

Return of Organization Exempt From Income TaxUnder 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.

2009**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning**, and ending**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ 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

D Employer identification number

62-0533104

E Telephone number

615-255-8501

G Gross receipts \$ 22,495,211**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** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1954**M** State of legal domicile: TN**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>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 measurable community change, United Way is focused on the building blocks for a better life: education, income, health, and neighborhoods.</u>		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	36
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	36
	5	Total number of employees (Part V, line 2a)	5	66
	6	Total number of volunteers (estimate if necessary)	6	2,106
	Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, line 34	7b	0
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)	24,376,667	21,367,993
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	88,006	5,655
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,216,230	1,121,563
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	25,680,903	22,495,211
	14	Benefits paid to or for members (Part IX, column (A), line 4)	19,760,987	16,882,193
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,218,818	3,010,453
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,153,276	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,374,480	1,854,503
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	25,354,285	21,747,149
	19	Revenue less expenses. Subtract line 18 from line 12	326,618	748,062
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	28,310,344	27,321,180
	22	Net assets or fund balances. Subtract line 21 from line 20	9,516,563	8,668,354
			18,793,781	18,652,826

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

Date

8-12-10

Eric D. Dewey, President and CEO

Type or print name and title

**Paid
Preparer's
Use Only**Preparer'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.

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

The United Way of Metropolitan Nashville serves as a catalyst that increases the organized capacity of the community to powerfully respond to current and emerging needs.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ 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 \$ 7,706,518 including grants of \$ 7,046,829) (Revenue \$ 0)

The Outcome Based Investments program provides funding support to 133 community based programs in 63 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 7,800 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 2,000 low-income adults received homebuyer, financial and G.E.D education; Health: 1,130 frail seniors received home and community based services and 370 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 \$ 5,086,927 including grants of \$ 4,706,778) (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 2,200 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 \$ 3,844,530 including grants of \$ 3,844,530) (Revenue \$ 341,621)

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 2009, almost 16,000 donors chose to designate part of their gift, resulting in more than \$3.9 million additional dollars for agencies.

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

(Expenses \$ 1,623,211 including grants of \$ 1,284,056) (Revenue \$ 0)

4e Total program service expenses 18,261,186

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

(Code:) (Expenses \$ 692,709 including grants of \$ 575,448) (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 2009: include 208,115 calls answered at a service level of 60% answered in 30 seconds or less; 247,247 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 \$ 132,832 including grants of \$ 77,983) (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 33% of the four year olds in these centers tested at average or higher on standard assessments. In the spring of 2009, 99.4% of those four year olds enrolled in Read to Succeed tested at the average or higher level.

(Code:) (Expenses \$ 664,910 including grants of \$ 507,200) (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 \$40,000 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 2009, 16 VITA sites served over 7,000 families collected nearly \$11.4 million in total federal refunds, and over \$3.8 million in EITC refunds. NAFI and partners also provide financial education year-round through My Money Plan, a program that provides technical assistance, free training, and new products and services to enhance existing financial education efforts.

(Code:) (Expenses \$ 132,760 including grants of \$ 123,425) (Revenue \$ 0)

The majority of program assistance included here is one time gifts of basic needs items, books, school supplies, etc. to partner agencies. During our Days of Action, both monetary contributions and in kind items are collected for the specific purpose of highlighting one of our impact areas (education, income, health, & neighborhoods). Volunteers join in the efforts to raise money, supplies, and awareness for those partner agencies serving the community in that specific impact area. The proceeds, in the form of in-kind items, are then distributed directly to those agencies. □□

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 United States? If "Yes," complete Schedule F, Part I		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? If "Yes," complete Schedule F, Part II		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? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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	28
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	
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	66
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 e-file 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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
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	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	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 For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9a	
1a Enter the number of voting members of the governing body	36												
b Enter the number of voting members that are independent		36											
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	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O												9a	X

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

	10a	10b	11	11A	12a	12b	12c	13	14	15a	15b	16a	16b
10a Does the organization have local chapters, branches, or affiliates?													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?													
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			11										
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990													
12a Does the organization have a written conflict of interest policy? If "No," go to line 13					12a								
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						12b							
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						
13 Does the organization have a written whistleblower policy?								13					
14 Does the organization have a written document retention and destruction policy?									14				
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?													
a The organization's CEO, Executive Director, or top management official										15a	X		
b Other officers or key employees of the organization											15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)													
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?												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: ► Mary Jo Wiggins, Sr. Director & Chief Financial Officer (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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(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 Marketing Committee Chair-Board of Trustees	4.	X		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
Michael A. Carter, Sr. Immediate Past Board Chair-Board of Trustees	2.	X						0	0	0
Audrey Corder Trustee	2.	X						0	0	0
Dennis Delaney Treasurer and Finance Chair - Board of Trustees	4.	X		X				0	0	0
Robert (Bob) Dennis Trustee	2.	X						0	0	0
Margaret O. Dolan Secretary - Board of Trustees	4.	X		X				0	0	0
David Freeman Trustee	2.	X						0	0	0
Tammy Genovese Trustee	2.	X						0	0	0
Gerald (Jerry) Geraghty Board Chair Elect- Board of Trustees	4.	X		X				0	0	0
E. Anthony (Tony) Heard Chairman- Board of Trustees	4.	X		X				0	0	0
Dan Hogan 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 Trustee	2	X						0	0	0
Cheryl White Mason Trustee	2	X						0	0	0
Scott McWilliams Trustee	2	X						0	0	0
Janet Miller Trustee	2	X						0	0	0
Gregg Morton Campaign Chair	4	X		X				0	0	0
Gregory J. (Greg) Pease Trustee	2	X						0	0	0
Marcy Pruett 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
Jim Schmitz Trustee	2	X						0	0	0
1b Total								483,871	0	17,108

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

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

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

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

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 but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

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

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

[illegible]

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	233,687				
	b Membership dues	1b	0				
	c Fundraising events	1c	0				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	5,853,745				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,280,561				
	g Noncash contributions included in lines 1a-1f: \$		352,431				
	h Total. Add lines 1a-1f			21,367,993			
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)			5,655			5,655
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross Rents	(i) Real	(ii) Personal				
	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				
	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 \$ 0 of contributions reported on line 1c). See Part IV, line 18	a	0				
	b Less: direct expenses	b	0				
	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	341,621	341,621			
b Miscellaneous revenue		813000	149,942	149,942			
c Approved endowment spending rate		813000	630,000			630,000	
d All other revenue			0				
e Total. Add lines 11a-11d			1,121,563				
12 Total revenue. See instructions			22,495,211	491,563	0	635,655	

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	16,882,193	16,882,193		
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	387,728	162,472	73,539	151,717
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	2,155,088	555,533	556,481	1,043,074
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	92,248	22,303	33,009	36,936
9	Other employee benefits	196,285	60,202	38,833	97,250
10	Payroll taxes	179,104	52,164	42,485	84,455
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	74,123	14,000	60,123	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	426,578	164,895	211,056	50,627
12	Advertising and promotion	496,182	124,879	8,697	362,606
13	Office expenses	79,823	24,834	28,718	26,271
14	Information technology	0			
15	Royalties	0			
16	Occupancy	164,555	36,915	71,992	55,648
17	Travel	52,743	14,765	19,433	18,545
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	81,862	14,069	22,380	45,413
20	Interest	0			
21	Payments to affiliates	160,000	40,100	56,400	63,500
22	Depreciation, depletion, and amortization	86,082	26,779	17,683	41,620
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	165,280	53,908	43,045	68,327
b	Dues and subscriptions	33,745	9,885	17,543	6,317
c	Miscellaneous	26,115	1,290	23,855	970
d	Planned giving premium expense	7,415		7,415	
e		0			
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	21,747,149	18,261,186	1,332,687	2,153,276
26	Joint costs. Check here ☐ 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	1,085,701	1	0
	2 Savings and temporary cash investments	5,753,732	2	6,431,780
	3 Pledges and grants receivable, net	10,105,239	3	7,892,666
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
	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	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	64,975	9	21,054
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,018,159		
	b Less: accumulated depreciation	10b 2,534,727	508,387	10c 483,432
	11 Investments—publicly traded securities	9,710,299	11	10,515,376
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	1,082,011	15	1,976,872
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,310,344	16	27,321,180	
Liabilities	17 Accounts payable and accrued expenses	539,464	17	519,847
	18 Grants payable	8,948,121	18	8,129,409
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	28,978	25	19,098
	26 Total liabilities. Add lines 17 through 25	9,516,563	26	8,668,354
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	485,046	27	2,146,098
	28 Temporarily restricted net assets	10,708,130	28	8,906,123
	29 Permanently restricted net assets	7,600,605	29	7,600,605
	Organizations that do not follow SFAS 117, check here ☐ 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	18,793,781	33	18,652,826
34 Total liabilities and net assets/fund balances	28,310,344	34	27,321,180	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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 line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

United Way of Middle Tennessee, Inc.

Employer identification number

62-0533104

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

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

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

(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24,445,348	24,788,422	26,320,155	24,376,667	21,367,993	121,298,585
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 Total. Add lines 1 through 3	24,445,348	24,788,422	26,320,155	24,376,667	21,367,993	121,298,585
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)						2,884,873
6 Public support. Subtract line 5 from line 4.						118,413,712

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	24,445,348	24,788,422	26,320,155	24,376,667	21,367,993	121,298,585
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	346,958	508,543	514,147	88,006	5,655	1,463,309
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
11 Total support. Add lines 7 through 10						122,761,894
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	96.46%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	96.49%
16a 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☒
b 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10%-facts-and-circumstances test-2009. 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.		☐
b 10%-facts-and-circumstances test-2008. 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.		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	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
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
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6 Total. Add lines 1 through 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 \$5,000 or 1% of the amount on line 13 for the year						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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	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 ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2009. 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—2008. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area for supplemental information with horizontal dashed lines.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

United Way of Middle Tennessee, Inc.

62-0533104

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

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

Name of organization

United Way of Middle Tennessee, Inc.

Employer identification number

62-0533104

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	_____ _____ _____ TN _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
2	_____ _____ _____ TN _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
3	_____ _____ _____ TN _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
4	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 0	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
5	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 0	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
6	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 0	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

Political Campaign and Lobbying Activities

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Complete if the organization is described below.**

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part 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 Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ 0
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	1,765	0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	6,861	0												
c	Total lobbying expenditures (add lines 1a and 1b)	8,626	0												
d	Other exempt purpose expenditures	21,812,635	0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	21,821,261	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. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	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?	☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	4,780	4,310	4,262	8,626	21,978
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	1,505	2,279	1,765	5,549

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

	(a)		(b)
	Yes	No	Amount
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 similar means?			
i Other activities? If "Yes," describe in Part IV.			
j Total. Add 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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

1 Dues, assessments and similar amounts from members.	1	
2 Section 162(e) nondeductible 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 (see instructions).	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)

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- ▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

Employer identification number

United Way of Middle Tennessee, Inc.

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c 0
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 the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,440,654	13,245,698			
b Contributions		0			
c Net investment earnings, gains, and losses	1,395,189	-3,185,044			
d Grants or scholarships		0			
e Other expenditures for facilities and programs	630,000	620,000			
f Administrative expenses					
g End of year balance	10,205,843	9,440,654			

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

- a** Board designated or quasi-endowment ☐ 26%
b Permanent endowment ☐ 74%
c Term endowment ☐ %

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

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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) Accumulated depreciation	(d) Book value
1a Land	0	272,715		272,715
b Buildings	0	968,690	968,690	0
c Leasehold improvements	0	553,007	425,643	127,364
d Equipment	0	1,223,747	1,140,394	83,353
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				483,432

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	22,495,211
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	21,747,149
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	748,062
4	Net unrealized gains (losses) on investments	4	1,922,613
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-2,811,630
9	Total adjustments (net). Add lines 4 through 8	9	-889,017
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-140,955

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

1	Total revenue, gains, and other support per audited financial statements	1	18,650,681
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	18,650,681
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	3,844,530
c	Add lines 4a and 4b	4c	3,844,530
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	22,495,211

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

1	Total expenses and losses per audited financial statements	1	17,902,619
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	17,902,619
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	3,844,530
c	Add lines 4a and 4b	4c	3,844,530
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	21,747,149

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI Line 4 UNREALIZED GAINS/(LOSSES)

Part XI Line 4 \$912,990 unrealized gain on pension assets (unrestricted net assets)

Part XI Line 4 \$969,735 unrealized gain on endowment investments (temporarily restricted net assets)

Part XI Line 4 \$39,888 unrealized gain on non-endowment investment (temporarily restricted assets)

Part XI Line 4 \$1,922,613 TOTAL UNREALIZED GAINS

Part XIV Supplemental Information *(continued)*

Part XI Line 8 OTHER CHANGES IN NET ASSETS

Part XI Line 8 \$5,834,402 - net campaign revenue to be reported in future years

Part XI Line 8 \$(8,441,486) - net campaign revenue results from prior year

Part XI Line 8 \$425,454 - realized gain on endowment assets (temporarily restricted net
assets)Part XI Line 8 (\$630,000) - endowment spending rate included in the unrealized and
realized gains reported in lines 4 and 8)

Part XI Line 8 \$(2,811,630) - TOTAL OTHER CHANGES IN NET ASSETS (TEMP RESTRICTED)

**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 United States**

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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. ☐ Yes ☒ No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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
AGAPE							
4555 Trousdale Drive Nashville, TN 37209	62-1586158	501(c)(3)	108,991	0			Designation
Alive Hospice, Inc.							
1718 Patterson St Nashville, TN 37203	62-0983550	501(c)(3)	145,506	0			Designation
Alive Hospice, Inc.							
1718 Patterson St Nashville, TN 37203	62-0983550	501(c)(3)	114,902	0			Program Opns (OBI)
Alzheimer's Association of Middle Tennessee							
4205 Hillsboro Pike Suite 216 Nashville, TN 37203	62-1437684	501(c)(3)	19,633	0			Designation
American Cancer Society Davidson County Chapter							
2000 Charlotte Avenue Nashville, TN 37203	13-1788491	501(c)(3)	27,552	0			Designation
American Diabetes Association Davidson County Chapter							
220 Great Circle Rd Nashville, TN 37203	13-1623888	501(c)(3)	12,364	0			Designation
American Heart Association Davidson County Chapter							
1818 Patterson Rd. Nashville, TN 37203	13-5613797	501(c)(3)	11,150	0			Designation
American Red Cross Davidson County Chapter							
2201 Charlotte Ave Nashville, TN 37203	62-0476281	501(c)(3)	118,804	0			Program Opns (OBI)
American Red Cross Davidson County Chapter							
2201 Charlotte Ave Nashville, TN 37203	62-0476281	501(c)(3)	50,618	0			Designation
American Red Cross Rutherford County Chapter							
836 Commercial Court Murfreesboro, TN 37132	62-0582070	501(c)(3)	5,913	0			Designation
Autism Society- Middle TN Chapter							
955 Woodland Street Nashville, TN 37203	62-1071525	501(c)(3)	5,245	0			Designation
Bethesda Center							
108 S Main St Ashland City, TN 37015	58-2015542	501(c)(3)	12,003	0			Program Opns (OBI)
2 Enter total number of section 501(c)(3) and government organizations							148
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)

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OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part I.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bethlehem Centers of Nashville 1417 Charlotte Ave Nashville, TN	62-0843073	501(c)3	920	0			Grants
Bethlehem Centers of Nashville 1417 Charlotte Ave Nashville, TN	62-0843073	501(c)3	32,035	0			Designations
Bethlehem Centers of Nashville 1417 Charlotte Ave Nashville, TN	62-0843073	501(c)3	247,099	0			Program Opns (OBI)
Big Brothers & Big Sisters of Midd One Vantage Way, Suite C250 Na	23-7056024	501(c)3	20,155	0			Designation
Big Brothers & Big Sisters of Midd One Vantage Way, Suite C250 Na	23-7056024	501(c)3	108,647	0			Program Opns (OBI)
Boy Scouts of America Middle TN PO Box 150409 Nashville, TN 372	62-0477729	501(c)3	54,632	0			Designation
Boys & Girls Club Davidson 624 Grassmere Park Drive Nashv	62-0540402	501(c)3	15,416	0			Designation
Boys & Girls Club Rutherford 820 Jones Blvd. Murfreesboro, TN	62-0540402	501(c)3	14,760	0			Designation
Campus For Human Development PO Box 25309 Nashville, TN 372	62-0811413	501(c)3	8,973	0			Designation
CASA Davidson County 601 Woodland Street Nashville, T	62-1203459	501(c)3	5,537	0			Designation
Catholic Charities of Tenn. INC 30 White Bridge Road Nashville,	62-0679520	501(c)3	293,963	0			Program Opns (OBI)
Catholic Charities of Tenn. INC 30 White Bridge Road Nashville,	62-0679520	501(c)3	86,001	0			Designation
Catholic Charities of Tenn. INC 30 White Bridge Road Nashville,	62-0679520	501(c)3	3,288	0			Grants
Centerstone Community Mental H PO Box 40406 Nashville, TN 372	62-6381986	501(c)3	9,087	0			Designation
Chattanooga Homeless Coalition 600 N Holtzclaw Ave Bldg B Chatt	62-1549023	501(c)3	24,633	0			Grants

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

Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of Middle Tennessee, Inc.

Part I

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Columbia CARES 319-D West 7th Street Columbia, TN 38401	62-1513020	501(c)3	113,943	0			Grants
Community Health Charities 220 Athens Way Suite 480 Nashville, TN 37203	23-7456385	501(c)3	56,877	0			Designation
Community Shares 107 West Main Street Knoxville, TN 37902	62-1233685	501(c)3	61,639	0			Designation
Comprehensive Care Center 345 24th Avenue North Nashville, TN 37203	62-1546612	501(c)3	5,567	0			Designation
Comprehensive Care Center 345 24th Avenue North Nashville, TN 37203	62-1546612	501(c)3	647,986	0			Grants
Conexion Americas 800 18th Ave S # A Nashville, TN 37203	62-1715618	501(c)3	1,691	0			Designation
Conexion Americas 800 18th Ave S # A Nashville, TN 37203	62-1715618	501(c)3	11,152	0			Grants
Conexion Americas 800 18th Ave S # A Nashville, TN 37203	62-1715618	501(c)3	83,697	0			Program Opns (OBI)
Contact Ministries P.O. Box 1403 Johnson City, TN 37601	62-1044861	501(c)3	5,532	0			Grants
Clarksville-Montgomery Co Crisis P.O. Box 212 Clarksville, TN 37040	58-1694616	501(c)3	7,559	0			Grants
Cumberland Crisis Pregnancy Ctr P.O. Box 1037 Hendersonville, TN 37035	58-1705496	501(c)3	5,443	0			Designation
Cystic Fibrosis Foundation 4825 Trousdale Drive Nashville, TN 37203	62-0851705	501(c)3	10,595	0			Designation
Discovery Center at Murfree Spring 502 SE Broad Street Murfreesboro, TN 37132	62-1273308	501(c)3	5,414	0			Designation
Dismas House- Nashville 1513 16th Avenue South Nashville, TN 37203	23-7376100	501(c)3	12,980	0			Program Opns (OBI)
Dismas House- Nashville 1513 16th Avenue South Nashville, TN 37203	23-7376100	501(c)3	3,314	0			Designation

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Continuation Sheet for Schedule I (Form 990)

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2009

Open to Public Inspection

Employer identification number

62-0533104

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

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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**Open to Public
Inspection**

Name of the organization

United Way of Middle Tennessee, Inc.

Employer identification number

62-0533104

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Domestic Violence Program Ruth...	62-1303874	501(c)3	5,949	0			Designation
826 Memorial Blvd Murfreesboro...							
Easter Seal Society of TN, Inc.	62-0504893	501(c)3	12,664	0			Designation
2001 Woodmont Blvd Nashville, T...							
Eighteenth Avenue Family Enrich...	62-0562855	501(c)3	74,217	0			Program Opns (OBI)
1811 Osage St Nashville, TN 372...							
Eighteenth Avenue Family Enrich...	62-0562855	501(c)3	3,830	0			Designation
1811 Osage St Nashville, TN 372...							
Family & Children's Service	62-0499284	501(c)3	376,035	0			Program Opns (OBI)
201 23rd Ave N Nashville, TN 372...							
Family & Children's Service	62-0499284	501(c)3	502,915	0			Grants
201 23rd Ave N Nashville, TN 372...							
Family & Children's Service	62-0499284	501(c)3	10,482	0			Designation
201 23rd Ave N Nashville, TN 372...							
Fannie Battle Day Home for Child...	62-1859820	501(c)3	3,152	0			Designation
911 Shelby Avenue Nashville, TN							
Fannie Battle Day Home for Child...	62-1859820	501(c)3	71,540	0			Program Opns (OBI)
911 Shelby Avenue Nashville, TN							
FiftyForward Foundation (formerly	62-1202660	501(c)3	16,875	0			Designation
174 Rains Avenue Nashville, TN							
FiftyForward Foundation (formerly	62-1202660	501(c)3	313,727	0			Program Opns (OBI)
174 Rains Avenue Nashville, TN							
First Steps, Inc.	62-0674974	501(c)3	95,758	0			Program Opns (OBI)
4414 Granny White Pike Nashville							
First Steps, Inc.	62-0674974	501(c)3	7,792	0			Designation
4414 Granny White Pike Nashville							
Foundation for the Memphis Publi...	62-1590768	501(c)3	56,311	0			Grants
3030 Poplar Avenue Memphis, TN							
Gilda's Club Nashville	62-1614190	501(c)3	9,304	0			Designation
1707 Division Street Nashville, TN							

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Continuation Sheet for Schedule I (Form 990)

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Department of the Treasury
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Name of the organization

United Way of Middle Tennessee, Inc.

Employer identification number

62-0533104

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Girl Scouts of Middle TN 4522 Granny White Pike Nashville	62-0589380	501(c)3	15,711	0			Designation
Goodwill Industries of Middle Tenr 1015 Herman Street Nashville, TN	62-0599413	501(c)3	38,157	0			Program Opns (OBI)
Goodwill Industries of Middle TN 1015 Herman Street Nashville, TN	62-0599413	501(c)3	4,200	0			Designation
Guardianship and Trusts Corpora 501 Union St Ste 404 Nashville, TN	58-1454706	501(c)3	1,726	0			Designation
Guardianship and Trusts Corpora 501 Union St Ste 404 Nashville, TN	58-1454706	501(c)3	24,670	0			Program Opns (OBI)
Habitat for Humanity Nashville 1006 8th Avenue South Nashville	58-1636286	501(c)3	11,948	0			Designation
Harris-Hillman Special Education 1706 26th Ave South Nashville, TN	58-1385923	501(c)3	9,108	0			Designation
Hearing Bridges 415 4th Ave S Nashville, TN 3720	62-0498798	501(c)3	8,394	0			Designation
Hearing Bridges 415 4th Ave S Nashville, TN 3720	62-0498798	501(c)3	32,483	0			Program Opns (OBI)
Humane Association Wilson PO Box 247 Lebanon, TN 37088	62-1048196	501(c)3	6,452	0			Designation
Humane Society of the TN Valley PO Box 9479 Knoxville, TN 37940	62-0596930	501(c)3	7,608	0			Designation
Interfaith Dental Clinic of Nashville 1721 Patterson St Nashville, TN 3	62-1567615	501(c)3	107,566	0			Program Opns (OBI)
Interfaith Dental Clinic of Nashville 1721 Patterson St Nashville, TN 3	62-1567615	501(c)3	7,297	0			Designation
Junior Achievement/Davidson 120 Powell Place Nashville, TN 3	62-0582571	501(c)3	7,212	0			Designation
Jewish Family Service/Davidson 801 Percy Warner Blvd. Suite 103	62-0475746	501(c)3	7,768	0			Designation

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
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King's Daughter Day Home 590 N Dupont Ave Nashville, TN	62-0729602	501(c)3	108,072	0			Program Opns (OBI)
King's Daughter Day Home 590 N Dupont Ave Nashville, TN	62-0729602	501(c)3	7,572	0			Designation
Ladies of Charity Welfare Agency 2216 State St Nashville, TN 3720	62-0481799	501(c)3	66,999	0			Program Opns (OBI)
Ladies of Charity Welfare Agency 2216 State St Nashville, TN 3720	62-0481799	501(c)3	4,442	0			Designation
Legal Aid Society of Middle TN an 300 Deaderick St Nashville, TN 3	62-0800756	501(c)3	12,807	0			Designation
Legal Aid Society of Middle TN an 300 Deaderick St Nashville, TN 3	62-0800756	501(c)3	84,944	0			Program Opns (OBI)
Leukemia & Lymphoma Society I 404 BNA Drive Nashville, TN 372	58-1451075	501(c)3	7,209	0			Donor Designated
Lupus Foundation of America 4004 Hillsboro Rd Nashville, TN 3	62-1204893	501(c)3	5,777	0			Donor Designated
Magdalene PO Box 6330-B Nashville, TN 372	58-2050089	501(c)3	15,010	0			Program Opns (OBI)
Magdalene PO Box 6330-B Nashville, TN 372	58-2050089	501(c)3	22,090	0			Designation
Make a Wish of Middle TN 209 10th Avenue South Nashville	62-1833327	501(c)3	7,413	0			Donor Designated
Martha O'Bryan Center, Inc. 711 South Seventh Street Nashvil	62-0477728	501(c)3	22,726	0			Designation
Martha O'Bryan Center, Inc. 711 South Seventh Street Nashvil	62-0477728	501(c)3	1,227	0			Grant
Martha O'Bryan Center, Inc. 711 South Seventh Street Nashvil	62-0477728	501(c)3	379,357	0			Program Opns (OBI)
Matthew 25, Inc. P O Box 158461 Nashville, TN 37	58-1673641	501(c)3	21,463	0			Program Opns (OBI)

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
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Matthew 25, Inc. P O Box 158461 Nashville, TN 37215	58-1673641	501(c)3	5,550	0			Designation
Matthew Walker Comprehensive Health Services 1035 14th Ave Nashville, TN 37203	62-1035426	501(c)3	3,499	0			Designation
Matthew Walker Comprehensive Health Services 1035 14th Ave Nashville, TN 37203	62-1035426	501(c)3	920	0			Grants
Matthew Walker Comprehensive Health Services 1035 14th Ave Nashville, TN 37203	62-1035426	501(c)3	43,950	0			Program Opns (OBI)
McNeilly Center for Children 400 Meridian St Nashville, TN 37203	62-0479366	501(c)3	372,523	0			Program Opns (OBI)
McNeilly Center for Children 400 Meridian St Nashville, TN 37203	62-0479366	501(c)3	1,600	0			Grant
McNeilly Center for Children 400 Meridian St Nashville, TN 37203	62-0479366	501(c)3	6,936	0			Designation
Meharry Medical College 1005 Dr. DB Todd Jr. Blvd Nashville, TN 37203	62-0488046	501(c)3	106,794	0			Grants
Meharry Medical School 1005 Dr. DB Todd Jr. Blvd Nashville, TN 37203	62-0488046	501(c)3	24,444	0			Designation
Mental Health Association of Middle Tennessee 2416 21st Avenue South, Suite 200 Nashville, TN 37203	62-0637710	501(c)3	4,124	0			Program Opns (OBI)
Mental Health Association of Middle Tennessee 2416 21st Avenue South, Suite 200 Nashville, TN 37203	62-0637710	501(c)3	3,692	0			Designation
Mental Health Cooperative 275 Cumberland Bend Drive Nashville, TN 37203	58-2018687	501(c)3	66,512	0			Program Opns (OBI)
Mental Health Cooperative 275 Cumberland Bend Drive Nashville, TN 37203	58-2018687	501(c)3	7,549	0			Designation
Metropolitan Interdenominational Church 2128 11th Avenue North Nashville, TN 37203	62-1100022	501(c)3	161,323	0			Grant
Mid Cumberland Community Action Center 1101 Kermit Dr Ste 300 Nashville, TN 37203	62-0859072	501(c)3	23,113	0			Grants

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Mid Cumberland Community Action 1101 Kermit Dr Ste 300 Nashville	62-0859072	501(c)3	1,316	0			Program Opns (OBI)		
Mid Cumberland HRA PO Box 17385 Nashville, TN 372	62-0923487	501(c)3	11,327	0			Designation		
Mid Cumberland HRA PO Box 17385 Nashville, TN 372	62-0923487	501(c)3	13,682	0			Program Opns (OBI)		
Mid TN Supported Living, Inc. 1161 Murfreesboro Pike # 215 Na	62-1659522	501(c)3	1,097	0			Designation		
Mid TN Supported Living, Inc. 1161 Murfreesboro Pike # 215 Na	62-1659522	501(c)3	38,753	0			Program Opns (OBI)		
Miriam's Promise 522 Russell Street Nashville, TN	62-1721505	501(c)3	12,506	0			Designation		
Monroe Harding Children's Home 1120 Glendale Lane Nashville, TN	62-0476670	501(c)3	19,875	0			Program Opns (OBI)		
Monroe Harding Children's Home 1120 Glendale Lane Nashville, TN	62-0476670	501(c)3	8,337	0			Designation		
Multiple Sclerosis Society of Middle 4219 Hillsboro Road Nashville, TN	13-5661935	501(c)3	8,572	0			Designation		
Mur-Ci Homes, Inc. 2984 Baby Ruth Ln Antioch, TN 3	62-0649797	501(c)3	9,138	0			Designation		
Nashville Adult Literacy Council 4805 Park Ave Nashville, TN 372	58-1488230	501(c)3	136,085	0			Program Opns (OBI)		
Nashville Adult Literacy Council 4805 Park Ave Nashville, TN 372	58-1488230	501(c)3	1,896	0			Designation		
Nashville Alliance For Public Educa 2400 Fairfax Avenue Nashville, TN	48-1266314	501(c)3	96,664	0			Designation		
Nashville CARES, Inc. 501 Brick Church Park Drive Nash	62-1274532	501(c)3	90,812	0			Program Opns (OBI)		
Nashville CARES, Inc. 501 Brick Church Park Drive Nash	62-1274532	501(c)3	2,219,865	0			Grant		

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Internal Revenue Service

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Nashville CARES, Inc.	62-1274532	501(c)3	34,783	0			Designation		
501 Brick Church Park Drive Nash									
Nashville Children's Alliance	62-1484097	501(c)3	18,000	0			Program Opns (OBI)		
1264 Foster Ave Nashville, TN 37									
Nashville Children's Alliance	62-1484097	501(c)3	9,379	0			Designation		
1264 Foster Ave Nashville, TN 37									
Nashville Humane Association	57-1203593	501(c)3	30,091	0			Designation		
213 Oceola Avenue Nashville, TN									
Nashville Opportunities Industrial	62-0794650	501(c)3	14,905	0			Program Opns (OBI)		
460 10th Circle North - P. O. Box									
Nashville Opportunities Industrial	62-0794650	501(c)3	2,928	0			Designation		
460 10th Circle North - P. O. Box									
Nashville Rescue Mission	62-6018832	501(c)3	17,320	0			Designation		
PO Box 333229 Nashville, TN 37									
Nashville Safe Haven Family Shel	62-1807653	501(c)3	10,431	0			Designation		
1234 3rd Avenue South Nashville									
Nashville State Community Colleg	62-1567873	501(c)3	7,671	0			Grants		
120 White Bridge Pike Nashville,									
Nashville Symphony	62-0550979	501(c)3	5,260	0			Designation		
One Symphony Place Nashville, T									
Neighborhoods Resource Center	62-1817514	501(c)3	231,958	0			Program Opns (OBI)		
1312 3rd Ave N Nashville, TN 37									
Neighborhoods Resource Center	62-1817514	501(c)3	3,500	0			Grants		
1312 3rd Ave N Nashville, TN 37									
Neighborhoods Resource Center	62-1817514	501(c)3	1,698	0			Donor Designated		
1312 3rd Ave N Nashville, TN 37									
Nurses for Newborns of TN	43-1601329	501(c)3	62,623	0			Program Opns (OBI)		
50 Vantage Way Nashville, TN 37									
Nurses for Newborns of TN	43-1601329	501(c)3	8,009	0			Designation		
50 Vantage Way Nashville, TN 37									

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**SCHEDULE I-1
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OMB No. 1545-0047

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United Way of Middle Tennessee, Inc.

Employer identification number
62-0533104

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Oasis Center, Inc. P.O. Box 121648 Nashville, TN 37202	62-0968273	501(c)3	597,191	0			Program Opns (OBI)
Oasis Center, Inc. P.O. Box 121648 Nashville, TN 37202	62-0968273	501(c)3	18,293	0			Designation
Old Hickory Christian Community 209 Bridgeway Ave Old Hickory, TN 37124	62-1279200	501(c)3	13,716	0			Program Opns (OBI)
Old Hickory Christian Community 209 Bridgeway Ave Old Hickory, TN 37124	62-1279200	501(c)3	2,763	0			Designation
ONE (Organized Neighbors of Edgehill) 1001 Edgehill Ave Nashville, TN 37203	62-1540325	501(c)3	93,634	0			Program Opns (OBI)
ONE (Organized Neighbors of Edgehill) 1001 Edgehill Ave Nashville, TN 37203	62-1540325	501(c)3	4,743	0			Grant
ONE (Organized Neighbors of Edgehill) 1001 Edgehill Ave Nashville, TN 37203	62-1540325	501(c)3	1,712	0			Donor Designated
Operation Stand Down Nashville 1101 Edgehill Ave # 1000 Nashville, TN 37203	62-1638832	501(c)3	10,772	0			Designation
Operation Stand Down Nashville 1101 Edgehill Ave # 1000 Nashville, TN 37203	62-1638832	501(c)3	10,969	0			Program Opns (OBI)
Our Kids, Inc. 1804 Hayes Street Nashville, TN 37203	58-1830327	501(c)3	13,537	0			Designation
Park Center 801 12st Ave South Nashville, TN 37203	62-1336640	501(c)3	73,124	0			Program Opns (OBI)
Park Center 801 12st Ave South Nashville, TN 37203	62-1336640	501(c)3	8,444	0			Designation
PENCIL Foundation 421 Great Circle Rd #100 Nashville, TN 37203	58-1475675	501(c)3	7,808	0			Donor Designated
PENCIL Foundation 421 Great Circle Rd #100 Nashville, TN 37203	58-1475675	501(c)3	215,928	0			Program Opns (OBI)
PENCIL Foundation 421 Great Circle Rd #100 Nashville, TN 37203	58-1475675	501(c)3	5,003	0			Grant

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
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part I.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Planned Parenthood of Middle & E									
50 Vantage Way Nashville, TN 37	62-6050064	501(c)3	41,500	0			Grant		
Planned Parenthood of Middle & E									
50 Vantage Way Nashville, TN 37	62-6050064	501(c)3	21,248	0			Designation		
Project Return, Inc.									
1200 Division St # 200 Nashville,	62-1058325	501(c)3	54,007	0			Program Opns (OBI)		
Renewal House, Inc.									
PO Box 280356 Nashville, TN 37	62-1631055	501(c)3	39,425	0			Program Opns (OBI)		
Renewal House, Inc.									
PO Box 280356 Nashville, TN 37	62-1631055	501(c)3	8,832	0			Designation		
Residential Resources, Inc.									
604 Gallatin Ave # 103 Nashville,	62-1718171	501(c)3	39,661	0			Program Opns (OBI)		
Rochelle Center									
1020 Southside Ct Nashville, TN	62-0813080	501(c)3	30,738	0			Program Opns (OBI)		
Rochelle Center									
1020 Southside Ct Nashville, TN	62-0813080	501(c)3	5,150	0			Designation		
Rocketown Youth Services									
401 6th Ave S Nashville, TN 3720	62-1571573	501(c)3	5,061	0			Donor Designated		
Ronald McDonald House Davidso									
2144 Fairfax Nashville, TN 37212	62-1310717	501(c)3	11,559	0			Donor Designated		
Salama Urban Ministries, Inc.									
1205 8th Ave S Nashville, TN 372	58-2198012	501(c)3	74,526	0			Program Opns (OBI)		
Salama Urban Ministries, Inc.									
1205 8th Ave S Nashville, TN 372	58-2198012	501(c)3	5,116	0			Designation		
Salvation Army									
631 Dickerson Rd. Nashville, TN	58-0660607	501(c)3	3,120	0			Grant		
Salvation Army									
631 Dickerson Rd. Nashville, TN	58-0660607	501(c)3	20,718	0			Designation		
Salvation Army									
631 Dickerson Rd. Nashville, TN	58-0660607	501(c)3	111,000	0			Program Opns (OBI)		

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

Schedule I-1 (Form 990) 2009

**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
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Samaritan Ministries/ Project S.S.I. 1041 28th Avenue North Nashville	62-1341004	501(c)3	5,317	0			Donor Designated		
Samaritan Recovery Community, 319 South 4th Street Nashville, TN	62-0723592	501(c)3	5,027	0			Donor Designated		
Samaritan Recovery Community, 319 South 4th Street Nashville, TN	62-0723592	501(c)3	118,011	0			Program Opns (OBI)		
Second Harvest Food Bank of Mid 331 Great Circle Rd Nashville, TN	62-1049447	501(c)3	13,384	0			Grant		
Second Harvest Food Bank of Mid 331 Great Circle Rd Nashville, TN	62-1049447	501(c)3	105,180	0			Donor Designated		
Second Harvest Food Bank of Mid 331 Great Circle Rd Nashville, TN	62-1049447	501(c)3	128,690	0			Program Opns (OBI)		
Sexual Assault Center 101 French Landing Drive Nashville	62-1043294	501(c)3	23,219	0			Donor Designated		
Sexual Assault Center 101 French Landing Drive Nashville	62-1043294	501(c)3	74,921	0			Program Opns (OBI)		
Smyrna-LaVergne Food Bank 130 Richardson Street Smyrna, TN	58-1565567	501(c)3	6,324	0			Donor Designated		
South Central HRA PO Box 638 Fayetteville, TN 3733	62-0944179	501(c)3	45,912	0			Grants		
Special Kids 202 Arnette Street Murfreesboro,	62-1718638	501(c)3	13,650	0			Designation		
St. Jude's Children research Hosp 501 St. Jude's Place Memphis, TN	62-0646012	501(c)3	26,464	0			Designation		
St. Luke's Community House Epis 5601 New York Ave Nashville, TN	62-0484183	501(c)3	210,133	0			Program Opns (OBI)		
St. Luke's Community House Epis 5601 New York Ave Nashville, TN	62-0484183	501(c)3	8,480	0			Grant		
St. Luke's Community House Epis 5601 New York Ave Nashville, TN	62-0484183	501(c)3	16,501	0			Designation		

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
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part I.)

(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
St. Mary Villa Child Development 30 White Bridge Rd Nashville, TN	62-0579243	501(c)3	4,104	0			Designation
St. Mary Villa Child Development 30 White Bridge Rd Nashville, TN	62-0579243	501(c)3	161,902	0			Program Opns (OBI)
State of Tennessee Cordell Hull Building, 4th Floor Na Street Works	62-6001445	501(c)3	946,820	0			Grant
PO Box 60037 Nashville, TN 372 Street Works	62-1806967	501(c)3	334,829	0			Grant
PO Box 60037 Nashville, TN 372 STARS Nashville	62-1806967	501(c)3	185	0			Donor Designated
1704 Charlotte Pike, Suite 200 Na STARS Nashville	62-1285699	501(c)3	1,900	0			Designation
1704 Charlotte Pike, Suite 200 Na Tennessee Kidney Foundation	62-1285699	501(c)3	184,340	0			Program Opns (OBI)
2120 Crestmoor Rd Nashville, TN Tennessee Poison Center	27-0812507	501(c)3	5,502	0			Designation
1161 21st Ave S Nashville, TN 37 Tennessee Poison Center	62-0476822	501(c)3	2,077	0			Designation
1161 21st Ave S Nashville, TN 37 Tennessee Voices for Children, In	62-0476822	501(c)3	35,438	0			Program Opns (OBI)
701 Bradford Ave Nashville, TN 3 Tennessee Voices for Children, In	62-1576400	501(c)3	81,880	0			Program Opns (OBI)
701 Bradford Ave Nashville, TN 3 The Arc of Davidson County	62-1576400	501(c)3	2,130	0			Designation
111 North Wilson Blvd Nashville, The Arc of Davidson County	62-0588710	501(c)3	11,000	0			Program Opns (OBI)
111 North Wilson Blvd Nashville, The Next Door	62-0588710	501(c)3	6,018	0			Designation
P.O. Box 23336 Nashville, TN 37 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	43-2001774	501(c)3	38,753	0			Program Opns (OBI)

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

Continuation Sheet for Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Next Door							
P.O. Box 23336 Nashville, TN 37	43-2001774	501(c)3	5,967	0			Designation
United Neighborhood Health Serv							
617 S 8th St Nashville, TN 37206	62-1032792	501(c)3	152,833	0			Program Opns (OBI)
United Neighborhood Health Serv							
617 S 8th St Nashville, TN 37206	62-1032792	501(c)3	1,007	0			Grants
United Neighborhood Health Serv							
617 S 8th St Nashville, TN 37206	62-1032792	501(c)3	5,507	0			Designation
Upper Cumberland HRA							
311 Enterprise Drive Cookeville, T	62-0906260	501(c)3	33,144	0			Grant
Urban League of Greater Chattan							
PO Box 11106 Chattanooga, TN 3	58-1436933	501(c)3	35,612	0			Grant
UW of the Capital Area MS							
PO Box 23169 Jackson, MS 3922	64-0303675	501(c)3	90,211	0			Designation
UW Greater Chattanooga							
PO Box 4027 Chattanooga, TN 37	62-0565962	501(c)3	73,010	0			Grant
UW Greater Chattanooga							
PO Box 4027 Chattanooga, TN 37	62-0565962	501(c)3	657	0			Donor Designated
UW Maury County Columbia							
PO Box 222 Columbia, TN 38402	62-6014994	501(c)3	7,384	0			Designation
UW of East Mississippi							
PO Box 5376 Meridian, MS 39302	64-0387703	501(c)3	8,968	0			Donor Designated
UW Franklin County TN							
PO Box 157 Winchester, TN 3930	62-1812118	501(c)3	12,054	0			Donor Designated
UW of Greater Clarksville Region							
1300 Madison Street Clarksville, T	62-6014536	501(c)3	34,184	0			Grants
UW of Greater Clarksville Region							
1300 Madison Street Clarksville, T	62-6014536	501(c)3	9,662	0			Designation
UW Greater Knoxville							
1301 Hannah Avenue Knoxville, T	62-0475748	501(c)3	40,854	0			Grants

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
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UW Greater Knoxville 1301 Hannah Avenue Knoxville, TN 37903	62-0475748	501(c)(3)	1,521	0			Donor Designated
UW Leflore County MS PO Box 524 Greenwood, MS 38901	64-0658898	501(c)(3)	7,769	0			Donor Designated
UW Lincoln County MS PO Box 978 Brookhaven, MS 39601	64-0413289	501(c)(3)	7,502	0			Donor Designated
UW of the MidSouth 6775 Lenox Center Ct Memphis, TN 38119	56-1010742	501(c)(3)	28,357	0			Donor Designated
UW Robertson County 101 5th Avenue West Spring field TN 37172	62-1763845	501(c)(3)	10,347	0			Grants
UW Rutherford County PO Box 330056 Murfreesboro, TN 37133	58-1341880	501(c)(3)	130,208	0			Designation
UW Sumner County 625 Johnny Cash Blvd Henderson TN 37057	31-1510208	501(c)(3)	22,994	0			Designation
UW West Central MS PO Box 203 Vicksburg, MS 39181	64-0330259	501(c)(3)	5,379	0			Designation
UW West Tennessee PO Box 2086 Jackson, TN 38302	62-0590257	501(c)(3)	26,980	0			Donor Designated
UW West Tennessee PO Box 2086 Jackson, TN 38302	62-0590257	501(c)(3)	307	0			Grants
UW Williamson County 209 Gothic Court Franklin, TN 37067	62-6049469	501(c)(3)	923	0			Donor Designated
UW Williamson County 209 Gothic Court Franklin, TN 37067	62-6049469	501(c)(3)	71,214	0			Grants
UW Wilson County PO Box 3541 Lebanon, TN 37088	62-1660029	501(c)(3)	30,275	0			Donor Designated
Vanderbilt Bill Wilkerson/ Davidso 1215 21st Avenue South Nashville TN 37203	62-0476822	501(c)(3)	2,000	0			Designation
Vanderbilt Bill Wilkerson/ Davidso 1215 21st Avenue South Nashville TN 37203	62-0476822	501(c)(3)	9,993	0			Program Opns (OBI)
							Designation

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
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2009

**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 United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Vanderbilt Center for Health Services 1211 Medical Center Drive Nashville, TN 37203	62-0476822	501(c)(3)	166,657	0			Program Opns (OBI)
Vanderbilt Center for Health Services 1211 Medical Center Drive Nashville, TN 37203	62-0476822	501(c)(3)	2,949	0			Grant
Vanderbilt Center for Health Services 1211 Medical Center Drive Nashville, TN 37203	62-0476822	501(c)(3)	6,329	0			Designation
Vanderbilt Children's Hospital 2200 Children's Way Nashville, TN 37203	62-0476822	501(c)(3)	14,794	0			Designation
Vanderbilt Ingram Cancer Center 691 Preston Building Nashville, TN 37203	62-0476822	501(c)(3)	5,937	0			Designation
Vanderbilt University Peabody 230 Appleton Place Nashville, TN 37203	62-0476822	501(c)(3)	43,950	0			Program Opns (OBI)
Vanderbilt University Peabody 230 Appleton Place Nashville, TN 37203	62-0476822	501(c)(3)	609	0			Donor Designated
Wayne Reed Christian Childcare 11-B Lindsley Avenue Nashville, TN 37203	62-1625142	501(c)(3)	6,498	0			Designation
Women on Main Training Education 460 10th Circle North Nashville, TN 37203	62-1645835	501(c)(3)	38,005	0			Grant
Woodbine Community Organization 222 Oriol Ave Nashville, TN 37210	62-1280006	501(c)(3)	51,886	0			Grants
Woodbine Community Organization 222 Oriol Ave Nashville, TN 37210	62-1280006	501(c)(3)	190	0			Donor Designated
YMCA of Middle TN 900 Church Street Nashville Nashville, TN 37203	62-0476243	501(c)(3)	36,417	0			Program Opns (OBI)
YMCA of Middle TN 900 Church Street Nashville Nashville, TN 37203	62-0476243	501(c)(3)	25,909	0			Designation
Youth Encouragement Services 521 McIver Street Nashville, TN 37203	62-0570681	501(c)(3)	7,322	0			Designation
Youth Life Learning Center (Foundation) 3656 Trousdale Dr # 109 Nashville, TN 37203	62-1848192	501(c)(3)	119,241	0			Program Opns (OBI)

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

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and 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		
	0	0	0		

Part IV Supplemental Information Complete this section if additional space is needed.

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

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**Open to Public
Inspection**

Name of the organization

United Way of Middle Tennessee, Inc.

Employer identification number

62-0533104

Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"><tr><td>☐ First-class or charter travel</td><td>☐ Housing allowance or residence for personal use</td></tr><tr><td>☐ Travel for companions</td><td>☐ Payments for business use of personal residence</td></tr><tr><td>☐ Tax indemnification and gross-up payments</td><td>☒ Health or social club dues or initiation fees</td></tr><tr><td>☐ Discretionary spending account</td><td>☐ Personal services (e.g., maid, chauffeur, chef)</td></tr></table>	☐ First-class or charter travel	☐ Housing allowance or residence for personal use	☐ Travel for companions	☐ Payments for business use of personal residence	☐ Tax indemnification and gross-up payments	☒ Health or social club dues or initiation fees	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
☐ First-class or charter travel	☐ Housing allowance or residence for personal use									
☐ Travel for companions	☐ Payments for business use of personal residence									
☐ Tax indemnification and gross-up payments	☒ Health or social club dues or initiation fees									
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		X								
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?	X									
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. <table border="0"><tr><td>☒ Compensation committee</td><td>☒ Written employment contract</td></tr><tr><td>☒ Independent compensation consultant</td><td>☒ Compensation survey or study</td></tr><tr><td>☐ Form 990 of other organizations</td><td>☒ Approval by the board or compensation committee</td></tr></table>	☒ Compensation committee	☒ Written employment contract	☒ Independent compensation consultant	☒ Compensation survey or study	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee				
☒ Compensation committee	☒ Written employment contract									
☒ Independent compensation consultant	☒ Compensation survey or study									
☐ Form 990 of other organizations	☒ Approval by the board or compensation committee									
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		X								
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.										
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III.		X								
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? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.		X								
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.		X								
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.		X								
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?										

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Page 2

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

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

[illegible]

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 in June 2008. 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 is an annual membership to the YMCA.

Part I Line 3 Executive compensation was researched by the Human Resource Committee. An independent consultant was employed in the search for a new CEO. The consultant provided comparable information for similarly situated CEO's at other nonprofits in the community. Additionally, salary data for other United Way CEO's in similarly sized United Ways in the region was obtained via a survey of the United Way Worldwide network. The HR Committee's recommendation was approved by the Executive Committee.

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of Middle Tennessee, Inc.

Noncash Contributions

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

OMB No. 1545-0047

2009

**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	30	247,267	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 ► (misc supplies- fc)	X	0	105,164	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** 0

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	
32a		X
33		

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.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

United Way of Middle Tennessee, Inc.

Employer identification number
62-0533104

Form 990 Section C NAME OF ORGANIZATION

The organizations 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, Inc. The United Way of Cheatham County transferred all of its assets to United Way of Middle Tennessee, Inc. and terminated, leaving the United Way of Middle Tennessee, Inc. 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.

Form 990 Part VI Section B Line 11A PROCESS FOR REVIEWING FORM 990

The complete IRS Form 990 is presented to and reviewed with the Board of Trustees in person before the return is filed. Each trustee received a copy of the return at the time of the review.

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

Executive compensation for the CEO was set with the approval of the Human Resources Committee and the Chairman of the Board. An executive consultant was employed in the search for a new CEO. The consultant provided comparable information on similiarly situated CEO's at other nonprofits in the community. Additionally, United Way Worldwide (UWW) 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 recommendations were approved by the Executive Committee. A similar process is followed for other Senior Management team members, whereby local market data, regional UWW salary surveys, and Executive Committee reviews are all utilized in setting compensation for other officers and key employees of the organization.

Form 990 Part VI Section C Line 19 DISCLOSURE

The audited financial statements, along with the IRS form 990, are posted on the organization's website, and copies of the other governing documents are available upon request.

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

(HTA)

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

\$125,322 - amounts received from other United Way's campaigns

\$108,365 - amounts received from the Combined Federal Campaign

\$233,687 - TOTAL FEDERATED CAMPAIGN

Line 1e GOVERNMENT GRANTS

\$3,658,374 - Metropolitan Government of Nashville- Ryan White HIV/AIDS

\$1,358,379 - State of Tennessee - Ryan White HIV/AIDS

\$177,006 - State of Tennessee - Food Stamps (2-1-1)

\$338,612 - State of Tennessee - Nashville Alliance for Financial Independence

\$218,166 - IRS - Nashville Alliance for Financial Independence (NAFI)

\$78,698 - State of Tennessee - Workforce Investment Act- Youth Activities

\$24,510 - State of Tennessee - ARRA-Byrne Memorial Justice Assistance Grant

\$5,853,745 - TOTAL GOVERNMENT GRANTS

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

\$15,878,481 - total 2008/2009 campaign pledges, including \$247,267 of non cash (stock) gifts

\$(738,976) - provision for pledge loss for the 2008/2009 campaign

\$(108,365) - Combined Federal Campaign revenues included in line 1a above and in the 2008/2009 campaign revenues

\$(341,621) - service fees included in the 2008/2009 campaign revenues

\$591,042 - amounts collected on prior year campaigns, other contributions, and releases from temporarily restricted gifts (including \$105,164 of in-kind, non cash donations)

\$15,280,561 - TOTAL CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS

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

\$7,481,848 - campaign funded investments in agency programs and initiatives

\$5,555,815 - grant funded investments in initiatives

\$4,681,608 - gross campaign contributions designated to specific agencies

\$(495,457) - unpaid pledges included in gross campaign designations above

\$(341,621) - service fees collected on designated gifts reported above

\$3,844,530 - Net designated campaign contributions designated to specific agencies

\$16,882,193 TOTAL GRANTS AND OTHER ASSISTANCE IN THE US

See Schedule I for the details of aggregated grants to individual agencies exceeding the \$5,000 threshold

Form 990 Part IX Line 21 PAYMENTS TO AFFILIATES

Dues are paid to United Way Worldwide, 701 N. Fairfax Street, Alexandria, VA 22314

The dues paid in 2009 of \$160,000 are based on the amount of the 08/09 campaign & were allocated across functional expense areas as shown. United Way Worldwide is the national organization dedicated to leading the United Way movement in making a measurable impact in every community across America. The United Way movement consists of over 1,200 community-based organizations. Each is independent, separately incorporated, and governed by local volunteers.

Form 990 Schedule I, Column H - PURPOSE OF GRANT OR ASSISTANCE

PROGRAMS OPNS (OBI) = campaign funded investments in specific agency programs with measurable outcomes

DESIGNATIONS = awards to specific agencies for their general operations, made up of donor imposed restrictions (designations)

GRANT = grants to subrecipient agencies in connection with government and private grants

United Way of Metropolitan Nashville

250 Venture Circle

Nashville, Tennessee 37228

Phone 615.255.8501 • Fax 615.780.2426

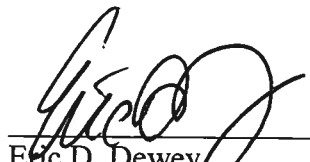
www.unitedwaynashville.org

CEO/CFO Financial Statement Certification

CERTIFICATIONS

I hereby certify that:

1. I have read the audited financial statements and related IRS Form 990 of United Way of Metropolitan Nashville for the year ended December 31, 2009.
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, 2009.



Eric D. Dewey
President and Chief Executive Officer

Aug. 12, 2010
Date



Mary Jo Wiggins
Senior Director and Chief Financial Officer

8/12/10
Date

**GIVE. ADVOCATE. VOLUNTEER.
LIVE UNITED.**

