

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

A For the 2008 calendar year, or tax year beginning

, and ending

B Check if applicable:

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

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.

C Name of organization

United Way of Middle Tennessee, Inc.

Doing Business As

United Way of (Metro Nashville), (Cheatham Cty)

Number and street (or P.O. box if mail is not delivered to street address)

PO Box 280420, 250 Venture Circle

City or town, state or country, and ZIP + 4

Nashville

TN

37228

D Employer identification number

62-0533104

E Telephone number

615-255-8501

G Gross receipts \$

25,704,536

F Name and address of principal officer:

Eric D. Dewey (Same as C above)

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)

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

J Website: ▶ www.unitedwaynashville.org

H(c) Group exemption number ▶

K Type 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: Today's United Way - through partnerships with government, education, health and human services, donors, and business leaders - does much more than raise and distribute funds to agencies. As a catalyst for proactive, lasting and measureable community change, United Way is focused on the building blocks for a better life: education, income, health, and neighborhoods.				
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.				
	3	Number of voting members of the governing body (Part VI, line 1a)	3	38		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	38		
	5	Total number of employees (Part V, line 2a)	5	73		
	6	Total number of volunteers (estimate if necessary)	6	1,489		
	Revenue	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0	
b		Net unrelated business taxable income from Form 990-T, line 34	7b	0		
8		Contributions and grants (Part VIII, line 1h)	Prior Year	26,320,155	Current Year	24,376,667
9		Program service revenue (Part VIII, line 2g)		474,185	0	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,330,249	88,006	
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		284,818	1,216,230	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		28,409,407	25,680,903	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		21,586,932	19,760,987	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		3,260,998	3,218,818	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,598,055				
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		2,250,819	2,374,480	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		27,098,749	25,354,285	
	19	Revenue less expenses. Subtract line 18 from line 12		1,310,658	326,618	
	20	Total assets (Part X, line 16)	Beginning of Year	33,800,405	End of Year	28,310,344
	21	Total liabilities (Part X, line 26)		10,102,852	9,516,563	
	22	Net assets or fund balances. Subtract line 21 from line 20		23,697,553	18,793,781	

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

Type or print name and title

Date

Apr 4, 2009

Paid
Preparer's
Use OnlyPreparer's
signature

Date

Check if
self-
employed ☐Preparer's identifying number
(see instructions)Firm's name (or yours
if self-employed),
address, and ZIP + 4

EIN

Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

United Way seeks to bring people and organizations together to create a community where individuals, families, and neighborhoods thrive.

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

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

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

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

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 \$ 8,041,778 including grants of \$ 7,346,077) (Revenue \$ 0)

The Outcome Based Investments program provides funding support to 138 community based programs in 65 nonprofit agencies in Davidson County, TN. These programs serve over 70,000 low income, vulnerable children, families and adults by providing measurable changes in behavior or condition in four Focus Areas - Education, Income (basic needs and financial stability), Health and Neighborhoods. Highlights of program outcomes in these areas are: Education: over 4,200 school aged children improved grades and increased knowledge, skills and resistance to negative peer pressure; Income: over 36,600 low income residents received emergency food, utility, and shelter assistance and over 1,500 low-income adults received homebuyer, financial and G.E.D education; Health: 1,200 frail seniors received home and community based services and 507 accessed 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.

4b (Code:) (Expenses \$ 6,984,349 including grants of \$ 6,437,546) (Revenue \$ 0)

Administer 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 1,500 individuals are served. 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 40,000 individuals are reached through specific interventions designed for the target populations.

4c (Code:) (Expenses \$ 4,365,362 including grants of \$ 4,365,362) (Revenue \$ 344,884)

During the conduct of the annual United Way campaign, some donors choose to directly designate some portion of their gift to a specific 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 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 service focus, and have a presence in the middle Tennessee community. In 2008, almost 16,000 donors chose to designate part of their gift, resulting in more than \$4.3 million additional dollars for agencies.

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

(Expenses \$ 2,095,208 including grants of \$ 1,612,002) (Revenue \$ 0)

4e Total program service expenses ► \$ 21,486,697 (Must equal Part IX, Line 25, column (B).)

Part III, Line 4d (990) - Program Service Accomplishments

(Code:) (Expenses \$ 706,674 including grants of \$ 593,083) (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 7,000 programs in our 53-county service area. 2-1-1's objective is to give at least three referrals so callers have a choice in how to get or give help in their area. Specific outcomes achieved in 2008: include 169,879 calls answered at a service level of 63% answered in 30 seconds or less; 195,538 referrals to local agencies; with top needs of food, utilities, financial assistance, tax preparation site information, and health issues. 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.

(Code:) (Expenses \$ 678,384 including grants of \$ 468,392) (Revenue \$ 0)

Read to Succeed is a literacy initiative in childcare centers serving vulnerable populations. Its goal is to prepare at-risk, low-income children to be successful in school. Through donor funding, United Way is serving 1,200 of Nashville's most at-risk preschool children in an outstanding, quality preschool experience. Before the start of this program, only 38% of the four year olds in these centers tested at average or higher on standard assessments. In the spring of 2008, 93% of those four year olds enrolled in Read to Succeed tested at the average or higher level. In the spring of 2009, that achievement had risen so that 99.4% of the children participating in the initiative have the language and literacy skills needed for success in Kindergarten.

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(Code:) (Expenses \$ 402,639 including grants of \$ 243,016) (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 or VITA sites for households earning \$42,000 or less and ensures that they claim all their eligible tax 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 2008, 15 VITA sites served over 7,200 families collected nearly \$9 million in total federal refunds, and over \$3.2 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.

(Code:) (Expenses \$ 150,000 including grants of \$ 150,000) (Revenue \$ 0)

United Way of Metropolitan Nashville provided match funding for community-based pre-school classrooms to help support Tennessee Governor Phil Bredesen's initiative to expand pre-k classrooms across the state. As a result, three community-based classrooms were established in Davidson County serving over 80 low-income, at-risk 4 and 5 year olds.

(Code:) (Expenses \$ 157,511 including grants of \$ 157,511) (Revenue \$ 0)

One-time grants were made to several agencies to assist in their tornado relief efforts. Grants were made to the American Red Cross and Salvation Army in support of the emergency relief efforts for victims of tornados that struck in the northern section of Davidson County and Sumner County, TN. Other one-time special funding involved basic needs grants to twenty three agencies in Nashville.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b	X
15 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? <i>If "Yes," complete Schedule F, Part II</i>	15	X
16 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? <i>If "Yes," complete Schedule F, Part III</i>	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 13	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 73	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	2b X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a N/A	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	38
b	Enter the number of voting members that are independent	1b	38
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
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?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or 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	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization?	15b	X
	Describe the process in Schedule O. (see instructions). (SCH O)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," 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?	16b	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (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: ► Mike Green, Sr Vice President & 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
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee.

(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			
Kent Adams Trustee	2.	X						0	0	0
Liz Allen-Fey Trustee	2.	X						0	0	0
Janet Ayers Trustee	2.	X						0	0	0
Scott E. Becker Trustee	2.	X						0	0	0
Francis J. (Fran) Bedard OBI Leadership Chair - Board of Trustees	4.	X		X				0	0	0
David Bohan Marketing Chair - Board of Trustees	4.	X		X				0	0	0
Michael A. Carter, Sr. Chairman - Board of Trustees	4.	X		X				0	0	0
Audrey Corder Trustee	2.	X						0	0	0
Margaret O. Dolan Trustee	4.	X						0	0	0
Michael A. (Mike) Edwards Trustee	2.	X						0	0	0
David Freeman Trustee	2.	X						0	0	0
Gerald (Jerry) Geraghty Treasurer and Finance Chair - Board of Trustees	4.	X		X				0	0	0
E. Anthony (Tony) Heard Chair Elect - Board of Trustees	2.	X						0	0	0
Keith Herron Trustee	2.	X						0	0	0
Dan Hogan Trustee	2.	X						0	0	0
Kelvin D. Jones, III Trustee	2.	X						0	0	0
William C. (Bill) Koch Trustee	2.	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	(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			
Ellen Leifeld Campaign Chair - Board of Trustees	4	X		X				0	0	0
Scott McWilliams Trustee	2	X						0	0	0
Frank Miller Trustee	2	X						0	0	0
Kelli A. Molette Trustee	2	X						0	0	0
Brian Morgan Trustee	2	X						0	0	0
Gregg Morton Trustee	2	X						0	0	0
Marcey Pruett Trustee	2	X						0	0	0
William (Bill) Purcell, III Trustee	2	X						0	0	0
Mel Purcell Trustee	2	X						0	0	0
A. Gregory (Gregg) Ramos Human Resource Chair - Board of Trustees	4	X		X				0	0	0
Wayne Riley Trustee	2	X						0	0	0
Gerri Robinson Trustee	2	X						0	0	0
Anne L. Russell Trustee	2	X						0	0	0
1b Total								617,071	0	22,008

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **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 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
none		0
		0
		0
		0
		0

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

United Way of Middle Tennessee, Inc.

Employer identification number

62-0533104

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
Mary Ruth Shell Secretary - Board of Trustees	4.	X		X				0	0	0
Mike Shmerling Trustee	2.	X						0	0	0
Renata Soto Trustee Ex Officio	2.	X						0	0	0
Edward (Ned) Spitzer Trustee Ex Officio	2.	X						0	0	0
Carter Todd Trustee	2.	X						0	0	0
James M. Weaver Government Relations Chair - Board of Trustees	4.	X						0	0	0
David Williams II Immediate Past Chair - Board of Trustees	4.	X						0	0	0
Alan Yuspeh Trustee	2.	X						0	0	0
Eric D. Dewey President and CEO	40.			X				174,211	0	3,648
John M. (Mike) Green Sr. Vice President and CFO	40.			X				112,990	0	5,774
John W. Havron Executive Vice President	40.					X		132,702	0	6,847
Philip N. Orr Sr. Vice President	40.					X		113,476	0	5,739
Daniel A. Gaudette Interim CEO	40.						X	83,692	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0

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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 261,054				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 106,665				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 7,869,390				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 16,139,558				
	g	Noncash contributions included in lines 1a-1f: \$	273,554				
	h	Total. Add lines 1a-1f	▶ 24,376,667				
	Program Service Revenue			Business Code			
2a		.....		0			
b		.....		0			
c		.....		0			
d		.....		0			
e		.....		0			
f		All other program service revenue		0			
g	Total. Add lines 2a-2f	▶ 0					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	88,006			88,006
	4	Income from investment of tax-exempt bond proceeds	▶	0			
	5	Royalties	▶	0			
			(i) Real (ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)	0 0				
	d	Net rental income or (loss)	▶	0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	0 0			
	b	Less: cost or other basis and sales expenses	0 0				
	c	Gain or (loss)	0 0				
	d	Net gain or (loss)	▶	0			
	8a	Gross income from fundraising events (not including \$ 106,665 of contributions reported on line 1c). See Part IV, line 18	a 23,633				
	b	Less: direct expenses	b 23,633				
	c	Net income or (loss) from fundraising events	▶	0			
	9a	Gross income from gaming activities. See Part IV, line 19	a 0				
	b	Less: direct expenses	b 0				
	c	Net income or (loss) from gaming activities	▶	0			
	10a	Gross sales of inventory, less returns and allowances	a 0				
	b	Less: cost of goods sold	b 0				
c	Net income or (loss) from sales of inventory	▶	0				
Miscellaneous Revenue		Business Code					
11a	Service fees (designated gifts)	813000	344,884	344,884			
b	Miscellaneous revenue	813000	251,346	251,346			
c	Approved endowment spending rate	813000	620,000		620,000		
d	All other revenue		0				
e	Total. Add lines 11a-11d	▶	1,216,230				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	25,680,903	596,230	0	708,006	

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
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	19,760,987	19,760,987		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	617,071	177,952	177,466	261,653
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	2,114,806	648,149	443,798	1,022,859
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	100,726	24,608	33,301	42,817
9	Other employee benefits	189,993	60,725	34,962	94,306
10	Payroll taxes	196,222	60,598	45,712	89,912
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	73,300	12,000	61,300	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	569,637	399,320	144,094	26,223
12	Advertising and promotion	786,709	117,837	6,149	662,723
13	Office expenses	79,218	26,834	24,181	28,203
14	Information technology	0			
15	Royalties	0			
16	Occupancy	147,256	40,982	47,529	58,745
17	Travel	47,867	14,273	16,575	17,019
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	129,681	10,675	3,282	115,724
20	Interest	0			
21	Payments to affiliates (SCH O)	169,020	47,000	54,020	68,000
22	Depreciation, depletion, and amortization	103,939	31,117	28,634	44,188
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	Maintenance and equipment rental	195,141	45,148	95,402	54,591
b	Dues and subscriptions	30,917	7,414	12,520	10,983
c	Miscellaneous	36,298	1,078	35,111	109
d	Planned giving premium expense	5,497	0	5,497	0
e	. . . . .	0			
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	25,354,285	21,486,697	1,269,533	2,598,055
26	Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. 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
Assets	1 Cash—non-interest-bearing	157,587	1	1,085,701
	2 Savings and temporary cash investments	5,958,708	2	5,753,732
	3 Pledges and grants receivable, net	11,065,322	3	10,105,239
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	33,027	9	64,975
	10a Land, buildings, and equipment: cost basis	2,957,034		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	2,448,647		
	11 Investments—publicly traded securities	569,385	10c	508,387
	12 Investments—other securities. See Part IV, line 11	13,600,783	11	9,710,299
	13 Investments—program-related. See Part IV, line 11	0	12	0
	14 Intangible assets	0	13	0
	15 Other assets. See Part IV, line 11	2,415,593	14	1,082,011
16 Total assets. Add lines 1 through 15 (must equal line 34)	33,800,405	15	28,310,344	
Liabilities	17 Accounts payable and accrued expenses	345,700	17	539,464
	18 Grants payable	9,740,195	18	8,948,121
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow 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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	16,957	25	28,978
	26 Total liabilities. Add lines 17 through 25	10,102,852	26	9,516,563
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,659,492	27	485,046
	28 Temporarily restricted net assets	14,437,456	28	10,708,130
	29 Permanently restricted net assets	7,600,605	29	7,600,605
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	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	23,697,553	33	18,793,781
	34 Total liabilities and net assets/fund balances	33,800,405	34	28,310,344

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 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?	X	
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?	X	
b If "Yes," did the organization undergo the required audit or audits?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

United Way of Middle Tennessee, Inc.

Employer identification number

62-0533104

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ 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?

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

h Provide the following information about the organizations the organization supports.

(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	
									0
									0
									0
									0
									0
									0
Total									0

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23,794,491	24,445,348	24,788,422	26,320,155	24,376,667	123,725,083
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total. Add lines 1-3	23,794,491	24,445,348	24,788,422	26,320,155	24,376,667	123,725,083
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)						2,681,579
6 Public support. Subtract line 5 from line 4						121,043,504

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	23,794,491	24,445,348	24,788,422	26,320,155	24,376,667	123,725,083
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	258,881	346,958	508,543	514,147	88,006	1,716,535
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
11 Total support. Add lines 7 through 10						125,441,618
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	96.49%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	94.31%
16a 33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances-test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0			0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12.)						0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%

19a 33 1/3% support tests—2008. 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—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

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Political Campaign and Lobbying Activities

2008

Open to Public
Inspection

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

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), 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 To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

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 To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

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 ☐ No4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ 0

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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-
			0	0
			0	0
			0	0
			0	0
			0	0
			0	0

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- 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												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	2,279	0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	1,983	0												
c	Total lobbying expenditures (add lines 1a and 1b)	4,262	0												
d	Other exempt purpose expenditures	25,350,023	0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	25,354,285	0												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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	0												
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a	0	0												
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c	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 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	0	1,000,000	1,000,000	1,000,000	3,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000
c Total lobbying expenditures	0	4,780	4,310	4,262	13,352
d Grassroots non-taxable amount	0	250,000	250,000	250,000	750,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000
f Grassroots lobbying expenditures	0	0	1,505	2,279	3,784

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV.			
j Total lines 1c through 1i.			0
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912.			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members.	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year.	2a	
b Carryover from last year.	2b	
c Total.	2c	0
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4 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?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4).	5	0

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.

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Part IV Supplemental Information *(continued)*

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**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

**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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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).
☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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, 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, 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 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 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 Trust, Escrow and Custodial Arrangements. Complete if 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f 0 |
- 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 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	13,245,698				
b Contributions	0				
c Investment earnings or losses	-3,185,044				
d Grants or scholarships	0				
e Other expenditures for facilities and programs	620,000				
f Administrative expenses					
g End of year balance	9,440,654				

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

- a** Board designated or quasi-endowment 19%
- b** Permanent endowment 81%
- c** Term endowment %

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 Investments—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) Depreciation	(d) Book value
1a Land	0	272,715		272,715
b Buildings	0	968,690	951,332	17,358
c Leasehold improvements	0	537,255	400,178	137,077
d Equipment	0	1,178,374	1,097,137	81,237
e Other	0	0	0	0

Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) 508,387

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	25,680,903
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,354,285
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	326,618
4	Net unrealized gains (losses) on investments (Part XIV)	4	-3,680,227
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,550,163
9	Total adjustments (net). Add lines 4–8	9	-5,230,390
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-4,903,772

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	21,315,541
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	21,315,541
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	4,365,362
c	Add lines 4a and 4b	4c	4,365,362
5	Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.)	5	25,680,903

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

1	Total expenses and losses per audited financial statements	1	20,988,923
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	20,988,923
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	4,365,362
c	Add lines 4a and 4b	4c	4,365,362
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)	5	25,354,285

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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part XI Line 4 UNREALIZED GAINS/(LOSSES)

Part XI Line 4 (\$1,501,064) unrealized loss on pension assets - unrestricted net assets

Part XI Line 4 (\$2,093,722) unrealized loss on temporarily restricted endowment

Part XI Line 4 (\$ 85,441) unrealized loss on non-endowment temporarily restricted securities

Part XI Line 4 (\$3,680,227) TOTAL UNREALIZED GAINS/(LOSSES)

Part XIV Supplemental Information *(continued)*

Part XI Line 8 OTHER CHANGES IN NET ASSETS - TEMPORARILY RESTRICTED

Part XI Line 8 \$8,598,438 net campaign revenue to be reported in future years

Part XI Line 8 (\$8,427,179) net campaign revenue results from prior years

Part XI Line 8 (\$ 10,100) repayment of grant revenue

Part XI Line 8 (\$1,091,322) realized loss on temporarily restricted endowment (sales \$25,582,948 less cost \$26,674,270)

Part XI Line 8 (\$ 620,000) less endowment spending policy

Part XI Line 8 (\$1,550,163) TOTAL OTHER CHANGES IN NET ASSETS - TEMPORARILY RESTRICTED

Part XII Line 4b \$4,365,362 donor designations net of fees and pledge loss

Part XIII Line 4b \$4,365,362 donor designations net of fees and pledge loss

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Supplemental Information Regarding Fundraising or Gaming Activities

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

United Way of Middle Tennessee, Inc.

Employer identification number

62-0533104

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|-----------------------------------------------------------|-------------------------------------------------------------------------|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total ▶				0	0	0

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		WUG Luncheon (event type)	(event type)	NONE (total number)	(Add col. (a) through col. (c))
Revenue	1 Gross receipts	130,298	0	0	130,298
	2 Less: Charitable contributions	106,665	0	0	106,665
	3 Gross revenue (line 1 minus line 2)	23,633	0	0	23,633
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Non-cash prizes	0	0	0	0
	6 Rent/facility costs	14,780	0	0	14,780
	7 Other direct expenses	8,853	0	0	8,853
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(23,633)
9 Net income summary. Combine lines 3 and 8 in column (d)					0

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				0
	3 Non-cash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)				(0)	
8 Net gaming income summary. Combine lines 1 and 7 in column (d)				0	

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
c	If "Yes," enter name and address:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$ 0		
	Description of services provided ▶		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

United Way of Middle Tennessee, Inc.

Employer identification number

62-0533104

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 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. Use Part IV and Schedule I-1 (Form 990) 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
100 Black Men of Middle TN							
One Vantage Way Nashville, TN 37203	58-1984750	501(c)(3)	5,956	0			Designations
Academy for Educ Development							
1225 9th Ave N Nashville, TN 37203	13-6110212	501(c)(3)	46,039	0			Program Opns (OBI)
Academy for Educ Development							
1225 9th Ave N Nashville, TN 37203	13-6110212	501(c)(3)	759	0			Designation
AGAPE							
4555 Trousdale Nashville, TN 37203	62-1586158	501(c)(3)	12,385	0			Designation
Alcohol And Drug Council Mid TN							
PO 330189 Nashville, TN 37203	62-6063853	501(c)(3)	8,422	0			Designation
Alive Hospice							
1718 Patterson Nashville, TN 37203	62-0983550	501(c)(3)	173,123	0			Designation
Alive Hospice							
1718 Patterson Nashville, TN 37203	62-0983550	501(c)(3)	115,524	0			Program Opns (OBI)
Alzheimers Association Mid TN							
4205 Hillsboro Nashville, TN 37203	62-1437684	501(c)(3)	10,082	0			Designation
American Cancer Society							
2000 Charlotte Nashville, TN 37203	13-1788491	501(c)(3)	27,034	0			Designation
American Diabetes Association							
4205 Hillsboro Nashville, TN 37203	13-1623888	501(c)(3)	6,393	0			Designation
American Heart Association							
1818 Patterson Nashville, TN 37203	13-5613797	501(c)(3)	8,508	0			Designation
American Red Cross Heart of TN							
2201 Charlotte Nashville, TN 37203	62-0476281	501(c)(3)	122,291	0			Program Opns (OBI)
2 Enter total number of section 501(c)(3) and government organizations							124
3 Enter total number of other organizations							0

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

(HTA)

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

United Way of Middle Tennessee, Inc.

62-0533104

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Red Cross Heart of TN 2201 Charlotte Nashville, TN 372	62-0476281	501(c)3	52,141	0			Grant
American Red Cross Heart of TN 2201 Charlotte Nashville, TN 372	62-0476281	501(c)3	57,241	0			Designation
American Red Cross Rutherford 836 Commercial Court Murfreesboro Autism Society- Mid TN Chapter 955 Woodland Nashville, TN 372	62-0582070	501(c)3	13,916	0			Designation
Bethesda Center 108 S Main Ashland City, TN 370	62-1071525	501(c)3	5,747	0			Designation
Bethlehem Centers of Nashville 1417 Charlotte Nashville, TN 372	58-2015542	501(c)3	8,063	0			Program Opns (OBI)
Bethlehem Centers of Nashville 1417 Charlotte Nashville, TN 372	62-0843073	501(c)3	39,162	0			Grants
Bethlehem Centers of Nashville 1417 Charlotte Nashville, TN 372	62-0843073	501(c)3	37,362	0			Designations
Bethlehem Centers of Nashville 1417 Charlotte Nashville, TN 372	62-0843073	501(c)3	249,726	0			Program Opns (OBI)
Big Brothers & Big Sisters Mid TN One Vantage Way Nashville, TN	23-7056024	501(c)3	22,720	0			Designation
Big Brothers & Big Sisters Mid TN One Vantage Way Nashville, TN	23-7056024	501(c)3	109,015	0			Program Opns (OBI)
Boy Scouts of America Mid TN PO Box 150409 Nashville, TN 372	62-0477729	501(c)3	70,769	0			Designation
Boys & Girls Club Davidson 624 Grassmere Nashville, TN 372	62-0540402	501(c)3	23,848	0			Designation
Boys & Girls Club Rutherford 820 Jones Murfreesboro, TN 3712	62-0540402	501(c)3	13,856	0			Designation
Campus For Human Development PO 25309 Nashville, TN 37202	62-0811413	501(c)3	9,446	0			Designation
CASA Davidson County 601 Woodland Nashville, TN 372	62-1203459	501(c)3	14,084	0			Designation

2 Enter total number of Section 501(c)(3) and government organizations	124
3 Enter total number of other organizations	0

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

62-0533104

United Way of Middle Tennessee, Inc.

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Catholic Charities of Tenn 30 White Bridge Nashville, TN 37	62-0679520	501(c)3	290,087	0			Program Opns (OBI)
Catholic Charities of Tenn 30 White Bridge Nashville, TN 37	62-0679520	501(c)3	78,691	0			Designation
Catholic Charities of Tenn 30 White Bridge Nashville, TN 37	62-0679520	501(c)3	2,141	0			Grants
Centerstone Mental Health Cntrs PO 40406 Nashville, TN 37204	62-6381986	501(c)3	12,331	0			Designation
Columbia CARES 319-D West 7th Columbia, TN 384	62-1513020	501(c)3	115,958	0			Grants
Columbia CARES 319-D West 7th Columbia, TN 384	62-1513020	501(c)3	43	0			Designations
Community Health Charities 220 Athens Way Nashville, TN 37	23-7456385	501(c)3	156,110	0			Designation
Community Shares 107 West Main Knoxville, TN 3790	62-1233685	501(c)3	132,430	0			Designation
Comprehensive Care Center 345 24th Ave North Nashville, TN	62-1546612	501(c)3	7,584	0			Designation
Comprehensive Care Center 345 24th Ave North Nashville, TN	62-1546612	501(c)3	692,763	0			Grants
Conexion Americas 800 18th Ave S Nashville, TN 372	62-1715618	501(c)3	1,476	0			Designation
Conexion Americas 800 18th Ave S Nashville, TN 372	62-1715618	501(c)3	40,000	0			Program Opns (OBI)
Cystic Fibrosis Foundation 4825 Trousdale Nashville, TN 372	62-0851705	501(c)3	8,618	0			Designation
Discovery Center Murfree Spring 502 SE Broad Murfreesboro, TN 3	62-1273308	501(c)3	6,993	0			Designation
Dismas House 1513 16th Ave South Nashville, T	23-7376100	501(c)3	13,063	0			Program Opns (OBI)

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

**Open to Public
Inspection**

United Way of Middle Tennessee, Inc. Employer identification number 62-0533104

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Dismas House 1513 16th Ave South Nashville, TN 37206	23-7376100	501(c)(3)	3,794	0			Designation
Domestic Violence Intervention 1608 Woodmont Nashville, TN 37206	62-1278339	501(c)(3)	6,758	0			Designation
Domestic Violence Rutherford 826 Memoria Murfreesboro, TN 37132	62-1303874	501(c)(3)	6,315	0			Designation
Easter Seal Society of TN 2001 Woodmont Nashville, TN 37206	62-0504893	501(c)(3)	11,738	0			Designation
Eighteenth Ave Family Enrichment 1811 Osage Nashville, TN 37208	62-0562855	501(c)(3)	84,217	0			Program Opns (OBI)
Eighteenth Ave Family Enrichment 1811 Osage Nashville, TN 37208	62-0562855	501(c)(3)	1,318	0			Designation
Family & Children's Service 201 23rd Ave N Nashville, TN 37203	62-0499284	501(c)(3)	425,951	0			Program Opns (OBI)
Family & Children's Service 201 23rd Ave N Nashville, TN 37203	62-0499284	501(c)(3)	2,141	0			Grants
Family & Children's Service 201 23rd Ave N Nashville, TN 37203	62-0499284	501(c)(3)	19,128	0			Designation
Fannie Battle Day Home 911 Shelby Nashville, TN 37206	62-1859820	501(c)(3)	5,762	0			Designation
Fannie Battle Day Home 911 Shelby Nashville, TN 37206	62-1859820	501(c)(3)	52,307	0			Grants
Fannie Battle Day Home 911 Shelby Nashville, TN 37206	62-1859820	501(c)(3)	71,540	0			Program Opns (OBI)
Fifty Forward Foundation 174 Rains Nashville, TN 37203	62-1202660	501(c)(3)	20,348	0			Designation
Fifty Forward Foundation 174 Rains Nashville, TN 37203	62-1202660	501(c)(3)	2,141	0			Grant
Fifty Forward Foundation 174 Rains Nashville, TN 37203	62-1202660	501(c)(3)	316,099	0			Program Opns (OBI)

2 Enter total number of Section 501(c)(3) and government organizations 124
3 Enter total number of other organizations 0

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

United Way of Middle Tennessee, Inc.

62-0533104

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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							Program Opns (OBI)
4414 Granny White Nashville, TN	62-0674974	501(c)3	95,758	0			
First Steps							Grants
4414 Granny White Nashville, TN	62-0674974	501(c)3	38,717	0			
First Steps							Designation
4414 Granny White Nashville, TN	62-0674974	501(c)3	12,707	0			
Gilda's Club Nashville	62-1614190	501(c)3	10,971	0			
1707 Division Nashville, TN 3720	62-0589380	501(c)3	23,611	0			
Girl Scouts of Middle TN	62-0599413	501(c)3	38,400	0			Program Opns (OBI)
4522 Granny White Nashville, TN	62-0599413	501(c)3	5,088	0			Designation
Goodwill Industries Mid TN	58-1454706	501(c)3	2,654	0			Designation
1015 Herman Nashville, TN 3720	58-1454706	501(c)3	24,828	0			Program Opns (OBI)
Goodwill Industries of Mid TN	58-1636286	501(c)3	7,115	0			Designation
905 9th AveNorth Nashville, TN 37203	62-1636162	501(c)3	94	0			Designation
Guardianship and Trusts Corp	62-1636162	501(c)3	50,000	0			Program Opns (OBI)
501 Union Nashville, TN 37219	62-1439537	501(c)3	6,298	0			Designation
Guardianship and Trusts Corp	62-1048196	501(c)3	7,167	0			Designation
501 Union Nashville, TN 37219	62-1567615	501(c)3	107,643	0			Program Opns (OBI)
Habitat for Humanity Nashville							
1006 8th AveSouth Nashville, TN							
HEROS							
PO 1271 Lebanon, TN 37088							
HEROS							
PO 1271 Lebanon, TN 37088							
Holly Street Day Care							
1401 Holly Nashville, TN 37206							
Humane Association Wilson							
PO 247 Lebanon, TN 37088							
Interfaith Dental Clinic							
1721 Patterson Nashville, TN 37206							

2 Enter total number of Section 501(c)(3) and government organizations 124

3 Enter total number of other organizations 0

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

United Way of Middle Tennessee, Inc.

62-0533104

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I).

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Interfaith Dental Clinic							
1721 Patterson Nashville, TN 372	62-1567615	501(c)3	6,972	0			Designation
Jewish Family Service							
801 Percy Warner Nashville, TN	62-0475746	501(c)3	5,116	0			Designation
King's Daughter Day Home							
590 N Dupont Nashville, TN 3711	62-0729602	501(c)3	108,072	0			Program Opns (OBI)
King's Daughter Day Home							
590 N Dupont Nashville, TN 3711	62-0729602	501(c)3	43,282	0			Grants
King's Daughter Day Home							
590 N Dupont Nashville, TN 3711	62-0729602	501(c)3	5,857	0			Designation
Ladies of Charity Welfare							
2216 State Nashville, TN 37203	62-0481799	501(c)3	66,999	0			Program Opns (OBI)
Ladies of Charity Welfare							
2216 State Nashville, TN 37203	62-0481799	501(c)3	2,141	0			Grant
Ladies of Charity Welfare							
2216 State Nashville, TN 37203	62-0481799	501(c)3	5,039	0			Designation
League Deaf & Hard of Hearing							
415 4th Ave S Nashville, TN 3720	62-0498798	501(c)3	11,238	0			Designation
League Deaf & Hard of Hearing							
415 4th Ave S Nashville, TN 3720	62-0498798	501(c)3	82,628	0			Program Opns (OBI)
Legal Aid Society Mid TN							
300 Deaderick Nashville, TN 372	62-0800756	501(c)3	12,837	0			Designation
Legal Aid Society Mid TN							
300 Deaderick Nashville, TN 372	62-0800756	501(c)3	85,485	0			Program Opns (OBI)
Magdalene							
PO 6330-B Nashville, TN 37235	58-2050089	501(c)3	15,106	0			Program Opns (OBI)
Magdalene							
PO 6330-B Nashville, TN 37235	58-2050089	501(c)3	23,011	0			Program Opns (OBI)
Martha O'Bryan Center							
711 S Seventh Nashville, TN 372	62-0477728	501(c)3	24,380	0			Designation

2 Enter total number of Section 501(c)(3) and government organizations 124
3 Enter total number of other organizations 0

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

United Way of Middle Tennessee, Inc.

62-0533104

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Martha O'Bryan Center 711 S Seventh Nashville, TN 372	62-0477728	501(c)3	49,364	0			Grant
Martha O'Bryan Center 711 S Seventh Nashville, TN 372	62-0477728	501(c)3	388,284	0			Program Opns (OBI)
Matthew 25 PO 158461 Nashville, TN 37215	58-1673641	501(c)3	21,562	0			Program Opns (OBI)
Matthew 25 PO 158461 Nashville, TN 37215	58-1673641	501(c)3	2,141	0			Grant
Matthew 25 PO 158461 Nashville, TN 37215	58-1673641	501(c)3	4,684	0			Designation
Matthew Walker Comp Health 1035 14th Nashville, TN 37208	62-1035426	501(c)3	4,052	0			Designation
Matthew Walker Comp Health 1035 14th Nashville, TN 37208	62-1035426	501(c)3	46,450	0			Program Opns (OBI)
McNeilly Center for Children 400 Meridian Nashville, TN 37207	62-0479366	501(c)3	372,523	0			Program Opns (OBI)
McNeilly Center for Children 400 Meridian Nashville, TN 37207	62-0479366	501(c)3	126,218	0			Grant
McNeilly Center for Children 400 Meridian Nashville, TN 37207	62-0479366	501(c)3	8,332	0			Designation
Meharry Medical College 1005 DB Todd Nashville, TN 372	62-0488046	501(c)3	29,585	0			Designation
Meharry Medical College 1005 DB Todd Nashville, TN 372	62-0488046	501(c)3	9,215	0			Designation
Mental Health Association Mid TN 2416 21st Ave S Nashville, TN 37	62-0637710	501(c)3	4,124	0			Program Opns (OBI)
Mental Health Association Mid TN 2416 21st Ave S Nashville, TN 37	62-0637710	501(c)3	2,141	0			Grant
Mental Health Association Mid TN 2416 21st Ave S Nashville, TN 37	62-0637710	501(c)3	1,256	0			Designation

2 Enter total number of Section 501(c)(3) and government organizations 124
3 Enter total number of other organizations 0

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

United Way of Middle Tennessee, Inc.

62-0533104

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Mental Health Cooperative 275 Cumberland Bend Nashville, TN 37203	58-2018687	501(c)(3)	66,512	0			Program Opns (OBI)
Mental Health Cooperative 275 Cumberland Bend Nashville, TN 37203	58-2018687	501(c)(3)	10,488	0			Designation
Metro Interdenominational Church 2128 11th Ave N Nashville, TN 37203	62-1100022	501(c)(3)	239,111	0			Grant
Metro Nashville Educ Foundation 531 Fairground Nashville, TN 37203	62-0674167	501(c)(3)	6,578	0			Designation
Mid Cumberland HRA PO 17385 Nashville, TN 37217	62-0923487	501(c)(3)	27,056	0			Designation
Mid TN Supported Living 1161 Murfreesboro Nashville, TN 37139	62-1659522	501(c)(3)	805	0			Designation
Mid TN Supported Living 1161 Murfreesboro Nashville, TN 37139	62-1659522	501(c)(3)	39,000	0			Program Opns (OBI)
Miriam's Promise 522 Russell Nashville, TN 37206	62-1721505	501(c)(3)	10,365	0			Designation
Monroe Harding Children's Home 1120 Glendale Nashville, TN 37203	62-0476670	501(c)(3)	20,000	0			Program Opns (OBI)
Monroe Harding Children's Home 1120 Glendale Nashville, TN 37203	62-0476670	501(c)(3)	5,295	0			Designation
Multiple Sclerosis Society Mid TN 4219 Hillsboro Nashville, TN 37203	13-5661935	501(c)(3)	8,176	0			Designation
Mur-Ci Homes 2984 Baby Ruth Antioch, TN 37013	62-0649797	501(c)(3)	11,009	0			Designation
Nashville Adult Literacy Council 4805 Park Nashville, TN 37209	58-1488230	501(c)(3)	136,951	0			Program Opns (OBI)
Nashville Adult Literacy Council 4805 Park Nashville, TN 37209	58-1488230	501(c)(3)	2,909	0			Designation
Nashville Alliance Public Educ 2400 Fairfax Nashville, TN 37212	48-1266314	501(c)(3)	120,624	0			Designation

2 Enter total number of Section 501(c)(3) and government organizations	124
3 Enter total number of other organizations	0

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of Middle Tennessee, Inc.

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

62-0533104

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nashville CARES							Program Opns (OBI)
501 Brick Church Nashville, TN 3	62-1274532	501(c)3	91,894	0			Program Opns (OBI)
Nashville CARES							Grant
501 Brick Church Nashville, TN 3	62-1274532	501(c)3	4,437,798	0			Grant
Nashville CARES							Designation
501 Brick Church Nashville, TN 3	62-1274532	501(c)3	40,350	0			Designation
Nashville Children's Alliance							Program Opns (OBI)
1264 Foster Nashville, TN 37210	62-1484097	501(c)3	18,000	0			Designation
Nashville Children's Alliance							Designation
1264 Foster Nashville, TN 37210	62-1484097	501(c)3	9,162	0			Designation
Nashville Humane Association							Designation
213 Ocoola Nashville, TN 37209	57-1203593	501(c)3	22,516	0			Designation
Nashv'l Opp Industrialization Cntr							Program Opns (OBI)
460 10th Cir N Nashville, TN 372	62-0794650	501(c)3	15,000	0			Designation
Nashv'l Opp Industrialization Cntr							Program Opns (OBI)
460 10th Cir N Nashville, TN 372	62-0794650	501(c)3	1,856	0			Designation
Nashville Rescue Mission							Designation
PO 333229 Nashville, TN 37203	62-6018832	501(c)3	12,239	0			Designation
Nashville Safe Haven Fam Shelter							Designation
1234 3rd Ave S Nashville, TN 372	62-1807653	501(c)3	19,898	0			Designation
Neighborhoods Resource Center							Program Opns (OBI)
1312 3rd Ave N Nashville, TN 372	62-1817514	501(c)3	233,434	0			Designation
Neighborhoods Resource Center							Designation
1312 3rd Ave N Nashville, TN 372	62-1817514	501(c)3	1,847	0			Designation
New Horizons Corporation							Designation
5221 Harding Nashville, TN 3721	62-0857186	501(c)3	1,935	0			Designation
New Horizons Corporation							Program Opns (OBI)
5221 Harding Nashville, TN 3721	62-0857186	501(c)3	33,614	0			Program Opns (OBI)
Nurses for Newborns of TN							Program Opns (OBI)
50 Vantage Way Nashville, TN 37	43-1601329	501(c)3	62,700	0			Program Opns (OBI)

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

124

0

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

United Way of Middle Tennessee, Inc.

62-0533104

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Nurses for Newborns of TN							
50 Vantage Way Nashville, TN 37212	43-1601329	501(c)3	10,365	0			Designation
Oasis Center							
PO 121648 Nashville, TN 37212	62-0968273	501(c)3	599,360	0			Program Opns (OBI)
Oasis Center							
PO 121648 Nashville, TN 37212	62-0968273	501(c)3	2,141	0			Grant
Oasis Center							
PO 121648 Nashville, TN 37212	62-0968273	501(c)3	26,985	0			Designation
Old Hickory Christian Outreach							
209 Bridgeway Old Hickory, TN 37212	62-1279200	501(c)3	13,716	0			Program Opns (OBI)
Old Hickory Christian Outreach							
209 Bridgeway Old Hickory, TN 37212	62-1279200	501(c)3	2,141	0			Grant
Old Hickory Christian Outreach							
209 Bridgeway Old Hickory, TN 37212	62-1279200	501(c)3	2,475	0			Designation
ONE (Org Neighbors of Edgehill)							
1001 Edgehill Nashville, TN 37203	62-1540325	501(c)3	96,450	0			Program Opns (OBI)
ONE (Org Neighbors of Edgehill)							
1001 Edgehill Nashville, TN 37203	62-1540325	501(c)3	4,317	0			Designation
Operation Stand Down Nashville							
1101 Edgehill Nashville, TN 37203	62-1638832	501(c)3	13,635	0			Designation
Operation Stand Down Nashville							
1101 Edgehill Nashville, TN 37203	62-1638832	501(c)3	11,039	0			Program Opns (OBI)
Our Kids							
1804 Hayes Nashville, TN 37203	58-1830327	501(c)3	16,977	0			Designation
Park Center							
801 12st Ave S Nashville, TN 37203	62-1336640	501(c)3	73,398	0			Program Opns (OBI)
Park Center							
801 12st Ave S Nashville, TN 37203	62-1336640	501(c)3	2,141	0			Grant
Park Center							
801 12st Ave S Nashville, TN 37203	62-1336640	501(c)3	6,787	0			Designation

2 Enter total number of Section 501(c)(3) and government organizations 124
3 Enter total number of other organizations 0

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

62-0533104

United Way of Middle Tennessee, Inc.

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENCIL Foundation							
421 Great Circle Nashville, TN 37	58-1475675	501(c)3	221,743	0			Program Opns (OBI)
PENCIL Foundation							
421 Great Circle Nashville, TN 37	58-1475675	501(c)3	9,620	0			Designation
Planned Parenthood							
50 Vantage Way Nashville, TN 37	62-6050064	501(c)3	34,645	0			Grant
Planned Parenthood							
50 Vantage Way Nashville, TN 37	62-6050064	501(c)3	27,967	0			Designation
Project Return							
1200 Division Nashville, TN 3720	62-1058325	501(c)3	54,285	0			Program Opns (OBI)
Project Return							
1200 Division Nashville, TN 3720	62-1058325	501(c)3	2,141	0			Grant
Renewal House							
PO 280356 Nashville, TN 37228	62-1631055	501(c)3	39,556	0			Program Opns (OBI)
Renewal House							
PO 280356 Nashville, TN 37228	62-1631055	501(c)3	10,145	0			Designation
Residential Resources							
604 Gallatin Nashville, TN 37206	62-1718171	501(c)3	200	0			Designation
Residential Resources							
604 Gallatin Nashville, TN 37206	62-1718171	501(c)3	39,913	0			Program Opns (OBI)
Rochelle Center							
1020 Southside Nashville, TN 372	62-0813080	501(c)3	30,934	0			Program Opns (OBI)
Rochelle Center							
1020 Southside Nashville, TN 372	62-0813080	501(c)3	6,545	0			Designation
Ronald McDonald House							
2144 Fairfax Nashville, TN 37212	62-1310717	501(c)3	8,232	0			Grants/ Designations
Salama Urban Ministries							
1205 8th Ave S Nashville, TN 372	58-2198012	501(c)3	75,000	0			Program Opns (OBI)
Salama Urban Ministries							
1205 8th Ave S Nashville, TN 372	58-2198012	501(c)3	3,679	0			Designation

2 Enter total number of Section 501(c)(3) and government organizations 124
3 Enter total number of other organizations 0

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

United Way of Middle Tennessee, Inc.

62-0533104

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Salvation Army							
631 Dickerson Nashville, TN 3720	58-0660607	501(c)3	27,141	0			Grant
Salvation Army							
631 Dickerson Nashville, TN 3720	58-0660607	501(c)3	29,414	0			Designation
Salvation Army							
631 Dickerson Nashville, TN 3720	58-0660607	501(c)3	113,716	0			Program Opns (OBI)
Samaritan Ministries Proj SSE							
1041 28th Ave N Nashville, TN 37	62-1341004	501(c)3	6,312	0			Grants/ Designations
Samaritan Recovery Community							
319 South 4th Nashville, TN 3720	62-0723592	501(c)3	5,626	0			Designation
Samaritan Recovery Community							
319 South 4th Nashville, TN 3720	62-0723592	501(c)3	119,843	0			Program Opns (OBI)
Second Harvest Food Bank							
331 Great Circle Nashville, TN 37	62-1049447	501(c)3	2,141	0			Grant
Second Harvest Food Bank							
331 Great Circle Nashville, TN 37	62-1049447	501(c)3	90,283	0			Designation
Second Harvest Food Bank							
331 Great Circle Nashville, TN 37	62-1049447	501(c)3	128,695	0			Program Opns (OBI)
Sexual Assault Center							
101 French Landing Nashville, TN	62-1043294	501(c)3	28,229	0			Designation
Sexual Assault Center							
101 French Landing Nashville, TN	62-1043294	501(c)3	75,048	0			Program Opns (OBI)
Special Kids							
202 Arnette Murfreesboro, TN 371	62-1718638	501(c)3	16,047	0			Designation
St. Jude's Children Hospital							
501 St. Jude's Memphis, TN 3810	35-1044585	501(c)3	13,826	0			Designation
St. Luke's Community House							
5601 New York Nashville, TN 372	62-0484183	501(c)3	216,762	0			Program Opns (OBI)
St. Luke's Community House							
5601 New York Nashville, TN 372	62-0484183	501(c)3	38,626	0			Grant

2 Enter total number of Section 501(c)(3) and government organizations 124
3 Enter total number of other organizations 0

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

62-0533104

United Way of Middle Tennessee, Inc.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St. Luke's Community House 5601 New York Nashville, TN 37206	62-0484183	501(c)3	17,543	0			Designation
St. Mary Villa Child Dev Center 30 White Bridge Nashville, TN 37206	62-0579243	501(c)3	6,836	0			Designation
St. Mary Villa Child Dev Center 30 White Bridge Nashville, TN 37206	62-0579243	501(c)3	181,903	0			Program Opns (OBI)
State of Tennessee Cordell Hull Building Nashville, TN 37206	62-6001445	501(c)3	382,910	0			Grant
Street Works PO 60037 Nashville, TN 37206	62-1806967	501(c)3	296,211	0			Grant
STARS Nashville 1704 Charlotte Nashville, TN 37206	62-1285699	501(c)3	9,070	0			Designation
STARS Nashville 1704 Charlotte Nashville, TN 37206	62-1285699	501(c)3	186,502	0			Program Opns (OBI)
Susan Gray School For Children 230 Appleton Nashville, TN 37206	62-0476822	501(c)3	7,592	0			Designation
Tennessee Poison Center 1161 21st Ave S Nashville, TN 37206	62-0476822	501(c)3	4,012	0			Designation
Tennessee Poison Center 1161 21st Ave S Nashville, TN 37206	62-0476822	501(c)3	35,438	0			Program Opns (OBI)
Tennessee Voices for Children 701 Bradford Nashville, TN 37204	62-1576400	501(c)3	100,000	0			Program Opns (OBI)
Tennessee Voices for Children 701 Bradford Nashville, TN 37204	62-1576400	501(c)3	879	0			Designation
Tennessee Children's Home PO 10 Spring Hill, TN 37174	62-0482363	501(c)3	6,782	0			Designation
The Arc of Davidson County 111 North Wilson Nashville, TN 37206	62-0588710	501(c)3	2,141	0			Grant
The Arc of Davidson County 111 North Wilson Nashville, TN 37206	62-0588710	501(c)3	11,000	0			Program Opns (OBI)

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

124

0

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

United Way of Middle Tennessee, Inc.

62-0533104

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Arc of Davidson County 111 North Wilson Nashville, TN 37202	62-0588710	501(c)3	5,629	0			Designation
The Next Door PO 23336 Nashville, TN 37202	43-2001774	501(c)3	39,000	0			Program Opns (OBI)
The Next Door PO 23336 Nashville, TN 37202	43-2001774	501(c)3	2,674	0			Designation
United Neighborhood Health Svcs 617 S 8th Nashville, TN 37206	62-1032792	501(c)3	155,635	0			Program Opns (OBI)
United Neighborhood Health Svcs 617 S 8th Nashville, TN 37206	62-1032792	501(c)3	2,280	0			Designation
Upper Cumberland HRA 311 Enterprise Cookeville, TN 38500	62-0906260	501(c)3	32,105	0			Grant
Upper Cumberland HRA 311 Enterprise Cookeville, TN 38500	62-0906260	501(c)3	3,423	0			Designation
UW Dickson County PO 1652 Dickson, TN 37056	62-1771536	501(c)3	6,521	0			Designation
UW Maury County PO 222 Columbia, TN 38402	62-6014994	501(c)3	8,234	0			Designation
UW of Greater Clarksville Region 1300 Madison Clarksville, TN 37033	62-6014536	501(c)3	19,154	0			Designation
UW of Highland Rim PO 27 Tullahoma, TN 37388	58-1468822	501(c)3	5,627	0			Designation
UW Robertson County 101 5th Ave W Spring field, TN 37073	62-1763845	501(c)3	12,262	0			Designation
UW Rutherford County PO 330056 Murfreesboro, TN 37132	58-1341880	501(c)3	71,444	0			Designation
UW Sumner County 625 Johnny Cash Hendersonville, TN 37075	31-1510208	501(c)3	30,511	0			Designation
UW Williamson County 209 Gothic Franklin, TN 37067	62-6049469	501(c)3	44,283	0			Designation

2 Enter total number of Section 501(c)(3) and government organizations	124
3 Enter total number of other organizations	0

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

United Way of Middle Tennessee, Inc.

62-0533104

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I).

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Wilson County	62-1660029	501(c)3	35,301	0			Designation
PO 3541 Lebanon, TN 37088							
Vanderbilt Bill Wilkerson Center	62-0476822	501(c)3	1,679	0			Program Opns (OBI)
1215 21st Ave S Nashville, TN 37							
Vanderbilt Bill Wilkerson Center	62-0476822	501(c)3	11,914	0			Designation
1215 21st Ave S Nashville, TN 37							
Vanderbilt Center for Health Svcs	62-0476822	501(c)3	169,878	0			Program Opns (OBI)
1211 Medical Center Nashville, T							
Vanderbilt Center for Health Svcs	62-0476822	501(c)3	2,141	0			Grant
1211 Medical Center Nashville, T							
Vanderbilt Center for Health Svcs	62-0476822	501(c)3	8,709	0			Designation
1211 Medical Center Nashville, T							
Vanderbilt Children's Hospital	62-0476822	501(c)3	21,686	0			Designation
2200 Children's Way Nashville, T							
Vanderbilt University (FRC lead)	62-0476822	501(c)3	92,945	0			Program Opns (OBI)
1211 Medical Center Nashville, T							
Vanderbilt University Peabody	62-0476822	501(c)3	92,900	0			Program Opns (OBI)
230 Appleton Nashville, TN 3720							
Vanderbilt University Peabody	62-0476822	501(c)3	50	0			Designation
230 Appleton Nashville, TN 3720							
Wayne Reed Christian Childcare	62-1625142	501(c)3	5,642	0			Designation
11-B Lindsley Nashville, TN 3721							
Women on Maint Educ & Nutrition	62-1645835	501(c)3	52,409	0			Grant
460 10th Cr N Nashville, TN 3720							
YMCA of Middle TN	62-0476243	501(c)3	36,649	0			Program Opns (OBI)
900 Church Nashville, TN 37203							
YMCA of Middle TN	62-0476243	501(c)3	16,331	0			Designation
900 Church Nashville, TN 37203							
Youth Encouragement Services	62-0570681	501(c)3	13,718	0			Designation
521 McIver Nashville, TN 37211							

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

124

0

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

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

[illegible]

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

124

10

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

COPY

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees**

► **Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.**

OMB No. 1545-0047

2008

**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 checked="" 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 line 1a is 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 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:

- | | | |
|----------------------------------------------------------------------------------------------------------|-----------|---|
| a Receive a severance payment or change of control payment? | 4a | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | X |
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.

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:

- | | | |
|----------------------------------------------|-----------|---|
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
- 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:

- | | | |
|----------------------------------------------|-----------|---|
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |
- 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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		X
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.
----------------	-----------------------------------------------------------------------------------------------------------------------------------------

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.

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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 Resource Committee, serving as a compensation committee, approved a written contract for the new CEO. Included in that contract was a one time, lump sum moving allowance, grossed-up to generate the agreed upon lump sum payment. Also in the contract was an annual membership to the YMCA.

Part I Line 3 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 of America comparable salary data was provided to the committee as well as the results of an ad hoc survey of United Way executive compensation in similarly sized United Ways in the region. The Human Resource Committee recommendations were approved by the Executive Committee.

Part II Line A-F Daniel A Gaudette served as interim CEO for approximately eight months, from August 2007 through April 2008. Compensation in 2007 was accrued and reported the organization's 2007 form 990, but not paid until 2008. No other benefits were provided beyond salary.

COPY

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of Middle Tennessee, Inc.

NonCash Contributions

- To be completed by organizations that answered "Yes"
on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Employer identification number

62-0533104

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	27	259,854	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 ► (Computer Equip)	X	1	13,700	Fair Market Value
26 Other ► ()		0	0	
27 Other ► ()		0	0	
28 Other ► ()		0	0	

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 1

30 a 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?

32 a 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 revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32		X

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

COPY

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

- Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

United Way of Middle Tennessee, Inc.

Employer identification number

62-0533104

Form 990 Section C NAME OF ORGANIZATION

The organization's charter was amended on January 26, 2006 to change the name of the corporation to United Way of Middle Tennessee, Inc. The organization has registered its former name as an assumed name with the Tennessee Secretary of State, and continues to do business in Davidson county as the United Way of Metropolitan Nashville. On May 26, 2006 the United Way of Cheatham County, Tennessee merged with the United Way of Middle Tennessee. The United Way of Cheatham County transferred all of its assets to United Way of Middle Tennessee and terminated, leaving the United Way of Middle Tennessee as the surviving entity. The organization has registered that former name as an assumed name with the Tennessee Secretary of State, and continues to do business in Cheatham County as the United Way of Cheatham County.

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Form 990 Part VI Section A Line 10 PROCESS FOR REVIEWING FORM 990

The complete IRS form 990 is presented to and reviewed with the Finance Committee, the Executive Committee, and the Board of Trustees, before the return is filed. Each committee member or trustee also receives a complete copy of the return at the time of review.

Form 990 Part VI Section B Line 15 PROCESS FOR DETERMINING EXECUTIVE COMPENSATION

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 of America 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.

Form 990 Part VI Section C Line 19 DISCLOSURE

The audited financial statements are posted on the organization's website, and copies of the other governing documents, are available upon request.

Name of the organization

Employer identification number

United Way of Middle Tennessee, Inc.

62-0533104

Form 990 Part VIII Line 1a-1h CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS

Line 1a FEDERATED CAMPAIGNS

\$ 128,430 amounts received from other United Way's campaigns

\$ 132,624 amounts received from the Combined Federal Campaign

\$ 261,054 TOTAL FEDERATED CAMPAIGNS

Line 1c FUNDRAISING EVENTS

\$ 106,665 Deductible contributions above expenses - Women United in Giving Luncheon

\$ 106,665 TOTAL FUNDRAISING EVENTS

Line 1e GOVERNMENT GRANTS

\$ 3,473,559 State of Tennessee - Ryan White HIV/AIDS

\$ 3,477,351 Metropolitan Government of Nashville - Ryan White HIV/AIDS

\$ 398,100 U.S. Department of Education - Early Reading First

\$ 201,041 State of Tennessee - Food Stamps (2-1-1)

\$ 296,674 State of Tennessee - Nashville Alliance for Financial Independence (NAFI)

\$ 22,665 IRS - Nashville Alliance for Financial Independence (NAFI)

\$ 7,869,390 TOTAL GOVERNMENT GRANTS

Line 1f ALL OTHER CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS

\$17,059,287 Total 2007/2008 campaign pledges (includes \$259,854 noncash)

(\$ 1,167,695) Less provision for pledge loss

\$15,891,592 Subtotal for 2007/2008 campaign

\$ 832,139 Amounts collected on prior year campaigns, other contributions, and other amounts (includes \$13,700 non cash)

(\$ 132,624) Combined Federal Campaign amounts reported on line 1a

(\$ 106,665) Women United in Giving contributions reported on line 1c

(\$ 344,884) Service fees reported on line 11f

\$16,139,558 TOTAL CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS (\$273,554 total noncash)

COPY

Name of the organization

Employer identification number

United Way of Middle Tennessee, Inc.

62-0533104

Form 990 Part IX Line 1 GRANTS AND OTHER ASSISTANCE

Grants to organizations in the United States consist of the following:

\$ 7,875,992 Campaign funded investments in agency programs and initiatives

\$ 5,163,010 Gross campaign contributions designated to specific agencies

(\$ 452,764) Less: Unpaid pledges

(\$ 344,884) Less: Service fees collected on designated gifts

\$ 4,365,362 Net designated campaign investments in agency operations

\$ 7,519,633 Grant funded investments in initiatives

\$19,760,987 TOTAL GRANTS AND OTHER ASSISTANCE (US)

See Schedule I for the details of aggregated grants to individual agencies exceeding the \$5000 threshold

Form 990 Part IX Line 21 PAYMENT TO AFFILIATES

Dues are paid to United Way of America, 701 N. Fairfax St., Alexandria, VA 22314. The \$169,020 dues in 2008 are based on the amount of the annual campaign, and are allocated across functional expense areas, with \$47,000 in program expenses, \$54,020 in management & general, and \$68,000 in fundraising. United Way of America is the national organization dedicated to leading the United Way movement in making measurable impact in every community across America. The United Way movement consists of over 1,200 community-based United Way organizations. Each is independent, separately incorporated, and governed by local volunteers.

Form Schedule I Section Col h PURPOSE OF GRANT OR ASSISTANCE

PROGRAM OPNS (OBI)

Campaign funded investments in specific agency programs with measurable outcomes.

DESIGNATIONS

Awards to specific agencies for their general operations, based upon donor imposed restrictions during the fundraising campaign

GRANT

Grants to subrecipient agencies in connection with government and private grant funded initiatives.



Department of the Treasury
Internal Revenue Service
OGDEN UT 84201-0074

For assistance, call:
1-877-829-5500

Notice Number: CP211A
Date: June 22, 2009

Taxpayer Identification Number:
62-0533104
Tax Form: 990
Tax Period: December 31, 2008

084233.617884.0256.006 1 AT 0.357 370
|||||

UNITED WAY OF MIDDLE TENNESSEE INC
250 VENTURE CIR
NASHVILLE TN 37228-1604502

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to August 15, 2009.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

Reminder - You May Be Required to File Electronically

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to www.irs.gov. Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit www.irs.gov. (Access to this site will not provide you with your specific taxpayer account information.)

COPY

CEO/CFO Financial Statement Certification

CERTIFICATIONS


COPY

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, 2008.
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, 2008.


Eric D. Dewey
President and Chief Executive Officer

7/27/09
Date


Mike Green
Senior Vice President and Chief Financial Officer

7/27/09
Date