

## UNITED WAY OF METROPOLITAN NASHVILLE 2010 FINANCIAL HIGHLIGHTS

In the midst of a challenging economy and in the wake of the Nashville flood of 2010, United Way of Metropolitan Nashville redefined its value in the community – strengthening partnerships, boosting innovation and delivering a healthy return on investment.

- **10-1 Return On Investment in 2010.** Beyond the dollars invested in the community as reported in United Way of Metropolitan Nashville's attached Form 990, United Way's direct and quantifiable value exceeded \$50 million.
  - \$18.1 million invested in agencies and programs
  - \$ 1.6 million invested in direct service support expenses
  - \$ 3.4 million invested in administrative overhead expenses
  - \$14.0 million returned to working families through the Volunteer Income Tax Assistance program
  - \$13.8 million leveraged by agencies from other sources

### ***\$5 million invested/\$50 million returned***

- **Investments to Community Partners and Programs Were Up.** Total United Way funds invested in the community to improve education, financial stability, health and neighborhoods increased by \$1.2 million from \$16.9 million in 2009 to \$18.1 million in 2010 (line 13, page 1). United Way of Metropolitan Nashville made the deliberate decision to maintain funding levels through Outcomes Based Investments to its community partners. At a time when many other funding sources for service providers were reducing support, United Way leadership felt it was imperative to maintain stability in its funding levels to partners.
- **100 Percent of Flood Recovery Support Raised Were Distributed With No Administrative Overhead.** In connection with the historic May 2010 flooding, United Way of Metropolitan Nashville generated \$1.1 million used to restore the operations of non-profits after the flood and to operate six United Way Restore The Dream Centers. These Centers provided long-term case management to more than 1,200 families affected by the flood, or roughly 70 percent of known cases managed. No organizational overhead was charged to provide this funding and every dollar contributed was spent or committed by December 31, 2010.
- **Administrative Overhead Expenses Were Down.** In 2010 the total management and general expenses and fundraising expenses were approximately \$65,000 lower than in 2009 (line 25, page 12).
- **Optimizing Impact On Lives.** The true measure of performance for United Way of Metropolitan Nashville is how it improves the community and lives of its residents. In 2010 the organization achieved the following qualitative milestones:
  - Provided a pathway to prosperity for 30,000 families through 17 Family Resource Centers
  - Achieved 99 percent success rate preparing children enrolled in Read to Succeed programs for school readiness
  - Provided recovery management for 70 percent of all known flood cases at Restore the Dream Centers
  - Enabled 7,500 working families to receive \$14 million in tax refunds and EITC credits through VITA programs
  - Celebrated 1 millionth call milestone for United Way 2-1-1 Helpline

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

OMB No. 1545-0047

**2010**Open to Public  
Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2010 calendar year, or tax year beginning**

and ending

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**UNITED WAY OF MIDDLE TENNESSEE, INC**Doing Business As **UNITED WAY OF METROPOLITAN NAS**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 country, and ZIP + 4  
**NASHVILLE, TN 37228****F** Name and address of principal officer: **ERIC D DEWEY**  
**SAME AS C ABOVE****D** Employer identification number**62-0533104****E** Telephone number**615-255-8501****G** Gross receipts \$ **21,988,434.****H(a)** Is this a group return  
for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.UNITEDWAYNASHVILLE.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1954** **M** State of legal domicile: **TN****Part I Summary**

Activities & Governance	
1	Briefly describe the organization's mission or most significant activities: <b>AS A CATALYST FOR PROACTIVE, LASTING AND MEASURABLE CHANGE, UNITED WAY FOCUSES ON FINDING</b>
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
3	Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>38</b>
4	Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>38</b>
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a) <b>5</b> <b>56</b>
6	Total number of volunteers (estimate if necessary) <b>6</b> <b>2074</b>
7a	Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>
7b	Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>0.</b>
Revenue	
8	Contributions and grants (Part VIII, line 1h) <b>21,367,993.</b> <b>Prior Year</b> <b>20,746,978.</b> <b>Current Year</b>
9	Program service revenue (Part VIII, line 2g) <b>0.</b> <b>0.</b> <b>0.</b>
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>5,655.</b> <b>14,080.</b>
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>1,121,563.</b> <b>1,227,376.</b>
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>22,495,211.</b> <b>21,988,434.</b>
Expenses	
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>16,882,193.</b> <b>18,133,771.</b>
14	Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>3,010,453.</b> <b>3,019,498.</b>
16a	Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b>
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,100,077.</b> <b>0.</b>
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <b>1,854,503.</b> <b>1,950,405.</b>
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>21,747,149.</b> <b>23,103,674.</b>
19	Revenue less expenses. Subtract line 18 from line 12 <b>748,062.</b> <b>&lt;1,115,240.&gt;</b>
Net Assets or Fund Balances	
20	Total assets (Part X, line 16) <b>27,321,180.</b> <b>Beginning of Current Year</b> <b>28,105,117.</b> <b>End of Year</b>
21	Total liabilities (Part X, line 26) <b>8,668,354.</b> <b>9,620,600.</b>
22	Net assets or fund balances. Subtract line 21 from line 20 <b>18,652,826.</b> <b>18,484,517.</b>

**Part II Signature Block**

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

**Sign Here** ▶ Signature of officer **ERIC D DEWEY, PRESIDENT AND CEO** Date **8-11-11****Paid Preparer Use Only**  
Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN  
Firm's name ▶  
Firm's address ▶ Firm's EIN ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

032001 02-22-11

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2010)

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

**UNITED WAY OF METROPOLITAN NASHVILLE SERVES AS A CATALYST THAT INCREASES THE ORGANIZED CAPACITY OF THE COMMUNITY TO EFFECTIVELY RESPOND TO CURRENT AND EMERGING NEEDS.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O.

☒ Yes ☐ No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O.

☐ Yes ☒ No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 7,754,163. including grants of \$ 7,137,695. ) (Revenue \$ )  
**THE OUTCOME BASED INVESTMENTS PROGRAM PROVIDES FUNDING SUPPORT TO 133 COMMUNITY BASED PROGRAMS IN 62 NONPROFIT AGENCIES IN DAVISON COUNTY, TN. THESE PROGRAMS SERVE OVER 55,000 LOW INCOME, VULNERABLE CHILDREN, FAMILIES AND ADULTS BY PROVIDING MEASUREABLE CHANGES IN BEHAVIOR OR CONDITION IN FOUR FOCUS AREAS- EDUCATION, FINANCIAL STABILITY, HEALTH AND NEIGHBORHOODS. HIGHLIGHTS OF PROGRAM OUTCOMES IN THESE AREAS ARE: EDUCATION- OVER 5,300 SCHOOL AGED CHILDREN IMPROVED GRADES AND INCREASED KNOWLEDGE, SKILLS AND RESISTANCE TO NEGATIVE PEER PRESSURE. INCOME- OVER 35,000 LOW INCOME RESIDENTS RECEIVED EMERGENCY FOOD, UTILITY AND SHELTER ASSISTANCE, AND OVER 2,600 LOW-INCOME ADULTS RECEIVED HOMEBUYER, FINANCIAL AND G.E.D EDUCATION. HEALTH- 626 FRAIL SENIORS RECEIVED HOME AND COMMUNITY BASED SERVICES AND 590 ACCESSED**

4b (Code: ) (Expenses \$ 5,234,342. including grants of \$ 4,959,296. ) (Revenue \$ )  
**UNITED WAY ADMINISTERS FOUR 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. THREE RYAN WHITE/CARE GRANTS FOCUS ON PROVIDING CORE MEDICAL (OUTPATIENT AMBULATORY CARE, EARLY INTERVENTION SERVICES, MEDICAL CASE MANAGEMENT, MENTAL HEALTH, ORAL HEALTH CARE, ETC. ) AND SUPPORT SERVICES (NON-MEDICAL CASE MANAGEMENT, FOOD BANK/HOME-DELIVERED MEALS, TRANSPORTATION, ETC.) TO INDIVIDUALS LIVING IN MIDDLE TENNESSEE AND THE NASHVILLE/DAVIDSON COUNTY TRANSITIONAL GRANT AREA. OVER 2,200 ARE SERVED ANNUALLY. THE CDC/HIV PREVENTION GRANT FOCUSES ON PROVIDING PREVENTION AND EDUCATION SERVICES TO THREE TARGET POPULATIONS AT HIGH RISK FOR HIV/LIVING WITH HIV. OVER**

4c (Code: ) (Expenses \$ 3,585,387. including grants of \$ 3,585,387. ) (Revenue \$ 444,011. )  
**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. IN 2010, ALMOST 16,000 DONORS CHOSE TO DESIGNATE PART OF THEIR GIFT, RESULTING IN MORE THAN \$3.9 MILLION ADDITIONAL DOLLARS FOR NON-PROFIT AGENCIES.**

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 3,108,676. including grants of \$ 2,451,393. ) (Revenue \$ 55,673. )

4e Total program service expenses ► 19,682,568.

SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (2010)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	X	
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	X	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
<b>9</b> Did the organization report an amount in Part X, line 21; 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		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
<b>b</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, XII, and XIII is optional		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
<b>19</b> 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		X
<b>20a</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
<b>20b</b>		

Form 990 (2010)

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

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

Form 990 (2010)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

	1a	1b	1c	2a	2b	3a	3b	4a	5a	5b	5c	6a	6b	7a	7b	7c	7d	7e	7f	7g	7h	8	9a	9b	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	29																																		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0																																	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?																																			
<b>2a</b> 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				56																															
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)					X																														
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?																																			
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O																																			
<b>4a</b> 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)?																																			
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.																																			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?																																			
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?																																			
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?																																			
<b>6a</b> 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?																																			
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?																																			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>																																			
<b>a</b> 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?																																			
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?																																			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?																																			
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year																																			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?																																			
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?																																			
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?																																			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?																																			
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?																																			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>																																			
<b>a</b> Did the organization make any taxable distributions under section 4966?																																			
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?																																			
<b>10 Section 501(c)(7) organizations.</b> Enter:																																			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12																																			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities																																			
<b>11 Section 501(c)(12) organizations.</b> Enter:																																			
<b>a</b> Gross income from members or shareholders																																			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)																																			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?																																			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year																																			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>																																			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.																																			
<b>b</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																																			
<b>c</b> Enter the amount of reserves on hand																																			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?																																			
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O																																			

Form 990 (2010)

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

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	38	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	38	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?		
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	X	

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **TN**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website    ☒ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MARY JO WIGGINS, SR. DIRECTOR & 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 to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
KENT ADAMS TRUSTEE	2.00	X						0.	0.	0.
LIZ ALLEN-FEY TRUSTEE	2.00	X						0.	0.	0.
JANEY AYERS TRUSTEE	2.00	X						0.	0.	0.
JEFFREY BALSAR TRUSTEE	2.00	X						0.	0.	0.
JAMES BEARDEN TRUSTEE	2.00	X						0.	0.	0.
SCOTT BECKER TRUSTEE	2.00	X						0.	0.	0.
FRANCIS (FRAN) BEDARD OBI LEADERSHIP CHAIR - BOARD OF TRUS	4.00	X		X				0.	0.	0.
MICHAEL CARTER TRUSTEE	2.00	X						0.	0.	0.
DON COCHRON TRUSTEE	2.00	X						0.	0.	0.
ANNE DAVIS TRUSTEE	2.00	X						0.	0.	0.
DENNIS DELANEY TREASURER & FINANCE CHAIR - BOARD OF	4.00	X		X				0.	0.	0.
BOB DENNIS CAMPAIGN CO-CHAIR - BOARD OF TRUSTES	4.00	X		X				0.	0.	0.
MARGARET DOLAN SECRETARY & BOARD CHAIR ELECT - BOAR	4.00	X		X				0.	0.	0.
DAVID FREEMAN TRUSTEE	2.00	X						0.	0.	0.
TAMMY GENOVESE TRUSTEE	2.00	X						0.	0.	0.
GERARD GERAGHTY CHAIRMAN BOARD OF TRUSTEES	4.00	X		X				0.	0.	0.
TONY HEARD IMMEDIATE PAST BOARD CHAIR BOARD O	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
DAN HOGAN TRUSTEE	2.00	X						0.	0.	0.
LEE JONES TRUSTEE	2.00	X						0.	0.	0.
WILLIAM KOCH EMERITUS TRUSTEE	2.00	X						0.	0.	0.
JOANNA LAUER TRUSTEE	2.00	X						0.	0.	0.
JOHANN (CHIP) MANNING TRUSTEE	2.00	X						0.	0.	0.
CHERYL WHITE MASON TRUSTEE	2.00	X						0.	0.	0.
JANET MILLER TRUSTEE	2.00	X						0.	0.	0.
GREGG MORTON CAMPAIGN CO-CHAIR - BOARD OF TRUSTES	4.00	X		X				0.	0.	0.
MARCY PRUETT TRUSTEE	2.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								568,114.	0.	74,956.
<b>2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization</b>								568,114.	0.	74,956.

4

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3		X
4	X	
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.

(A) Name and business address	(B) Description of services	(C) Compensation
VACO 5410 MARYLAND WAY, BRENTWOOD, TN 37027	H.R. CONSULTING & EXECUTIVE SEARCH	143,598.
PHIL MARTIN & ASSOCIATES, 500 INTERSTATE BOULEVARD SOUTH, SUITE 320, NASHVILLE, TN	ADVERTISING, P.R. & CONSULTING COMMUNICA	108,604.

- 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

2

SEE PART VII, SECTION A CONTINUATION SHEETS

## UNITED WAY OF MIDDLE TENNESSEE, INC

62-0533104

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

(A) Name and title	(B) Average hours per week	(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			
A. GREGORY RAMOS HUMAN RESOURCES CHAIR - BOARD OF TRU	4.00	X		X				0.	0.	0.
WAYNE RILEY TRUSTEE	2.00	X						0.	0.	0.
ANNE RUSSELL TRUSTEE	2.00	X						0.	0.	0.
JIM SCHMITZ TRUSTEE	2.00	X						0.	0.	0.
MIKE SHMERLING TRUSTEE	2.00	X						0.	0.	0.
HOWARD STRINGER EX OFFICIO TRUSTEE	2.00	X						0.	0.	0.
KIM THOMASON TRUSTEE	2.00	X						0.	0.	0.
JOSH TISHLER TRUSTEE	2.00	X						0.	0.	0.
CARTER TODD TRUSTEE	2.00	X						0.	0.	0.
QUONTA VANCE TRUSTEE	2.00	X						0.	0.	0.
JAMES WEAVER GOVERNMENT RELATIONS COMMITTEE CHAIR	4.00	X	X					0.	0.	0.
DAVID WILLIAMS, II EMERITUS TRUSTEE	2.00	X						0.	0.	0.
ERIC DEWEY PRESIDENT & CEO	40.00		X					234,769.	0.	26,122.
MARY JO WIGGINS SR. DIRECTOR & CFO	40.00		X					109,951.	0.	16,821.
PHIL ORR SR. VICE PRESIDENT, COMMUNITY INVEST	40.00				X			109,701.	0.	17,210.
ED LEMIEUX, II SR. DIRECTOR, FUNDRAISING & MARKETIN	40.00				X			113,693.	0.	14,803.
Total to Part VII, Section A, line 1c								568,114.		74,956.

**Part VIII** Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>	276,912.				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	5,964,836.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	14505230.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		286,249.				
	<b>h Total.</b> Add lines 1a-1f			20746978.			
<b>Program Service Revenue</b>	<b>2 a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			14,080.			14,080.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross Rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from fundraising events						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19						
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances							
<b>b</b> Less: cost of goods sold							
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>							
<b>11 a</b> APPROVED ENDOWMENT SPE	Business Code		999999	600,000.			600,000.
<b>b</b> SERVICE FEES			999999	444,011.	444,011.		
<b>c</b> MISCELLANEOUS REVENUE			999999	183,365.	55,673.		127,692.
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d				1,227,376.			
<b>12 Total revenue.</b> See instructions.				21988434.	499,684.	0.	741,772.

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	18,133,771.	18,133,771.		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	595,715.	171,773.	181,314.	242,628.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,931,863.	690,485.	470,596.	770,782.
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	81,517.	25,861.	29,444.	26,212.
<b>9</b> Other employee benefits	240,078.	63,491.	73,005.	103,582.
<b>10</b> Payroll taxes	170,325.	61,764.	37,066.	71,495.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	86,775.	14,000.	72,775.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other	547,771.	171,690.	111,130.	264,951.
<b>12</b> Advertising and promotion	465,706.	105,420.	5,882.	354,404.
<b>13</b> Office expenses	77,398.	20,721.	25,548.	31,129.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	163,241.	41,187.	71,955.	50,099.
<b>17</b> Travel	77,546.	25,367.	31,218.	20,961.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	84,365.	38,212.	16,503.	29,650.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	159,320.	46,203.	43,016.	70,101.
<b>22</b> Depreciation, depletion, and amortization	65,004.	19,240.	22,677.	23,087.
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
<b>a</b> MAINTENANCE AND EQUIPME	175,395.	51,573.	83,661.	40,161.
<b>b</b> MISCELLANEOUS	28,812.	1,879.	26,742.	191.
<b>c</b> DUES AND SUBSCRIPTIONS	11,614.	<69.>	11,039.	644.
<b>d</b> PLANNED GIVING PREMIUM	7,458.	0.	7,458.	0.
<b>e</b>				
<b>f</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24f	23,103,674.	19,682,568.	1,321,029.	2,100,077.
<b>26</b> Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	6,431,780.	2	5,589,453.
	3 Pledges and grants receivable, net	7,892,666.	3	8,569,162.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	21,054.	9	39,842.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,063,508.		
	b Less: accumulated depreciation	10b 2,590,239.		
		483,432.	10c	473,269.
	11 Investments - publicly traded securities	10,515,376.	11	11,267,324.
	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	1,976,872.	15	2,166,067.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	27,321,180.	16	28,105,117.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	519,847.	17	714,331.
	18 Grants payable	8,129,409.	18	8,906,269.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	19,098.	25	0.
	26 <b>Total liabilities.</b> Add lines 17 through 25	8,668,354.	26	9,620,600.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	2,146,098.	27	1,089,445.
	28 Temporarily restricted net assets	8,906,123.	28	9,794,467.
	29 Permanently restricted net assets	7,600,605.	29	7,600,605.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	18,652,826.	33	18,484,517.
34 <b>Total liabilities and net assets/fund balances</b>	27,321,180.	34	28,105,117.	

Form 990 (2010)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,988,434.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,103,674.
3	Revenue less expenses. Subtract line 2 from line 1	3	<1,115,240.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,652,826.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	946,931.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	18,484,517.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

☒

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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2010)

Department of the Treasury  
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public  
Inspection**

Name of the organization

~~UNITED WAY OF MIDDLE TENNESSEE, INC~~

Employer identification number

62-0533104

<b>Part I Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.	
---	--

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)

☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

☐ 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: \_\_\_\_\_

☐ 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.)

☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

☒ 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.)

☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

☐ 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.)

☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? ☐

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_

(ii) A family member of a person described in (i) above? \_\_\_\_\_

(iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

h ☐ Provide the following information about the supported organization(s).

	Yes	No
11g(i)	<input type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions.

Total

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

Schedule A (Form 990 or 990-EZ) 2010

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24788422.	26320155.	24376667.	21367993.	20746978.	117600215
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 <b>Total.</b> Add lines 1 through 3	24788422.	26320155.	24376667.	21367993.	20746978.	117600215
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 <b>Public support.</b> Subtract line 5 from line 4.						117600215

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	24788422.	26320155.	24376667.	21367993.	20746978.	117600215
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	508,543.	514,147.	88,006.	5,655.	14,080.	1130431.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						118730646
12 Gross receipts from related activities, etc. (see instructions)					12	

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

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.05	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	96.46	%
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>		%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>		%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>		%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>		%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** 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 ☐

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

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

☒ 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

☒ For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

UNITED WAY OF MIDDLE TENNESSEE, INC

62-0533104

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	[REDACTED]	\$ [REDACTED]	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	[REDACTED]	\$ [REDACTED]	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	[REDACTED]	\$ [REDACTED]	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

023452 12-23-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

19

16140805 781331 19146-19146 2010.04010 UNITED WAY OF MIDDLE TENNESSEE, INC 10146-11

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Name of organization

Employer identification number

UNITED WAY OF MIDDLE TENNESSEE, INC

62-0533104

**Part II Noncash Property** (see instructions)

(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., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. 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 information once. See instructions.) ▶ \$

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

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

**Part I-A** Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures

3 Volunteer hours

▶ \$

**Part I-B** Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No

4a Was a correction made?

☐ Yes

☐ No

b If "Yes," describe in Part IV.

**Part I-C** Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b

▶ \$

4 Did the filing organization file Form 1120-POL for this year?

☐ Yes

☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2010

LHA

032041 02-02-11

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group.
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)	921.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	2,042.	
c Total lobbying expenditures (add lines 1a and 1b)	2,963.	
d Other exempt purpose expenditures	23,100,712.	
e Total exempt purpose expenditures (add lines 1c and 1d)	23,103,675.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	4,310.	4,262.	8,626.	2,963.	20,161.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	1,505.	2,279.	1,765.	921.	6,470.

Schedule C (Form 990 or 990-EZ) 2010

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?		

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**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" to Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

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

a Revenues included in 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 are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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" to 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 XIV and complete the following table:

	Amount
c Beginning balance	0.
d Additions during the year	
e Distributions during the year	
f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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	10,205,843.	9,440,654.	13,245,698.		
b Contributions					
c Net investment earnings, gains, and losses	1,312,118.	1,395,189.	3,185,044.		
d Grants or scholarships					
e Other expenditures for facilities and programs	600,000.	630,000.	620,000.		
f Administrative expenses					
g End of year balance	10,917,961.	10,205,843.	9,440,654.		

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ☒ 30.00 %

b Permanent endowment ☒ 70.00 %

c Term endowment ☒ .00 %

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

(i) unrelated organizations

(ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(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		560,417.	450,037.	110,380.
d Equipment		1,261,686.	1,171,512.	90,174.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ☒ 473,269.

Schedule D (Form 990) 2010

**Part VII Investments - Other Securities.** 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)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER RECEIVABLE	
(2) NET PENSION ASSETS	11,259.
(3) CASH SURRENDER VALUE OF DONATED LIFE INSURANCE POLICIES	1,098,888.
(4)	1,055,920.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	

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 16140805 781331 19146-19146 2010.04010 UNITED WAY OF MIDDLE TENNESSEE 19146-11  
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**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	21,988,434.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	23,103,674.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<1,115,240.>
4	Net unrealized gains (losses) on investments	4	798,194.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	148,737.
9	Total adjustments (net). Add lines 4 through 8	9	946,931.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<168,309.>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	18,403,047.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	18,403,047.
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 XIV.)	4b	3,585,387.
c	Add lines 4a and 4b	4c	3,585,387.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	21,988,434.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	19,518,287.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	19,518,287.
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 XIV.)	4b	3,585,387.
c	Add lines 4a and 4b	4c	3,585,387.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	23,103,674.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

NET CAMPAIGN REVENUES TO BE REPORTED IN SUBSEQUENT YEARS	6,174,861.
NET CAMPAIGN RESULTS FROM PRIOR YEARS (INCLUDED IN LINE 1A)	-6,038,466.
REALIZED GAIN ON TEMPORARY RESTRICTED ENDOWMENT	12,342.
TOTAL TO SCHEDULE D, PART XI, LINE 8	148,737.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**Part XIV** Supplemental Information (continued)

CAMPAIGN CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES	4,309,182.
UNPAID PLEDGES	-279,784.
SERVICE FEES COLLECTED ON DESIGNATED GIFTS	-444,011.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	3,585,387.

## PART XIII, LINE 4B - OTHER ADJUSTMENTS:

CAMPAIGN CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES	4,309,182.
UNPAID PLEDGES	-279,784.
SERVICE FEES COLLECTED ON DESIGNATED GIFTS	-444,011.
TOTAL TO SCHEDULE D, PART XIII, LINE 4B	3,585,387.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

**Part I** **General Information on Grants and Assistance**  
**UNITED WAY OF MIDDLE TENNESSEE, INC**

Employer identification number  
**62-0533104**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVENTURE SCIENCE CENTER 800 FORT NEGLEY BLVD NASHVILLE, TN 37203	62-0479192	501(C)3	12,965.	0.			DESIGNATION
AGAPE 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	62-1586158	501(C)3	11,231.	0.			DESIGNATION
ALIVE HOSPICE, INC. 1718 PATTERSON ST NASHVILLE, TN 37203	62-0983550	501(C)3	137,058.	0.			DESIGNATION
ALIVE HOSPICE, INC. 1718 PATTERSON ST NASHVILLE, TN 37203	62-0983550	501(C)3	114,902.	0.			PROGRAM OPNS (OBI)
ALZHEIMERS ASSOCIATION OF MIDDLE TN 4205 HILLSBORO PIKE SUITE 216 NASHVILLE, TN 37215	62-1437684	501(C)3	10,397.	0.			DESIGNATION
AMERICAN CANCER SOCIETY DAVIDSON 2000 CHARLOTTE AVENUE NASHVILLE, TN 37203	13-1788491	501(C)3	18,289.	0.			DESIGNATION
<b>2</b> Enter total number of section 501(c)(3) and government organizations							
<b>3</b> Enter total number of other organizations							

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

**Schedule I (Form 990) (2010)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION DAVIDSON 220 GREAT CIRCLE RD - NASHVILLE, TN 37228	13-1623888	501(C)3	5,414.	0.			DESIGNATION
AMERICAN HEART ASSOCIATION DAVIDSON 1818 PATTERSON RD. - NASHVILLE, TN 37203	13-5613797	501(C)3	12,299.	0.			DESIGNATION
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE - 711 3RD AVENUE - NEW YORK, NY 10017	13-1656634	501(C)3	60,000.	0.			DESIGNATION
AMERICAN RED CROSS DAVIDSON 2201 CHARLOTTE AVE NASHVILLE, TN 37203	53-0196605	501(C)3	118,804.	0.			PROGRAM OPNS (OBI)
AMERICAN RED CROSS DAVIDSON 2201 CHARLOTTE AVE NASHVILLE, TN 37203	53-0196605	501(C)3	60,086.	0.			DESIGNATION
AMERICAN RED CROSS RUTHERFORD 836 COMMERCIAL COURT MURFREESBORO, TN 37129	62-0582070	501(C)3	11,401.	0.			DESIGNATION
BETHESDA CENTER 108 S MAIN ST ASHLAND CITY, TN 37015	58-2015542	501(C)3	10,871.	0.			PROGRAM OPNS (OBI)
BETHLEHEM CENTERS OF NASHVILLE 1417 CHARLOTTE AVE NASHVILLE, TN 37203	62-0843073	501(C)3	2,618.	0.			GRANTS
BETHLEHEM CENTERS OF NASHVILLE 1417 CHARLOTTE AVE NASHVILLE, TN 37203	62-0843073	501(C)3	31,319.	0.			DESIGNATION

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHLEHEM CENTERS OF NASHVILLE 1417 CHARLOTTE AVE NASHVILLE, TN 37203	62-0843073	501(C)3	219,213.	0.			PROGRAM OPNS (OBI)
BIG BROTHERS & BIG SISTERS OF MIDDLE TENNESSEE - 1704 CHARLOTTE AVENUE NASHVILLE, TN 37203	23-7056024	501(C)3	24,190.	0.			DESIGNATION
BIG BROTHERS & BIG SISTERS OF MIDDLE TENNESSEE - ONE VANTAGE WAY, SUITE C250 - NASHVILLE, TN 37228	23-7056024	501(C)3	108,600.	0.			PROGRAM OPNS (OBI)
BLUE MONARCH PO BOX 1207 MONTEAGLE, TN 37356	82-0584070	501(C)3	10,000.	0.			DESIGNATION
BOY SCOUTS OF AMERICA MIDDLE TN COUNCIL - PO BOX 150409 - NASHVILLE, TN 37215	62-0477729	501(C)3	47,292.	0.			DESIGNATION
BOYS & GIRLS CLUB DAVIDSON 624 GRASSMERE PARK DRIVE NASHVILLE, TN 37204	62-0540402	501(C)3	39,476.	0.			DESIGNATION
BOYS & GIRLS CLUB RUTHERFORD 820 JONES BLVD. MURFREESBORO, TN 37129	62-0540402	501(C)3	11,194.	0.			DESIGNATION
BRIDGES 415 4TH AVE S NASHVILLE, TN 37201	62-0498798	501(C)3	5,505.	0.			DESIGNATION
BRIDGES 415 4TH AVE S NASHVILLE, TN 37201 LHA	62-0498798	501(C)3	32,483.	0.			PROGRAM OPNS (OBI)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPUS FOR HUMAN DEVELOPMENT PO BOX 25309 NASHVILLE, TN 37202	62-0811413	501(C)3	11,148.	0.			DESIGNATION
CATHOLIC CHARITIES OF TENN. INC 30 WHITE BRIDGE ROAD NASHVILLE, TN 37205	62-0679520	501(C)3	293,963.	0.			PROGRAM OPNS (OBI)
CATHOLIC CHARITIES OF TENN. INC 30 WHITE BRIDGE ROAD NASHVILLE, TN 37205	62-0679520	501(C)3	80,722.	0.			DESIGNATION
CATHOLIC CHARITIES OF TENN. INC 30 WHITE BRIDGE ROAD NASHVILLE, TN 37205	62-0679520	501(C)3	115,590.	0.			GRANTS
CENTER FOR NON PROFIT MANAGEMENT 44 VANTAGE WAY 230 NASHVILLE, TN 37228	58-2000064	501(C)3	7,395.	0.			DESIGNATION
CENTERSTONE COMMUNITY MENTAL HEALTH CENTERS, INC. - PO BOX 40406 NASHVILLE, TN 37204	62-6381986	501(C)3	13,451.	0.			DESIGNATION
CHARLES DAVIS FOUNDATION PO BOX 60429 NASHVILLE, TN 37206	62-1284675	501(C)3	44,070.	0.			DESIGNATION
CHATTANOOGA HOMELESS COALITION 600 N HOLTZCLAW AVE BLDG B CHATTANOOGA, TN 37404	62-1549023	501(C)3	25,791.	0.			GRANTS
CHEATHAM COUNTY LONG-TERM RECOVERY ORGANIZATION, INC. - PO BOX 362 ASHLAND CITY, TN 37015 LHA	27-2838035	501(C)3	9,690.	0.			GRANTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD CARE ALLIANCE PO BOX 60013 NASHVILLE, TN 37206	62-1453561	501(C)3	9,859.	0.			GRANTS
CHRISTIAN COMMUNITY SERVICES 601 BENTON AVENUE B NASHVILLE, TN 37204	62-1702753	501(C)3	5,508.	0.			DESIGNATION
COLUMBIA CARES 319 D WEST 7TH STREET COLUMBIA, TN 38401	62-1513020	501(C)3	128,840.	0.			GRANTS
COMMUNITY HEALTH CHARITIES 220 ATHENS WAY SUITE 480 NASHVILLE, TN 37228	23-7456385	501(C)3	159,990.	0.			DESIGNATION
COMMUNITY RESOURCE CENTER 412 METROPLEX DRIVE NASHVILLE, TN 37211	62-1308387	501(C)3	50,000.	0.			GRANTS
COMMUNITY SHARES 107 WEST MAIN STREET KNOXVILLE, TN 37902	62-1233685	501(C)3	93,310.	0.			DESIGNATION
COMPREHENSIVE CARE CENTER 345 24TH AVENUE NORTH NASHVILLE, TN 37203	62-1546612	501(C)3	1,403.	0.			DESIGNATION
COMPREHENSIVE CARE CENTER 345 24TH AVENUE NORTH NASHVILLE, TN 37203	62-1546612	501(C)3	859,641.	0.			GRANTS
CONEXION AMERICAS 800 18TH AVE S # A NASHVILLE, TN 37203	62-1715618	501(C)3	2,626.	0.			DESIGNATION
LHA							

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONEXION AMERICAS 800 18TH AVE S # A NASHVILLE, TN 37203	62-1715618	501(C)3	120,086.	0.			GRANTS
CONEXION AMERICAS 800 18TH AVE S # A NASHVILLE, TN 37203	62-1715618	501(C)3	83,697.	0.			PROGRAM OPNS (OBI)
CURREY INGRAM ACADEMY 6445 MURRAY LN BRENTWOOD, TN 37027	62-1296326	501(C)3	19,682.	0.			DESIGNATION
CYSTIC FIBROSIS FOUNDATION 4825 TROUSDALE DRIVE NASHVILLE, TN 37220	62-0851705	501(C)3	26,745.	0.			DESIGNATION
DISMAS HOUSE- NASHVILLE 1513 16TH AVENUE SOUTH NASHVILLE, TN 37212	23-7376100	501(C)3	13,000.	0.			PROGRAM OPNS (OBI)
DISMAS HOUSE- NASHVILLE 1513 16TH AVENUE SOUTH NASHVILLE, TN 37212	23-7376100	501(C)3	4,131.	0.			DESIGNATION
DOMESTIC VIOLENCE PROGRAM RUTHERFORD - 826 MEMORIAL BLVD - MURFREESBORO, TN 37129	62-1303874	501(C)3	5,041.	0.			DESIGNATION
EASTER SEAL SOCIETY OF TN, INC. 2001 WOODMONT BLVD NASHVILLE, TN 37215	62-0504893	501(C)3	8,179.	0.			DESIGNATION
EIGHTEENTH AVENUE FAMILY ENRICHMENT CENTER - 1811 OSAGE ST NASHVILLE, TN 37208	62-0562855	501(C)3	49,217.	0.			PROGRAM OPNS (OBI)
LHA							

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EIGHTEENTH AVENUE FAMILY ENRICHMENT CENTER - 1811 OSAGE ST - NASHVILLE, TN 37208	62-0562855	501(C)3	6,711.	0.			DESIGNATION
EIGHTEENTH AVENUE FAMILY ENRICHMENT CENTER - 1811 OSAGE ST - NASHVILLE, TN 37208	62-0562855	501(C)3	37,300.	0.			GRANTS
FAMILY & CHILDREN'S SERVICE 201 23RD AVE N NASHVILLE, TN 37203	62-0499284	501(C)3	371,627.	0.			PROGRAM OPNS (OBI)
FAMILY & CHILDREN'S SERVICE 201 23RD AVE N NASHVILLE, TN 37203	62-0499284	501(C)3	509,244.	0.			GRANTS
FAMILY & CHILDREN'S SERVICE 201 23RD AVE N NASHVILLE, TN 37203	62-0499284	501(C)3	40,302.	0.			DESIGNATION
FANNIE BATTLE DAY HOME FOR CHILDREN, INC. - 911 SHELBY AVENUE - NASHVILLE, TN 37206	62-1859820	501(C)3	5,315.	0.			DESIGNATION
FANNIE BATTLE DAY HOME FOR CHILDREN, INC. - 911 SHELBY AVENUE - NASHVILLE, TN 37206	62-1859820	501(C)3	71,540.	0.			PROGRAM OPNS (OBI)
FIFTYFORWARD FOUNDATION (FORMERLY SENIOR CITIZEN'S, INC.) - 174 RAINS AVENUE - NASHVILLE, TN 37203	62-1202660	501(C)3	23,139.	0.			DESIGNATION
FIFTYFORWARD FOUNDATION (FORMERLY SENIOR CITIZEN'S, INC.) - 174 RAINS AVENUE - NASHVILLE, TN 37203	62-1202660	501(C)3	314,696.	0.			PROGRAM OPNS (OBI)

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

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST STEPS, INC. 4414 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0674974	501(C)3	121,258.	0.			PROGRAM OPNS (OBI)
FIRST STEPS, INC. 4414 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0674974	501(C)3	7,398.	0.			DESIGNATION
FRIST CENTER FOR THE VISUAL ARTS FOUNDATION - 3100 WEST END AVE STE1200 - NASHVILLE, TN 37203	62-1731495	501(C)3	25,000.	0.			DESIGNATION
GILDA'S CLUB NASHVILLE 1707 DIVISION STREET NASHVILLE, TN 37203	62-1614190	501(C)3	19,407.	0.			DESIGNATION
GIRL SCOUTS OF MIDDLE TN 4522 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0589380	501(C)3	11,903.	0.			DESIGNATION
GOODWILL INDUSTRIES OF MIDDLE TENNESSEE, INC. - 1015 HERMAN STREET - NASHVILLE, TN 37208	62-0599413	501(C)3	38,157.	0.			PROGRAM OPNS (OBI)
GOODWILL INDUSTRIES OF MIDDLE TN DAVIDSON 1015 HERMAN STREET NASHVILLE, TN 37208	62-0599413	501(C)3	3,062.	0.			DESIGNATION
GRACE M. EATON CHILD CARE & PARENT RESOURCE CENTER - 1708 PEARL ST - NASHVILLE, TN 37203	62-0481797	501(C)3	1,952.	0.			DESIGNATION
GRACE M. EATON CHILD CARE & PARENT RESOURCE CENTER - 1708 PEARL ST - NASHVILLE, TN 37203 LHA	62-0481797	501(C)3	17,100.	0.			PROGRAM OPNS (OBI)

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

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GUARDIANSHIP AND TRUSTS CORPORATION OF TENNESSEE - 501 UNION ST STE 404 - NASHVILLE, TN 37219	58-1454706	501(C)3	1,305.	0.			DESIGNATION
GUARDIANSHIP AND TRUSTS CORPORATION OF TENNESSEE - 501 UNION ST STE 404 - NASHVILLE, TN 37219	58-1454706	501(C)3	24,670.	0.			PROGRAM OPNS (OBI)
HABITAT FOR HUMANITY NASHVILLE 1006 8TH AVENUE SOUTH NASHVILLE, TN 37203	58-1636286	501(C)3	10,003.	0.			DESIGNATION
HARPETH YOUTH SOCCER ASSOCIATION PO BOX 210958 NASHVILLE, TN 37211	58-1903209	501(C)3	10,000.	0.			GRANTS
HOPE CLINIC FOR WOMEN 1810 HAYES STREET NASHVILLE, TN 37203	62-1164825	501(C)3	6,510.	0.			DESIGNATION
HOSPITAL HOSPITALITY HOUSE 214 REIDHURST AVE NASHVILLE, TN 37203	62-0909363	501(C)3	7,795.	0.			DESIGNATION
INTERFAITH DENTAL CLINIC OF NASHVILLE - 1721 PATTERSON ST - NASHVILLE, TN 37203	62-1567615	501(C)3	107,566.	0.			PROGRAM OPNS (OBI)
INTERFAITH DENTAL CLINIC OF NASHVILLE - 1721 PATTERSON ST - NASHVILLE, TN 37203	62-1567615	501(C)3	6,182.	0.			DESIGNATION
JEWISH FEDERATION OF NASHVILLE 801 PERCY WARNER BLVD NASHVILLE, TN 37205	62-6077703	501(C)3	75,000.	0.			DESIGNATION
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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATION OF SOUTH PALM BEACH COUNTY - 4601 COMMUNITY DR - WEST PALM BEACH, FL 33417	59-0948696	501(C)3	6,800.	0.			DESIGNATION
JUNIOR ACHIEVEMENT/DAVIDSON 120 POWELL PLACE NASHVILLE, TN 37204	62-0582571	501(C)3	12,972.	0.			DESIGNATION
JUVENILE DIABETES FOUNDATION 105 WEST PARK DRIVE 415 BRENTWOOD, TN 37027	23-1907729	501(C)3	6,603.	0.			DESIGNATION
KING'S DAUGHTER DAY HOME 590 N DUPONT AVE NASHVILLE, TN 37115	62-0729602	501(C)3	108,072.	0.			PROGRAM OPNS (OBI)
KING'S DAUGHTER DAY HOME 590 N DUPONT AVE NASHVILLE, TN 37115	62-0729602	501(C)3	7,496.	0.			DESIGNATION
LADIES OF CHARITY WELFARE AGENCY, INC. 2216 STATE ST - NASHVILLE, TN 37203	62-0481799	501(C)3	67,376.	0.			PROGRAM OPNS (OBI)
LADIES OF CHARITY WELFARE AGENCY, INC. 2216 STATE ST - NASHVILLE, TN 37203	62-0481799	501(C)3	3,943.	0.			DESIGNATION
LEGAL AID SOCIETY OF MIDDLE TN AND THE CUMBERLANDS - 300 DEADERICK ST - NASHVILLE, TN 37201	62-0800756	501(C)3	17,629.	0.			DESIGNATION
LEGAL AID SOCIETY OF MIDDLE TN AND THE CUMBERLANDS - 300 DEADERICK ST - NASHVILLE, TN 37201	62-0800756	501(C)3	87,603.	0.			PROGRAM OPNS (OBI)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEVIS JEWISH COMMUNITY CENTER 9801 DONNA KLEIN BLVD BOCA RATON, FL 33428	65-1127438	501(C)3	21,000.	0.			
MAGDALENE PO BOX 6330-B NASHVILLE, TN 37235	58-2050089	501(C)3	15,010.	0.			DESIGNATION
MAGDALENE PO BOX 6330-B NASHVILLE, TN 37235	58-2050089	501(C)3	22,652.	0.			PROGRAM OPNS (OBI)
MAKE A WISH OF MIDDLE TN 209 10TH AVENUE SOUTH NASHVILLE, TN 37203	62-1833327	501(C)3	6,870.	0.			DESIGNATION
MARTHA O'BRYAN CENTER, INC. 711 SOUTH SEVENTH STREET NASHVILLE, TN 37205	62-0477728	501(C)3	36,197.	0.			DONOR DESIGNATED
MARTHA O'BRYAN CENTER, INC. 711 SOUTH SEVENTH STREET NASHVILLE, TN 37205	62-0477728	501(C)3	1,970.	0.			DESIGNATION
MARTHA O'BRYAN CENTER, INC. 711 SOUTH SEVENTH STREET NASHVILLE, TN 37205	62-0477728	501(C)3	384,542.	0.			GRANT
MATTHEW 25, INC. P O BOX 158461 NASHVILLE, TN 37215	58-1673641	501(C)3	22,071.	0.			PROGRAM OPNS (OBI)
MATTHEW 25, INC. P O BOX 158461 NASHVILLE, TN 37215	58-1673641	501(C)3	2,830.	0.			DESIGNATION

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

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MATTHEW WALKER COMPREHENSIVE HEALTH CENTER, INC. - 1035 14TH AVE NASHVILLE, TN 37208	62-1035426	501(C)3	4,075.	0.			DESIGNATION
MATTHEW WALKER COMPREHENSIVE HEALTH CENTER, INC. - 1035 14TH AVE NASHVILLE, TN 37208	62-1035426	501(C)3	110,681.	0.			GRANTS
MATTHEW WALKER COMPREHENSIVE HEALTH CENTER, INC. - 1035 14TH AVE NASHVILLE, TN 37208	62-1035426	501(C)3	43,950.	0.			PROGRAM OPNS (OBI)
MCNEILLY CENTER FOR CHILDREN 400 MERIDIAN ST NASHVILLE, TN 37207	62-0479366	501(C)3	372,523.	0.			PROGRAM OPNS (OBI)
MCNEILLY CENTER FOR CHILDREN 400 MERIDIAN ST NASHVILLE, TN 37207	62-0479366	501(C)3	6,770.	0.			DESIGNATION
MEHARRY MEDICAL COLLEGE 1005 DR. DB TODD JR. BLVD NASHVILLE, TN 37208	62-0488046	501(C)3	103,479.	0.			GRANTS
MEHARRY MEDICAL SCHOOL 1005 DR. DB TODD JR. BLVD NASHVILLE, TN 37208	62-0488046	501(C)3	27,630.	0.			DESIGNATION
MEHARRY SICKLE CELL CENTER 1005 DR. DB TODD JR. BLVD NASHVILLE, TN 37208	62-0488046	501(C)3	5,604.	0.			DESIGNATION
MEMPHIS PUBLIC LIBRARY 3030 POPLAR AVE MEMPHIS, TN 38111	62-1590768	501(C)3	14,234.	0.			GRANTS
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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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MENTAL HEALTH ASSOCIATION OF MIDDLE TENNESSEE - 2416 21ST AVENUE SOUTH, SUITE 201 - NASHVILLE, TN 37212	62-0637710	501(C)3	1,898.	0.			PROGRAM OPNS (OBI)
MENTAL HEALTH ASSOCIATION OF MIDDLE TENNESSEE - 2416 21ST AVENUE SOUTH, SUITE 201 - NASHVILLE, TN 37212	62-0637710	501(C)3	11,305.	0.			DESIGNATION
MENTAL HEALTH COOPERATIVE 275 CUMBERLAND BEND DRIVE NASHVILLE, TN 37228	58-2018687	501(C)3	66,512.	0.			PROGRAM OPNS (OBI)
MENTAL HEALTH COOPERATIVE 275 CUMBERLAND BEND DRIVE NASHVILLE, TN 37228	58-2018687	501(C)3	19,033.	0.			DESIGNATION
MENTAL HEALTH COOPERATIVE 275 CUMBERLAND BEND DRIVE NASHVILLE, TN 37228	58-2018687	501(C)3	99,521.	0.			GRANTS
METROPOLITAN INTERDENOMINATIONAL CHURCH - 2128 11TH AVENUE NORTH - NASHVILLE, TN 37208	62-1100022	501(C)3	186,057.	0.			GRANTS
MID CUMBERLAND COMMUNITY ACTION AGENCY 1101 KERMIT DR STE 300 - NASHVILLE, TN 37087	62-0859072	501(C)3	35,952.	0.			GRANTS
MID CUMBERLAND COMMUNITY ACTION AGENCY 1101 KERMIT DR STE 300 - NASHVILLE, TN 37087	62-0859072	501(C)3	1,178.	0.			PROGRAM OPNS (OBI)
MID CUMBERLAND HRA PO BOX 17385 NASHVILLE, TN 37217	62-0923487	501(C)3	22,706.	0.			DESIGNATION

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MID CUMBERLAND HRA PO BOX 17385 NASHVILLE, TN 37217	62-0923487	501(C)3	11,868.	0.			PROGRAM OPNS (OBI)
MID TN SUPPORTED LIVING, INC. 1161 MURFREESBORO PIKE # 215 NASHVILLE, TN 37217	62-1659522	501(C)3	38,753.	0.			PROGRAM OPNS (OBI)
MIRIAM'S PROMISE 522 RUSSELL STREET NASHVILLE, TN 37206	62-1721505	501(C)3	9,331.	0.			DESIGNATION
MONROE HARDING CHILDREN'S HOME 1120 GLENDALE LANE NASHVILLE, TN 37204	62-0476670	501(C)3	19,875.	0.			PROGRAM OPNS (OBI)
MONROE HARDING CHILDREN'S HOME 1120 GLENDALE LANE NASHVILLE, TN 37204	62-0476670	501(C)3	12,496.	0.			DESIGNATION
MONROE HARDING CHILDREN'S HOME 1120 GLENDALE LANE NASHVILLE, TN 37204	62-0476670	501(C)3	4,134.	0.			GRANTS
MULTIPLE SCLEROSIS SOCIETY OF MIDDLE TENNESSEE - 4219 HILLSBORO ROAD NASHVILLE, TN 37215	13-5661935	501(C)3	7,850.	0.			DESIGNATION
MUR CI HOMES, INC. 2984 BABY RUTH LN ANTIOCH, TN 37013	62-0649797	501(C)3	9,170.	0.			DESIGNATION
NASHVILLE ADULT LITERACY COUNCIL 4805 PARK AVE NASHVILLE, TN 37209 LHA	58-1488230	501(C)3	136,085.	0.			PROGRAM OPNS (OBI)

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NASHVILLE ADULT LITERACY COUNCIL 4805 PARK AVE NASHVILLE, TN 37209	58-1488230	501(C)3	4,222.	0.			DESIGNATION
NASHVILLE ALLIANCE FOR PUBLIC EDUCATION - 2400 FAIRFRAX AVENUE NASHVILLE, TN 37212	48-1266314	501(C)3	86,608.	0.			DESIGNATION
NASHVILLE ALLIANCE FOR PUBLIC EDUCATION - 2400 FAIRFRAX AVENUE NASHVILLE, TN 37212	48-1266314	501(C)3	39,220.	0.			GRANTS
NASHVILLE AREA HABITAT FOR HUMANITY - 1006 EIGHTH AVE SOUTH NASHVILLE, TN 37203	58-1636286	501(C)3	10,003.	0.			DESIGNATION
NASHVILLE CARES, INC. 501 BRICK CHURCH PARK DRIVE NASHVILLE, TN 37207	62-1274532	501(C)3	86,744.	0.			PROGRAM OPNS (OBI)
NASHVILLE CARES, INC. 501 BRICK CHURCH PARK DRIVE NASHVILLE, TN 37207	62-1274532	501(C)3	2,533,303.	0.			GRANT
NASHVILLE CARES, INC. 501 BRICK CHURCH PARK DRIVE NASHVILLE, TN 37207	62-1274532	501(C)3	41,139.	0.			DESIGNATION
NASHVILLE CHILDREN'S ALLIANCE 1264 FOSTER AVE NASHVILLE, TN 37210	62-1484097	501(C)3	18,000.	0.			PROGRAM OPNS (OBI)
NASHVILLE CHILDREN'S ALLIANCE 1264 FOSTER AVE NASHVILLE, TN 37210 LHA	62-1484097	501(C)3	9,080.	0.			DESIGNATION

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NASHVILLE HUMANE ASSOCIATION 213 OCEOLA AVENUE NASHVILLE, TN 37209	57-1203593	501(C)3	29,086.	0.			DESIGNATION
NASHVILLE OPERA ASSOCIATION 3622 REDMON ST NASHVILLE, TN 37209	62-1119830	501(C)3	5,000.	0.			DESIGNATION
NASHVILLE OPPORTUNITIES INDUSTRIALIZATION CENTER - 460 10TH CIRCLE NORTH - P. O. BOX 280507 NASHVILLE, TN 37228	62-0794650	501(C)3	14,905.	0.			PROGRAM OPNS (OBI)
NASHVILLE OPPORTUNITIES INDUSTRIALIZATION CENTER - 460 10TH CIRCLE NORTH - P. O. BOX 280507 NASHVILLE, TN 37228	62-0794650	501(C)3	1,935.	0.			DESIGNATION
NASHVILLE RESCUE MISSION PO BOX 333229 NASHVILLE, TN 37203	62-6018832	501(C)3	37,283.	0.			DESIGNATION
NASHVILLE SAFE HAVEN FAMILY SHELTER 1234 3RD AVENUE SOUTH NASHVILLE, TN 37210	62-1807653	501(C)3	24,890.	0.			DESIGNATION
NASHVILLE SYMPHONY ONE SYMPHONY PLACE NASHVILLE, TN 37201	62-0550979	501(C)3	58,878.	0.			DESIGNATION
NASHVILLE'S TABLE 331 GREAT CIRCLE RD NASHVILLE, TN 37228	62-1049447	501(C)3	13,764.	0.			DESIGNATION
NEIGHBORHOODS RESOURCE CENTER 1312 3RD AVE N NASHVILLE, TN 37208	62-1817514	501(C)3	231,958.	0.			PROGRAM OPNS (OBI)
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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

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NEIGHBORHOODS RESOURCE CENTER 1312 3RD AVE N NASHVILLE, TN 37208	62-1817514	501(C)3	1,845.	0.			DONOR DESIGNATED
NEW LEVEL COMMUNITY DEVELOPMENT CENTER 1112 JEFFERSON ST NASHVILLE, TN 37208	62-1873654	501(C)3	6,129.	0.			GRANT
NURSES FOR NEWBORNS OF TN 50 VANTAGE WAY NASHVILLE, TN 37228	43-1601329	501(C)3	62,623.	0.			PROGRAM OPNS (OBI)
NURSES FOR NEWBORNS OF TN 50 VANTAGE WAY NASHVILLE, TN 37228	43-1601329	501(C)3	8,542.	0.			DESIGNATION
OASIS CENTER, INC. P.O. BOX 121648 NASHVILLE, TN 37212	62-0968273	501(C)3	597,191.	0.			PROGRAM OPNS (OBI)
OASIS CENTER, INC. P.O. BOX 121648 NASHVILLE, TN 37212	62-0968273	501(C)3	29,510.	0.			DESIGNATION
OLD HICKORY CHRISTIAN COMMUNITY OUTREACH 209 BRIDGEWAY AVE - OLD HICKORY, TN 37138	62-1279200	501(C)3	13,713.	0.			PROGRAM OPNS (OBI)
OLD HICKORY CHRISTIAN COMMUNITY OUTREACH 209 BRIDGEWAY AVE - OLD HICKORY, TN 37138	62-1279200	501(C)3	1,867.	0.			DESIGNATION
ONE ORGANIZED NEIGHBORS OF EDGEHILL 1001 EDGEHILL AVE - NASHVILLE, TN 37203	62-1540325	501(C)3	93,634.	0.			PROGRAM OPNS (OBI)

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OPERATION STAND DOWN NASHVILLE, INC. 1101 EDGEHILL AVE # 1000 - NASHVILLE, TN 37203	62-1638832	501(C)3	17,301.	0.			DESIGNATION
OPERATION STAND DOWN NASHVILLE, INC. 1101 EDGEHILL AVE # 1000 - NASHVILLE, TN 37203	62-1638832	501(C)3	10,969.	0.			PROGRAM OPNS (OBI)
OPERATION STAND DOWN NASHVILLE, INC. 1101 EDGEHILL AVE # 1000 - NASHVILLE, TN 37203	62-1638832	501(C)3	2,000.	0.			GRANTS
OUR KIDS, INC 1804 HAYES STREET NASHVILLE, TN 37203	58-1830327	501(C)3	25,408.	0.			DESIGNATION
PARK CENTER 801 12ST AVE SOUTH NASHVILLE, TN 37203	62-1336640	501(C)3	72,047.	0.			PROGRAM OPNS (OBI)
PARK CENTER 801 12ST AVE SOUTH NASHVILLE, TN 37203	62-1336640	501(C)3	8,000.	0.			DESIGNATION
PENCIL FOUNDATION 421 GREAT CIRCLE RD #100 NASHVILLE, TN 37228	58-1475675	501(C)3	12,774.	0.			DONOR DESIGNATED
PENCIL FOUNDATION 421 GREAT CIRCLE RD #100 NASHVILLE, TN 37228	58-1475675	501(C)3	215,928.	0.			PROGRAM OPNS (OBI)
PENCIL FOUNDATION 421 GREAT CIRCLE RD #100 NASHVILLE, TN 37228	58-1475675	501(C)3	10,666.	0.			GRANTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF MIDDLE & EAST TN - 50 VANTAGE WAY - NASHVILLE, TN 37228	62-6050064	501(C)3	41,500.	0.			GRANTS
PLANNED PARENTHOOD OF MIDDLE & EAST TN - 50 VANTAGE WAY - NASHVILLE, TN 37228	62-6050064	501(C)3	30,228.	0.			DESIGNATION
PROJECT REFLECT 3307 BRICK CHURCH PIKE NASHVILLE, TN 37207	61-1563841	501(C)3	5,747.	0.			DESIGNATION
PROJECT RETURN, INC. 1200 DIVISION ST # 200 NASHVILLE, TN 37203	62-1058325	501(C)3	54,007.	0.			PROGRAM OPNS (OBI)
PROJECT RETURN, INC. 1200 DIVISION ST # 200 NASHVILLE, TN 37203	62-1058325	501(C)3	1,224.	0.			DESIGNATION
RENEWAL HOUSE, INC. PO BOX 280356 NASHVILLE, TN 37228	62-1631055	501(C)3	39,550.	0.			PROGRAM OPNS (OBI)
RENEWAL HOUSE, INC. PO BOX 280356 NASHVILLE, TN 37228	62-1631055	501(C)3	10,378.	0.			DESIGNATION
RESIDENTIAL RESOURCES, INC. 604 GALLATIN AVE # 103 NASHVILLE, TN 37206	62-1718171	501(C)3	39,661.	0.			PROGRAM OPNS (OBI)
ROANE COUNTY UNITED WAY PO BOX 317 HARRIMAN, TN 37748	23-7337273	501(C)3	27,067.	0.			GRANTS
HA							

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCHELLE CENTER 1020 SOUTHSIDE CT NASHVILLE, TN 37203	62-0813080	501(C)3	30,934.	0.			PROGRAM OPNS (OBI)
ROCHELLE CENTER 1020 SOUTHSIDE CT NASHVILLE, TN 37203	62-0813080	501(C)3	6,355.	0.			GRANTS
ROCHELLE CENTER 1020 SOUTHSIDE CT NASHVILLE, TN 37203	62-0813080	501(C)3	3,696.	0.			DESIGNATION
RONALD McDONALD HOUSE DAVIDSON 2144 FAIRFAX NASHVILLE, TN 37212	62-1310717	501(C)3	9,698.	0.			DONOR DESIGNATED
SALAMA URBAN MINISTRIES, INC. 1205 8TH AVE S NASHVILLE, TN 37203	58-2198012	501(C)3	74,526.	0.			PROGRAM OPNS (OBI)
SALAMA URBAN MINISTRIES, INC. 1205 8TH AVE S NASHVILLE, TN 37203	58-2198012	501(C)3	5,058.	0.			DESIGNATION
SALVATION ARMY 631 DICKERSON RD. NASHVILLE, TN 37207	58-0660607	501(C)3	110,031.	0.			GRANTS
SALVATION ARMY 631 DICKERSON RD. NASHVILLE, TN 37207	58-0660607	501(C)3	59,701.	0.			DESIGNATION
SALVATION ARMY 631 DICKERSON RD. NASHVILLE, TN 37207	58-0660607	501(C)3	111,000.	0.			PROGRAM OPNS (OBI)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN MINISTRIES/ PROJECT S.S.E. 1041 28TH AVENUE NORTH NASHVILLE, TN 37208	62-1341004	501(C)3	5,445.	0.			DONOR DESIGNATED
SAMARITAN RECOVERY COMMUNITY, INC. 319 SOUTH 4TH STREET NASHVILLE, TN 37206	62-0723592	501(C)3	4,371.	0.			DONOR DESIGNATED
SAMARITAN RECOVERY COMMUNITY, INC. 319 SOUTH 4TH STREET NASHVILLE, TN 37206	62-0723592	501(C)3	118,011.	0.			PROGRAM OPNS (OBI)
SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE 331 GREAT CIRCLE RD NASHVILLE, TN 37228	62-1049447	501(C)3	460.	0.			GRANT
SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE 331 GREAT CIRCLE RD NASHVILLE, TN 37228	62-1049447	501(C)3	126,837.	0.			DONOR DESIGNATED
SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE 331 GREAT CIRCLE RD NASHVILLE, TN 37228	62-1049447	501(C)3	128,690.	0.			PROGRAM OPNS (OBI)
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DRIVE NASHVILLE, TN 37228	62-1043294	501(C)3	20,565.	0.			DONOR DESIGNATED
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DRIVE NASHVILLE, TN 37228	62-1043294	501(C)3	74,921.	0.			PROGRAM OPNS (OBI)
SILCOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)3	5,634.	0.			DESIGNATION

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Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CENTRAL HRA PO BOX 638 FAYETTEVILLE, TN 37334	62-0944179	501(C)3	64,016.	0.			GRANTS
SPECIAL KIDS 202 ARNETTE STREET MURFREESBORO, TN 37130	62-1718638	501(C)3	13,011.	0.			DESIGNATION
ST. JUDE'S CHILDREN RESEARCH HOSPITAL 501 ST. JUDE'S PLACE MEMPHIS, TN 38105	62-0646012	501(C)3	16,522.	0.			DESIGNATION
ST. LUKE'S COMMUNITY HOUSE EPISCOPAL, INC. - 5601 NEW YORK AVE NASHVILLE, TN 37209	62-0484183	501(C)3	213,514.	0.			PROGRAM OPNS (OBI)
ST. LUKE'S COMMUNITY HOUSE EPISCOPAL, INC. - 5601 NEW YORK AVE NASHVILLE, TN 37209	62-0484183	501(C)3	120,665.	0.			GRANTS
ST. LUKE'S COMMUNITY HOUSE EPISCOPAL, INC. - 5601 NEW YORK AVE NASHVILLE, TN 37209	62-0484183	501(C)3	25,215.	0.			DESIGNATION
ST. MARY VILLA CHILD DEVELOPMENT CENTER 30 WHITE BRIDGE RD NASHVILLE, TN 37205	62-0579243	501(C)3	4,067.	0.			DESIGNATION
ST. MARY VILLA CHILD DEVELOPMENT CENTER 30 WHITE BRIDGE RD NASHVILLE, TN 37205	62-0579243	501(C)3	186,902.	0.			PROGRAM OPNS (OBI)
STATE OF TENNESSEE CORDELL HULL BUILDING, 4TH FLOOR NASHVILLE, TN 37243 LHA	62-6001445	501(C)3	598,934.	0.			GRANTS

Schedule I (Form 990)		UNITED WAY OF MIDDLE TENNESSEE, INC		62-0533104		Page 1	
Part II		Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STREET WORKS PO BOX 60037 NASHVILLE, TN 37206	62-1806967	501(C)3	378,350.	0.			GRANTS
STREET WORKS PO BOX 60037 NASHVILLE, TN 37206	62-1806967	501(C)3	19.	0.			DONOR DESIGNATED
STARS NASHVILLE 1704 CHARLOTTE PIKE, SUITE 200 NASHVILLE, TN 37203	62-1285699	501(C)3	5,463.	0.			DESIGNATION
STARS NASHVILLE 1704 CHARLOTTE PIKE, SUITE 200 NASHVILLE, TN 37203	62-1285699	501(C)3	184,152.	0.			PROGRAM OPNS (OBI)
TEMPLE CONGREGATION OHABAI SHOLOM 5015 HARDING ROAD NASHVILLE, TN 37205	62-0488037	501(C)3	5,475.	0.			DESIGNATION
TENNESSEE POISON CENTER 1161 21ST AVE S NASHVILLE, TN 37232	62-0476822	501(C)3	35,349.	0.			PROGRAM OPNS (OBI)
THE ARC ASSISTANCE CENTER PO BOX 224 KINGSTON SPRINGS, TN 37082	06-1640635	501(C)3	10,886.	0.			DESIGNATION
THE ARC OF DAVIDSON COUNTY 1111 NORTH WILSON BLVD NASHVILLE, TN 37205	62-0588710	501(C)3	11,000.	0.			PROGRAM OPNS (OBI)
THE ARC OF DAVIDSON COUNTY 111 NORTH WILSON BLVD NASHVILLE, TN 37205	62-0588710	501(C)3	3,739.	0.			DESIGNATION
HA							
Schedule I (Form 990)							

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HERMITAGE 4580 RACHEL'S LANE HERMITAGE, TN 37076	62-0478087	501(C)3	5,500.	0.			GRANTS
THE HERMITAGE 4580 RACHEL'S LANE HERMITAGE, TN 37076	62-0478087	501(C)3	2,000.	0.			DESIGNATION
THE NEXT DOOR P.O. BOX 23336 NASHVILLE, TN 37202	43-2001774	501(C)3	38,753.	0.			PROGRAM OPNS (OBI)
THE NEXT DOOR P.O. BOX 23336 NASHVILLE, TN 37202	43-2001774	501(C)3	7,051.	0.			DESIGNATION
UNITED NEIGHBORHOOD HEALTH SERVICES, INC. - 617 S 8TH ST - NASHVILLE, TN 37206	62-1032792	501(C)3	152,833.	0.			PROGRAM OPNS (OBI)
UNITED NEIGHBORHOOD HEALTH SERVICES, INC. - 617 S 8TH ST - NASHVILLE, TN 37206	62-1032792	501(C)3	2,618.	0.			GRANTS
UNITED NEIGHBORHOOD HEALTH SERVICES, INC. - 617 S 8TH ST - NASHVILLE, TN 37206	62-1032792	501(C)3	12,058.	0.			DESIGNATION
UPPER CUMBERLAND HRA 311 ENTERPRISE DRIVE COOKEVILLE, TN 38506	62-0906260	501(C)3	35,688.	0.			GRANTS
URBAN LEAGUE OF GREATER CHATTANOOGA - PO BOX 11106 - CHATTANOOGA, TN 37401	58-1436933	501(C)3	20,659.	0.			GRANTS

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UW GREATER CHATTANOOGA PO BOX 4027 CHATTANOOGA, TN 37405	62-0565962	501(C)3	52,014.	0.			GRANTS
UW OF GREATER CLARKSVILLE REGION 1300 MADISON STREET CLARKSVILLE, TN 37040	62-6014536	501(C)3	39,268.	0.			GRANTS
UW OF GREATER CLARKSVILLE REGION 1300 MADISON STREET CLARKSVILLE, TN 37040	62-6014536	501(C)3	8,433.	0.			DESIGNATION
UW GREATER KNOXVILLE 1301 HANNAH AVENUE KNOXVILLE, TN 37921	62-0475748	501(C)3	28,179.	0.			GRANTS
UW OF THE MIDSOUTH 6775 LENOX CENTER CT MEMPHIS, TN 38115	56-1010742	501(C)3	46,630.	0.			GRANTS
UW ROBERTSON COUNTY 101 5TH AVENUE WEST SPRING FIELD, TN 37172	62-1763845	501(C)3	9,136.	0.			DESIGNATION
UW RUTHERFORD COUNTY PO BOX 330056 MURFREESBORO, TN 37133	58-1341880	501(C)3	63,401.	0.			DESIGNATION
UW SUMNER COUNTY 625 JOHNNY CASH BLVD HENDERSONVILLE, TN 37075	31-1510208	501(C)3	22,248.	0.			DESIGNATION
UW WILLIAMSON COUNTY 209 GOTHIC COURT FRANKLIN, TN 37067	62-6049469	501(C)3	2,134.	0.			GRANTS
LHA							

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UW WILLIAMSON COUNTY 209 GOTHIC COURT FRANKLIN, TN 37067	62-6049469	501(C)3	65,613.	0.			DONOR DESIGNATED
UW WILSON COUNTY PO BOX 3541 LEBANON, TN 37088	62-1660029	501(C)3	24,655.	0.			DESIGNATION
VANDERBILT BILL WILKERSON/ DAVIDSON 1215 21ST AVENUE SOUTH NASHVILLE, TN 37232	62-0476822	501(C)3	1,359.	0.			PROGRAM OPNS (OBI)
VANDERBILT BILL WILKERSON/ DAVIDSON 1215 21ST AVENUE SOUTH NASHVILLE, TN 37232	62-0476822	501(C)3	21,779.	0.			DESIGNATION
VANDERBILT CENTER FOR HEALTH SERVICES 1211 MEDICAL CENTER DRIVE NASHVILLE, TN 37232	62-0476822	501(C)3	166,657.	0.			PROGRAM OPNS (OBI)
VANDERBILT CENTER FOR HEALTH SERVICES 1211 MEDICAL CENTER DRIVE NASHVILLE, TN 37232	62-0476822	501(C)3	2,618.	0.			GRANTS
VANDERBILT CHILDREN'S HOSPITAL 2200 CHILDREN'S WAY NASHVILLE, TN 37232	62-0476822	501(C)3	4,971.	0.			DESIGNATION
VANDERBILT MEDICAL CENTER 2101 WEST END AVE NASHVILLE, TN 37232	62-0476822	501(C)3	23,601.	0.			DESIGNATION
LHA	62-0476822	501(C)3	10,000.	0.			DESIGNATION

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIVERSITY PEABODY 230 APPLETON PLACE NASHVILLE, TN 37203	62-0476822	501(C)3	43,950.	0.			PROGRAM OPNS (OBI)
VANDERBILT UNIVERSITY PEABODY 230 APPLETON PLACE NASHVILLE, TN 37203	62-0476822	501(C)3	1,844.	0.			DONOR DESIGNATED
VISITATION HOSPITAL FOUNDATION 2500 21ST AVE SOUTH 207 NASHVILLE, TN 37212	62-1774851	501(C)3	5,000.	0.			DESIGNATION
WAYNE REED CHRISTIAN CHILDCARE CENTER - 11-B LINDSLEY AVENUE - NASHVILLE, TN 37210	62-1625142	501(C)3	6,670.	0.			DESIGNATION
WAYNE REED CHRISTIAN CHILDCARE CENTER - 11-B LINDSLEY AVENUE - NASHVILLE, TN 37210	62-1625142	501(C)3	66,884.	0.			PROGRAM OPNS (OBI)
WOODBINE COMMUNITY ORGANIZATION 222 ORIEL AVE NASHVILLE, TN 37210	62-1280006	501(C)3	38,265.	0.			GRANTS
YMCA OF MIDDLE TN 900 CHURCH STREET NASHVILLE NASHVILLE, TN 37203	62-0476243	501(C)3	36,417.	0.			PROGRAM OPNS (OBI)
YMCA OF MIDDLE TN 900 CHURCH STREET NASHVILLE NASHVILLE, TN 37203	62-0476243	501(C)3	53,968.	0.			DESIGNATION
YOUTH LIFE LEARNING CENTER (FOUNDATION) - 3656 TROUSDALE DR # 109 NASHVILLE, TN 37204 LHA	62-1848192	501(C)3	119,241.	0.			PROGRAM OPNS (OBI)

Schedule I (Form 990)



**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance
<b>Part IV</b>	<b>Supplemental Information.</b> Complete this part to provide the information required in Part I, line 2, and any other additional information.				

**SCHEDULE J  
(Form 990)**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" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or  
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing  
organization or a related organization:

- |  |           |          |
|--|-----------|----------|
| <b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? | <b>4a</b> | <b>X</b> |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?                     | <b>4b</b> | <b>X</b> |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?                        | <b>4c</b> | <b>X</b> |

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) and 501(c)(4) organizations must complete lines 5-9.****5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the revenues of:

- |                                    |           |          |
|------------------------------------|-----------|----------|
| <b>a</b> The organization?         | <b>5a</b> | <b>X</b> |
| <b>b</b> Any related organization? | <b>5b</b> | <b>X</b> |

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the net earnings of:

- |                                    |           |          |
|------------------------------------|-----------|----------|
| <b>a</b> The organization?         | <b>6a</b> | <b>X</b> |
| <b>b</b> Any related organization? | <b>6b</b> | <b>X</b> |

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  
not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in  
Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

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

Schedule J (Form 990) 2010

**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 in 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 are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ERIC DEWEY	(i) 209,394.	(ii) 25,375.	(iii) 0.	16,926.	9,196.	260,891.	0.
	(ii) 0.	0.		0.	0.	0.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Schedule J (Form 990) 2010

**Part III** Supplemental Information

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

PART I, LINE 1B: THE HUMAN RESOURCES COMMITTEE PRESENTED, WHICH WAS  
ULTIMATELY APPROVED BY THE EXECUTIVE COMMITTEE AND BOARD OF TRUSTEES, A  
CONTRACT FOR THE CEO WHICH INCLUDED AN ANNUAL MEMBERSHIP TO THE YMCA.  
THERE IS NO OTHER DEFINED POLICY REGARDING ANNUAL HEALTHCLUB MEMBERSHIPS.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2010**

**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		286,247.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( MISCELLANEOUS )	X	0	101,125.	FAIR MARKET VALUE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) (2010)

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

FORM 990, PART I, DOING BUSINESS AS:

UNITED WAY OF METROPOLITAN NASHVILLE, CHEATHAM

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

SOLUTIONS TO THE COMMUNITY'S MOST COMPLEX ISSUES AND BUILDING BETTER  
LIVES THROUGH EDUCATION, FINANCIAL STABILITY AND HEALTH.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

AS A RESULT OF THE HISTORIC FLOODING THAT DEVASTATED PARTS OF MIDDLE  
TENNESSEE IN MAY 2010, UNITED WAY PARTNERED WITH OTHER LOCAL NON-PROFIT  
AGENCIES AND PROVIDED FUNDING, MANAGERIAL OVERSIGHT AND A BUSINESS  
MODEL TO PROVIDE LONG-TERM CASE MANAGEMENT TO INDIVIDUALS AND FAMILIES  
IMPACTED BY THE FLOOD. THESE SERVICES WERE PROVIDED AT SIX DIFFERENT  
RESTORE THE DREAM  
LOCATIONS IN DAVIDSON COUNTY AND HAVE CONTINUED TO PROVIDE A FULL RANGE  
OF SERVICES TO THE VICTIMS OF THE FLOOD WELL INTO 2011. IN ADDITION TO  
THE RESTORE THE DREAM CENTERS, GRANTS WERE MADE TO 22 OTHER NON-PROFIT  
ORGANIZATIONS THAT WERE EITHER DIRECTLY IMPACTED BY FLOOD DAMAGE OR  
INDIRECTLY BY INCREASED OPERATING COSTS TO SERVE FLOOD-IMPACTED  
CLIENTS.

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

HEALTH SCREENINGS AND EDUCATION. NEIGHBORHOODS- NEARLY 28,000 LOW  
INCOME RESIDENTS RECEIVED NEIGHBORHOOD-BASED SERVICES RANGING FROM  
CHILD CARE AND AFTER SCHOOL ACTIVITIES FOR YOUTH TO ADULT EDUCATION AND  
SUPPORT SERVICES FOR SENIOR CITIZENS.

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

Schedule O (Form 990 or 990-EZ) (2010)

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UNITED WAY OF MIDDLE TENNESSEE, INC

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

40,000 INDIVIDUALS ARE REACHED THROUGH SPECIFIC PREVENTION  
INTERVENTIONS DESIGNED FOR THE TARGET POPULATIONS.

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

IN MAY 2010, MIDDLE TENNESSEE AND OTHER AREAS OF THE STATE WERE  
SEVERELY IMPACTED BY HISTORIC FLOODING. UNITED WAY QUICKLY RESPONDED  
TO THE NEEDS OF THE COMMUNITY BY PUTTING INTO OPERATION FULL SERVICE,  
LONG-TERM CASE MANAGEMENT CENTERS. AT THESE RESTORE THE DREAM CENTERS,  
INDIVIDUALS AND FAMILIES IMPACTED BY THE FLOOD COULD RECEIVE ACCESS TO  
FINANCIAL ASSISTANCE, VOLUNTEER REBUILDING SERVICES, IN-KIND GIFTS OF  
FOOD, CLOTHING, FURNITURE, APPLIANCES, AS WELL AS BEHAVIORAL HEALTH  
SERVICES. THESE CENTERS SERVED OVER 1,200 FAMILIES AND GUIDED THEM  
THROUGH THEIR JOURNEY OF REBUILDING THEIR LIVES AND HOMES. IN ADDITION  
TO THE SUPPORT GIVEN THE FAMILIES, UNITED WAY ALSO MADE GRANTS TO  
NON-PROFIT ORGANIZATIONS THAT WERE EITHER DIRECTLY IMPACTED BY DAMAGE  
FROM THE FLOOD, OR INDIRECTLY THROUGH INCREASED SERVICE NEEDS FOR  
FLOOD-IMPACTED CLIENTS THEY WERE SERVING. OVER 27 NON-PROFIT  
ORGANIZATIONS RECEIVED FUNDING THROUGH THE RESTORE THE DREAM FUND  
RELATED TO THE MAY 2010 FLOOD.

EXPENSES \$ 1,125,231. INCLUDING GRANTS OF \$ 1,091,345. REVENUE \$ 0.

PEOPLE WHO NEED HELP OR WANT TO GIVE HELP, BUT DON'T KNOW WHERE TO  
START CAN CALL THE 2-1-1 COMMUNITY SERVICES HELP LINE TO SPEAK WITH AN  
INFORMATION & REFERRAL SPECIALIST WITH ACCESS TO A DATABASE OF OVER  
9,000 PROGRAMS IN OUR 57-COUNTY SERVICE AREA. SPECIFIC OUTCOMES

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Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

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ACHIEVED IN 2010 INCLUDE 225,508 CALLS ANSWERED AT A SERVICE LEVEL OF 70% ANSWERED IN 30 SECONDS OR LESS; 254,386 REFERRALS TO LOCAL AGENCIES, WITH THE TOP NEEDS OF FOOD, UTILITIES, FINANCIAL ASSISTANCE, TAX PREPARATION SITE INFORMATION, FLOOD RELIEF ASSISTANCE, AND HEALTH ISSUES. DURING 2010, 2-1-1 MADE ITS 1 MILLIONTH REFERRAL. 2-1-1 SERVES AS THE ENTRY POINT FOR PEOPLE LOOKING FOR FREE TAX PREPARATION SERVICES THROUGH THE NASHVILLE ALLIANCE FOR FINANCIAL INDEPENDENCE AND VOLUNTEER INCOME TAX ASSISTANCE SITES.

EXPENSES \$ 721,844. INCLUDING GRANTS OF \$ 639,861. REVENUE \$ 0.

THE NASHVILLE ALLIANCE FOR FINANCIAL INDEPENDENCE (NAFI) HELPS WORKING INDIVIDUALS AND FAMILIES BUILD ASSETS FOR LONG-LASTING FINANCIAL INDEPENDENCE. FREE FEDERAL INCOME TAX PREPARATION IS OFFERED THROUGH VOLUNTEER INCOME TAX ASSISTANCE (VITA) SITES SPECIFICALLY AIMED AT HOUSEHOLDS EARNING \$50,000 OR LESS. THIS SERVICE ENSURES FILERS CLAIM ALL THEIR ELIGIBLE CREDITS. TO INCREASE THE LUMP SUM REFUND AVAILABLE FOR ASSET BUILDING, NAFI CONDUCTS A CITYWIDE CAMPAIGN PROMOTING THE EARNED INCOME TAX CREDIT (EITC), ONE OF THE MOST EFFECTIVE ANTI-POVERTY TOOLS IN AMERICA (BROOKINGS INSTITUTE). IN 2010, 18 VITA SITES SERVED OVER 7,500 FAMILIES WHO COLLECTED NEARLY \$14.0 MILLION IN TOTAL FEDERAL REFUNDS, INCLUDING OVER \$3.8 MILLION IN EITC REFUNDS. NAFI AND PARTNERS ALSO PROVIDE FINANCIAL EDUCATION YEAR-ROUND THROUGH MY MONEY PLAN, A PROGRAM THAT PROVIDES TECHNICAL ASSISTANCE, FREE TRAINING, AND NEW PRODUCTS AND SERVICES TO ENHANCE EXISTING FINANCIAL EDUCATION EFFORTS.

EXPENSES \$ 584,866. INCLUDING GRANTS OF \$ 429,482. REVENUE \$ 0.

READ TO SUCCEED IS A LITERACY INITIATIVE IN CHILDCARE CENTERS SERVING

Schedule O (Form 990 or 990-EZ) (2010)

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VULNERABLE POPULATIONS. ITS GOAL IS TO PREPARE AT-RISK, LOW-INCOME CHILDREN TO BE SUCCESSFUL IN SCHOOL. THROUGH DONOR FUNDING, UNITED WAY IS SERVING 1,200 OF NASHVILLE'S MOST AT-RISK PRESCHOOL CHILDREN IN AN OUTSTANDING, QUALITY PRESCHOOL EXPERIENCE. BEFORE THE START OF THIS PROGRAM, ONLY 33% OF THE FOUR YEAR-OLDS IN THESE CENTERS TESTED AT AVERAGE OR HIGHER ON STANDARD ASSESSMENTS. IN THE SPRING OF 2010, 98% OF THE FOUR YEAR-OLDS ENROLLED IN READ TO SUCCEED PROGRAMS WERE ASSESSED WITH THE LITERACY SKILLS NEEDED TO ENTER SCHOOL FOR SUCCESS. EXPENSES \$ 184,780. INCLUDING GRANTS OF \$ 73,439. REVENUE \$ 0.

THE MAJORITY OF PROGRAM ASSISTANCE INCLUDED HERE IS ONE TIME GIFTS OF BASIC NEEDS ITEMS, BOOKS SCHOOL SUPPLIES, INFANT CARE ITEMS, ETC. TO PARTNER AGENCIES OF UNITED WAY OF MIDDLE TENNESSEE. DURING OUR QUARTERLY DAYS OF ACTION, BOTH MONETARY CONTRIBUTIONS AND IN-KIND ITEMS ARE COLLECTED FOR THE SPECIFIC PURPOSE OF HIGHLIGHTING ONE OUR IMPACT AREAS (EDUCATION, FINANCIAL STABILITY, HEALTH, AND NEIGHBORHOODS). 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 \$ 256,550. INCLUDING GRANTS OF \$ 101,125. REVENUE \$ 55,673.

INCLUDED HERE ARE MISCELLANEOUS PROGRAM SERVICE EXPENSES UNDER MANY CATEGORIES, THE MAJORITY OF WHICH RELATES TO EXPENDITURES ASSOCIATED WITH TEACHER EFFECTIVENESS RESEARCH AND IMPROVEMENT ACTIVITIES. EXPENSES \$ 235,405. INCLUDING GRANTS OF \$ 116,141. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE COMPLETE IRS FORM 990 IS

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PRESENTED TO AND REVIEWED WITH THE BOARD OF TRUSTEES IN PERSON AT A  
REGULARLY SCHEDULED MEETING OF THE TRUSTEES PRIOR TO THE FORM BEING FILED.  
ALL TRUSTEES RECEIVE A COPY OF THE RETURN AT THE TIME OF REVIEW.

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

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

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ALONG WITH THE IRS FORM 990, ARE POSTED ON THE ORGANIZATION'S WEBSITE.

COPIES OF OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 798,194.

NET CAMPAIGN REVENUES TO BE REPORTED IN SUBSEQUENT YEARS 6,174,861.

NET CAMPAIGN RESULTS FROM PRIOR YEARS (INCLUDED IN LINE 1A) -6,038,466.

REALIZED GAIN ON TEMPORARY RESTRICTED ENDOWMENT 12,342.

TOTAL TO FORM 990, PART XI, LINE 5 946,931.

FORM 990, PART XII, LINE 2C, FINANCIAL STATEMENTS AND REPORTING:

UNITED WAY DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS OF  
AN INDEPENDENT ACCOUNTANT DURING THE TAX YEAR.

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

## **Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization  <b>UNITED WAY OF MIDDLE TENNESSEE, INC</b>	Employer identification number  <b>62-0533104</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>250 VENTURE CIRCLE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NASHVILLE, TN 37228</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**MARY JO WIGGINS, SR. DIRECTOR & CFO**

- The books are in the care of ► **250 VENTURE CIRCLE - NASHVILLE, TN 37228**

Telephone No. ► **615-255-8501**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2010** or  
► ☐ tax year beginning , and ending

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 1 2011)

**United Way of Metropolitan Nashville at work here.**

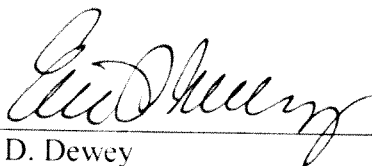
250 Venture Circle  
Nashville, Tennessee 37228  
Phone: (615) 255-8501  
Fax: (615) 780-2426  
unitedwaynashville.org

## CEO/CFO Financial Statement Certification

### CERTIFICATIONS

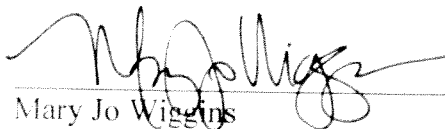
I hereby certify that:

1. I have read the audited financial statements and related IRS Form 990 of United Way of Metropolitan Nashville for the year ended December 31, 2010.
2. Based on my knowledge, these financial statements do not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading;
3. Based on my knowledge, the financial statements and other financial information included in this report, fairly present, in all material respects, the financial condition, results of operations and cash flows of United Way of Metropolitan Nashville as of, and for the period ended December 31, 2010.



Eric D. Dewey  
President and Chief Executive Officer

8/2/11  
Date



Mary Jo Wiggins  
Senior Director and Chief Financial Officer

8/2/11  
Date

VOLUNTEER.  
ADVOCATE.  
GIVE.  
LIVE UNITED.



United Way of Metropolitan Nashville