PATTERSON STREET NASHVILLE, TN 37203	62-0983550	501(C)3	56,224.	0.			DONOR DIRECTED DESIGNATIONS
ALZHEIMER'S ASSOCIATION OF MID 1801 WEST END AVE SUITE 200 NASHVILLE, TN 37203	13-3039601	501(C)3	8,932.	0.			DONOR DIRECTED DESIGNATIONS
AMERICAN CANCER SOCIETY PO BOX 332047 NASHVILLE, TN 37203	13-1788491	501(C)3	9,548.	0.			DONOR DIRECTED DESIGNATIONS
AMERICAN HEART ASSOCIATION 1818 PATTERSON STREET NASHVILLE, TN 37203	13-5613797	501(C)3	6,197.	0.			DONOR DIRECTED DESIGNATIONS

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
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE - 220 EAST 42ND STREET - NEW YORK, NY 10017	13-1656634	501(C)3	145,000.	0.			DONOR DIRECTED DESIGNATIONS
AMERICAN RED CROSS DAVIDSON 2201 CHARLOTTE AVENUE NASHVILLE, TN 37203	53-0196605	501(C)3	80,000.	0.			PROGRAM OPNS (CIF)
AMERICAN RED CROSS DAVIDSON 2201 CHARLOTTE AVENUE NASHVILLE, TN 37203	53-0196605	501(C)3	21,374.	0.			DONOR DIRECTED DESIGNATIONS
AMERICAN RED CROSS MONTGOMERY 2201 CHARLOTTE AVE NASHVILLE, TN 37203	53-0196605	501(C)3	9,500.	0.			PROGRAM OPNS (CIF)
AMERICAN RED CROSS MONTGOMERY 2201 CHARLOTTE AVE NASHVILLE, TN 37203	53-0196605	501(C)3	2,378.	0.			DONOR DIRECTED DESIGNATIONS
ANCORA TN PO BOX 160069 NASHVILLE, TN 37216	45-4955577	501(C)3	25,000.	0.			PROGRAM OPNS (CIF)
ANCORA TN PO BOX 160069 NASHVILLE, TN 37216	45-4955577	501(C)3	2,784.	0.			DONOR DIRECTED DESIGNATIONS
ARC OF WILLIAMSON COUNTY 129 WEST FOWLKES STREET SUITE 151 FRANKLIN, TN 37064	62-6019147	501(C)3	32,000.	0.			PROGRAM OPNS (CIF)
ARC OF WILLIAMSON COUNTY 129 WEST FOWLKES STREET SUITE 151 FRANKLIN, TN 37064	62-6019147	501(C)3	3,395.	0.			DONOR DIRECTED DESIGNATIONS

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
ASSISTANCE LEAGUE OF NASHVILLE P. O. BOX 653 BRENTWOOD, TN 37024-0653	83-0418987	501(C)3	15,000.	0.			PROGRAM OPNS (CIF)
ASSISTANCE LEAGUE OF NASHVILLE P. O. BOX 653 BRENTWOOD, TN 37024-0653	83-0418987	501(C)3	367.	0.			DONOR DIRECTED DESIGNATIONS
BEGIN ANEW 1111 FOSTER AVE NASHVILLE, TN 37210	76-0718734	501(C)3	22,577.	0.			PROGRAM OPNS (CIF)
BEGIN ANEW 1111 FOSTER AVE NASHVILLE, TN 37210	76-0718734	501(C)3	4,376.	0.			SUB-RECIPIENT GRANTS
BEGIN ANEW 1111 FOSTER AVE NASHVILLE, TN 37210	76-0718734	501(C)3	911.	0.			DONOR DIRECTED DESIGNATIONS
BETHANY CHRISTIAN SERVICES 220 ATHENS WAY SUITE 405 NASHVILLE, TN 37228-1529	20-1204075	501(C)3	20,000.	0.			PROGRAM OPNS (CIF)
BETHANY CHRISTIAN SERVICES 220 ATHENS WAY SUITE 405 NASHVILLE, TN 37228-1529	20-1204075	501(C)3	2,250.	0.			DONOR DIRECTED DESIGNATIONS
BETHESDA COMMUNITY MISSION PO BOX 342 ERIN, TN 37061	62-1181398	501(C)3	19,000.	0.			PROGRAM OPNS (CIF)
BETHLEHEM CENTER 1417 CHARLOTTE AVENUE NASHVILLE, TN 37203	62-0843073	501(C)3	88,500.	0.			PROGRAM OPNS (CIF)

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
BETHLEHEM CENTER 1417 CHARLOTTE AVENUE NASHVILLE, TN 37203	62-0843073	501(C)3	2,053.	0.			DONOR DIRECTED DESIGNATIONS
BETHLEHEM CENTER 1417 CHARLOTTE AVENUE NASHVILLE, TN 37203	62-0843073	501(C)3	104,652.	0.			SUB-RECIPIENT GRANTS
BETHSEDA CENTER 108 SOUTH MAIN STREET ASHLAND CITY, TN 37015-1625	58-2015542	501(C)3	13,500.	0.			PROGRAM OPNS (CIF)
BETTER OPTIONS TN 511 WEST MEADE BLVD FRANKLIN, TN 37064	81-5482686	501(C)3	25,000.	0.			PROGRAM OPNS (CIF)
BIG BROTHERS BIG SISTERS MIDDLE TN 1704 CHARLOTTE AVE SUITE 130 NASHVILLE, TN 37203	23-7056024	501(C)3	85,000.	0.			PROGRAM OPNS (CIF)
BIG BROTHERS BIG SISTERS MIDDLE TN 1704 CHARLOTTE AVE SUITE 130 NASHVILLE, TN 37203	23-7056024	501(C)3	10,295.	0.			DONOR DIRECTED DESIGNATIONS
BIG BROTHERS BIG SISTERS MONTGOMERY - 420 MADISON ST SUITE B4 - CLARKSVILLE, TN 37042	51-0164560	501(C)3	61,000.	0.			PROGRAM OPNS (CIF)
BIG BROTHERS BIG SISTERS MONTGOMERY - 420 MADISON ST SUITE B4 - CLARKSVILLE, TN 37042	51-0164560	501(C)3	4,702.	0.			DONOR DIRECTED DESIGNATIONS
BIG BROTHERS BIG SISTERS RUTHERFORD - 115 HERITAGE PARK DRIVE - MURFREEESBORO, TN 37129	23-7056024	501(C)3	8,204.	0.			DONOR DIRECTED DESIGNATIONS

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
BLUE MONARCH P. O. BOX 1207 MONTEAGLE, TN 37356-1207	82-0584070	501(C)3	21,968.	0.			DONOR DIRECTED DESIGNATIONS
BOCA RATON REGIONAL HOSPITAL 800 MEADOWS RD BOCA RATON, FL 33486	59-2406425	501(C)3	20,000.	0.			DONOR DIRECTED DESIGNATIONS
BOY SCOUTS OF AMERICA MIDDLE TN 3414 HILLSBORO PIKE NASHVILLE, TN 37215	62-0477729	501(C)3	25,000.	0.			PROGRAM OPNS (CIF)
BOY SCOUTS OF AMERICA MIDDLE TN 3414 HILLSBORO PIKE NASHVILLE, TN 37215	62-0477729	501(C)3	13,590.	0.			DONOR DIRECTED DESIGNATIONS
BOYS & GIRLS CLUB MIDDLE TENNESSEE 1704 CHARLOTTE AVENUE SUITE 200 NASHVILLE, TN 37203	62-0540402	501(C)3	360,000.	0.			PROGRAM OPNS (CIF)
BOYS & GIRLS CLUB MIDDLE TENNESSEE 1704 CHARLOTTE AVENUE SUITE 200 NASHVILLE, TN 37203	62-0540402	501(C)3	30,568.	0.			DONOR DIRECTED DESIGNATIONS
BOYS & GIRLS CLUB RUTHERFORD P.O. BOX 3343 MURFREESBORO, TN 37133	47-4334308	501(C)3	31,598.	0.			DONOR DIRECTED DESIGNATIONS
BOYS & GIRLS CLUBS MAURY 210 WEST 8TH STREET COLUMBIA, TN 38401-3230	62-1611131	501(C)3	7,906.	0.			DONOR DIRECTED DESIGNATIONS
BRIDGES OF WILLIAMSON COUNTY PO BOX 1592 FRANKLIN, TN 37065	62-1753127	501(C)3	192,000.	0.			PROGRAM OPNS (CIF)

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
BRIDGES OF WILLIAMSON COUNTY PO BOX 1592 FRANKLIN, TN 37065	62-1753127	501(C)3	11,753.	0.			DONOR DIRECTED DESIGNATIONS
BUILDING LIVES FOUNDATION, INC 2000 MALLORY LN SUITE 130-166 FRANKLIN, TN 37067	20-5584526	501(C)3	25,000.	0.			PROGRAM OPNS (CIF)
BUILDING LIVES FOUNDATION, INC 2000 MALLORY LN SUITE 130-166 FRANKLIN, TN 37067	20-5584526	501(C)3	310.	0.			DONOR DIRECTED DESIGNATIONS
C.O.P.E., INC. P.O. BOX 732 SPRINGFILED, TN 37172	58-1656080	501(C)3	12,000.	0.			PROGRAM OPNS (CIF)
C.O.P.E., INC. P.O. BOX 732 SPRINGFILED, TN 37172	58-1656080	501(C)3	1,723.	0.			DONOR DIRECTED DESIGNATIONS
CASA 340 21ST AVE NASHVILLE, TN 37206	62-1203459	501(C)3	20,000.	0.			PROGRAM OPNS (CIF)
CASA 340 21ST AVE NASHVILLE, TN 37206	62-1203459	501(C)3	13,752.	0.			DONOR DIRECTED DESIGNATIONS
CASA OF ROBERTSON COUNTY P.O. BOX 967 SPRINGFIELD, TN 37172	62-1795740	501(C)3	7,000.	0.			PROGRAM OPNS (CIF)
CASA OF ROBERTSON COUNTY P.O. BOX 967 SPRINGFIELD, TN 37172	62-1795740	501(C)3	6,278.	0.			DONOR DIRECTED DESIGNATIONS

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CASA OF THE HIGHLAND RIM 111 HIGHWAY 70 EAST SUITE 203 DICKSON, TN 37055	47-5058982	501(C)3	40,000.	0.			PROGRAM OPNS (CIF)
CATHOLIC CHARITIES OF TENNESSE 2806 MCGAVOCK PIKE NASHVILLE, TN 37214	62-0679520	501(C)3	403,750.	0.			PROGRAM OPNS (CIF)
CATHOLIC CHARITIES OF TENNESSE 2806 MCGAVOCK PIKE NASHVILLE, TN 37214	62-0679520	501(C)3	50,649.	0.			DONOR DIRECTED DESIGNATIONS
CATHOLIC CHARITIES OF TENNESSE 2806 MCGAVOCK PIKE NASHVILLE, TN 37214	62-0679520	501(C)3	1,175,999.	0.			SUB-RECIPIENT GRANTS
CENTER FOR LIVING AND LEARNING PO BOX 50272 NASHVILLE, TN 37205	58-1742628	501(C)3	55,000.	0.			PROGRAM OPNS (CIF)
CENTERSTONE 44 VANTAGE WAY SUITE 280 NASHVILLE, TN 37228-1565	62-1674308	501(C)3	12,000.	0.			PROGRAM OPNS (CIF)
CENTERSTONE 44 VANTAGE WAY SUITE 280 NASHVILLE, TN 37228-1565	62-1674308	501(C)3	7,348.	0.			DONOR DIRECTED DESIGNATIONS
CHABAD JEWISH CENTER SOUTH METRO DENVER - 9950 LONE TREE PARKWAY - LONE TREE, CO 80124	20-0285036	501(C)3	6,000.	0.			DONOR DIRECTED DESIGNATIONS
CHANNELS OF LOVE MINISTRIES, INC 1026 MCCALLIE AVENUE CHATTANOOGA, TN 37403	58-2067484	501(C)3	54,258.	0.			SUB-RECIPIENT GRANTS

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

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CHATTANOOGA CARES, INC 1000 EAST THIRD STREET CHATTANOOGA, TN 37403	62-1325543	501(C)3	226,767.	0.			SUB-RECIPIENT GRANTS
CHEATHAM COUNTY SCHOOL DISTRICT 102 ELIZABETH ST ASHLAND CITY, TN 37015	62-6000526	CHEATHAM COUNTY	140,403.	0.			SUB-RECIPIENT GRANTS
CHI MEMORIAL INFECTIOUS DISEASES 5600 BRAINERD RD SUITE 500 CHATTANOOGA, TN 37411	03-0417049	501(C)3	41,633.	0.			SUB-RECIPIENT GRANTS
CHILD ADVOCACY CENTER ROBERTSON 406 N. MAIN STREET SPRINGFIELD, TN 37172	62-1553913	501(C)3	9,000.	0.			PROGRAM OPNS (CIF)
CHILD ADVOCACY CENTER ROBERTSON 406 N. MAIN STREET SPRINGFIELD, TN 37172	62-1553913	501(C)3	1,420.	0.			DONOR DIRECTED DESIGNATIONS
CHILD ADVOCACY CENTER RUTHERFORD 503 HIGHLAND TERRACE SUITE C MURFREESBORO, TN 37130	62-1786865	501(C)3	8,282.	0.			DONOR DIRECTED DESIGNATIONS
CHILDREN & FAMILY SERVICES, INC PO BOX 845 COVINGTON, TN 38409	62-1166322	501(C)3	324,068.	0.			SUB-RECIPIENT GRANTS
CHILDREN'S EMERGENCY CARE ALLIANCE OF TN - 3841 GREEN HILLS VILLAGE DR SUITE 3048 - NASHVILLE, TN 37215	20-2802786	501(C)3	14,583.	0.			PROGRAM OPNS (CIF)
CHRISTIAN COMMUNITY SERVICES, 601 BENTON AVENUE SUITE B NASHVILLE, TN 37204	62-1702753	501(C)3	20,000.	0.			PROGRAM OPNS (CIF)

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
CHRISTIAN COMMUNITY SERVICES, 601 BENTON AVENUE SUITE B NASHVILLE, TN 37204	62-1702753	501(C)3	2,123.	0.			DONOR DIRECTED DESIGNATIONS
CHURCH HEALTH CENTER OF MEMPHIS 1350 CONCOURSE AVE SUITE 142 MEMPHIS, TN 38104	58-1716113	501(C)3	64,815.	0.			SUB-RECIPIENT GRANTS
CLARKSVILLE AREA URBAN MINISTRIES 217 S THIRD ST CLARKSVILLE, TN 37040	62-1294095	501(C)3	50,000.	0.			PROGRAM OPNS (CIF)
CLARKSVILLE AREA URBAN MINISTRIES 217 S THIRD ST CLARKSVILLE, TN 37040	62-1294095	501(C)3	20,000.	0.			SUB-RECIPIENT GRANTS
CLARKSVILLE AREA URBAN MINISTRIES 217 S THIRD ST CLARKSVILLE, TN 37040	62-1294095	501(C)3	8,584.	0.			DONOR DIRECTED DESIGNATIONS
CLARKSVILLE-MONTGOMERY COUNTY COMMUNITY ACTION AGENCY - PO BOX 487 - CLARKSVILLE, TN 37041	62-1068615	501(C)3	31,000.	0.			PROGRAM OPNS (CIF)
CLARKSVILLE-MONTGOMERY COUNTY COMMUNITY ACTION AGENCY - PO BOX 487 - CLARKSVILLE, TN 37041	62-1068615	501(C)3	2,849.	0.			DONOR DIRECTED DESIGNATIONS
CLARKSVILLE-MONTGOMERY INTERVENTION CENTER - 1778 ASHLAND CITY ROAD, SUITE B - CLARKSVILLE, TN 37043	58-1694616	501(C)3	6,017.	0.			SUB-RECIPIENT GRANTS
COLUMBIA CARES, INC. 1202 SOUTH JAMES CAMPBELL BLVD SUIT COLUMBIA, TN 38401	62-1513020	501(C)3	186,729.	0.			SUB-RECIPIENT GRANTS

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

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COLUMBIA CARES, INC. 1202 SOUTH JAMES CAMPBELL BLVD SUIT COLUMBIA, TN 38401	62-1513020	501(C)3	237.	0.			DONOR DIRECTED DESIGNATIONS
COMMUNITIES IN SCHOOLS OF TENNESSEE - 1207 18TH AVENUE SOUTH - NASHVILLE, TN 37212	46-1196944	501(C)3	20,000.	0.			PROGRAM OPNS (CIF)
COMMUNITIES IN SCHOOLS OF TENNESSEE - 1207 18TH AVENUE SOUTH - NASHVILLE, TN 37212	46-1196944	501(C)3	1,393.	0.			DONOR DIRECTED DESIGNATIONS
COMMUNITY CARE FELLOWSHIP 511 S 8TH ST BOX 60068 NASHVILLE, TN 37206	62-1063538	501(C)3	20,000.	0.			PROGRAM OPNS (CIF)
COMMUNITY CARE FELLOWSHIP 511 S 8TH ST BOX 60068 NASHVILLE, TN 37206	62-1063538	501(C)3	1,510.	0.			DONOR DIRECTED DESIGNATIONS
COMMUNITY CHILD CARE WILLIAMSON 129 W. FOWLKES ST FRANKLIN, TN 37064	62-0852972	501(C)3	218,884.	0.			PROGRAM OPNS (CIF)
COMMUNITY CHILD CARE WILLIAMSON 129 W. FOWLKES ST FRANKLIN, TN 37064	62-0852972	501(C)3	350.	0.			DONOR DIRECTED DESIGNATIONS
COMMUNITY FOUNDATION OF MIDDLE 3421 BELMONT BLVD NASHVILLE, TN 37215	62-1471789	501(C)3	50,000.	0.			SUB-RECIPIENT GRANTS
COMMUNITY FOUNDATION OF MIDDLE 3421 BELMONT BLVD NASHVILLE, TN 37215	62-1471789	501(C)3	34,893.	0.			DONOR DIRECTED DESIGNATIONS

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COMMUNITY HEALTH CHARITIES OF TENNESSEE - PO BOX 75153 - BALTIMORE, MD 22175-5153	23-7456385	501(C)3	95,418.	0.			DONOR DIRECTED DESIGNATIONS
COMMUNITY HELPERS INC. 1809 MEMORIAL BLVD MURFREESBORO, TN 37129	58-1483422	501(C)3	244,059.	0.			SUB-RECIPIENT GRANTS
COMMUNITY HELPERS INC. 1809 MEMORIAL BLVD MURFREESBORO, TN 37129	58-1483422	501(C)3	918.	0.			DONOR DIRECTED DESIGNATIONS
COMMUNITY HOUSING PARTNERSHIP 129 W. FOWLKES STREET SUITE 124 FRANKLIN, TN 37064	62-1572386	501(C)3	60,000.	0.			PROGRAM OPNS (CIF)
COMMUNITY HOUSING PARTNERSHIP 129 W. FOWLKES STREET SUITE 124 FRANKLIN, TN 37064	62-1572386	501(C)3	195.	0.			DONOR DIRECTED DESIGNATIONS
COMMUNITY RESOURCE CENTER 218 OMOHUNDRO PLACE NASHVILLE, TN 37210	62-1308387	501(C)3	25,000.	0.			PROGRAM OPNS (CIF)
COMMUNITY RESOURCE CENTER 218 OMOHUNDRO PLACE NASHVILLE, TN 37210	62-1308387	501(C)3	158.	0.			DONOR DIRECTED DESIGNATIONS
COMMUNITY SHARES OF TENNESSEE 955 WOODLAND STREET NASHVILLE, TN 37206	62-1233685	501(C)3	48,899.	0.			DONOR DIRECTED DESIGNATIONS
COMPREHENSIVE HEALTH ACADEMY OF TN 5830 MOUNT MORIAH RD STE 25 MEMPHIST, TN 38115	81-4222274	501(C)3	78,119.	0.			SUB-RECIPIENT GRANTS

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CONEXION AMERICAS 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	62-1715618	501(C)3	74,806.	0.			SUB-RECIPIENT GRANTS
CONEXION AMERICAS 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	62-1715618	501(C)3	3,835.	0.			DONOR DIRECTED DESIGNATIONS
COUNCIL FOR ALCOHOL & DRUG ABUSE 207 SPEARS AVE CHATTANOGGA, TN 37405	62-0716063	501(C)3	38,936.	0.			SUB-RECIPIENT GRANTS
CRISIS INTERVENTION CENTER 1778 ASHLAND CITY RD SUITE B CLARKSVILLE, TN 37043	58-1694616	501(C)3	58,400.	0.			PROGRAM OPNS (CIF)
CRISIS INTERVENTION CENTER 1778 ASHLAND CITY RD SUITE B CLARKSVILLE, TN 37043	58-1694616	501(C)3	2,451.	0.			DONOR DIRECTED DESIGNATIONS
CROHNS AND COLITIS FOUNDATION PO BOX 2145 BRENTWOOD, TN 37024	13-6193105	501(C)3	6,082.	0.			DONOR DIRECTED DESIGNATIONS
CUMBERLAND CRISIS PREGNANCY CENTER P. O. BOX 1037 HENDERSONVILLE, TN 37077-1037	58-1705496	501(C)3	14,163.	0.			DONOR DIRECTED DESIGNATIONS
DENVER ZOO 2300 STEELE STREET DENVER, CO 80205	84-0502539	501(C)3	7,000.	0.			DONOR DIRECTED DESIGNATIONS
DICKSON COMMUNITY CLINIC 114 HIGHWAY 70 EAST STE.A5 DICKSON, TN 37055	20-2882653	501(C)3	26,000.	0.			PROGRAM OPNS (CIF)

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DICKSON COMMUNITY CLINIC 114 HIGHWAY 70 EAST STE.A5 DICKSON, TN 37055	20-2882653	501(C)3	43.	0.			DONOR DIRECTED DESIGNATIONS
DICKSON COUNTY SCHOOLS 817 N CHARLOTTE ST DICKSON, TN 37055		DICKSON COUNTY G	220,910.	0.			SUB-RECIPIENT GRANTS
DISMAS, INC. 2424 CHARLOTTE AVE NASHVILLE, TN 37203	23-7376100	501(C)3	57,706.	0.			PROGRAM OPNS (CIF)
DISMAS, INC. 2424 CHARLOTTE AVE NASHVILLE, TN 37203	23-7376100	501(C)3	838.	0.			DONOR DIRECTED DESIGNATIONS
DOMESTIC VIOLENCE PROGRAM, INC PO BOX 2652 MURFREESBORO, TN 37133	62-1303874	501(C)3	13,720.	0.			DONOR DIRECTED DESIGNATIONS
DOMINION FINANCIAL MANAGEMENT, INC PO BOX 1512 SMYRNA, TN 37167	56-2140536	501(C)3	43,429.	0.			SUB-RECIPIENT GRANTS
DOOR STEP PROJECT INC PO BOX 1582 FRANKLIN, TN 37065	82-1714386	501(C)3	20,000.	0.			PROGRAM OPNS (CIF)
DOORS OF HOPE 428 E. BELL ST MURFREESBORO, TN 37130	27-4987364	501(C)3	14,341.	0.			SUB-RECIPIENT GRANTS
DOORS OF HOPE 428 E. BELL ST MURFREESBORO, TN 37130	27-4987364	501(C)3	347.	0.			DONOR DIRECTED DESIGNATIONS

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DR. FRED R. SHANKS, O.D. 412 ELYSIAN FIELDS RD. NASHVILLE, TN 37211	84-1735092		18,925.	0.			SUB-RECIPIENT GRANTS
DREAM STREETS FOR EQUALLY CREATED PO BOX 92456 NASHVILLE, TN 37209	81-4064177	501(C)3	15,000.	0.			PROGRAM OPNS (CIF)
DREAM STREETS FOR EQUALLY CREATED PO BOX 92456 NASHVILLE, TN 37209	81-4064177	501(C)3	319,074.	0.			SUB-RECIPIENT GRANTS
EAST TENNESSEE STATE UNIVERSIT PO BOX 70732 JOHNSON CITY, TN 37614	62-6001445	STATE OF TN GOVE	29,809.	0.			SUB-RECIPIENT GRANTS
EIGHTEENTH AVENUE FAMILY ENRICHMENT CENTER - 1811 OSAGE STREET - NASHVILLE, TN 37208	62-0562855	501(C)3	74,000.	0.			PROGRAM OPNS (CIF)
EIGHTEENTH AVENUE FAMILY ENRICHMENT CENTER - 1811 OSAGE STREET - NASHVILLE, TN 37208	62-0562855	501(C)3	449,049.	0.			SUB-RECIPIENT GRANTS
EIGHTEENTH AVENUE FAMILY ENRICHMENT CENTER - 1811 OSAGE STREET - NASHVILLE, TN 37208	62-0562855	501(C)3	2,172.	0.			DONOR DIRECTED DESIGNATIONS
ELAM MENTAL HEALTH CENTER MEHARRY MEDICAL COLLEGE 1005 DR. D.B. TODD BLVD. - NASHVILLE, TN 37208	62-0488046	501(C)3	32,412.	0.			SUB-RECIPIENT GRANTS
EMPOWERING STUDENTS UNIVERSALLY SCHOLARS INC - 7295 GERMANSHIRE LN - MEMPHIS, TN 38125	45-4691475	501(C)3	20,378.	0.			SUB-RECIPIENT GRANTS

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EXCHANGE CLUB FAMILY CENTER, INC 139 THOMPSON LN NASHVILLE, TN 37211	62-1237360	501(C)3	51,500.	0.			PROGRAM OPNS (CIF)
FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)3	93,000.	0.			PROGRAM OPNS (CIF)
FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)3	8,779.	0.			DONOR DIRECTED DESIGNATIONS
FAMILY & CHILDREN'S SERVICES 2400 CLIFTON AVE NASHVILLE, TN 37209	62-0499284	501(C)3	95,000.	0.			PROGRAM OPNS (CIF)
FAMILY & CHILDREN'S SERVICES 2400 CLIFTON AVE NASHVILLE, TN 37209	62-0499284	501(C)3	2,973.	0.			DONOR DIRECTED DESIGNATIONS
FANNIE BATTLE DAY HOME 108 CHAPEL AVE NASHVILLE, TN 37206	62-0476290	501(C)3	76,000.	0.			PROGRAM OPNS (CIF)
FANNIE BATTLE DAY HOME 108 CHAPEL AVE NASHVILLE, TN 37206	62-0476290	501(C)3	79,143.	0.			SUB-RECIPIENT GRANTS
FANNIE BATTLE DAY HOME 108 CHAPEL AVE NASHVILLE, TN 37206	62-0476290	501(C)3	3,538.	0.			DONOR DIRECTED DESIGNATIONS
FIFTYFORWARD 174 RAINS AVENUE NASHVILLE, TN 37203	62-0566419	501(C)3	250,000.	0.			PROGRAM OPNS (CIF)

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FIFTYFORWARD 174 RAINS AVENUE NASHVILLE, TN 37203	62-0566419	501(C)3	12,717.	0.			DONOR DIRECTED DESIGNATIONS
FIRST STEPS, INC. DUNCANWOOD/HEADS UP CAMPUS 1900 GRAYBAR LANE - NASHVILLE, TN 37215-2110	62-0674974	501(C)3	123,000.	0.			PROGRAM OPNS (CIF)
FIRST STEPS, INC. DUNCANWOOD/HEADS UP CAMPUS 1900 GRAYBAR LANE - NASHVILLE, TN 37215-2110	62-0674974	501(C)3	495.	0.			DONOR DIRECTED DESIGNATIONS
FIRST STEPS, INC. DUNCANWOOD/HEADS UP CAMPUS 1900 GRAYBAR LANE - NASHVILLE, TN 37215-2110	62-0674974	501(C)3	4,234.	0.			SUB-RECIPIENT GRANTS
FRANKLIN COMMUNITY DEVELOPMENT 200 DEVROW COURT FRANKLIN, TN 37064	62-1396370	501(C)3	69,529.	0.			SUB-RECIPIENT GRANTS
FRANKLIN SPECIAL SCHOOL DISTRI 205 EDDY LN FRANKLIN, TN 37064	62-6000996	FRANKLIN CITY GO	104,875.	0.			SUB-RECIPIENT GRANTS
FREEDOM REIGNS RANCH 2080 ARTHUR HARDISON RD COLUMBIA, TN 38401	81-4634781	501(C)3	6,500.	0.			PROGRAM OPNS (CIF)
FREEDOM REIGNS RANCH 2080 ARTHUR HARDISON RD COLUMBIA, TN 38401	81-4634781	501(C)3	1,595.	0.			DONOR DIRECTED DESIGNATIONS
FRIENDS FOR LIFE CORP 43 N. CLEVELAND ST MEMPHIS, TN 38104	62-1511959	501(C)3	244,102.	0.			SUB-RECIPIENT GRANTS

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FRIST ART MUSEUM 919 BROADWAY NASHVILLE, TN 37203	62-1731492	501(C)3	5,500.	0.			DONOR DIRECTED DESIGNATIONS
FRONTIER HEALTH PO BOX 9054 GRAY, TN 37615	62-0582605	501(C)3	101,927.	0.			SUB-RECIPIENT GRANTS
FT CAMPBELL ARMED SERVICES YMCA PO BOX 629 FORT CAMPBELL, KY 42223	62-0491361	501(C)3	6,076.	0.			PROGRAM OPNS (CIF)
FT CAMPBELL ARMED SERVICES YMCA PO BOX 629 FORT CAMPBELL, KY 42223	62-0491361	501(C)3	360.	0.			DONOR DIRECTED DESIGNATIONS
GENTRY'S EDUCATIONAL FOUNDATION 4221 WARREN ROAD FRANKLIN, TN 37064	27-1202003	501(C)3	273,654.	0.			SUB-RECIPIENT GRANTS
GENTRY'S EDUCATIONAL FOUNDATION 4221 WARREN ROAD FRANKLIN, TN 37064	27-1202003	501(C)3	2,881.	0.			DONOR DIRECTED DESIGNATIONS
GILDA'S CLUB OF NASHVILLE 1707 DIVISION ST NASHVILLE, TN 37203	62-1614190	501(C)3	20,000.	0.			PROGRAM OPNS (CIF)
GILDA'S CLUB OF NASHVILLE 1707 DIVISION ST NASHVILLE, TN 37203	62-1614190	501(C)3	4,088.	0.			DONOR DIRECTED DESIGNATIONS
GIRL SCOUTS MONTGOMERY COUNTY 4522 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0589380	501(C)3	6,000.	0.			PROGRAM OPNS (CIF)

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
GIRL SCOUTS OF MIDDLE TENNESSE 4522 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0589380	501(C)3	7,172.	0.			DONOR DIRECTED DESIGNATIONS
GOODWILL INDUSTRIES OF MIDDLE 937 HERMAN STREET NASHVILLE, TN 37208	62-0599413	501(C)3	34,500.	0.			PROGRAM OPNS (CIF)
GOODWILL INDUSTRIES OF MIDDLE 937 HERMAN STREET NASHVILLE, TN 37208	62-0599413	501(C)3	2,464.	0.			DONOR DIRECTED DESIGNATIONS
GRACEWORKS MINISTRIES, INC. 104 SOUTHEAST PKWY SUITE 100 FRANKLIN, TN 37064	62-1584204	501(C)3	60,000.	0.			PROGRAM OPNS (CIF)
GRACEWORKS MINISTRIES, INC. 104 SOUTHEAST PKWY SUITE 100 FRANKLIN, TN 37064	62-1584204	501(C)3	26,963.	0.			DONOR DIRECTED DESIGNATIONS
GRACEWORKS MINISTRIES, INC. 104 SOUTHEAST PKWY SUITE 100 FRANKLIN, TN 37064	62-1584204	501(C)3	129,632.	0.			SUB-RECIPIENT GRANTS
GRUNDY COUNTY FOOD BANK P. O. BOX 1683 TRACY CITY, TN 37387-1683	58-1680985	501(C)3	6,607.	0.			DONOR DIRECTED DESIGNATIONS
GT SERVICES, LLC 1410 ARTHUR AVE NASHVILLE, TN 37208	90-0655359		151,610.	0.			SUB-RECIPIENT GRANTS
GUARDIANSHIP & TRUST CORPORATION 4205 HILLSBORO PK SUITE 310 NASHVILLE, TN 37215	58-1454706	501(C)3	15,000.	0.			PROGRAM OPNS (CIF)

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
HABILITATION & TRAINING SERVIC 4859 HIGHWAY 431 N SPRINGFIELD, TN 37172	62-1047136	501(C)3	5,000.	0.			PROGRAM OPNS (CIF)
HABITAT FOR HUMANITY NASHVILLE 414 HARDING PLACE SUITE 100 NASHVILLE, TN 37211	58-1636286	501(C)3	33,000.	0.			PROGRAM OPNS (CIF)
HABITAT FOR HUMANITY NASHVILLE 414 HARDING PLACE SUITE 100 NASHVILLE, TN 37211	58-1636286	501(C)3	12,904.	0.			DONOR DIRECTED DESIGNATIONS
HABITAT FOR HUMANITY RUTHERFORD PO BOX 8038 MURFREESBORO, TN 37133	94-3099406	501(C)3	10,098.	0.			DONOR DIRECTED DESIGNATIONS
HARD BARGAIN MT HOPE REDEVELOPMENT PO BOX 545 FRANKLIN, TN 37065-0545	83-0411768	501(C)3	20,000.	0.			PROGRAM OPNS (CIF)
HEALING HOUSING INC PO BOX 2385 BRENTWOOD, TN 37024	47-3758041	501(C)3	35,000.	0.			PROGRAM OPNS (CIF)
HEALING HOUSING INC PO BOX 2385 BRENTWOOD, TN 37024	47-3758041	501(C)3	311.	0.			DONOR DIRECTED DESIGNATIONS
HIGH HOPES 301 HIGH HOPES CT FRANKLIN, TN 37064	62-1210720	501(C)3	50,000.	0.			PROGRAM OPNS (CIF)
HIGH HOPES 301 HIGH HOPES CT FRANKLIN, TN 37064	62-1210720	501(C)3	2,325.	0.			DONOR DIRECTED DESIGNATIONS

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
HOMEWORK HOTLINE 4805 PARK AVENUE NASHVILLE, TN 37209	62-1446139	501(C)3	20,000.	0.			PROGRAM OPNS (CIF)
HOMEWORK HOTLINE 4805 PARK AVENUE NASHVILLE, TN 37209	62-1446139	501(C)3	1,771.	0.			DONOR DIRECTED DESIGNATIONS
HOPE HOUSE DAY CARE PO BOX 41437 MEMPHIS, TN 38174	62-1579024	501(C)3	149,657.	0.			SUB-RECIPIENT GRANTS
IMAGINATION LIBRARY MONTGOMERY 350 PAGEANT LN SUITE 501 CLARKSVILLE, TN 37040	58-1557594	501(C)3	17,000.	0.			PROGRAM OPNS (CIF)
IMAGINATION LIBRARY MONTGOMERY 350 PAGEANT LN SUITE 501 CLARKSVILLE, TN 37040	58-1557594	501(C)3	5,960.	0.			DONOR DIRECTED DESIGNATIONS
INSIGHT COUNSELING CENTERS, INC PO BOX 50242 NASHVILLE, TN 37205	58-1731899	501(C)3	25,000.	0.			PROGRAM OPNS (CIF)
INSIGHT COUNSELING CENTERS, INC PO BOX 50242 NASHVILLE, TN 37205	58-1731899	501(C)3	19,380.	0.			SUB-RECIPIENT GRANTS
INSIGHT COUNSELING CENTERS, INC PO BOX 50242 NASHVILLE, TN 37205	58-1731899	501(C)3	1,668.	0.			DONOR DIRECTED DESIGNATIONS
INTERFAITH DENTAL CLINIC 600 HILL AVENUE, SUITE 101 NASHVILLE, TN 37210	62-1567615	501(C)3	153,000.	0.			PROGRAM OPNS (CIF)

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
INTERFAITH DENTAL CLINIC 600 HILL AVENUE, SUITE 101 NASHVILLE, TN 37210	62-1567615	501(C)3	4,619.	0.			DONOR DIRECTED DESIGNATIONS
ISAIAH 117 HOUSE PO BOX 842 ELIZABETHTON, TN 37644	82-0631497	501(C)3	5,000.	0.			PROGRAM OPNS (CIF)
ISAIAH 117 HOUSE PO BOX 842 ELIZABETHTON, TN 37644	82-0631497	501(C)3	1,746.	0.			DONOR DIRECTED DESIGNATIONS
JD LEWIS SENIOR CITIZENS CENTER PO BOX 229 ERIN, TN 37061	59-1754196	501(C)3	8,500.	0.			PROGRAM OPNS (CIF)
JD LEWIS SENIOR CITIZENS CENTER PO BOX 229 ERIN, TN 37061	59-1754196	501(C)3	264.	0.			DONOR DIRECTED DESIGNATIONS
JEWISH BOOK COUNCIL 520 8TH AVE 4TH FLOOR NEW YORK, NY 10018	13-3737760	501(C)3	6,800.	0.			DONOR DIRECTED DESIGNATIONS
JEWISH FEDERATION OF NASHVILLE 801 PERCY WARNER BLVD. NASHVILLE, TN 37205	62-6077703	501(C)3	30,000.	0.			DONOR DIRECTED DESIGNATIONS
JEWISH FEDERATION OF SOUTH PALM BEACH COUNTY - 9901 DONNA KLEIN BLVD - BOCA RATON, FL 33428-1788	59-1945109	501(C)3	46,800.	0.			DONOR DIRECTED DESIGNATIONS
JUNIOR ACHIEVEMENT OF MIDDLE TN 120 POWELL PLACE NASHVILLE, TN 37204	62-0582571	501(C)3	15,000.	0.			PROGRAM OPNS (CIF)

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
JUNIOR ACHIEVEMENT OF MIDDLE TN 120 POWELL PLACE NASHVILLE, TN 37204	62-0582571	501(C)3	8,765.	0.			DONOR DIRECTED DESIGNATIONS
KING'S DAUGHTERS DAY HOME 590 NORTH DUPONT AVE MADISON, TN 37115	62-0729602	501(C)3	158,000.	0.			PROGRAM OPNS (CIF)
KING'S DAUGHTERS DAY HOME 590 NORTH DUPONT AVE MADISON, TN 37115	62-0729602	501(C)3	98,881.	0.			SUB-RECIPIENT GRANTS
KING'S DAUGHTERS DAY HOME 590 NORTH DUPONT AVE MADISON, TN 37115	62-0729602	501(C)3	2,041.	0.			DONOR DIRECTED DESIGNATIONS
KNOWLEDGE BANK INC 212 MCDOWELL DR NASHVILLE, TN 37218	46-0639356	501(C)3	15,000.	0.			PROGRAM OPNS (CIF)
KNOXVILLE-KNOX COUNTY CAC ON AGING PO BOX 51650 KNOXVILLE, TN 37950-1650	62-6007979	501(C)3	25,059.	0.			SUB-RECIPIENT GRANTS
LANTERN LANE FARM 6201 CORINTH RD NASHVILLE, TN 37214	26-3764801	501(C)3	15,000.	0.			PROGRAM OPNS (CIF)
LE BONHEUR CHILDREN'S MEDICAL P. O. BOX 41817 MEMPHIS, TN 38174-1817	62-1872938	501(C)3	159,475.	0.			SUB-RECIPIENT GRANTS
LE BONHEUR CHILDREN'S MEDICAL P. O. BOX 41817 MEMPHIS, TN 38174-1817	62-1872938	501(C)3	1,092.	0.			DONOR DIRECTED DESIGNATIONS

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
LEGACY MISSION VILLAGE PO BOX 2984 BRENTWOOD, TN 37204	90-0672177	501(C)3	10,000.	0.			PROGRAM OPNS (CIF)
LEGAL AID SOCIETY OF MIDDLE TENNESSEE - 1321 MURFREESBORO PK STE 400 - NASHVILLE, TN 37217	62-0800756	501(C)3	104,000.	0.			PROGRAM OPNS (CIF)
LEGAL AID SOCIETY OF MIDDLE TENNESSEE - 1321 MURFREESBORO PK STE 400 - NASHVILLE, TN 37217	62-0800756	501(C)3	17,439.	0.			DONOR DIRECTED DESIGNATIONS
LOCKHART TRUCKING ACADEMY, LLC C/O ROBERT ENGLER 606 BRISKEN LN LEBANON, TN 37087	81-1367123		27,430.	0.			SUB-RECIPIENT GRANTS
MAKE A WISH FOUNDATION OF MIDDLE TN - 600 HILL AVE SUITE 201 - NASHVILLE, TN 37210	62-1833327	501(C)3	5,463.	0.			DONOR DIRECTED DESIGNATIONS
MANNA CAFE MINISTRIES 1960 J MADISON STREET 312 CLARKSVILLE, TN 37043	27-1699146	501(C)3	37,000.	0.			PROGRAM OPNS (CIF)
MANNA CAFE MINISTRIES 1960 J MADISON STREET 312 CLARKSVILLE, TN 37043	27-1699146	501(C)3	17,989.	0.			DONOR DIRECTED DESIGNATIONS
MARTHA O'BRYAN CENTER 711 SOUTH 7TH STREET NASHVILLE, TN 37206	62-0477728	501(C)3	226,000.	0.			PROGRAM OPNS (CIF)
MARTHA O'BRYAN CENTER 711 SOUTH 7TH STREET NASHVILLE, TN 37206	62-0477728	501(C)3	13,628.	0.			DONOR DIRECTED DESIGNATIONS

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
MARTHA O'BRYAN CENTER 711 SOUTH 7TH STREET NASHVILLE, TN 37206	62-0477728	501(C)3	290,434.	0.			SUB-RECIPIENT GRANTS
MATTHEW 25, INC. PO BOX 158461 NASHVILLE, TN 37215	58-1673641	501(C)3	5,246.	0.			DONOR DIRECTED DESIGNATIONS
MCNEILLY CENTER FOR CHILDREN 100 MERIDIAN STREET NASHVILLE, TN 37207	62-0479366	501(C)3	372,500.	0.			PROGRAM OPNS (CIF)
MCNEILLY CENTER FOR CHILDREN 100 MERIDIAN STREET NASHVILLE, TN 37207	62-0479366	501(C)3	328,821.	0.			SUB-RECIPIENT GRANTS
MCNEILLY CENTER FOR CHILDREN 100 MERIDIAN STREET NASHVILLE, TN 37207	62-0479366	501(C)3	1,998.	0.			DONOR DIRECTED DESIGNATIONS
MEALS ON WHEELS - MCHRA P.O. BOX 17385 NASHVILLE, TN 37217-0385	62-0923487	501(C)3	9,330.	0.			DONOR DIRECTED DESIGNATIONS
MEMPHIS PUBLIC LIBRARY - LINC 3030 POPLAR AVENUE MEMPHIS, TN 38111	62-6000361	501(C)3	22,323.	0.			SUB-RECIPIENT GRANTS
MENDING HEARTS, INC. P. O. BOX 280236 NASHVILLE, TN 37228-0236	73-1697900	501(C)3	25,000.	0.			PROGRAM OPNS (CIF)
MENDING HEARTS, INC. P. O. BOX 280236 NASHVILLE, TN 37228-0236	73-1697900	501(C)3	1,637.	0.			DONOR DIRECTED DESIGNATIONS

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

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MERCY COMMUNITY HEALTHCARE 1113 MURFREESBORO ROAD SUITE 319 FRANKLIN, TN 37064	62-1781969	501(C)3	30,000.	0.			PROGRAM OPNS (CIF)
MERCY COMMUNITY HEALTHCARE 1113 MURFREESBORO ROAD SUITE 319 FRANKLIN, TN 37064	62-1781969	501(C)3	3,872.	0.			DONOR DIRECTED DESIGNATIONS
MID-CUMBERLAND HRA 1101 KERMIT DRIVE, SUITE 300 NASHVILLE, TN 37217	62-0923487	501(C)3	226,000.	0.			PROGRAM OPNS (CIF)
MID-CUMBERLAND HRA 1101 KERMIT DRIVE, SUITE 300 NASHVILLE, TN 37217	62-0923487	501(C)3	2,097.	0.			DONOR DIRECTED DESIGNATIONS
MONROE HARDING 1 VANTAGE WAY SUITE C-165 NASHVILLE, TN 37228	62-0476670	501(C)3	90,000.	0.			PROGRAM OPNS (CIF)
MONROE HARDING 1 VANTAGE WAY SUITE C-165 NASHVILLE, TN 37228	62-0476670	501(C)3	12,359.	0.			DONOR DIRECTED DESIGNATIONS
MONROE HARDING 1 VANTAGE WAY SUITE C-165 NASHVILLE, TN 37228	62-0476670	501(C)3	25,229.	0.			SUB-RECIPIENT GRANTS
MONTGOMERY BELL ACADEMY 4001 HARDING ROAD NASHVILLE, TN 37205	62-0513741	501(C)3	15,000.	0.			DONOR DIRECTED DESIGNATIONS
MOTHER TO MOTHER 478 ALLIED DR SUITE 104/105 NASHVILLE, TN 37211	20-1028812	501(C)3	10,000.	0.			SUB-RECIPIENT GRANTS

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

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MOVES AND GROOVES, INC. (MAG) 2275 MURFREESBORO PIKE STE. 101 NASHVILLE, TN 37217	68-0516440	501(C)3	25,000.	0.			PROGRAM OPNS (CIF)
MOVES AND GROOVES, INC. (MAG) 2275 MURFREESBORO PIKE STE. 101 NASHVILLE, TN 37217	68-0516440	501(C)3	677.	0.			DONOR DIRECTED DESIGNATIONS
MTSU/CHARLIE & HAZEL DANIELS VETERANS AND MILITARY FAMILY CENTER - 1301 E MAIN ST PO BOX 74 - MURFREESBORO, TN 37132		STATE OF TN GOVE	5,733.	0.			DONOR DIRECTED DESIGNATIONS
MUSIC CITY CONSTRUCTION CAREER PO BOX 290153 NASHVILLE, TN 37229	84-5089951	501(C)3	7,033.	0.			SUB-RECIPIENT GRANTS
MY FATHER'S HOUSE MISSION (STEPPING STONES) - PO BOX 973 - SPRINGFIELD, TN 37172	83-2639314	501(C)3	5,000.	0.			PROGRAM OPNS (CIF)
MY FATHER'S HOUSE MISSION (STEPPING STONES) - PO BOX 973 - SPRINGFIELD, TN 37172	83-2639314	501(C)3	5,000.	0.			DONOR DIRECTED DESIGNATIONS
MY FRIEND'S HOUSE 626 EASTVIEW CIRCLE FRANKLIN, TN 37064	58-1525248	501(C)3	50,000.	0.			PROGRAM OPNS (CIF)
MY FRIEND'S HOUSE 626 EASTVIEW CIRCLE FRANKLIN, TN 37064	58-1525248	501(C)3	3,285.	0.			DONOR DIRECTED DESIGNATIONS
NAMI TN 1101 KERMIT DRIVE SUITE 605 NASHVILLE, TN 37217	58-1679614	501(C)3	15,000.	0.			PROGRAM OPNS (CIF)

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

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NAMI TN 1101 KERMIT DRIVE SUITE 605 NASHVILLE, TN 37217	58-1679614	501(C)3	2,064.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE ACADEMY OF MEDICINE 28 WHITE BRIDGE ROAD SUITE 400 NASHVILLE, TN 37205	62-0473060	501(C)3	25,000.	0.			PROGRAM OPNS (CIF)
NASHVILLE ACADEMY OF MEDICINE 28 WHITE BRIDGE ROAD SUITE 400 NASHVILLE, TN 37205	62-0473060	501(C)3	166.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE ADULT LITERACY COUNCIL COHN ADULT LITERACY COUNCIL 4805 PA NASHVILLE, TN 37209	58-1488230	501(C)3	150,000.	0.			PROGRAM OPNS (CIF)
NASHVILLE ADULT LITERACY COUNCIL COHN ADULT LITERACY COUNCIL 4805 PA NASHVILLE, TN 37209	58-1488230	501(C)3	3,264.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE CARES P. O. BOX 42097 NASHVILLE, TN 37204-1900	62-1274532	501(C)3	38,500.	0.			PROGRAM OPNS (CIF)
NASHVILLE CARES P. O. BOX 42097 NASHVILLE, TN 37204-1900	62-1274532	501(C)3	827,802.	0.			SUB-RECIPIENT GRANTS
NASHVILLE CARES P. O. BOX 42097 NASHVILLE, TN 37204-1900	62-1274532	501(C)3	8,286.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE CHAMBER OF COMMERCE 500 11TH AVE N SUITE 200 NASHVILLE, TN 37203	62-0304530	501(C)3	21,448.	0.			SUB-RECIPIENT GRANTS

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

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NASHVILLE CHILDREN'S ALLIANCE 1264 FOSTER AVENUE NASHVILLE, TN 37210	62-1484097	501(C)3	50,000.	0.			PROGRAM OPNS (CIF)
NASHVILLE CHILDREN'S ALLIANCE 1264 FOSTER AVENUE NASHVILLE, TN 37210	62-1484097	501(C)3	6,298.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE CONFLICT RESOLUTION 810 DOMINICAN DR SUITE 311 NASHVILLE, TN 37228	62-1828238	501(C)3	20,000.	0.			PROGRAM OPNS (CIF)
NASHVILLE FOOD PROJECT 5904 CALIFORNIA AVE NASHVILLE, TN 37209	45-2905951	501(C)3	25,000.	0.			PROGRAM OPNS (CIF)
NASHVILLE FOOD PROJECT 5904 CALIFORNIA AVE NASHVILLE, TN 37209	45-2905951	501(C)3	4,771.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE HUMANE ASSOCIATION 213 OCEOLA AVE NASHVILLE, TN 37209	62-0672999	501(C)3	12,969.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE INTERNATIONAL CENTER 417 WELSHWOOD DR #100 NASHVILLE, TN 37211	02-0674431	501(C)3	163,000.	0.			PROGRAM OPNS (CIF)
NASHVILLE INTERNATIONAL CENTER 417 WELSHWOOD DR #100 NASHVILLE, TN 37211	02-0674431	501(C)3	3,560.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE PUBLIC EDUCATION FOUNDATION - 615 MAIN ST SUITE 124 - NASHVILLE, TN 37206	48-1266314	501(C)3	23,505.	0.			DONOR DIRECTED DESIGNATIONS

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

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NASHVILLE RESCUE MISSION PO BOX 24661 NASHVILLE, TN 37202-4661	45-2424130	501(C)3	16,872.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE RESCUE MISSION - WOMEN'S SHELTER - 1716 ROSA L PARKS BLVD - NASHVILLE, TN 37208	45-2424130	501(C)3	5,783.	0.			DONOR DIRECTED DESIGNATIONS
NATIONS MINISTRY CENTER 406 WELSHWOOD DRIVE NASHVILLE, TN 37211	55-0898912	501(C)3	25,000.	0.			PROGRAM OPNS (CIF)
NATIONS MINISTRY CENTER 406 WELSHWOOD DRIVE NASHVILLE, TN 37211	55-0898912	501(C)3	42.	0.			DONOR DIRECTED DESIGNATIONS
NEEDLINK NASHVILLE PO BOX 91107 NASHVILLE, TN 37209	62-0544852	501(C)3	52,800.	0.			PROGRAM OPNS (CIF)
NEEDLINK NASHVILLE PO BOX 91107 NASHVILLE, TN 37209	62-0544852	501(C)3	10,744.	0.			DONOR DIRECTED DESIGNATIONS
NOURISH FOOD BANK 1809 MEMORIAL BLVD MURFREESBORO, TN 37129	58-1565567	501(C)3	10,326.	0.			DONOR DIRECTED DESIGNATIONS
NUNNELLY COMMUNITY CENTER 2845 S POSSUM HOLLOW RD NUNNELLY, TN 37137	58-1466340	501(C)3	38,640.	0.			SUB-RECIPIENT GRANTS
NURSES FOR NEWBORNS 1606 PORTER RD SUITE 200 NASHVILLE, TN 37206	43-1601329	501(C)3	43,000.	0.			PROGRAM OPNS (CIF)

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NURSES FOR NEWBORNS 1606 PORTER RD SUITE 200 NASHVILLE, TN 37206	43-1601329	501(C)3	7,053.	0.			DONOR DIRECTED DESIGNATIONS
NURTURE THE NEXT 600 HILL AVENUE, SUITE 202 NASHVILLE, TN 37210	58-1567835	501(C)3	20,000.	0.			PROGRAM OPNS (CIF)
NURTURE THE NEXT 600 HILL AVENUE, SUITE 202 NASHVILLE, TN 37210	58-1567835	501(C)3	3,509.	0.			DONOR DIRECTED DESIGNATIONS
OASIS CENTER 1704 CHARLOTTE AVE SUITE 200 NASHVILLE, TN 37203-2979	62-0968273	501(C)3	277,000.	0.			PROGRAM OPNS (CIF)
OASIS CENTER 1704 CHARLOTTE AVE SUITE 200 NASHVILLE, TN 37203-2979	62-0968273	501(C)3	30,855.	0.			DONOR DIRECTED DESIGNATIONS
OLYMPIC CAREER TRAINING INSTITUTE 2851 LAMB PL SUITE 11 MEMPHIS, TN 38118	27-2193144		283,691.	0.			SUB-RECIPIENT GRANTS
ONE GENERATION AWAY 320 PREMIER COURT SUITE 218 FRANKLIN, TN 37067	46-2741214	501(C)3	75,000.	0.			PROGRAM OPNS (CIF)
ONE GENERATION AWAY 320 PREMIER COURT SUITE 218 FRANKLIN, TN 37067	46-2741214	501(C)3	15,000.	0.			SUB-RECIPIENT GRANTS
ONE-ORGANIZED NEIGHBORS EDGEHILL 1001 EDGEHILL AVE. NASHVILLE, TN 37203	62-1540325	501(C)3	26,000.	0.			PROGRAM OPNS (CIF)

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
ONE-ORGANIZED NEIGHBORS EDGEHILL 1001 EDGEHILL AVE. NASHVILLE, TN 37203	62-1540325	501(C)3	139.	0.			DONOR DIRECTED DESIGNATIONS
ONE-ORGANIZED NEIGHBORS EDGEHILL 1001 EDGEHILL AVE. NASHVILLE, TN 37203	62-1540325	501(C)3	88,569.	0.			SUB-RECIPIENT GRANTS
OPEN TABLE NASHVILLE PO BOX 110266 NASHVILLE, TN 37222	27-3514899	501(C)3	25,000.	0.			PROGRAM OPNS (CIF)
OPEN TABLE NASHVILLE PO BOX 110266 NASHVILLE, TN 37222	27-3514899	501(C)3	303.	0.			DONOR DIRECTED DESIGNATIONS
OPERATION STAND DOWN TENNESSEE 1125 12TH AVE S NASHVILLE, TN 37203	62-1638832	501(C)3	16,668.	0.			DONOR DIRECTED DESIGNATIONS
OPERATION STAND DOWN TENNESSEE 1125 12TH AVE S NASHVILLE, TN 37203	62-1638832	501(C)3	85,000.	0.			PROGRAM OPNS (CIF)
OUR PLACE NASHVILLE 749 GEORGETOWN DR NASHVILLE, TN 37205	47-4044537	501(C)3	20,000.	0.			PROGRAM OPNS (CIF)
OUTMEMPHIS 892 S. COOPER ST MEMPHIS, TN 38104	62-1398741	501(C)3	131,999.	0.			SUB-RECIPIENT GRANTS
PARK AVENUE SYNAGOGUE 50 EAST 87TH STREET NEW YORK, NY 10128	22-2343984	501(C)3	8,988.	0.			DONOR DIRECTED DESIGNATIONS

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PARK CENTER 186 N 1ST STREET NASHVILLE, TN 37213	62-1336640	501(C)3	80,000.	0.			PROGRAM OPNS (CIF)
PARK CENTER 186 N 1ST STREET NASHVILLE, TN 37213	62-1336640	501(C)3	4,400.	0.			DONOR DIRECTED DESIGNATIONS
PARTNERSHIP TO END AIDS STATUS 6707 ABERFOYLE COVE MEMPHIS, TN 38119	27-1054837	501(C)3	237,311.	0.			SUB-RECIPIENT GRANTS
PATHWAY LENDING 201 VENTURE CIRCLE NASHVILLE, TN 37228	62-1823596	501(C)3	35,000.	0.			PROGRAM OPNS (CIF)
PENCIL FOUNDATION 7199 COCKRILL BEND BLVD NASHVILLE, TN 37209	58-1475675	501(C)3	61,000.	0.			PROGRAM OPNS (CIF)
PENCIL FOUNDATION 7199 COCKRILL BEND BLVD NASHVILLE, TN 37209	58-1475675	501(C)3	16,520.	0.			DONOR DIRECTED DESIGNATIONS
PEOPLE LOVING NASHVILLE 3511 GALLATIN PIKE STE 204 NASHVILLE, TN 37216	27-3589196	501(C)3	20,000.	0.			PROGRAM OPNS (CIF)
PIVOT TECHNOLOGY SCHOOL, LLC 305 14TH AVE N NASHVILLE, TN 37203	84-2579096		366,214.	0.			SUB-RECIPIENT GRANTS
PLANNED PARENTHOOD OF MIDDLE/EAST TN - 2430 POPLAR AVE., SUITE 100 - MEMPHIS, TN 38112	62-6050064	501(C)3	410,439.	0.			SUB-RECIPIENT GRANTS

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

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PLANNED PARENTHOOD OF MIDDLE/EAST TN - 2430 POPLAR AVE., SUITE 100 - MEMPHIS, TN 38112	62-6050064	501(C)3	8,581.	0.			DONOR DIRECTED DESIGNATIONS
POSITIVELY LIVING CHATTANOOGA 1501 EAST FIFTH AVENUE KNOXVILLE, TN 37917	62-1698383	501(C)3	267,831.	0.			SUB-RECIPIENT GRANTS
POSITIVELY LIVING KNOXVILLE 1501 EAST FIFTH AVENUE KNOXVILLE, TN 37917	62-1698383	501(C)3	373,387.	0.			SUB-RECIPIENT GRANTS
PRESTON TAYLOR MINISTRIES PO BOX 90442 NASHVILLE, TN 37209	62-1757018	501(C)3	78,081.	0.			SUB-RECIPIENT GRANTS
PRESTON TAYLOR MINISTRIES PO BOX 90442 NASHVILLE, TN 37209	62-1757018	501(C)3	267.	0.			DONOR DIRECTED DESIGNATIONS
PROFESSIONAL DRIVING ACADEMY JARROD HOWSE - 3530 WEST HAMILTON AVE - NASHVILLE, TN 37218	92-2260010		13,100.	0.			SUB-RECIPIENT GRANTS
PROGRESS, INC. 319 EZELL PIKE NASHVILLE, TN 37217	62-0869547	501(C)3	20,000.	0.			PROGRAM OPNS (CIF)
PROGRESSIVE DIRECTIONS, INC. 1249 PARADISE HILL ROAD CLARKSVILLE, TN 37040-4114	62-0984796	501(C)3	40,855.	0.			PROGRAM OPNS (CIF)
PROGRESSIVE DIRECTIONS, INC. 1249 PARADISE HILL ROAD CLARKSVILLE, TN 37040-4114	62-0984796	501(C)3	9,522.	0.			DONOR DIRECTED DESIGNATIONS

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	29,155.	0.			SUB-RECIPIENT GRANTS
PROJECT RETURN, INC. 712 4TH AVE S NASHVILLE, TN 37210	62-1058325	501(C)3	175,000.	0.			PROGRAM OPNS (CIF)
PROJECT RETURN, INC. 712 4TH AVE S NASHVILLE, TN 37210	62-1058325	501(C)3	1,753.	0.			DONOR DIRECTED DESIGNATIONS
PROJECT RETURN, INC. 712 4TH AVE S NASHVILLE, TN 37210	62-1058325	501(C)3	70,064.	0.			SUB-RECIPIENT GRANTS
REBOOT RECOVERY PO BOX 381 PLEASANT VIEW, TN 37146	45-3305357	501(C)3	20,000.	0.			PROGRAM OPNS (CIF)
REBUILDING TOGETHER 6101 CENTENNIAL BLVD NASHVILLE, TN 37209	62-1593904	501(C)3	221.	0.			DONOR DIRECTED DESIGNATIONS
REBUILDING TOGETHER 6101 CENTENNIAL BLVD NASHVILLE, TN 37209	62-1593904	501(C)3	200,000.	0.			SUB-RECIPIENT GRANTS
REDEMPTION RANCH INC 5229 JONES CHAPEL RD CEDAR HILL, TN 37032	84-3149891	501(C)3	9,000.	0.			PROGRAM OPNS (CIF)
REFUGE CENTER FOR COUNSELING 103 FORREST CROSSING BLVD SUITE 102 FRANKLIN, TN 37064	20-3931843	501(C)3	53,400.	0.			PROGRAM OPNS (CIF)

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REFUGE CENTER FOR COUNSELING 103 FORREST CROSSING BLVD SUITE 102 FRANKLIN, TN 37064	20-3931843	501(C)3	1,823.	0.			DONOR DIRECTED DESIGNATIONS
RENEWAL HOUSE P.O. BOX 280356 NASHVILLE, TN 37228-0356	62-1631055	501(C)3	22,000.	0.			PROGRAM OPNS (CIF)
RENEWAL HOUSE P.O. BOX 280356 NASHVILLE, TN 37228-0356	62-1631055	501(C)3	2,581.	0.			DONOR DIRECTED DESIGNATIONS
ROBERTSON COUNTY HEALTH COUNCIL 405 WHITE ST SPRINGFIELD, TN 37172	99-4643890	501(C)3	10,000.	0.			SUB-RECIPIENT GRANTS
ROBERTSON COUNTY SCHOOLS 800 M S COUTS BLVD SPRINGFIELD, TN 37172	62-6000810	ROBERTSON COUNTY	309,805.	0.			SUB-RECIPIENT GRANTS
ROCK THE STREET, WALL STREET 3523 TRIMBLE RD NASHVILLE, TN 37215	36-4746332	501(C)3	15,000.	0.			PROGRAM OPNS (CIF)
RONALD MCDONALD HOUSE 2144 FAIRFAX AVENUE NASHVILLE, TN 37212	62-1310717	501(C)3	7,007.	0.			DONOR DIRECTED DESIGNATIONS
ROOFTOP FOUNDATION 108 7TH AVENUE SOUTH NASHVILLE, TN 37203	20-4970385	501(C)3	33,000.	0.			PROGRAM OPNS (CIF)
ROOFTOP FOUNDATION 108 7TH AVENUE SOUTH NASHVILLE, TN 37203	20-4970385	501(C)3	107.	0.			DONOR DIRECTED DESIGNATIONS

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
ROOFTOP FOUNDATION 108 7TH AVENUE SOUTH NASHVILLE, TN 37203	20-4970385	501(C)3	5,000.	0.			SUB-RECIPIENT GRANTS
ROOM IN THE INN PO BOX 25309 NASHVILLE, TN 372025309	62-0811413	501(C)3	5,515.	0.			DONOR DIRECTED DESIGNATIONS
RUTH RALES JEWISH FAMILY SERVICES 21300 RUTH & BARON COLEMAN BVD BOCA RATON, FL 33428-1575	65-1115689	501(C)3	109,368.	0.			DONOR DIRECTED DESIGNATIONS
RUTHERFORD COUNTY BOARD OF EDUCATION - 2240 SOUTHPARK DRIVE - MURFREESBORO, TN 37128	62-6000820	RUTHERFORD COUNT	78,497.	0.			SUB-RECIPIENT GRANTS
S.T.A.R.S. 1704 CHARLOTTE PIKE, SUITE 200 NASHVILLE, TN 37203	62-1285699	501(C)3	465,963.	0.			PROGRAM OPNS (CIF)
S.T.A.R.S. 1704 CHARLOTTE PIKE, SUITE 200 NASHVILLE, TN 37203	62-1285699	501(C)3	3,641.	0.			DONOR DIRECTED DESIGNATIONS
SADDLE UP 1549 OLD HILLSBORO ROAD FRANKLIN, TN 37069-9136	58-1930303	501(C)3	25,000.	0.			PROGRAM OPNS (CIF)
SADDLE UP 1549 OLD HILLSBORO ROAD FRANKLIN, TN 37069-9136	58-1930303	501(C)3	2,645.	0.			DONOR DIRECTED DESIGNATIONS
SAFE HAVEN FAMILY SHELTER 1234 THIRD AVENUE SOUTH NASHVILLE, TN 37210	62-1807653	501(C)3	117,125.	0.			PROGRAM OPNS (CIF)

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SAFE HAVEN FAMILY SHELTER 1234 THIRD AVENUE SOUTH NASHVILLE, TN 37210	62-1807653	501(C)3	9,498.	0.			DONOR DIRECTED DESIGNATIONS
SAFE HAVEN FAMILY SHELTER 1234 THIRD AVENUE SOUTH NASHVILLE, TN 37210	62-1807653	501(C)3	1,633,681.	0.			SUB-RECIPIENT GRANTS
SALAMA FELLOWSHIP URBAN MINISTRIES 1205 EIGHTH AVENUE SOUTH NASHVILLE, TN 37203	58-2198012	501(C)3	25,000.	0.			PROGRAM OPNS (CIF)
SALAMA FELLOWSHIP URBAN MINISTRIES 1205 EIGHTH AVENUE SOUTH NASHVILLE, TN 37203	58-2198012	501(C)3	9,400.	0.			DONOR DIRECTED DESIGNATIONS
SALVATION ARMY-NASHVILLE 631 DICKERSON ROAD NASHVILLE, TN 37207	22-2406433	501(C)3	58,500.	0.			PROGRAM OPNS (CIF)
SALVATION ARMY-NASHVILLE 631 DICKERSON ROAD NASHVILLE, TN 37207	22-2406433	501(C)3	38,486.	0.			DONOR DIRECTED DESIGNATIONS
SCHRADER LANE CHURCH OF CHRIST 603 BENTON AVE NASHVILLE, TN 37204	62-0863030	501(C)3	107,503.	0.			SUB-RECIPIENT GRANTS
SCHRADER LANE CHURCH OF CHRIST 603 BENTON AVE NASHVILLE, TN 37204	62-0863030	501(C)3	65,744.	0.			PROGRAM OPNS (CIF)
SECOND HARVEST FOOD BANK 331 GREAT CIRCLE ROAD NASHVILLE, TN 37228	62-1049447	501(C)3	163,014.	0.			PROGRAM OPNS (CIF)

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SECOND HARVEST FOOD BANK 331 GREAT CIRCLE ROAD NASHVILLE, TN 37228	62-1049447	501(C)3	89,476.	0.			DONOR DIRECTED DESIGNATIONS
SENIOR CITIZENS MONTGOMERY CNTY 953 CLARK STREET CLARKSVILLE, TN 37040-4005	62-6051216	501(C)3	28,000.	0.			PROGRAM OPNS (CIF)
SENIOR CITIZENS MONTGOMERY CNTY 953 CLARK STREET CLARKSVILLE, TN 37040-4005	62-6051216	501(C)3	3,389.	0.			DONOR DIRECTED DESIGNATIONS
SENIOR RIDE NASHVILLE 298 FOSTER STREET NASHVILLE, TN 37207	81-4119450	501(C)3	40,000.	0.			PROGRAM OPNS (CIF)
SENIOR RIDE NASHVILLE 298 FOSTER STREET NASHVILLE, TN 37207	81-4119450	501(C)3	645.	0.			DONOR DIRECTED DESIGNATIONS
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DR NASHVILLE, TN 37228	62-1043294	501(C)3	200,000.	0.			PROGRAM OPNS (CIF)
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DR NASHVILLE, TN 37228	62-1043294	501(C)3	10,559.	0.			DONOR DIRECTED DESIGNATIONS
SHADY GROVE COMMUNITY CENTER PO BOX 269 DUCK RIVER, TN 38454	88-1407407	501(C)3	6,200.	0.			SUB-RECIPIENT GRANTS
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)3	37,000.	0.			PROGRAM OPNS (CIF)

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SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)3	7,138.	0.			DONOR DIRECTED DESIGNATIONS
SOLDIERS AND FAMILIES EMBRACED 117 NORTH 3RD ST CLARKSVILLE, TN 37040	26-0498912	501(C)3	30,000.	0.			PROGRAM OPNS (CIF)
SOLDIERS AND FAMILIES EMBRACED 117 NORTH 3RD ST CLARKSVILLE, TN 37040	26-0498912	501(C)3	4,348.	0.			DONOR DIRECTED DESIGNATIONS
SOUTHERN WORD INC 1704 CHARLOTTE AVE SUITE 200 NASHVILLE, TN 37203	26-3547391	501(C)3	15,000.	0.			PROGRAM OPNS (CIF)
SOUTHERN WORD INC 1704 CHARLOTTE AVE SUITE 200 NASHVILLE, TN 37203	26-3547391	501(C)3	1,005.	0.			DONOR DIRECTED DESIGNATIONS
SPECIAL KIDS 202 ARNETTE STREET MURFREESBORO, TN 37129	62-1718638	501(C)3	8,107.	0.			DONOR DIRECTED DESIGNATIONS
SPECIAL OLYMPICS TENNESSEE 461 CRAIGHEAD STREET NASHVILLE, TN 37204	23-7348136	501(C)3	5,582.	0.			DONOR DIRECTED DESIGNATIONS
SPECIAL OLYMPICS TENNESSEE 461 CRAIGHEAD STREET NASHVILLE, TN 37204	23-7348136	501(C)3	25,000.	0.			PROGRAM OPNS (CIF)
ST. JUDE'S CHILDREN'S RESEARCH 501 ST. JUDE'S PLACE MEMPHIS, TN 38105	62-0646012	501(C)3	58,945.	0.			DONOR DIRECTED DESIGNATIONS

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ST. LUKE'S COMMUNITY CENTER 5601 NEW YORK AVENUE NASHVILLE, TN 37209	62-0484183	501(C)3	864,839.	0.			SUB-RECIPIENT GRANTS
ST. LUKE'S COMMUNITY CENTER 5601 NEW YORK AVENUE NASHVILLE, TN 37209	62-0484183	501(C)3	235,000.	0.			PROGRAM OPNS (CIF)
ST. LUKE'S COMMUNITY CENTER 5601 NEW YORK AVENUE NASHVILLE, TN 37209	62-0484183	501(C)3	4,814.	0.			DONOR DIRECTED DESIGNATIONS
ST. MARY VILLA 1704 HEIMAN STREET NASHVILLE, TN 37208	62-0579243	501(C)3	243,449.	0.			SUB-RECIPIENT GRANTS
ST. MARY VILLA 1704 HEIMAN STREET NASHVILLE, TN 37208	62-0579243	501(C)3	176,000.	0.			PROGRAM OPNS (CIF)
ST. MARY VILLA 1704 HEIMAN STREET NASHVILLE, TN 37208	62-0579243	501(C)3	2,780.	0.			DONOR DIRECTED DESIGNATIONS
STAND UP NASHVILLE 801 DOMINICAN DR NASHVILLE, TN 37228	83-0602074	501(C)3	150,000.	0.			PROGRAM OPNS (CIF)
STREET WORKS PO BOX 60037 NASHVILLE, TN 37206-0037	62-1806967	501(C)3	197,971.	0.			SUB-RECIPIENT GRANTS
STREET WORKS PO BOX 60037 NASHVILLE, TN 37206-0037	62-1806967	501(C)3	583.	0.			DONOR DIRECTED DESIGNATIONS

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TEACH FOR AMERICA - NASHVILLE 615 MAIN ST SUITE 124 NASHVILLE, TN 37206	13-3541913	501(C)3	20,000.	0.			PROGRAM OPNS (CIF)
TEACH FOR AMERICA - NASHVILLE 615 MAIN ST SUITE 124 NASHVILLE, TN 37206	13-3541913	501(C)3	10,174.	0.			DONOR DIRECTED DESIGNATIONS
TENNESSEE JUSTICE FOR OUR NEIGHBORS - 2195 NOLENSVILLE PIKE - NASHVILLE, TN 37211	46-0872616	501(C)3	15,000.	0.			PROGRAM OPNS (CIF)
TENNESSEE JUSTICE FOR OUR NEIGHBORS - 2195 NOLENSVILLE PIKE - NASHVILLE, TN 37211	46-0872616	501(C)3	1,149.	0.			DONOR DIRECTED DESIGNATIONS
TENNESSEE KIDNEY FOUNDATION PO BOX 330989 NASHVILLE, TN 37203	27-0812507	501(C)3	20,000.	0.			PROGRAM OPNS (CIF)
TENNESSEE KIDNEY FOUNDATION PO BOX 330989 NASHVILLE, TN 37203	27-0812507	501(C)3	2,125.	0.			DONOR DIRECTED DESIGNATIONS
TENNESSEE POISON CENTER 501 OXFORD HOUSE 1161 21ST AVENUE S NASHVILLE, TN 37232	35-2528741	501(C)3	45,200.	0.			PROGRAM OPNS (CIF)
TENNESSEE POISON CENTER 501 OXFORD HOUSE 1161 21ST AVENUE S NASHVILLE, TN 37232	35-2528741	501(C)3	302.	0.			DONOR DIRECTED DESIGNATIONS
TENNESSEE RESILIENCE PROJECT 129 WEST FOLKES ST STE 128 FRANKLIN, TN 37064	86-3192886	501(C)3	211,970.	0.			SUB-RECIPIENT GRANTS

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TENNESSEE VOICES FOR CHILDREN 500 PROFESSIONAL PARK DR GOODLETTSVILLE, TN 37072	62-1576400	501(C)3	297,625.	0.			SUB-RECIPIENT GRANTS
TENNESSEE VOICES FOR CHILDREN 500 PROFESSIONAL PARK DR GOODLETTSVILLE, TN 37072	62-1576400	501(C)3	85.	0.			DONOR DIRECTED DESIGNATIONS
TENNESSEE-WESTERN KENTUCKY UMC PO BOX 440132 NASHVILLE, TN 37244	62-1172580	501(C)3	544,610.	0.			SUB-RECIPIENT GRANTS
THE BIG TABLE PO BOX 22656 NASHVILLE, TN 37202	20-8931223	501(C)3	20,000.	0.			PROGRAM OPNS (CIF)
THE BIG TABLE PO BOX 22656 NASHVILLE, TN 37202	20-8931223	501(C)3	653.	0.			DONOR DIRECTED DESIGNATIONS
THE CITY SCHOOLS FOUNDATION 2552 SOUTH CHURCH STREET MURFREESBORO, TN 37127	61-1509749	501(C)3	7,066.	0.			DONOR DIRECTED DESIGNATIONS
THE CONTRIBUTOR, INC P.O. BOX 332023 NASHVILLE, TN 37203	37-1551739	501(C)3	20,000.	0.			PROGRAM OPNS (CIF)
THE CONTRIBUTOR, INC P.O. BOX 332023 NASHVILLE, TN 37203	37-1551739	501(C)3	86,553.	0.			SUB-RECIPIENT GRANTS
THE CROSSROADS CAMPUS 707 MONROE STREET NASHVILLE, TN 37208	27-2397528	501(C)3	20,000.	0.			PROGRAM OPNS (CIF)

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THE CROSSROADS CAMPUS 707 MONROE STREET NASHVILLE, TN 37208	27-2397528	501(C)3	3,611.	0.			DONOR DIRECTED DESIGNATIONS
THE GIVING BACK FUND 500 COMMERCIAL ST SUITE 4R BOSTON, MA 02109	04-3367888	501(C)3	5,000.	0.			DONOR DIRECTED DESIGNATIONS
THE HOPE STATION PO BOX 1153 LA VERGNE, TN 37086	37-1775568	501(C)3	15,000.	0.			PROGRAM OPNS (CIF)
THE HOPE STATION PO BOX 1153 LA VERGNE, TN 37086	37-1775568	501(C)3	25,000.	0.			SUB-RECIPIENT GRANTS
THE HOPE STATION PO BOX 1153 LA VERGNE, TN 37086	37-1775568	501(C)3	246.	0.			DONOR DIRECTED DESIGNATIONS
THE IRENE CENTER FOR HOPE 213 MAIN ST CLARKSVILLE, TN 37040	92-0892187	501(C)3	82,144.	0.			SUB-RECIPIENT GRANTS
THE JOURNEY HOME PO BOX 331025 MURFREESBORO, TN 37133	20-5605975	501(C)3	140,240.	0.			SUB-RECIPIENT GRANTS
THE JOURNEY HOME PO BOX 331025 MURFREESBORO, TN 37133	20-5605975	501(C)3	408.	0.			DONOR DIRECTED DESIGNATIONS
THE NEW BEGINNINGS CENTER 509 CARIGHEAD ST NASHVILLE, TN 37204	90-0751722	501(C)3	25,000.	0.			PROGRAM OPNS (CIF)

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
THE NEW BEGINNINGS CENTER 509 CARIGHEAD ST NASHVILLE, TN 37204	90-0751722	501(C)3	2,589.	0.			DONOR DIRECTED DESIGNATIONS
THE NEXT DOOR PO BOX 23336 NASHVILLE, TN 37202-3336	43-2001774	501(C)3	68,000.	0.			PROGRAM OPNS (CIF)
THE NEXT DOOR PO BOX 23336 NASHVILLE, TN 37202-3336	43-2001774	501(C)3	6,788.	0.			DONOR DIRECTED DESIGNATIONS
THE WILLOWS COMMUNITY SCHOOL 8509 HIGUERA ST CULVER CITY, CA 90232	95-4466863	501(C)3	5,000.	0.			DONOR DIRECTED DESIGNATIONS
THISTLE FARMS 5122 CHARLOTTE PIKE NASHVILLE, TN 37209	58-2050089	501(C)3	10,771.	0.			DONOR DIRECTED DESIGNATIONS
TN EDUCATORS OF COLOR ALLIANCE 41 PEABODY ST NASHVILLE, TN 37210	81-4116061	501(C)3	20,000.	0.			PROGRAM OPNS (CIF)
TNKIDS NUTRITION 1006 PEPPER ST SPRINGFIELD, TN 37172	27-2268298	501(C)3	23,500.	0.			PROGRAM OPNS (CIF)
TNKIDS NUTRITION 1006 PEPPER ST SPRINGFIELD, TN 37172	27-2268298	501(C)3	1,570.	0.			DONOR DIRECTED DESIGNATIONS
TOTAL VISION, PC PO BOX 419 LEXINGTON, TN 38351	62-1518148		7,375.	0.			SUB-RECIPIENT GRANTS

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
TUCKER'S HOUSE PO BOX 682086 FRANKLIN, TN 37068	27-0896877	501(C)3	11,285.	0.			DONOR DIRECTED DESIGNATIONS
TUCKER'S HOUSE PO BOX 682086 FRANKLIN, TN 37068	27-0896877	501(C)3	25,000.	0.			PROGRAM OPNS (CIF)
UNITED MINISTRIES FOOD BANK OF MIDDLE TN - P.O. BOX 1094 - SPRINGFIELD, TN 37172	62-1581339	501(C)3	12,000.	0.			PROGRAM OPNS (CIF)
UNITED MINISTRIES FOOD BANK OF MIDDLE TN - P.O. BOX 1094 - SPRINGFIELD, TN 37172	62-1581339	501(C)3	7,857.	0.			DONOR DIRECTED DESIGNATIONS
UNITED NEIGHBORHOOD HEALTH SERVICES - 2711 FOSTER AVENUE - NASHVILLE, TN 37210	62-1032792	501(C)3	24,981.	0.			SUB-RECIPIENT GRANTS
UNITED WAYS OF TENNESSEE 3050 MEDICAL CENTER PKWY FLOOR 2 MURFREESBORO, TN 37129	62-1773407	501(C)3	450.	0.			DONOR DIRECTED DESIGNATIONS
UNITED WAYS OF TENNESSEE 3050 MEDICAL CENTER PKWY FLOOR 2 MURFREESBORO, TN 37129	62-1773407	501(C)3	10,339.	0.			SUB-RECIPIENT GRANTS
UNIVERSITY OF MEMPHIS FOUNDATION DEPARTMENT 238 PO BOX 1000 MEMPHIS, TN 38148-0001	62-6048540	501(C)3	10,000.	0.			DONOR DIRECTED DESIGNATIONS
UNIVERSITY OF TN HEALTH SCIENCE CENTER - 910 MADISON AVE STE 823 - MEMPHIS, TN 38163	62-6001445	STATE OF TN GOVE	66,683.	0.			SUB-RECIPIENT GRANTS

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
UPRISE NASHVILLE 235 WHITE BRIDGE PIKE NASHVILLE, TN 37209	62-1681150	501(C)3	25,000.	0.			PROGRAM OPNS (CIF)
UPRISE NASHVILLE 235 WHITE BRIDGE PIKE NASHVILLE, TN 37209	62-1681150	501(C)3	24,666.	0.			SUB-RECIPIENT GRANTS
UPRISE NASHVILLE 235 WHITE BRIDGE PIKE NASHVILLE, TN 37209	62-1681150	501(C)3	1,423.	0.			DONOR DIRECTED DESIGNATIONS
UW BEDFORD COUNTY (UWSCT) 3050 MEDICAL CENTER PKWY #2 MURFREESBORO, TN 37129	58-1341880	501(C)3	5,456.	0.			DONOR DIRECTED DESIGNATIONS
UW BLOUNT COUNTY 1615 E. BROADWAY AVENUE MARYVILLE, TN 37804	23-7122193	501(C)3	14,514.	0.			DONOR DIRECTED DESIGNATIONS
UW CAPITAL AREA MISSISSIPPI P.O. BOX 23169 JACKSON, MS 39225-3169	64-0303075	501(C)3	338,523.	0.			DONOR DIRECTED DESIGNATIONS
UW CENTRAL ALABAMA 3600 8TH AVENUE SO P. O. BOX 320189 BIRMINGHAM, AL 35232-0189	63-0288846	501(C)3	29,774.	0.			DONOR DIRECTED DESIGNATIONS
UW CENTRAL CAROLINAS PO BOX 890685 CHARLOTTE, NC 28289-0685	56-0529948	501(C)3	8,754.	0.			DONOR DIRECTED DESIGNATIONS
UW CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)3	36,303.	0.			SUB-RECIPIENT GRANTS

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
UW CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)3	15,360.	0.			DONOR DIRECTED DESIGNATIONS
UW DALLAS 1800 N. LAMAR DALLAS, TX 75202	75-6005352	501(C)3	8,623.	0.			DONOR DIRECTED DESIGNATIONS
UW EAST MISSISSIPPI PO BOX 3219 MERIDIAN, MS 39303	64-0387703	501(C)3	24,434.	0.			DONOR DIRECTED DESIGNATIONS
UW FRANKLIN COUNTY PO BOX 157 WINCHESTER, TN 37398	62-1812118	501(C)3	114,888.	0.			DONOR DIRECTED DESIGNATIONS
UW GOLDEN TRIANGLE REGION P. O. BOX 266 COLUMBUS, MS 39703-0266	64-0567987	501(C)3	8,492.	0.			DONOR DIRECTED DESIGNATIONS
UW GREATER HIGH POINT NORTH CAROLINA - 815 PHILLIPS AVE - HIGH POINT, NC 27262	56-0547486	501(C)3	8,430.	0.			DONOR DIRECTED DESIGNATIONS
UW GREATER KNOXVILLE 1301 HANNAH AVENUE KNOXVILLE, TN 37921-6330	62-0475748	501(C)3	21,150.	0.			DONOR DIRECTED DESIGNATIONS
UW GREATER TRIANGLE PO BOX 110583 DURHAM, NC 27709	56-1949103	501(C)3	13,142.	0.			DONOR DIRECTED DESIGNATIONS
UW LEFLORE COUNTY, INC. P. O. BOX 524 GREENWOOD, MS 38935	64-0658898	501(C)3	21,927.	0.			DONOR DIRECTED DESIGNATIONS

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
UW MAURY COUNTY COLUMBIA PO BOX 222 COLUMBIA, TN 38402	62-6014994	501(C)3	18,054.	0.			DONOR DIRECTED DESIGNATIONS
UW METRO ATLANTA P.O. BOX 2692 ATLANTA, GA 303714601	58-0566194	501(C)3	13,601.	0.			DONOR DIRECTED DESIGNATIONS
UW METRO KENTUCKY JEFFERSON COUNTY 334 EAST BROADWAY P. O. BOX 4488 LOUISVILLE, KY 40295-0148	61-0444680	501(C)3	7,509.	0.			DONOR DIRECTED DESIGNATIONS
UW MID SOUTH TN 1005 TILLMAN STREET MEMPHIS, TN 38112	56-1010742	501(C)3	15,312.	0.			DONOR DIRECTED DESIGNATIONS
UW SOUTH CENTRAL TN PO BOX 330056 MURFREESBORO, TN 37133-0056	58-1341880	501(C)3	423,892.	0.			DONOR DIRECTED DESIGNATIONS
UW SOUTH CENTRAL TN PO BOX 330056 MURFREESBORO, TN 37133-0056	58-1341880	501(C)3	97,293.	0.			SUB-RECIPIENT GRANTS
UW SOUTHEAST MISSISSIPPI 210 W FRONT STREET HATTIESBURG, MS 39401	64-0410475	501(C)3	17,175.	0.			DONOR DIRECTED DESIGNATIONS
UW SOUTHEASTERN MICHIGAN 3011 W. GRAND BLVD., SUITE #500 DETROIT, MI 48202	20-3099071	501(C)3	6,849.	0.			DONOR DIRECTED DESIGNATIONS
UW SUMNER COUNTY 1531 HUNT CLUB BLVD SUITE 110 GALLATIN, TN 37066	31-1510208	501(C)3	10,702.	0.			DONOR DIRECTED DESIGNATIONS

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
UW SUMNER COUNTY 1531 HUNT CLUB BLVD SUITE 110 GALLATIN, TN 37066	31-1510208	501(C)3	35,000.	0.			SUB-RECIPIENT GRANTS
UW SUNCOAST 5201 W. KENNEDY BLVD SUITE 600 TAMPA, FL 33609	59-3725701	501(C)3	9,621.	0.			DONOR DIRECTED DESIGNATIONS
UW TRIDENT PO BOX 63305 NORTH CHARLESTON, SC 29419	57-0314378	501(C)3	6,357.	0.			DONOR DIRECTED DESIGNATIONS
UW WEST CENTRAL MISSISSIPPI 920 SOUTH ST VICKSBURG, MS 39180	64-0330259	501(C)3	10,015.	0.			DONOR DIRECTED DESIGNATIONS
UW WILSON COUNTY P. O. BOX 3541 LEBANON, TN 37088	62-1660029	501(C)3	57,575.	0.			DONOR DIRECTED DESIGNATIONS
UW WILSON COUNTY P. O. BOX 3541 LEBANON, TN 37088	62-1660029	501(C)3	50,156.	0.			SUB-RECIPIENT GRANTS
VANDERBILT DEVELOPMENT GIFT + 3322 WEST END AVENUE STE 900 NASHVILLE, TN 37203	35-2528741	501(C)3	12,731.	0.			DONOR DIRECTED DESIGNATIONS
WAVES INC. WILLIAMSON 1325 WEST MAIN ST SUITE 104 FRANKLIN, TN 37064	62-0920595	501(C)3	115,000.	0.			PROGRAM OPNS (CIF)
WAVES INC. WILLIAMSON 1325 WEST MAIN ST SUITE 104 FRANKLIN, TN 37064	62-0920595	501(C)3	3,652.	0.			DONOR DIRECTED DESIGNATIONS

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
WAYNE REED CHRISTIAN CHILDCARE 11B LINDSLEY AVENUE NASHVILLE, TN 37210	62-1625142	501(C)3	248,548.	0.			SUB-RECIPIENT GRANTS
WAYNE REED CHRISTIAN CHILDCARE 11B LINDSLEY AVENUE NASHVILLE, TN 37210	62-1625142	501(C)3	70,677.	0.			PROGRAM OPNS (CIF)
WAYNE REED CHRISTIAN CHILDCARE 11B LINDSLEY AVENUE NASHVILLE, TN 37210	62-1625142	501(C)3	2,995.	0.			DONOR DIRECTED DESIGNATIONS
WEST END SYNAGOGUE 3810 WEST END AVENUE NASHVILLE, TN 37205	62-0513743	501(C)3	7,250.	0.			DONOR DIRECTED DESIGNATIONS
WESTWOOD BAPTIST CHURCH 2510 ALBION STREET NASHVILLE, TN 37208	62-1227212	501(C)3	6,360.	0.			SUB-RECIPIENT GRANTS
WILLIAMSON COUNTY CASA, INC. PO BOX 680774 FRANKLIN, TN 37068-0774	62-1583334	501(C)3	38,000.	0.			PROGRAM OPNS (CIF)
WILLIAMSON COUNTY CASA, INC. PO BOX 680774 FRANKLIN, TN 37068-0774	62-1583334	501(C)3	1,166.	0.			DONOR DIRECTED DESIGNATIONS
WILLIAMSON COUNTY SCHOOLS 1320 WEST MAIN STREET, SUITE 202 FRANKLIN, TN 37064		WILLIAMSON COUNT	84,515.	0.			SUB-RECIPIENT GRANTS
WOMEN ARE SAFE P.O. BOX 2 CENTERVILLE, TN 37033	58-1797065	501(C)3	60,000.	0.			PROGRAM OPNS (CIF)

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
WOMEN ARE SAFE P.O. BOX 2 CENTERVILLE, TN 37033	58-1797065	501(C)3	2,018.	0.			DONOR DIRECTED DESIGNATIONS
WORKFORCE ESSENTIALS INC 523 MADISON ST SUITE A CLARKSVILLE, TN 37040	62-1498440	501(C)3	374,677.	0.			SUB-RECIPIENT GRANTS
YMCA 1000 CHURCH STREET NASHVILLE, TN 37203	62-0476243	501(C)3	107,030.	0.			PROGRAM OPNS (CIF)
YMCA 1000 CHURCH STREET NASHVILLE, TN 37203	62-0476243	501(C)3	7,722.	0.			DONOR DIRECTED DESIGNATIONS
YOUTH ENCOURAGEMENT SERVICES (HOBBY) - 3016 NOLENSVILLE PIKE - NASHVILLE, TN 37211	62-0570681	501(C)3	15,000.	0.			PROGRAM OPNS (CIF)
YOUTH ENCOURAGEMENT SERVICES (HOBBY) - 3016 NOLENSVILLE PIKE - NASHVILLE, TN 37211	62-0570681	501(C)3	1,714.	0.			DONOR DIRECTED DESIGNATIONS
YWCA 1608 WOODMONT BOULEVARD NASHVILLE, TN 37215	62-0476243	501(C)3	16,204.	0.			DONOR DIRECTED DESIGNATIONS
YWCA 1608 WOODMONT BOULEVARD NASHVILLE, TN 37215	62-0476243	501(C)3	200,000.	0.			PROGRAM OPNS (CIF)
OZ ARTS NASHVILLE 6172 COCKRILL BEND CIRCLE NASHVILLE, TN 37209	46-0956020	501(C)3	5,000.	0.			DONOR DIRECTED DESIGNATIONS

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
VOLUNTEER NETWORK 300 N MAPLE ST LEBANON, TN 37087	97-4794400	501(C)3	20,000.	0.			PROGRAM OPNS (CIF)

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:

COMMUNITY IMPACT FUNDING (CIF)- 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 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.

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

Part IV Supplemental Information

FIRMS. ALL GRANT RECIPIENTS ARE REQUIRED TO PRODUCE PROGRAM RESULT REPORTS.

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☒ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**		X
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?	**2**	X	
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	☒ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	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?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	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	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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	(i)	392,702.	162,561.	0.	49,188.	12,741.	617,192.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ERICA MITCHELL	(i)	215,268.	15,000.	0.	7,805.	9,707.	247,780.	0.
CHIEF COMMUNITY IMPACT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUMMOR PENNINGTON	(i)	196,015.	16,285.	0.	7,070.	10,933.	230,303.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) COURTNEY BARLAR	(i)	165,670.	11,285.	0.	5,805.	1,698.	184,458.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANGELA STACY	(i)	159,705.	5,000.	0.	5,582.	11,171.	181,458.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LORI SHINTON	(i)	163,263.	5,000.	0.	456.	7,042.	175,761.	0.
CHIEF VOLUNTEERISM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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. VESTED DISTRIBUTIONS ARE MADE ANNUALLY.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public Inspection

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	25	215,649.	PUBLIC MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (MISC SUPPLIES)	X	184,300	380,614.	COMPARABLE SALES
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 on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		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?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE M, PART 1, COLUMN (B)
PART 1, COLUMN (B), LINE 25 REPRESENTS AN ESTIMATE OF THE NUMBER OF ITEMS CONTRIBUTED.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ACTIVITY, CASE MANAGEMENT, OR CHRONIC DISEASE SELF-MANAGEMENT.

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

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
IN DECEMBER 2023, THE MIDDLE TENNESSEE AREA WAS HIT WITH TORNADOES, ONCE AGAIN CALLING OUR PARTNERSHIP WITH THE MAYOR'S OFFICE AND DISASTER RESPONSE INTO ACTION. WE OPENED UP A TORNADO RESPONSE FUND WHICH CARRIED INTO 2024 FOR DEPLOYMENT FOR THOSE INDIVIDUALS AND FAMILIES AFFECTED. WITH LONG-TERM RECOVERY EFFORTS STILL NEEDED, UNITED WAY OF MIDDLE TENNESSEE SERVES AS THE FISCAL AGENT FOR BOTH THE DAVIDSON COUNTY LONG-TERM RECOVERY GROUP AND THE CLARKSVILLE-MONTGOMERY COUNTY LONG-TERM RECOVERY GROUP.
EXPENSES $ 1,033,299. INCLUDING GRANTS OF $ 1,016,561. REVENUE $ 0.

THE NASHVILLE ALLIANCE FOR FINANCIAL INDEPENDENCE (NAFI) IS A COALITION OF PROFESSIONALS HELPING WORKING INDIVIDUALS AND FAMILIES BUILD ASSETS FOR LONG-LASTING FINANCIAL INDEPENDENCE. NAFI PROVIDES PROFESSIONAL DEVELOPMENT TO MORE THAN 50 LOCAL NONPROFITS ON TOPICS RELATED TO FINANCES AND CONVENES MULTI-SECTOR PARTNERS TO EFFECTIVELY PROBLEM-SOLVE TO CHANGE COMMUNITY CONDITIONS. FREE FEDERAL INCOME TAX PREPARATION IS OFFERED THROUGH VOLUNTEER INCOME TAX ASSISTANCE (VITA) SITES SPECIFICALLY AIMED AT HOUSEHOLDS EARNING $76,000 OR LESS. THIS SERVICE ENSURES FILERS CLAIM ALL THEIR ELIGIBLE CREDITS. IN 2024, VITA SITES HELPED 9,712 FAMILIES COLLECT OVER $10.3 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 CENTER (FEC). THE CENTER PROVIDES FREE ONE-ON-ONE FINANCIAL COUNSELING AND TEACHES 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 THE CITY AND UNITED WAY OPERATING A COST-SHARE MODEL. SINCE ITS INCEPTION, THE FECS HAVE ASSISTED AND HELPED OVER 11,115 CLIENTS REDUCE DEBT BY OVER $31 MILLION AND INCREASE SAVINGS BY OVER $4.9 MILLION THROUGH MORE THAN 33,438 INDIVIDUAL COUNSELING SESSIONS. 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. IN 2024, 954 SNAP EMPLOYMENT & TRAINING PARTICIPANTS WERE SERVED, 476 PARTICIPANTS OBTAINED AN INDUSTRY CREDENTIAL, AND 250 PARTICIPANTS ARE NOW GAINFULLY EMPLOYED THROUGHOUT UWGN'S NINE-COUNTY SERVICE AREA. MOSTLY ALL PARTICIPANTS ENROLLED IN WORKFORCE TRAINING PROGRAMS HAD NO INCOME AND/OR NO REPORTABLE INCOME PRIOR TO PARTICIPATION.
EXPENSES $ 3,254,283. INCLUDING GRANTS OF $ 1,831,550. 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

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 $ 741,011. INCLUDING GRANTS OF $ 553,152. REVENUE $ 0.

EFFECTIVE JUNE 1, 2013, UNITED WAY OF GREATER NASHVILLE PARTNERS WITH GOVERNOR'S EARLY LITERACY FOUNDATION AND THE DOLLYWOOD FOUNDATION TO IMPLEMENT THE IMAGINATION LIBRARY OF MIDDLE TENNESSEE PROGRAM IN DAVIDSON, WILLIAMSON AND SUMNER COUNTIES. IMAGINATION LIBRARY DELIVERS ONE HIGH-QUALITY AND AGE-APPROPRIATE BOOK EACH MONTH TO CHILDREN FROM BIRTH THROUGH AGE FIVE, AT NO COST TO THEIR FAMILIES, REGARDLESS OF INCOME. WITH IMAGINATION LIBRARY COMPLEMENTING THE READ TO SUCCEED PROGRAM, UNITED WAY WILL BE ABLE TO DISPLAY A CLEAR PATH TO LITERACY FOR CHILDREN BEGINNING AT BIRTH.
EXPENSES $ 1,201,986. INCLUDING GRANTS OF $ 1,071,988. 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 SERVES AS THE LEAD CONVENER FOR A COMMUNITY COLLABORATIVE CALL RAISING READERS NASHVILLE (FORMERLY BLUEPRINT FOR EARLY CHILDHOOD SUCCESS). WE ARE CULTIVATING AN ENVIRONMENT WHERE ALL CHILDREN CAN GROW THE READING SKILLS THEY NEED TO THRIVE BY IMPROVING THE SYSTEMS AND STRUCTURES THAT SUPPORT NASHVILLE'S FAMILIES AND YOUNG CHILDREN. THIS WORK EMPOWERS UNITED WAY'S EARLY CHILDHOOD INITIATIVE, READ TO SUCCEED (RTS). RTS UNITES EARLY CHILDHOOD PROFESSIONALS TO ALIGN KNOWLEDGE, SKILLS AND BEST PRACTICES FOR LIFELONG ACADEMIC SUCCESS AND WELL-BEING FOR CHILDREN AND FAMILIES. RTS PARTNERS WITH LOCAL CHILDCARE CENTERS SERVING VULNERABLE POPULATIONS TO REDUCE RISK FACTORS FOR CHILDREN AND FAMILIES TO PREPARE FOR SUCCESS IN KINDERGARTEN. RTS SERVES OVER 800 STUDENTS WHERE 93% OF THREE- AND FOUR-YEAR-OLDS ARE AT DEVELOPMENTAL LEVEL. BEFORE THE START OF THIS PROGRAM, ONLY 33% OF FOUR-YEAR-OLDS IN THESE CENTERS TESTED AT AVERAGE OR HIGHER ON KINDERGARTEN READINESS ASSESSMENTS. IN THE SPRING OF 2022, 90% AND 92% OF THREE- AND FOUR-YEAR-OLDS MET THEIR LITERACY AND SOCIAL-EMOTIONAL BENCHMARKS FOR KINDERGARTEN READINESS, RESPECTIVELY. READ TO SUCCEED HAS DEMONSTRATED A SUCCESS RATE OF 90% OR HIGHER SINCE 2007. UNITED WAY IMPLEMENTS A COMPLEMENTARY PROGRAM TO RTS TO SUPPORT FIRST-THROUGH-THIRD-GRADE STUDENTS, RAISE YOUR HAND (RYH). RYH IS A STATE OF TENNESSEE APPROVED TUTORING PROGRAM THAT PROVIDES TUTORING SERVICES IN THE MIDDLE TENNESSEE REGION. RYH SUPPORTS EARLY LITERACY INTERVENTION OF FIRST THROUGH THIRD GRADERS, MATCHING TUTORS WITH STUDENTS WHO ARE PERFORMING BELOW GRADE LEVEL IN READING AND MATH. VOLUNTEERS TUTOR IN CLASSROOMS AFTER SCHOOL AND DURING SUMMER.
IN SPRING 2022, METRO NASHVILLE COUNCIL APPROVED AND AWARDED UNITED WAY OF GREATER NASHVILLE OVER $5.3 MILLION IN AMERICAN RESCUE PLAN ACT FUNDING TO INCREASE LOW-INCOME FAMILIES' ACCESS TO QUALITY CHILDCARE A LONGSTANDING CRISIS ACROSS GREATER NASHVILLE. UNITED WAY CONTINUES TO LEVERAGE METRO NASHVILLE FUNDING TO STABILIZE TWELVE (12) CHILDCARE CENTER PROVIDERS THAT SERVE LOW-INCOME FAMILIES ON A SLIDING SCALE, REPRESENTING A POPULATION OF FAMILIES SERVED THAT LIVE AT OR BELOW 200% OF THE FEDERAL POVERTY LINE, AND THOSE ENROLLED IN THE TENNESSEE DEPARTMENT OF HUMAN SERVICES ("DHS") SMART STEPS CHILDCARE ASSISTANCE PROGRAM ("SMART STEPS"). THIS FUNDING SUPPORTS ALL TEN (10) READ TO

Name of the organization: UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number: 62-0533104

SUCCEED SITES AND TWO (2) ADDITIONAL COMMUNITY-BASED CHILDCARE CENTERS, INCENTIVIZING PROVIDERS FOR THE FIRST TIME TO SERVE MORE FAMILIES IN THIS DEMOGRAPHIC. THESE FUNDS HELP TO FILL THE GAP BETWEEN THE TRUE COST OF HIGH-QUALITY CHILDCARE AND WHAT PARENTS CAN AFFORD TO PAY AND THE STATE'S INCREASING YET INADEQUATE REIMBURSEMENT RATE. AFTER NEARLY 20 MONTHS, UNITED WAY HAS DEPLOYED NEARLY $3 MILLION TO ERADICATE THE FINANCIAL LOSS ABSORBED BY CENTERS ANNUALLY.
EXPENSES $ 4,023,206. INCLUDING GRANTS OF $ 2,863,186. REVENUE $ 0.

THE MAJORITY OF PROGRAM ASSISTANCE INCLUDED HERE IS ONE-TIME GIFTS OF BASIC NEEDS ITEMS, BOOKS, SCHOOL SUPPLIES, INFANT CARE ITEMS, ETC. TO PARTNER AGENCIES OF UNITED WAY OF GREATER NASHVILLE. DURING OUR QUARTERLY DAYS OF ACTION, BOTH MONETARY CONTRIBUTIONS AND IN-KIND ITEMS ARE COLLECTED FOR THE SPECIFIC PURPOSE OF HIGHLIGHTING ONE OF OUR IMPACT AREAS (EDUCATION, FINANCIAL STABILITY, OR HEALTH). VOLUNTEERS JOIN IN THE EFFORTS TO RAISE MONEY, SUPPLIES, AND AWARENESS FOR THOSE PARTNER AGENCIES SERVING THE COMMUNITY IN THAT SPECIFIC IMPACT AREA. THE PROCEEDS, IN THE FORM OF IN-KIND ITEMS, ARE THEN DISTRIBUTED DIRECTLY TO THOSE AGENCIES.
EXPENSES $ 402,800. INCLUDING GRANTS OF $ 303,367. REVENUE $ 0.

IN 2014, WITH SEED FUNDING FROM THE SIEMER INSTITUTE, UNITED WAY OF GREATER NASHVILLE LAUNCHED THE FAMILY COLLECTIVEORIGINALLY THE FAMILY EMPOWERMENT PROGRAMTO 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 3,500 FAMILIES SINCE INCEPTION IN JAN 2019. MORE THAN 1300 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 ACCESS POINTS SUCH AS SCHOOLS AND COMMUNITY CENTERS TO LOCATE COACHES/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 $ 5,188,272. INCLUDING GRANTS OF $ 4,460,561. REVENUE $ 0.

HANDS ON INSPIRES PEOPLE TO SERVE THEIR NEIGHBORS AND MAKES IT EASY FOR THEM TO MAKE AN IMPACT IN THE COMMUNITY. HANDS ON FINDS VOLUNTEERS FOR MORE THAN 170 SCHOOLS AND NONPROFITS THROUGHOUT UNITED WAY OF GREATER NASHVILLE'S SERVICE AREA, WITH A FOCUS ON DAVIDSON, WILLIAMSON, AND MONTGOMERY COUNTIES. IN 2024, MORE THAN 11,000 VOLUNTEERS SIGNED UP FOR 23,000 SERVICE ACTIVITIES BENEFITING OUR NEIGHBORS, SCHOOLS, AND PUBLIC SPACES THROUGH HANDS ON'S COMMUNITY PARTNER, GEEKCAUSE, CORPORATE VOLUNTEER ENGAGEMENT, AND DISASTER PROGRAMS. TOGETHER, THEY DEDICATED MORE THAN 66,000 HOURS OF SERVICE TO THE COMMUNITY.
EXPENSES $ 2,420,384. INCLUDING GRANTS OF $ 178,340. REVENUE $ 18,300.

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.

Name of the organization
UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number
62-0533104

FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION PRESENTS ANNUALLY AT BOARD OF TRUSTEES MEETING THE CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE. THE QUESTIONS ARE REVIEWED FOR CLARITY AND TRUSTEES COMPLETE THE FORM WITH ALL DISCLOSURES AS APPLICABLE, INCLUDING AN ACKNOWLEDGEMENT THAT CHANGES IN STATUS AND ACTIVITIES ARE TO BE COMMUNICATED TO THE ORGANIZATION. THE BOARD MEETS EVERY OTHER MONTH AND THE ORGANIZATION REMAINS CLOSELY ENGAGED WITH TRUSTEES SO THAT IT CAN MONITOR ANY UPDATES TO THE QUESTIONNAIRE THROUGHOUT THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15:
EXECUTIVE COMPENSATION WAS SET WITH THE APPROVAL OF THE HUMAN RESOURCE 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.

PART XII, LINE 2C
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.