

**Form 990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

<b>A</b> For the 2019 calendar year, or tax year beginning and ending																										
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization UNITED WAY OF MIDDLE TENNESSEE, INC</td> <td><b>D</b> Employer identification number 62-0533104</td> </tr> <tr> <td colspan="2">Doing business as UNITED WAY OF GREATER NASHVILLE (UWGN)</td> <td rowspan="2"><b>E</b> Telephone number 615-255-8501</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">250 VENTURE CIRCLE</td> <td rowspan="2"><b>G</b> Gross receipts \$ 42,423,336.</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code NASHVILLE, TN 37228</td> </tr> <tr> <td colspan="3"><b>F</b> Name and address of principal officer: SUMMOR PENNINGTON SAME AS C ABOVE</td> </tr> <tr> <td colspan="3"> <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527       </td> </tr> <tr> <td colspan="3"><b>J</b> Website: WWW.UNITEDWAYNASHVILLE.ORG</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td><b>L</b> Year of formation: 1954 <b>M</b> State of legal domicile: TN</td> </tr> </table>	<b>C</b> Name of organization UNITED WAY OF MIDDLE TENNESSEE, INC		<b>D</b> Employer identification number 62-0533104	Doing business as UNITED WAY OF GREATER NASHVILLE (UWGN)		<b>E</b> Telephone number 615-255-8501	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	250 VENTURE CIRCLE		<b>G</b> Gross receipts \$ 42,423,336.	City or town, state or province, country, and ZIP or foreign postal code NASHVILLE, TN 37228		<b>F</b> Name and address of principal officer: SUMMOR PENNINGTON SAME AS C ABOVE			<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J</b> Website: WWW.UNITEDWAYNASHVILLE.ORG			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1954 <b>M</b> State of legal domicile: TN
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Part I Summary			
<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: UWGN UNITES THE COMMUNITY AND MOBILIZES RESOURCES SO THAT EVERY CHILD, INDIVIDUAL AND FAMILY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	43
	4	Number of independent voting members of the governing body (Part VI, line 1b)	43
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	91
	6	Total number of volunteers (estimate if necessary)	5582
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	12,000.
7b	Net unrelated business taxable income from Form 990-T, line 39	10,100.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	24,702,846.
	9	Program service revenue (Part VIII, line 2g)	429,392.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	831,958.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-159,252.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,804,944.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,496,213.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,239,112.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	2,385,217.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,146,233.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,881,558.
	19	Revenue less expenses. Subtract line 18 from line 12	923,386.
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	32,076,934.
	21	Total liabilities (Part X, line 26)	7,861,764.
	22	Net assets or fund balances. Subtract line 21 from line 20	24,215,170.

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.				
<b>Sign Here</b>	 Signature of officer		Date 08/31/2020	
	SUMMOR PENNINGTON, CFO Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	Firm's name	Firm's EIN	Phone no.	

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

UNITED WAY OF GREATER NASHVILLE UNITES THE COMMUNITY AND MOBILIZES  
RESOURCES SO THAT EVERY CHILD, INDIVIDUAL, AND FAMILY THRIVES.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 7,417,003. including grants of \$ 6,538,110. ) (Revenue \$ )

THE OUTCOME BASED INVESTMENTS PROGRAM PROVIDES FUNDING SUPPORT TO 143  
COMMUNITY BASED PROGRAMS IN 94 NONPROFIT AGENCIES IN DAVISON,  
WILLIAMSON, ROBERTSON, CHEATHAM AND HICKMAN COUNTIES, TN. THESE  
PROGRAMS SERVE OVER 116,000 LOW INCOME, VULNERABLE CHILDREN AND ADULTS  
BY PROVIDING MEASURABLE CHANGES IN BEHAVIOR OR CONDITION IN THREE FOCUS  
AREAS- EDUCATION, FINANCIAL STABILITY AND HEALTH. HIGHLIGHTS OF  
PROGRAM OUTCOMES IN THESE AREAS ARE: EDUCATION - 94% OF PRE-K CHILDREN  
ENROLLED IN THE READ TO SUCCEED EARLY LITERACY PROGRAM ASSESSED  
KINDERGARTEN READY. FINANCIAL STABILITY- 14,600 FAMILIES BENEFITTED  
FROM FREE TAX PREPARATION AND RECEIVED MORE THAN \$19.8 MILLION IN TAX  
REFUNDS AND EITC CREDITS. HEALTH - MORE THAN 6,400 INDIVIDUALS  
IMPROVED PHYSICAL OR MENTAL HEALTH THROUGH PHYSICAL ACTIVITY, CASE

**4b** (Code: ) (Expenses \$ 6,116,195. including grants of \$ 5,222,106. ) (Revenue \$ )

UNITED WAY ADMINISTERS TWO FEDERAL GRANTS AWARDED TO STATE AND LOCAL  
HEALTH DEPARTMENTS THROUGH THE HEALTH RESOURCES AND SERVICES  
ADMINISTRATION (HRSA) AND THE CENTER FOR DISEASE CONTROL (CDC) THAT ARE  
FOCUSED ON HIV CARE AND PREVENTION. THE RYAN WHITE/CARE GRANTS  
FOCUSES ON PROVIDING CORE MEDICAL (MEDICAL CASE MANAGEMENT, MENTAL  
HEALTH, SUBSTANCE ABUSE, ORAL HEALTH CARE, ETC.) AND SUPPORT SERVICES  
(NON-MEDICAL CASE MANAGEMENT, FOOD BANK/HOME-DELIVERED MEALS,  
TRANSPORTATION, ETC.) TO INDIVIDUALS LIVING IN 92 OF THE 95 COUNTIES IN  
TENNESSEE. OVER 2,500 ARE SERVED ANNUALLY. THE CDC/HIV PREVENTION  
GRANT FOCUSES ON PROVIDING PREVENTION AND EDUCATION SERVICES TO TARGET  
POPULATIONS AT HIGH RISK FOR HIV/LIVING WITH HIV. OVER 700 INDIVIDUALS  
ARE REACHED THROUGH SPECIFIC PREVENTION INTERVENTIONS DESIGNED FOR THE

**4c** (Code: ) (Expenses \$ 3,339,887. including grants of \$ 3,339,887. ) (Revenue \$ 352,488. )

DURING THE ANNUAL UNITED WAY CAMPAIGN, SOME DONORS CHOOSE TO DIRECTLY  
DESIGNATE SOME PORTION OF THEIR GIFT TO A SPECIFIC NON-PROFIT AGENCY OR  
UNITED WAY IN ANOTHER COMMUNITY. DESIGNATED GIFTS ARE AGGREGATED AND  
ARE THEN PAID TO THE AGENCIES OR ORGANIZATIONS AS THEY ARE COLLECTED,  
SUBJECT ONLY TO A MODEST ADMINISTRATIVE FEE TO HELP SUPPORT THE COST OF  
THE UNITED WAY CAMPAIGN. THE DESIGNATED GIFTS ARE DISTRIBUTED TO THE  
RECIPIENT AGENCIES WITHOUT RESTRICTION, FOR USE AS DETERMINED BY THE  
AGENCY. TO BE ELIGIBLE FOR DESIGNATED GIFTS, AGENCIES MUST BE TAX  
EXEMPT UNDER SECTION 5013, HAVE A HEALTH AND HUMAN SERVICES FOCUS, AND  
HAVE A PRESENCE IN THE MIDDLE TENNESSEE COMMUNITY.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 7,391,266. including grants of \$ 4,992,352. ) (Revenue \$ )

**4e** Total program service expenses **24,264,351.**Form **990** (2019)

**Part IV Checklist of Required Schedules**

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



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

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

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	102
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 91		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			

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

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 43 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent ..... <b>1b</b> 43		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... <b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... <b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ..... <b>9</b>		X

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

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

**Section C. Disclosure**

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

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
 SUMMOR PENNINGTON, CFO - 615-255-8501  
 250 VENTURE CIRCLE, NASHVILLE, TN 37228

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) BRIAN HASSETT PRESIDENT AND CEO	40.00			X				325,412.	0.	51,120.
(1) MARY JO WIGGINS CHIEF DEVELOPMENT OFFICER	40.00			X				194,392.	0.	14,758.
(1) ERICA MITCHELL CHIEF COMMUNITY IMPACT OFF	40.00			X				176,891.	0.	13,466.
(1) SUMMOR PENNINGTON CHIEF FINANCIAL OFFICER	40.00			X				138,974.	0.	11,830.
(5) JAMES BEARDEN SECRETARY-TRUSTEE	4.00	X		X				0.	0.	0.
(6) ROBERT DITTUS COMMUNITY INVESTMENT-STRATEGY CHAIR	4.00	X		X				0.	0.	0.
(7) JENNEEN KAUFMAN TREASURER-TRUSTEE	4.00	X		X				0.	0.	0.
(8) GORDON KNAPP BOARD CHAIR-TRUSTEE	4.00	X		X				0.	0.	0.
(9) MICKEY MCKAY CAMPAIGN COMMITTEE CHAIR	4.00	X		X				0.	0.	0.
(10) JIM SCHMITZ IMMEDIATE PAST BOARD CHAIR	4.00	X		X				0.	0.	0.
(11) JAMES WEAVER GOVERNMENT RELATIONS CHAIR	4.00	X		X				0.	0.	0.
(12) TIM ADAMS TRUSTEE	2.00	X						0.	0.	0.
(13) JANET AYERS TRUSTEE	2.00	X						0.	0.	0.
(14) SCOTT BECKER TRUSTEE	2.00	X						0.	0.	0.
(15) CATHY STEWART BROWN TRUSTEE	2.00	X						0.	0.	0.
(16) WILLIAM F. CARPENTER III TRUSTEE	2.00	X						0.	0.	0.
(17) DON COCHRAN EX OFFICIO TRUSTEE	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) CHARLIE COOK TRUSTEE	2.00	X						0.	0.	0.
(19) JOHN CROSSLIN VICE CHAIR-TRUSTEE	4.00	X						0.	0.	0.
(20) HONORABLE KARL DEAN TRUSTEE	2.00	X						0.	0.	0.
(21) ROBERT DENNIS TRUSTEE	4.00	X						0.	0.	0.
(22) SAM DEVANE TRUSTEE	2.00	X						0.	0.	0.
(23) JIM GINGRICH TRUSTEE	2.00	X						0.	0.	0.
(24) KRISTI MORROW TRUSTEE	2.00	X						0.	0.	0.
(25) HON. ALBERTO R. GONZALES TRUSTEE	2.00	X						0.	0.	0.
(26) TONY HEARD TRUSTEE	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								835,669.	0.	91,174.
<b>c Total from continuation sheets to Part VII, Section A</b>								372,513.	0.	38,447.
<b>d Total (add lines 1b and 1c)</b>								1,208,182.	0.	129,621.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ELEVATE CONSULTING, 1011 GILLOCK STREET #160466, NASHVILLE, TN 37216	COMMUNITY IMPACT CONSULTING	160,427.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SCOTT POHLMAN TRUSTEE	2.00	X						0.	0.	0.
(28) DAMON HININGER TRUSTEE	2.00	X						0.	0.	0.
(29) LAURA HOLLINGSWORTH TRUSTEE	2.00	X						0.	0.	0.
(30) LEE ANN INGRAM TRUSTEE	2.00	X						0.	0.	0.
(31) R. MILTON JOHNSON TRUSTEE	2.00	X						0.	0.	0.
(32) WILLIAM C. KOCH, JR. TRUSTEE	2.00	X						0.	0.	0.
(33) KEVIN ROME, PHD TRUSTEE	2.00	X						0.	0.	0.
(34) ROB MCNEILLY TRUSTEE	2.00	X						0.	0.	0.
(35) BLAKE STINNETTE TRUSTEE	2.00	X						0.	0.	0.
(36) JOELLE PHILLIPS TRUSTEE	2.00	X						0.	0.	0.
(37) BEN L. RECHTER TRUSTEE	2.00	X						0.	0.	0.
(38) RONALD ROBERTS TRUSTEE	2.00	X						0.	0.	0.
(39) HEATHER ROHAN TRUSTEE	2.00	X						0.	0.	0.
(40) ANNE RUSSELL TRUSTEE	2.00	X						0.	0.	0.
(41) MIKE SCHATZLEIN TRUSTEE	2.00	X						0.	0.	0.
(42) MIKE SHMERLING TRUSTEE	2.00	X						0.	0.	0.
(43) WAYNE SMITH TRUSTEE	2.00	X						0.	0.	0.
(44) REV. LEIGH SPRUILL TRUSTEE	2.00	X						0.	0.	0.
(45) DAVE WALTON TRUSTEE	2.00	X						0.	0.	0.
(46) EMILY WEISS TRUSTEE	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ERIC STUCKEY TRUSTEE	2.00	X						0.	0.	0.
(48) JENNIFER WRIGHT CHIEF MARKETING OFFICER	40.00			X				114,241.	0.	14,963.
(49) PAM BRYANT AREA PRESIDENT	40.00			X				16,897.	0.	729.
(50) JOHN BALL DIRECTOR, IT	40.00					X		124,626.	0.	13,232.
(51) CELESTE WILSON DIRECTOR, MAJOR GIFTS	40.00					X		116,749.	0.	9,523.
Total to Part VII, Section A, line 1c .....								372,513.		38,447.

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>	389,353.			
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	9,384,983.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	23,389,817.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 871,896.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		33,164,153.			
<b>Program Service Revenue</b>	<b>2 a</b>	DESIGNATION SERVICE FE	<b>Business Code</b>	900099	352,488.	352,488.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		352,488.			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		281,868.		
<b>4</b>		Income from investment of tax-exempt bond proceeds .....					
<b>5</b>		Royalties .....					
<b>6 a</b>		Gross rents .....	(i) Real	12,000.			
<b>b</b>		Less: rental expenses .....	(ii) Personal	0.			
<b>c</b>		Rental income or (loss) .....		12,000.			
<b>d</b>		Net rental income or (loss) .....		12,000.		12,000.	
<b>7 a</b>		Gross amount from sales of assets other than inventory .....	(i) Securities	8,672,523.			
<b>b</b>		Less: cost or other basis and sales expenses .....	(ii) Other	7,214,582.			
<b>c</b>		Gain or (loss) .....		1,457,941.			
<b>d</b>		Net gain or (loss) .....		1,457,941.			1,457,941.
<b>8 a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....					
<b>b</b>		Less: direct expenses .....					
<b>c</b>		Net income or (loss) from fundraising events .....					
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....						
<b>b</b>	Less: direct expenses .....						
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....						
<b>b</b>	Less: cost of goods sold .....						
<b>c</b>	Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b>	MISCELLANEOUS INCOME	<b>Business Code</b>	999999	25,114.		25,114.
	<b>b</b>	EMPLOYEE RETIREMENT PL		999999	-84,810.		-84,810.
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		-59,696.			
	<b>12</b>	<b>Total revenue.</b> See instructions .....		35,208,754.	352,488.	12,000.	1,680,113.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,092,455.	20,092,455.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,073,674.	325,050.	272,577.	476,047.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	3,413,354.	1,943,451.	537,783.	932,120.
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,384.	20,210.	6,871.	1,303.
<b>9</b> Other employee benefits	317,244.	178,980.	77,468.	60,796.
<b>10</b> Payroll taxes	302,297.	157,847.	51,256.	93,194.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	53,930.		53,930.	
<b>c</b> Accounting	61,253.	10,000.	51,253.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,136,567.	763,943.	145,334.	227,290.
<b>12</b> Advertising and promotion	243,761.	125,734.	17,919.	100,108.
<b>13</b> Office expenses	401,205.	136,926.	51,509.	212,770.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	186,596.	105,428.	44,128.	37,040.
<b>17</b> Travel	108,503.	70,561.	12,696.	25,246.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	230,002.	111,481.	14,571.	103,950.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	275,734.	146,011.	60,108.	69,615.
<b>22</b> Depreciation, depletion, and amortization	39,415.	22,166.	7,107.	10,142.
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MISCELLANEOUS	181,912.	54,108.	92,208.	35,596.
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	28,146,286.	24,264,351.	1,496,718.	2,385,217.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	4,664,982.	<b>2</b>	7,086,939.
	<b>3</b> Pledges and grants receivable, net .....	11,353,722.	<b>3</b>	13,261,847.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	70,596.	<b>9</b>	159,579.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,342,621.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,908,578.		
		370,246.	<b>10c</b>	434,043.
	<b>11</b> Investments - publicly traded securities .....	15,001,589.	<b>11</b>	21,110,642.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	615,799.	<b>15</b>	670,066.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	32,076,934.	<b>16</b>	42,723,116.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	497,849.	<b>17</b>	1,821,361.
	<b>18</b> Grants payable .....	7,326,711.	<b>18</b>	7,867,367.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	37,204.	<b>25</b>	207,924.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	7,861,764.	<b>26</b>	9,896,652.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	5,072,731.	<b>27</b>	11,620,112.
	<b>28</b> Net assets with donor restrictions .....	19,142,439.	<b>28</b>	21,206,352.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	24,215,170.	<b>32</b>	32,826,464.
	<b>33</b> Total liabilities and net assets/fund balances .....	32,076,934.	<b>33</b>	42,723,116.

Form **990** (2019)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	35,208,754.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	28,146,286.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	7,062,468.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	24,215,170.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,548,826.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	32,826,464.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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

Form **990** (2019)



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	19,113,022.	19,685,124.	24,272,817.	24,702,846.	33,164,153.	120,937,962.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	19,113,022.	19,685,124.	24,272,817.	24,702,846.	33,164,153.	120,937,962.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						120,937,962.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	19,113,022.	19,685,124.	24,272,817.	24,702,846.	33,164,153.	120,937,962.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	200,528.	201,207.	227,404.	247,994.	281,868.	1,159,001.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	26,648.	4,895.	24,000.	12,000.	12,000.	79,543.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						122,176,506.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,550,609.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.99 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	99.00 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2019

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
<b>2a</b>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019



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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2019

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

## General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 6,456,938.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,239,905.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

62-0533104

## Part II

(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em;"></div>	\$ <div style="border-bottom: 1px solid black; width: 80%;"></div>	<div style="border-bottom: 1px solid black; width: 60%;"></div>
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em;"></div>	\$ <div style="border-bottom: 1px solid black; width: 80%;"></div>	<div style="border-bottom: 1px solid black; width: 60%;"></div>
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	<div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em;"></div>	\$ <div style="border-bottom: 1px solid black; width: 80%;"></div>	<div style="border-bottom: 1px solid black; width: 60%;"></div>
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em;"></div>	\$ <div style="border-bottom: 1px solid black; width: 80%;"></div>	<div style="border-bottom: 1px solid black; width: 60%;"></div>
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	<div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em;"></div>	\$ <div style="border-bottom: 1px solid black; width: 80%;"></div>	<div style="border-bottom: 1px solid black; width: 60%;"></div>
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em;"></div>	\$ <div style="border-bottom: 1px solid black; width: 80%;"></div>	<div style="border-bottom: 1px solid black; width: 60%;"></div>
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em;"></div>	\$ <div style="border-bottom: 1px solid black; width: 80%;"></div>	<div style="border-bottom: 1px solid black; width: 60%;"></div>

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

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

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

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



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**

UNITED WAY OF MIDDLE TENNESSEE, INC

**Employer identification number**

62-0533104

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2019

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange program  
**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 XIII.

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

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

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

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

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	10,276,086.	11,356,159.	9,987,120.	9,670,867.	9,030,915.
<b>b</b> Contributions	2,537,900.		323.	55,178.	1,143,890.
<b>c</b> Net investment earnings, gains, and losses	2,346,063.	540,416.	1,884,963.	758,005.	9,586.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	525,000.	497,000.	475,000.	460,000.	475,000.
<b>f</b> Administrative expenses	42,279.	42,656.	41,247.	36,930.	38,524.
<b>g</b> End of year balance	14,592,770.	10,276,087.	11,356,159.	9,987,120.	9,670,867.

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

- a** Board designated or quasi-endowment ☐ 48.00 %  
**b** Permanent endowment ☐ 52.00 %  
**c** Term endowment ☐ .00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations  
**(ii)** Related organizations

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		272,715.		272,715.
<b>b</b> Buildings		968,690.	968,690.	0.
<b>c</b> Leasehold improvements		726,275.	679,171.	47,104.
<b>d</b> Equipment		1,374,941.	1,260,717.	114,224.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				434,043.

Schedule D (Form 990) 2019

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PENSION LIABILITY	207,924.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	207,924.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... ☒

Schedule D (Form 990) 2019

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	33,537,100.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,548,826.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	119,407.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,668,233.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	31,868,867.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	3,339,887.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	3,339,887.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	35,208,754.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	24,925,806.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	119,407.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	119,407.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	24,806,399.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	3,339,887.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	3,339,887.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	28,146,286.

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

CURRENTLY, ENDOWMENT FUNDS ARE PERMANENTLY RESTRICTED AND HELD WITHIN

MARKET PER THE ORGANIZATION'S IPS FOR GROWTH.

PART X, LINE 2:

MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR

EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S INCOME

TAX RETURN TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE

LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE

APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVALUATION OF

ALL INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS

DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE

**Part XIII** Supplemental Information *(continued)*

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

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

CAMPAIGN CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES 3,339,887.

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

CAMPAIGN CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES 3,339,887.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

**Employer identification number**

62-0533104

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
4:13 STRONG PO BOX 101425 NASHVILLE, TN 37224	47-1939832	501(C)3	37,000.	0.			PROGRAM OPNS (OBI)
4:13 STRONG PO BOX 101425 NASHVILLE, TN 37224	47-1939832	501(C)3	1,824.	0.			DONOR DIRECTED DESIGNATIONS
ALIVE HOSPICE, INC. 1718 PATTERSON ST NASHVILLE, TN 37203	62-0983550	501(C)3	20,000.	0.			PROGRAM OPNS (OBI)
ALIVE HOSPICE, INC. 1719 PATTERSON ST NASHVILLE, TN 37203	62-0983551	501(C)3	54,325.	0.			DONOR DIRECTED DESIGNATIONS
ALZHEIMER'S ASSOCIATION OF MIDDLE TN - 4205 HILLSBORO PIKE SUITE 216 - NASHVILLE, TN 37215	62-1437684	501(C)3	11,079.	0.			DONOR DIRECTED DESIGNATIONS
AMERICAN CANCER SOCIETY 2000 CHARLOTTE AVENUE NASHVILLE, TN 37203	13-1788491	501(C)3	13,368.	0.			DONOR DIRECTED DESIGNATIONS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 229.

**3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

**Schedule I (Form 990) (2019)**



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS/RUTHERFORD 501 MEMORIAL BLVD MURFREESBORO, TN 37129	53-0196650	501(C)3	7,416.	0.			DONOR DIRECTED DESIGNATIONS
AMERICAN RED CROSS-DAVIDSON COUNTY 2201 CHARLOTTE AVE NASHVILLE, TN 37203	53-0196605	501(C)3	30,000.	0.			PROGRAM OPNS (OBI)
AMERICAN RED CROSS-DAVIDSON COUNTY 2201 CHARLOTTE AVE NASHVILLE, TN 37203	53-0196605	501(C)3	22,673.	0.			DONOR DIRECTED DESIGNATIONS
AUTISM SOCIETY OF MIDDLE TENNESSEE 955 WOODLAND STREET NASHVILLE, TN 37206	27-1003749	501(C)3	6,003.	0.			DONOR DIRECTED DESIGNATIONS
BETHANY CHRISTIAN SERVICES 901 EASTERN AVENUE NE, PO BOX GRAND RAPIDS, MI 49501	20-1204075	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
BETHANY CHRISTIAN SERVICES 901 EASTERN AVENUE NE, PO BOX GRAND RAPIDS, MI 49501	20-1204075	501(C)3	1,621.	0.			DONOR DIRECTED DESIGNATIONS
BETHLEHEM CENTER 1417 CHARLOTTE AVE NASHVILLE, TN 37203	62-0843073	501(C)3	82,500.	0.			PROGRAM OPNS (OBI)
BETHLEHEM CENTER 1417 CHARLOTTE AVE NASHVILLE, TN 37203	62-0843073	501(C)3	4,548.	0.			DONOR DIRECTED DESIGNATIONS
BETHSEDA CENTER 108 S MAIN ST ASHLAND CITY, TN 37015	58-2015542	501(C)3	13,436.	0.			PROGRAM OPNS (OBI)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHSEDA CENTER 108 S MAIN ST ASHLAND CITY, TN 37015	58-2015542	501(C)3	556.	0.			DONOR DIRECTED DESIGNATIONS
BIG BROTHERS/BIG SISTERS 1704 CHARLOTTE AVENUE NASHVILLE, TN 37203	23-7056024	501(C)3	77,068.	0.			PROGRAM OPNS (OBI)
BIG BROTHERS/BIG SISTERS 1704 CHARLOTTE AVENUE NASHVILLE, TN 37203	23-7056024	501(C)3	12,895.	0.			DONOR DIRECTED DESIGNATIONS
BRIDGES PO BOX 1592 NASHVILLE, TN 37203	62-1753127	501(C)3	672.	0.			DONOR DIRECTED DESIGNATIONS
BRIDGES PO BOX 1592 NASHVILLE, TN 37203	62-1753127	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
BRIDGEWAY CONNECTIONS PO BOX 263 OLD HICKORY, TN 37138	62-1279200	501(C)3	4,165.	0.			PROGRAM OPNS (OBI)
BRIDGEWAY CONNECTIONS PO BOX 263 OLD HICKORY, TN 37138	62-1279200	501(C)3	1,038.	0.			DONOR DIRECTED DESIGNATIONS
BOY SCOUTS OF AMERICA-MIDDLE TENNESSEE - PO BOX 150409 - NASHVILLE, TN 37215	62-0477729	501(C)3	17,973.	0.			DONOR DIRECTED DESIGNATIONS
BOYS & GIRLS CLUB OF NASH/MID TN 624 GRASSMERE PARK DRIVE NASHVILLE, TN 37204	62-0540402	501(C)3	5,631.	0.			DONOR DIRECTED DESIGNATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF RUTHERFORD 820 JONES BLVD. MURFREESBORO, TN 37129	62-0540402	501(C)3	6,357.	0.			DONOR DIRECTED DESIGNATIONS
C.A.S.A. 601 WOODLAND ST NASHVILLE, TN 37206	62-1203459	501(C)3	20,000.	0.			PROGRAM OPNS (OBI)
C.A.S.A. 601 WOODLAND ST NASHVILLE, TN 37206	62-1203459	501(C)3	4,598.	0.			DONOR DIRECTED DESIGNATIONS
CAMPUS FOR HUMAN DEVELOPMENT/DAVIDSON - PO BOX 25309 - NASHVILLE, TN 37202	62-0811413	501(C)3	6,048.	0.			DONOR DIRECTED DESIGNATIONS
CATHOLIC CHARITIES OF TN, INC 30 WHITE BRIDGE ROAD NASHVILLE, TN 37205	62-0679520	501(C)3	528,500.	0.			PROGRAM OPNS (OBI)
CATHOLIC CHARITIES OF TN, INC 30 WHITE BRIDGE ROAD NASHVILLE, TN 37205	62-0679520	501(C)3	39,264.	0.			DONOR DIRECTED DESIGNATIONS
CATHOLIC CHARITIES OF TN, INC 30 WHITE BRIDGE ROAD NASHVILLE, TN 37205	62-0679520	501(C)3	408,326.	0.			SUB-RECIPIENT GRANTS
CENTER FOR NON-PROFIT MANAGEMENT 37 PEABODY STREET, SUITE 210 NASHVILLE, TN 37210	58-2000064	501(C)3	30,000.	0.			SUB-RECIPIENT GRANTS
CHANNELS OF LOVE MINISTRIES, INC 1023 MCCALLIE AVE CHATTANOOGA, TN 37403	20-1602391	501(C)3	48,496.	0.			SUB-RECIPIENT GRANTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHATTANOOGA CARES, INC PO BOX 4497 CHATTANOOGA, TN 37403	62-1325543	501(C)3	226,996.	0.			SUB-RECIPIENT GRANTS
CHILDREN & FAMILY SERVICES, INC PO BOX 845 COVINGTON, TN 38409	62-1166322	501(C)3	39,786.	0.			SUB-RECIPIENT GRANTS
CHRISTIAN COMMUNITY OUTREACH 923 SWINGING BRIDGE ROAD OLD HICKORY, TN 37138	62-1279200	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
CHRISTIAN COMMUNITY OUTREACH 923 SWINGING BRIDGE ROAD OLD HICKORY, TN 37138	62-1279200	501(C)3	507.	0.			DONOR DIRECTED DESIGNATIONS
CHRISTIAN COMMUNITY SERVICES, INC. 601 BENTON AVENUE B NASHVILLE, TN 37204	62-1702753	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
CHRISTIAN COMMUNITY SERVICES, INC. 601 BENTON AVENUE B NASHVILLE, TN 37204	62-1702753	501(C)3	2,905.	0.			DONOR DIRECTED DESIGNATIONS
COLUMBIA CARES, INC. 319-D WEST 7TH STREET COLUMBIA, TN 38401	62-1513020	501(C)3	1,194.	0.			DONOR DIRECTED DESIGNATIONS
COLUMBIA CARES, INC. 319-D WEST 7TH STREET COLUMBIA, TN 38401	62-1513020	501(C)3	184,811.	0.			SUB-RECIPIENT GRANTS
COMM HEALTH SOLUTIONS-SCHOOL OF NURSING - 461 21ST AVE SOUTH - NASHVILLE, TN 37240	62-0476822	501(C)3	89,500.	0.			PROGRAM OPNS (OBI)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF TN 1207 18TH AVE SOUTH NASHVILLE, TN 37212	46-1196944	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
COMMUNITIES IN SCHOOLS OF TN 1207 18TH AVE SOUTH NASHVILLE, TN 37212	46-1196944	501(C)3	855.	0.			DONOR DIRECTED DESIGNATIONS
COMMUNITIES IN SCHOOLS OF TN 1207 18TH AVE SOUTH NASHVILLE, TN 37212	46-1196944	501(C)3	62,400.	0.			SUB-RECIPIENT GRANTS
COMMUNITY CHILD CARE CENTER 129 W. FOWLKES ST SUITE 1270 FRANKLIN, TN 37064	62-0852972	501(C)3	13,750.	0.			PROGRAM OPNS (OBI)
COMMUNITY FOUNDATION OF MIDDLE TENNESSEE - 3833 CLEGHORN AVENUE - NASHVILLE, TN 37215	62-1471789	501(C)3	66,095.	0.			DONOR DIRECTED DESIGNATIONS
COMMUNITY FOUNDATION OF MIDDLE TENNESSEE - 3833 CLEGHORN AVENUE - NASHVILLE, TN 37215	62-1471789	501(C)3	183,400.	0.			SUB-RECIPIENT GRANTS
COMMUNITY HEALTH CHARITIES 220 ATHENS WAY SUITE 480 NASHVILLE, TN 37228	23-7456385	501(C)3	104,099.	0.			DONOR DIRECTED DESIGNATIONS
COMMUNITY SHARES OF TENNESSEE 107 WEST MAIN STREET KNOXVILLE, TN 37902	62-1233685	501(C)3	55,116.	0.			DONOR DIRECTED DESIGNATIONS
CONEXION AMERICAS 800 18TH AVE S # A NASHVILLE, TN 37203	62-1715618	501(C)3	100,000.	0.			PROGRAM OPNS (OBI)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONEXION AMERICAS 800 18TH AVE S # A NASHVILLE, TN 37203	62-1715618	501(C)3	6,667.	0.			DONOR DIRECTED DESIGNATIONS
CONEXION AMERICAS 800 18TH AVE S # A NASHVILLE, TN 37203	62-1715618	501(C)3	39,996.	0.			SUB-RECIPIENT GRANTS
COUNCIL FOR ALCOHOL & DRUG ABUSE SERVICES - 207 SPEARS AVE - CHATTANOOGA, TN 37405	62-0716063	501(C)3	65,874.	0.			SUB-RECIPIENT GRANTS
COUNCIL ON AGING OF GREATER NASHVILLE - 95 WHITE BRIDGE RD 114 - NASHVILLE, TN 37205	62-1867122	501(C)3	26.	0.			DONOR DIRECTED DESIGNATIONS
COUNCIL ON AGING OF GREATER NASHVILLE - 95 WHITE BRIDGE RD 114 - NASHVILLE, TN 37206	62-1867122	501(C)3	50,000.	0.			PROGRAM OPNS (OBI)
CUMBERLAND CRISIS PREGNANCY CENTER PO BOX 1031 HENDERSONVILLE, TN 37077	58-1705496	501(C)3	6,269.	0.			DONOR DIRECTED DESIGNATIONS
EASTER SEAL SOCIETY OF TENNESSEE 3011 ARMORY DR SUITE 100 NASHVILLE, TN 37204	62-0504893	501(C)3	32,716.	0.			DONOR DIRECTED DESIGNATIONS
EIGHTEENTH AVENUE FAMILY ENRICHMENT CENTER - 1811 OSAGE ST - NASHVILLE, TN 37208	62-0562855	501(C)3	74,000.	0.			PROGRAM OPNS (OBI)
EIGHTEENTH AVENUE FAMILY ENRICHMENT CENTER - 1811 OSAGE ST - NASHVILLE, TN 37208	62-0562855	501(C)3	2,054.	0.			DONOR DIRECTED DESIGNATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELAM MENTAL HEALTH CENTER 1005 DR. DB TODD JR. BLVD NASHVILLE, TN 37208	62-0488046	501(C)3	43,739.	0.			SUB-RECIPIENT GRANTS
EXCHANGE CLUB FAMILY CENTER, INC. 2180 UNION AVENUE MEMPHIS, TN 38104	62-1237360	501(C)3	2,970.	0.			DONOR DIRECTED DESIGNATIONS
EXCHANGE CLUB FAMILY CENTER, INC. 2181 UNION AVENUE MEMPHIS, TN 38104	62-1237360	501(C)3	51,500.	0.			PROGRAM OPNS (OBI)
FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)3	74,000.	0.			PROGRAM OPNS (OBI)
FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)3	3,288.	0.			DONOR DIRECTED DESIGNATIONS
FAMILY & CHILDREN'S SERVICES 201 23RD AVE N NASHVILLE, TN 37203	62-0499284	501(C)3	173,498.	0.			PROGRAM OPNS (OBI)
FAMILY & CHILDREN'S SERVICES 201 23RD AVE N NASHVILLE, TN 37203	62-0499284	501(C)3	4,530.	0.			DONOR DIRECTED DESIGNATIONS
FANNIE BATTLE DAY HOME 911 SHELBY AVENUE NASHVILLE, TN 37206	62-1859820	501(C)3	76,000.	0.			PROGRAM OPNS (OBI)
FANNIE BATTLE DAY HOME 911 SHELBY AVENUE NASHVILLE, TN 37206	62-1859820	501(C)3	1,839.	0.			DONOR DIRECTED DESIGNATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FANNIE BATTLE DAY HOME 911 SHELBY AVENUE NASHVILLE, TN 37206	62-1859820	501(C)3	123,069.	0.			SUB-RECIPIENT GRANTS
FIFTYFORWARD 174 RAINS AVENUE NASHVILLE, TN 37203	62-1202660	501(C)3	193,450.	0.			PROGRAM OPNS (OBI)
FIFTYFORWARD 174 RAINS AVENUE NASHVILLE, TN 37203	62-1202660	501(C)3	11,555.	0.			DONOR DIRECTED DESIGNATIONS
FIRST STEPS, INC. 4414 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0674974	501(C)3	123,000.	0.			PROGRAM OPNS (OBI)
FIRST STEPS, INC. 4414 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0674974	501(C)3	3,152.	0.			DONOR DIRECTED DESIGNATIONS
FRANKLIN BOYS & GIRLS CLUB P O BOX 1084 FRANKLIN, TN 37065	62-0540402	501(C)3	7,875.	0.			PROGRAM OPNS (OBI)
FRONTIER HEALTH PO BOX 9054 JOHNSON CITY, TN 37615	46-1432508	501(C)3	99,194.	0.			SUB-RECIPIENT GRANTS
GIRL SCOUTS OF MIDDLE TENNESSEE 4522 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0589380	501(C)3	10,310.	0.			DONOR DIRECTED DESIGNATIONS
GOODWILL INDUSTRIES OF MIDDLE TENNESSEE - 1015 HERMAN STREET - NASHVILLE, TN 37208	62-0599413	501(C)3	34,500.	0.			PROGRAM OPNS (OBI)

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

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GOODWILL INDUSTRIES OF MIDDLE TENNESSEE - 1015 HERMAN STREET - NASHVILLE, TN 37208	62-0599413	501(C)3	1,096.	0.			DONOR DIRECTED DESIGNATIONS
GRACEWORKS MINISTRIES INC 104 SOUTH EAST PARKWA STE. 100 FRANKLIN, TN 37064	62-1584204	501(C)3	7,253.	0.			DONOR DIRECTED DESIGNATIONS
GRACEWORKS MINISTRIES INC 104 SOUTH EAST PARKWA STE. 100 FRANKLIN, TN 37064	62-1584204	501(C)3	6,317.	0.			PROGRAM OPNS (OBI)
GUARDIANSHIP & TRUST CORPORATION 95 WHITE BRIDGE ROAD SUITE 330 NASHVILLE, TN 37205	58-1454706	501(C)3	14,000.	0.			PROGRAM OPNS (OBI)
GUARDIANSHIP & TRUST CORPORATION 95 WHITE BRIDGE ROAD SUITE 330 NASHVILLE, TN 37205	58-1454706	501(C)3	58.	0.			DONOR DIRECTED DESIGNATIONS
HANDS ON NASHVILLE 37 PEABODY STREET, SUITE 209 NASHVILLE, TN 37210	62-1461078	501(C)3	723.	0.			DONOR DIRECTED DESIGNATIONS
HANDS ON NASHVILLE 37 PEABODY STREET, SUITE 209 NASHVILLE, TN 37210	62-1461078	501(C)3	116,274.	0.			SUB-RECIPIENT GRANTS
INTERFAITH DENTAL CLINIC 1721 PATTERSON ST NASHVILLE, TN 37203	62-1567615	501(C)3	121,631.	0.			PROGRAM OPNS (OBI)
INTERFAITH DENTAL CLINIC 1721 PATTERSON ST NASHVILLE, TN 37203	62-1567615	501(C)3	5,729.	0.			DONOR DIRECTED DESIGNATIONS

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

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INTERFAITH DENTAL CLINIC 1721 PATTERSON ST NASHVILLE, TN 37203	62-1567615	501(C)3	500.	0.			SUB-RECIPIENT GRANTS
JUNIOR ACHIEVEMENT OF NASHVILLE 120 POWELL PLACE NASHVILLE, TN 37204	62-0582571	501(C)3	6,149.	0.			DONOR DIRECTED DESIGNATIONS
KING'S DAUGHTERS DAY HOME 590 N DUPONT AVE NASHVILLE, TN 37115	62-0729602	501(C)3	108,000.	0.			PROGRAM OPNS (OBI)
KING'S DAUGHTERS DAY HOME 590 N DUPONT AVE NASHVILLE, TN 37115	62-0729602	501(C)3	1,568.	0.			DONOR DIRECTED DESIGNATIONS
KNOXVILLE-KNOX CO CAC ON AGING PO BOX 51650 KNOXVILLE, TN 37950	27-0849601	501(C)3	26,328.	0.			SUB-RECIPIENT GRANTS
LEGAL AID SOCIETY OF MIDDLE TENNESSEE - 300 DEADERICK ST - NASHVILLE, TN 37201	62-0800756	501(C)3	94,083.	0.			PROGRAM OPNS (OBI)
LEGAL AID SOCIETY OF MIDDLE TENNESSEE - 300 DEADERICK ST - NASHVILLE, TN 37201	62-0800756	501(C)3	13,969.	0.			DONOR DIRECTED DESIGNATIONS
MAKE A WISH OF MIDDLE TENNESSEE 8119 ISABELLA LANE, SUITE 105A BRENTWOOD, TN 37027	62-1833327	501(C)3	5,103.	0.			DONOR DIRECTED DESIGNATIONS
MARTHA O'BRYAN CENTER 1101 KERMIT DR NASHVILLE, TN 37217	13-1846366	501(C)3	274,000.	0.			PROGRAM OPNS (OBI)

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

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MARTHA O'BRYAN CENTER 711 SOUTH SEVENTH STREET NASHVILLE, TN 37205	62-0477728	501(C)3	6,712.	0.			DONOR DIRECTED DESIGNATIONS
MARTHA O'BRYAN CENTER 711 SOUTH SEVENTH STREET NASHVILLE, TN 37205	62-0477728	501(C)3	64,326.	0.			SUB-RECIPIENT GRANTS
MATTHEW WALKER COMPREHENSIVE HEALTH CTR - P O BOX 158461 - NASHVILLE, TN 37215	58-1673641	501(C)3	555.	0.			DONOR DIRECTED DESIGNATIONS
MATTHEW WALKER COMPREHENSIVE HEALTH CTR - 1035 14TH AVE - NASHVILLE, TN 37208	62-1035426	501(C)3	62,821.	0.			SUB-RECIPIENT GRANTS
MCNEILLY CENTER FOR CHILDREN 1035 14TH AVE NASHVILLE, TN 37208	62-1035426	501(C)3	372,000.	0.			PROGRAM OPNS (OBI)
MCNEILLY CENTER FOR CHILDREN 400 MERIDIAN ST NASHVILLE, TN 37207	62-0479366	501(C)3	2,531.	0.			DONOR DIRECTED DESIGNATIONS
MCNEILLY CENTER FOR CHILDREN 400 MERIDIAN ST NASHVILLE, TN 37207	62-0479366	501(C)3	7,180.	0.			SUB-RECIPIENT GRANTS
MEHARRY MEDICAL COLLEGE 1005 DR. DB TODD JR. BLVD NASHVILLE, TN 37208	62-0488046	501(C)3	11,002.	0.			SUB-RECIPIENT GRANTS
MEMPHIS PUBLIC LIBRARY - LINC 3030 POPLAR AVE MEMPHIS, TN 38111	62-1590768	501(C)3	20,661.	0.			SUB-RECIPIENT GRANTS

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

(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
MENDING HEARTS, INC. PO BOX 280236 NASHVILLE, TN 37228	73-1697900	501(C)3	1,052.	0.			DONOR DIRECTED DESIGNATIONS
MENDING HEARTS, INC. PO BOX 280236 NASHVILLE, TN 37228	73-1697900	501(C)3	21,809.	0.			SUB-RECIPIENT GRANTS
MERCY COMMUNITY HEALTHCARE 1113 MURFREESBORO ROAD, SUITE 319 FRANKLIN, TN 37064	62-1781969	501(C)3	5,555.	0.			PROGRAM OPNS (OBI)
METROPOLITAN INTERDENOMINATIONAL CHURCH - PO BOX 280779 - NASHVILLE, TN 37228	62-1100022	501(C)3	15,321.	0.			SUB-RECIPIENT GRANTS
METROPOLITAN NASH EDUCATION FDN 531 FAIRGROUND COURT NASHVILLE, TN 37211	62-0674167	501(C)3	6,530.	0.			DONOR DIRECTED DESIGNATIONS
MID-CUMBERLAND HRA PO BOX 17385 NASHVILLE, TN 37217	62-0923487	501(C)3	80,074.	0.			PROGRAM OPNS (OBI)
MID-CUMBERLAND HRA PO BOX 17385 NASHVILLE, TN 37217	62-0923487	501(C)3	15,264.	0.			DONOR DIRECTED DESIGNATIONS
MID-CUMBERLAND HRA PO BOX 17385 NASHVILLE, TN 37217	62-0923487	501(C)3	27,980.	0.			SUB-RECIPIENT GRANTS
MONROE HARDING 1120 GLENDALE LANE NASHVILLE, TN 37204	62-0476670	501(C)3	82,000.	0.			PROGRAM OPNS (OBI)

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MONROE HARDING 1120 GLENDALE LANE NASHVILLE, TN 37204	62-0476670	501(C)3	4,361.	0.			DONOR DIRECTED DESIGNATIONS
MURCI-HOMES, INC 2984 BABY RUTH LN ANTIOCH, TN 37013	62-0649797	501(C)3	10,468.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE ACADEMY OF MEDICINE 3301 WEST END AVE #100 NASHVILLE, TN 37203	62-0473060	501(C)3	20,000.	0.			PROGRAM OPNS (OBI)
NASHVILLE ADULT LITERACY COUNCIL 4805 PARK AVE NASHVILLE, TN 37209	58-1488230	501(C)3	105,000.	0.			PROGRAM OPNS (OBI)
NASHVILLE ADULT LITERACY COUNCIL 4805 PARK AVE NASHVILLE, TN 37209	58-1488230	501(C)3	3,180.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE ADULT LITERACY COUNCIL 4805 PARK AVE NASHVILLE, TN 37209	58-1488230	501(C)3	100,000.	0.			SUB-RECIPIENT GRANTS
NASHVILLE CARES 501 BRICK CHURCH PARK DRIVE NASHVILLE, TN 37207	62-1274532	501(C)3	35,000.	0.			PROGRAM OPNS (OBI)
NASHVILLE CARES 501 BRICK CHURCH PARK DRIVE NASHVILLE, TN 37207	62-1274532	501(C)3	15,767.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE CARES 501 BRICK CHURCH PARK DRIVE NASHVILLE, TN 37207	62-1274532	501(C)3	1,820,862.	0.			SUB-RECIPIENT GRANTS

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NASHVILLE CHILDREN'S ALLIANCE 1264 FOSTER AVE NASHVILLE, TN 37210	62-1484097	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
NASHVILLE CHILDREN'S ALLIANCE 1264 FOSTER AVE NASHVILLE, TN 37210	62-1484097	501(C)3	12,662.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE HUMANE ASSOCIATION 213 OCEOLA AVENUE NASHVILLE, TN 37209	57-1203593	501(C)3	15,374.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE INTERNATIONAL CENTER FOR EMPOWERMENT - 3221 NOLENSVILLE PIKE 100 - NASHVILLE, TN 37211	02-0674431	501(C)3	73,000.	0.			PROGRAM OPNS (OBI)
NASHVILLE INTERNATIONAL CENTER FOR EMPOWERMENT - 3221 NOLENSVILLE PIKE 100 - NASHVILLE, TN 37211	02-0674431	501(C)3	438.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE PUBLIC EDUCATION FOUNDATION - 2400 FAIRFRAX AVENUE - NASHVILLE, TN 37212	48-1266314	501(C)3	65,732.	0.			DONOR DIRECTED DESIGNATIONS
NASHVILLE RESCUE MISSION PO BOX 333229 NASHVILLE, TN 37203	62-6018832	501(C)3	21,739.	0.			DONOR DIRECTED DESIGNATIONS
NATIONS MINISTRY CENTER 3301 WEST END AVENUE NASHVILLE, TN 37203	62-0473060	501(C)3	18,500.	0.			PROGRAM OPNS (OBI)
NATIONS MINISTRY CENTER 3301 WEST END AVENUE NASHVILLE, TN 37203	62-0473060	501(C)3	287.	0.			DONOR DIRECTED DESIGNATIONS

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NEEDLINK NASHVILLE 1600 56TH AVENUE NORTH NASHVILLE, TN 37209	62-0544852	501(C)3	48,000.	0.			PROGRAM OPNS (OBI)
NEEDLINK NASHVILLE 1600 56TH AVENUE NORTH NASHVILLE, TN 37209	62-0544852	501(C)3	5,311.	0.			DONOR DIRECTED DESIGNATIONS
NEW BEGINNINGS CENTER 509 CRAIGHEAD STREET #100 NASHVILLE, TN 37204	90-0751722	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
NEW BEGINNINGS CENTER 509 CRAIGHEAD STREET #100 NASHVILLE, TN 37204	90-0751722	501(C)3	4,525.	0.			DONOR DIRECTED DESIGNATIONS
NURSES FOR NEWBORNS 50 VANTAGE WAY NASHVILLE, TN 37228	43-1601329	501(C)3	16,833.	0.			PROGRAM OPNS (OBI)
NURSES FOR NEWBORNS 50 VANTAGE WAY NASHVILLE, TN 37228	43-1601329	501(C)3	7,663.	0.			DONOR DIRECTED DESIGNATIONS
OASIS CENTER P.O. BOX 121648 NASHVILLE, TN 37212	62-0968273	501(C)3	320,650.	0.			PROGRAM OPNS (OBI)
OASIS CENTER P.O. BOX 121648 NASHVILLE, TN 37212	62-0968273	501(C)3	19,930.	0.			DONOR DIRECTED DESIGNATIONS
ONE-ORGANIZED NEIGHBORS/EDGEHILL 1001 EDGEHILL AVE NASHVILLE, TN 37203	62-1540325	501(C)3	50,000.	0.			PROGRAM OPNS (OBI)

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ONE-ORGANIZED NEIGHBORS/EDGEHILL 1001 EDGEHILL AVE NASHVILLE, TN 37203	62-1540325	501(C)3	217.	0.			DONOR DIRECTED DESIGNATIONS
OPERATION STAND DOWN TENNESSEE 1101 EDGEHILL AVE # 1000 NASHVILLE, TN 37203	62-1638832	501(C)3	78,000.	0.			PROGRAM OPNS (OBI)
OPERATION STAND DOWN TENNESSEE 1101 EDGEHILL AVE # 1000 NASHVILLE, TN 37203	62-1638832	501(C)3	14,568.	0.			DONOR DIRECTED DESIGNATIONS
PARK CENTER 801 12ST AVE SOUTH NASHVILLE, TN 37203	62-1336640	501(C)3	88,500.	0.			PROGRAM OPNS (OBI)
PARK CENTER 801 12ST AVE SOUTH NASHVILLE, TN 37203	62-1336640	501(C)3	3,307.	0.			DONOR DIRECTED DESIGNATIONS
PATHWAY LENDING 201 VENTURE CIRCLE NASHVILLE, TN 37228	62-1823596	501(C)3	36,000.	0.			PROGRAM OPNS (OBI)
PENCIL FOUNDATION 421 GREAT CIRCLE RD #100 NASHVILLE, TN 37228	58-1475675	501(C)3	132,000.	0.			PROGRAM OPNS (OBI)
PENCIL FOUNDATION 421 GREAT CIRCLE RD #100 NASHVILLE, TN 37228	58-1475675	501(C)3	8,584.	0.			DONOR DIRECTED DESIGNATIONS
PLANNED PARENTHOOD OF MIDDLE TENNESSEE - 50 VANTAGE WAY - NASHVILLE, TN 37228	62-6050064	501(C)3	4,514.	0.			DONOR DIRECTED DESIGNATIONS

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PLANNED PARENTHOOD OF MIDDLE TENNESSEE - 50 VANTAGE WAY - NASHVILLE, TN 37228	62-6050064	501(C)3	127,183.	0.			SUB-RECIPIENT GRANTS
POSITIVELY LIVING 1501 EAST FIFTH AVE KNOXVILLE, TN 37917	62-1698383	501(C)3	508,395.	0.			SUB-RECIPIENT GRANTS
PRESTON TAYLOR MINISTRIES PO BOX 90442 NASHVILLE, TN 37209	62-1757018	501(C)3	4,936.	0.			DONOR DIRECTED DESIGNATIONS
PRESTON TAYLOR MINISTRIES PO BOX 90442 NASHVILLE, TN 37209	62-1757018	501(C)3	62,586.	0.			SUB-RECIPIENT GRANTS
PREVENT CHILD ABUSE TENNESSEE 4721 TROUSDALE DRIVE STE NASHVILLE, TN 37220	58-1567835	501(C)3	16,000.	0.			PROGRAM OPNS (OBI)
PREVENT CHILD ABUSE TENNESSEE 4721 TROUSDALE DRIVE STE NASHVILLE, TN 37220	58-1567835	501(C)3	4,262.	0.			DONOR DIRECTED DESIGNATIONS
PROJECT RETURN, INC. 3307 BRICK CHURCH PIKE NASHVILLE, TN 37207	61-1563841	501(C)3	165,000.	0.			PROGRAM OPNS (OBI)
PROJECT RETURN, INC. 3307 BRICK CHURCH PIKE NASHVILLE, TN 37203	62-1058325	501(C)3	2,629.	0.			DONOR DIRECTED DESIGNATIONS
PROJECT RETURN, INC. 3307 BRICK CHURCH PIKE NASHVILLE, TN 37203	62-1058325	501(C)3	287,354.	0.			SUB-RECIPIENT GRANTS

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RENEWAL HOUSE PO BOX 280356 NASHVILLE, TN 37228	62-1631055	501(C)3	20,000.	0.			PROGRAM OPNS (OBI)
RENEWAL HOUSE PO BOX 280356 NASHVILLE, TN 37228	62-1631055	501(C)3	2,263.	0.			DONOR DIRECTED DESIGNATIONS
RIDGEVIEW PSYCH HOSPITAL & CENTER, INC - 604 GALLATIN AVE # 103 - NASHVILLE, TN 37206	62-1718171	501(C)3	93,895.	0.			SUB-RECIPIENT GRANTS
RONALD MCDONALD HOUSE 2144 FAIRFAX NASHVILLE, TN 37212	62-1310717	501(C)3	10,158.	0.			DONOR DIRECTED DESIGNATIONS
ROOFTOP FOUNDATION 108 7TH AVENUE SOUTH NASHVILLE, TN 37203	20-4970385	501(C)3	30,000.	0.			PROGRAM OPNS (OBI)
ROOFTOP FOUNDATION 108 7TH AVENUE SOUTH NASHVILLE, TN 37203	20-4970385	501(C)3	740.	0.			DONOR DIRECTED DESIGNATIONS
ROOFTOP FOUNDATION 108 7TH AVENUE SOUTH NASHVILLE, TN 37203	20-4970385	501(C)3	17,475.	0.			SUB-RECIPIENT GRANTS
S.T.A.R.S. 1704 CHARLOTTE AVENUE NASHVILLE, TN 37203	62-1285699	501(C)3	230,880.	0.			PROGRAM OPNS (OBI)
S.T.A.R.S. 1704 CHARLOTTE AVENUE NASHVILLE, TN 37203	62-1285699	501(C)3	3,030.	0.			DONOR DIRECTED DESIGNATIONS

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SADDLE UP! 1549 OLD HILLSBORO ROAD FRANKLIN, TN 37069	58-1930303	501(C)3	5,467.	0.			PROGRAM OPNS (OBI)
SADDLE UP! 1549 OLD HILLSBORO ROAD FRANKLIN, TN 37069	58-1930303	501(C)3	2,462.	0.			DONOR DIRECTED DESIGNATIONS
SAFE HAVEN FAMILY SHELTER 1234 3RD AVE S NASHVILLE, TN 37210	62-1807653	501(C)3	183,750.	0.			PROGRAM OPNS (OBI)
SAFE HAVEN FAMILY SHELTER 1234 3RD AVE S NASHVILLE, TN 37210	62-1807653	501(C)3	12,981.	0.			DONOR DIRECTED DESIGNATIONS
SAFE HAVEN FAMILY SHELTER 1234 3RD AVE S NASHVILLE, TN 37210	62-1807653	501(C)3	837,513.	0.			SUB-RECIPIENT GRANTS
SALAMA FELLOWSHIP URBAN MINISTRIES 1205 8TH AVE S NASHVILLE, TN 37203	58-2198012	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
SALAMA FELLOWSHIP URBAN MINISTRIES 1205 8TH AVE S NASHVILLE, TN 37203	58-2198012	501(C)3	6,698.	0.			DONOR DIRECTED DESIGNATIONS
SALVATION ARMY-NASHVILLE 631 DICKERSON RD. NASHVILLE, TN 37207	58-0660607	501(C)3	115,000.	0.			PROGRAM OPNS (OBI)
SALVATION ARMY-NASHVILLE 631 DICKERSON RD. NASHVILLE, TN 37207	58-0660607	501(C)3	11,545.	0.			DONOR DIRECTED DESIGNATIONS

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SALVATION ARMY-NASHVILLE 631 DICKERSON RD. NASHVILLE, TN 37207	58-0660607	501(C)3	16,844.	0.			SUB-RECIPIENT GRANTS
SECOND HARVEST FOOD BANK 331 GREAT CIRCLE RD NASHVILLE, TN 37228	62-1049447	501(C)3	52,583.	0.			PROGRAM OPNS (OBI)
SECOND HARVEST FOOD BANK 331 GREAT CIRCLE RD NASHVILLE, TN 37228	62-1049447	501(C)3	47,329.	0.			DONOR DIRECTED DESIGNATIONS
SECOND HARVEST FOOD BANK 331 GREAT CIRCLE RD NASHVILLE, TN 37228	62-1049447	501(C)3	895.	0.			SUB-RECIPIENT GRANTS
SENIOR RIDE NASHVILLE 298 FOSTER STREET NASHVILLE, TN 37207	81-4119450	501(C)3	25,002.	0.			PROGRAM OPNS (OBI)
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DRIVE NASHVILLE, TN 37228	62-1043294	501(C)3	122,500.	0.			PROGRAM OPNS (OBI)
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DRIVE NASHVILLE, TN 37228	62-1043294	501(C)3	13,042.	0.			DONOR DIRECTED DESIGNATIONS
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)3	37,000.	0.			PROGRAM OPNS (OBI)
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)3	6,091.	0.			DONOR DIRECTED DESIGNATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL KIDS 202 ARNETTE STREET MURFREESBORO, TN 37130	62-1718638	501(C)3	19,379.	0.			DONOR DIRECTED DESIGNATIONS
ST LUKE'S COMMUNITY CENTER 5601 NEW YORK AVE NASHVILLE, TN 37209	62-0484183	501(C)3	229,000.	0.			PROGRAM OPNS (OBI)
ST LUKE'S COMMUNITY CENTER 5601 NEW YORK AVE NASHVILLE, TN 37209	62-0484183	501(C)3	4,383.	0.			DONOR DIRECTED DESIGNATIONS
ST LUKE'S COMMUNITY CENTER 5601 NEW YORK AVE NASHVILLE, TN 37209	62-0484183	501(C)3	18,388.	0.			SUB-RECIPIENT GRANTS
ST MARY VILLA 30 WHITE BRIDGE RD NASHVILLE, TN 37205	62-0579243	501(C)3	176,000.	0.			PROGRAM OPNS (OBI)
ST MARY VILLA 30 WHITE BRIDGE RD NASHVILLE, TN 37205	62-0579243	501(C)3	3,636.	0.			DONOR DIRECTED DESIGNATIONS
ST MARY VILLA 30 WHITE BRIDGE RD NASHVILLE, TN 37205	62-0579243	501(C)3	13,840.	0.			SUB-RECIPIENT GRANTS
ST. JUDE'S CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE'S PLACE - MEMPHIS, TN 68105	62-0646012	501(C)3	34,182.	0.			DONOR DIRECTED DESIGNATIONS
STREET WORKS PO BOX 60037 NASHVILLE, TN 37206	62-1806967	501(C)3	458.	0.			DONOR DIRECTED DESIGNATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STREET WORKS PO BOX 60037 NASHVILLE, TN 37206	62-1806967	501(C)3	206,805.	0.			SUB-RECIPIENT GRANTS
TENNESSEE BAPTIST CHILDREN'S HOME PO BOX 2206 BRENTWOOD, TN 37024	62-0488043	501(C)3	5,137.	0.			DONOR DIRECTED DESIGNATIONS
TENNESSEE POISON CENTER 1161 21ST AVE S NASHVILLE, TN 37232	62-0476822	501(C)3	27,328.	0.			PROGRAM OPNS (OBI)
TENNESSEE POISON CENTER 1161 21ST AVE S NASHVILLE, TN 37232	62-0476822	501(C)3	2,288.	0.			DONOR DIRECTED DESIGNATIONS
THE NEXT DOOR P.O. BOX 23336 NASHVILLE, TN 37202	43-2001774	501(C)3	62,000.	0.			PROGRAM OPNS (OBI)
THE NEXT DOOR P.O. BOX 23336 NASHVILLE, TN 37202	43-2001774	501(C)3	6,285.	0.			DONOR DIRECTED DESIGNATIONS
UNITED METHODIST SAFE HOUSE PO BOX 324 CLARKSVILLE, TN 37041	62-1294095	501(C)3	5,039.	0.			PROGRAM OPNS (OBI)
UNITED METHODIST SAFE HOUSE PO BOX 324 CLARKSVILLE, TN 37041	62-1294095	501(C)3	157.	0.			DONOR DIRECTED DESIGNATIONS
UPPER CUMBERLAND HUMAN RESOURCE AGENCY - 311 ENTERPRISE DRIVE - COOKEVILLE, TN 38506	62-0906260	501(C)3	2,146.	0.			DONOR DIRECTED DESIGNATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPPER CUMBERLAND HUMAN RESOURCE AGENCY - 311 ENTERPRISE DRIVE - COOKEVILLE, TN 38506	62-0906260	501(C)3	59,975.	0.			SUB-RECIPIENT GRANTS
UW CHATTANOOGA PO BOX 4027 CHATTANOOGA, TN 37405	62-0565962	501(C)3	450.	0.			DONOR DIRECTED DESIGNATIONS
UW CHATTANOOGA PO BOX 4027 CHATTANOOGA, TN 37405	62-0565962	501(C)3	31,769.	0.			SUB-RECIPIENT GRANTS
UW HEART OF FLORIDA 1940 TRAYLOR BLVD ORLANDO, FL 32804	59-0808854	501(C)3	344,484.	0.			SUB-RECIPIENT GRANTS
UW MAURY COUNTY/COLUMBIA P.O. BOX 222 COLUMBIA, TN 38402	62-6014994	501(C)3	9,165.	0.			DONOR DIRECTED DESIGNATIONS
UW RUTHERFORD COUNTY PO BOX 330056 MURFREESBORO, TN 37133	58-1341880	501(C)3	82,893.	0.			DONOR DIRECTED DESIGNATIONS
UW SUMNER COUNTY 625 JOHNNY CASH BLVD HENDERSONVILLE, TN 37075	31-1510208	501(C)3	15,108.	0.			DONOR DIRECTED DESIGNATIONS
UW WILLIAMSON COUNTY 209 GOTHIC COURT FRANKLIN, TN 37067	62-6049469	501(C)3	43,460.	0.			DONOR DIRECTED DESIGNATIONS
UW WILLIAMSON COUNTY 209 GOTHIC COURT FRANKLIN, TN 37067	62-6049469	501(C)3	15,500.	0.			SUB-RECIPIENT GRANTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UW WILSON COUNTY PO BOX 3541 LEBANON, TN 37088	62-1660029	501(C)3	38,835.	0.			DONOR DIRECTED DESIGNATIONS
VANDERBILT MONROE CARELL JR. CHILDRENS' HOSPITAL - 1211 MEDICAL CENTER DRIVE - NASHVILLE, TN 37232	62-0476822	501(C)3	12,903.	0.			DONOR DIRECTED DESIGNATIONS
WAVES INC. WILLIAMSON 145 SOUTHEAST PARKWAY, SUITE 100 FRANKLIN, TN 37064	62-0920595	501(C)3	8,106.	0.			PROGRAM OPNS (OBI)
WAVES INC. WILLIAMSON 145 SOUTHEAST PARKWAY, SUITE 100 FRANKLIN, TN 37064	62-0920595	501(C)3	1,116.	0.			DONOR DIRECTED DESIGNATIONS
WAYNE REED CHRISTIAN CHILDCARE CENTER - 11-B LINDSLEY AVENUE - NASHVILLE, TN 37210	62-1625142	501(C)3	73,000.	0.			PROGRAM OPNS (OBI)
WAYNE REED CHRISTIAN CHILDCARE CENTER - 11-B LINDSLEY AVENUE - NASHVILLE, TN 37210	62-1625142	501(C)3	7,088.	0.			DONOR DIRECTED DESIGNATIONS
WEST TENNESSEE LEGAL SERVICES 210 W. MAIN STREET JACKSON, TN 38301	58-1326791	501(C)3	270,816.	0.			SUB-RECIPIENT GRANTS
WOODBINE COMMUNITY ORGANIZATION 222 ORIEL AVE NASHVILLE, TN 37210	62-1280006	501(C)3	10,520.	0.			SUB-RECIPIENT GRANTS
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)3	5,052.	0.			DONOR DIRECTED DESIGNATIONS

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA 900 CHURCH STREET NASHVILLE NASHVILLE, TN 37203	62-0476243	501(C)3	49,000.	0.			PROGRAM OPNS (OBI)
YMCA 900 CHURCH STREET NASHVILLE NASHVILLE, TN 37203	62-0476243	501(C)3	22,776.	0.			DONOR DIRECTED DESIGNATIONS
YOUTH LIFE FOUNDATION 3656 TROUSDALE DR # 109 NASHVILLE, TN 37204	62-1848192	501(C)3	5,015.	0.			SUB-RECIPIENT GRANTS
YOUTH LIFE LEARNING CENTER 3656 TROUSDALE DR # 109 NASHVILLE, TN 37204	62-1848192	501(C)3	14,585.	0.			PROGRAM OPNS (OBI)
YOUTH LIFE LEARNING CENTER 3656 TROUSDALE DR # 109 NASHVILLE, TN 37204	62-1848192	501(C)3	822.	0.			DONOR DIRECTED DESIGNATIONS
YWCA 1608 WOODMONT BOULEVARD NASHVILLE, TN 37215	62-0475702	501(C)3	201,296.	0.			PROGRAM OPNS (OBI)
YWCA 1608 WOODMONT BOULEVARD NASHVILLE, TN 37215	62-0475702	501(C)3	11,346.	0.			DONOR DIRECTED DESIGNATIONS

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROGRAM OPNS (OBI) - GRANT AWARDS ARE DISBURSED PER BOARD APPROVAL AS

RECOMMENDED BY AN INDEPENDENT, VOLUNTEER REVIEW COMMITTEE. DURING THE

ALLOCATIONS PROCESS, THE REVIEW COMMITTEE WILL EVALUATE EACH NON-PROFIT,

THEIR PROGRAM OUTCOMES, THEIR FINANCIAL STATUS, ETC. TO DETERMINE IF THEY

ARE IN SOUND IN FINANCIAL OPERATIONS AS WELL AS HAVING THE ABILITY TO

PRODUCE THE PROPOSED OUTCOMES SHOULD THEY BE AWARDED THE GRANT DOLLARS.

THE RECIPIENT AGENCIES MUST PRODUCE PROGRAM OUTCOME MEASUREMENTS AND

STATISTICS TO REPORT RESULTS OF THE MONEY INVESTED.

**Part IV** Supplemental Information

DONOR DIRECTED DESIGNATIONS- THESE DOLLARS REPRESENT DONOR DESIGNATIONS

RECEIVED AND PROCESSED BY UW TO OTHER NON-PROFIT AGENCIES. THESE AGENCIES

ARE DETERMINED TO BE IN GOOD STANDING WITH THE IRS, HAVE THEIR 501C3

STATUS, AND ARE PATRIOT ACT COMPLIANT.

SUB-RECIPIENT GRANTS- GRANT DOLLARS ARE PASSED THROUGH FROM STATE AND

FEDERAL GRANTS TO SUBCONTRACTED AGENCIES. THESE AGENCIES ARE REVIEWED BY

UW STAFF FOR COMPLIANCE AS WELL AS THE AGENCY'S OWN INDEPENDENT AUDIT

FIRMS. ALL GRANT RECIPIENTS ARE REQUIRED TO PRODUCE PROGRAM RESULT

REPORTS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

**Part I Questions Regarding Compensation**

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

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

**a** The organization? .....

**b** Any related organization? .....

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

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

**a** The organization? .....

**b** Any related organization? .....

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

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

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

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

Schedule J (Form 990) 2019

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

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

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRIAN HASSETT PRESIDENT AND CEO	(i)	257,912.	67,500.	0.	44,892.	6,228.	376,532.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY JO WIGGINS CHIEF DEVELOPMENT OFFICER	(i)	169,642.	24,750.	0.	7,457.	7,301.	209,150.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ERICA MITCHELL CHIEF COMMUNITY IMPACT OFF	(i)	153,791.	23,100.	0.	6,024.	7,442.	190,357.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUMMOR PENNINGTON CHIEF FINANCIAL OFFICER	(i)	121,274.	17,700.	0.	4,396.	7,434.	150,804.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## PART I, LINE 1B:

THE HUMAN RESOURCES COMMITTEE PRESENTED, WHICH WAS ULTIMATELY APPROVED BY  
THE BOARD OF TRUSTEES, A CONTRACT FOR THE CEO WHICH INCLUDED AN ANNUAL  
MEMBERSHIP TO THE YMCA, OR ITS EQUIVALENT. THAT BENEFIT HAS SUBSEQUENTLY  
BEEN OFFERED TO OTHER SENIOR MANAGEMENT MEMBERS LISTED ON FORM 990, PART  
VII, SECTION A, LINE 1A. THERE IS NO OTHER DEFINED POLICY REGARDING ANNUAL  
HEALTHCLUB MEMBERSHIPS.

## PART I, LINE 4B:

BRIAN HASSETT, PRESIDENT & CEO, PARTICIPATES IN A SUPPLEMENTAL,  
NON-QUALIFIED DEFINED CONTRIBUTION 457(F) PLAN MAINTAINED BY THE  
ORGANIZATION. NO DISTRIBUTION WAS MADE IN HIS FIRST YEAR OF EMPLOYMENT.

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

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

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

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	26	249,007.	FAIR MARKET VALUE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( MISCELLANEOUS )	X	195,644	622,889.	FAIR MARKET VALUE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

29

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

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

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2019

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

SCHEDULE M, PART I, COLUMN (B):

PART 1, COLUMN (B) REPRESENTS AN ESTIMATE OF THE NUMBER OF ITEMS

CONTRIBUTED.



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

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

THRIVES

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

MANAGEMENT, OR CHRONIC DISEASE SELF-MANAGEMENT.

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

TARGET POPULATIONS.

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

THE NASHVILLE ALLIANCE FOR FINANCIAL INDEPENDENCE (NAFI) IS COALITION

OF PROFESSIONALS HELPING WORKING INDIVIDUALS AND FAMILIES BUILD ASSETS

FOR LONG-LASTING FINANCIAL INDEPENDENCE. NAFI PROVIDES PROFESSIONAL

DEVELOPMENT TO MORE THAN 50 LOCAL NONPROFITS ON TOPICS RELATED TO

FINANCES AND CONVENES MULTI-SECTOR PARTNERS TO EFFECTIVELY PROBLEM

SOLVE TO CHANGE COMMUNITY CONDITIONS. FREE FEDERAL INCOME TAX

PREPARATION IS OFFERED THROUGH VOLUNTEER INCOME TAX ASSISTANCE (VITA)

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

SERVICE ENSURES FILERS CLAIM ALL THEIR ELIGIBLE CREDITS. IN 2019, VITA

SITES HELPED 14,600 FAMILIES COLLECT OVER \$19.8 MILLION IN TOTAL

FEDERAL REFUNDS AND SAVE MORE THAN \$3.89 MILLION IN FILING FEES. IN

PARTNERSHIP WITH THE MAYOR'S OFFICE, UWGN OPERATES THE CITY'S FINANCIAL

EMPOWERMENT CENTERS (FECS), AN INITIATIVE AIMED AT REDUCING DEBT,

INCREASING SAVINGS AND PROVIDING FINANCIAL LITERACY TO THE COMMUNITY.

CENTERS PROVIDE FREE ONE-ON-ONE FINANCIAL COUNSELING AND TEACH CLIENTS

HOW TO OPEN SAFE AND AFFORDABLE BANK ACCOUNTS, ESTABLISH AND INCREASE

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization UNITED WAY OF MIDDLE TENNESSEE, INC	Employer identification number 62-0533104
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CREDIT SCORES, REDUCE DEBT AND INCREASE SAVINGS. COMMON GOALS AND

METRICS WERE ESTABLISHED IN PARTNERSHIP WITH THE MAYOR'S OFFICE AND

SUSTAINABILITY FOR THE WORK HAS CONTINUED THROUGH CITY AND UNITED WAY

OPERATING A COST SHARE MODEL. SINCE INCEPTION, THE FECS HAVE ASSISTED

MORE THAN 7,700 CLIENTS ELIMINATE DEBT OF NEARLY \$14.2 MILLION,

INCREASE SAVINGS OVER \$2.9 MILLION, INCREASE THEIR CREDIT SCORES AND

ENGAGE IN A TRADITIONAL AND SAFE BANKING RELATIONSHIP, ULTIMATELY

RESULTING IN FINANCIAL INDEPENDENCE.

EXPENSES \$ 7,391,266. INCLUDING GRANTS OF \$ 4,992,352. REVENUE \$ 0.

PEOPLE WHO NEED HELP, BUT DON'T KNOW WHERE TO START CAN CALL THE 2-1-1

COMMUNITY SERVICES HELP LINE TO SPEAK WITH A COMMUNITY RESOURCE

SPECIALIST WITH ACCESS TO A COMPREHENSIVE DATABASE OF RESOURCES ACROSS

OUR 42-COUNTY SERVICE AREA. THE 2-1-1 HOTLINE HAS TAKEN MORE THAN 1.5

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

UTILITIES, RENT PAYMENT ASSISTANCE, AND TAX PREPARATION SITE

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

FOR FREE TAX PREPARATION SERVICES THROUGH THE NASHVILLE ALLIANCE FOR

FINANCIAL INDEPENDENCE AND VOLUNTEER INCOME TAX ASSISTANCE SITES.

EFFECTIVE JUNE 1, 2013, UNITED WAY OF METROPOLITAN NASHVILLE PARTNERED

WITH THE GOVERNOR'S BOOKS FROM BIRTH FOUNDATION TO LEAD DOLLY PARTON'S

IMAGINATION LIBRARY PROGRAM IN DAVIDSON, WILLIAMSON AND SUMNER

COUNTIES. THIS PROGRAM DISTRIBUTES ONE HIGH QUALITY AND AGE-APPROPRIATE

BOOK EACH MONTH TO CHILDREN FROM BIRTH TO AGE FIVE, AT NO COST TO THEIR

FAMILIES, REGARDLESS OF INCOME. WITH THE IMAGINATION LIBRARY

COMPLEMENTING THE UNITED WAY READ TO SUCCEED PROGRAM, WE WILL BE ABLE

TO DISPLAY A CLEAR PATH TO LITERACY FOR CHILDREN BEGINNING AT BIRTH.

Name of the organization UNITED WAY OF MIDDLE TENNESSEE, INC	Employer identification number 62-0533104
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IN 2019, UNITED WAY OF METROPOLITAN NASHVILLE DISTRIBUTED OVER 514,000

BOOKS TO CHILDREN IN THE THREE-COUNTY COVERAGE AREA.

THREE OUT OF FOUR NASHVILLE THIRD GRADERS ARE NOT READING AT GRADE

LEVEL, A CHALLENGE NASHVILLE HAS WRESTLED WITH FOR MORE THAN TWO

DECADES. UNITED WAY WAS SELECTED TO LEAD THE FIRST OF ITS KIND

LITERACY PLAN TO DOUBLE THE NUMBER OF THIRD GRADERS READING AT GRADE

LEVEL BY 2025. THIS INITIATIVE, REFERRED TO AS THE BLUEPRINT FOR EARLY

CHILDHOOD SUCCESS, ADDRESSES A RANGE OF ISSUES, INCLUDING ACCESS TO

BOOKS, CHRONIC ABSENTEEISM, SUMMER LEARNING LOSS, AFTER-SCHOOL PROGRAMS

AND MORE. THIS PROGRAM WORKS ALONGSIDE READ TO SUCCEED, A PRE-K

LITERACY INITIATIVE IN LOCAL CHILDCARE CENTERS SERVING VULNERABLE

POPULATIONS. READ TO SUCCEED'S GOAL IS TO PREPARE AT-RISK, LOW-INCOME

CHILDREN TO BE SUCCESSFUL IN SCHOOL. THROUGH DONOR FUNDING, UNITED WAY

IS SERVING OVER 750 OF NASHVILLE'S MOST AT-RISK PRESCHOOL CHILDREN IN

AN OUTSTANDING, HIGH-QUALITY PRESCHOOL EXPERIENCE. BEFORE THE START OF

THIS PROGRAM, ONLY 33% OF THE FOUR-YEAR-OLDS IN THESE CENTERS TESTED AT

AVERAGE OR HIGHER ON KINDERGARTEN READINESS ASSESSMENTS. IN THE SPRING

OF 2018, 97% OF THE FOUR-YEAR-OLDS ENROLLED IN READ TO SUCCEED PROGRAMS

WERE ASSESSED WITH THE LITERACY AND KINDERGARTEN READINESS SKILLS

NEEDED TO ENTER SCHOOL FOR SUCCESS. READ TO SUCCEED HAS ENJOYED A

SUCCESS RATE OF 90% OR HIGHER SINCE 2007. RAISE YOUR HAND IS A

TUTORING INITIATIVE WITHIN 13 WILLIAMSON COUNTY AND FRANKLIN SPECIAL

SCHOOLS, MATCHING TUTORS WITH STUDENTS WHO ARE PERFORMING BELOW THE

STATE STANDARD. THESE VOLUNTEERS TUTOR IN CLASSROOMS AFTER SCHOOL,

HELPING FIRST THROUGH FOURTH GRADE STUDENTS STRUGGLING WITH READING AND

MATH.

Name of the organization UNITED WAY OF MIDDLE TENNESSEE, INC	Employer identification number 62-0533104
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THE MAJORITY OF PROGRAM ASSISTANCE INCLUDED HERE IS ONE-TIME GIFTS OF  
BASIC NEEDS ITEMS, BOOKS, SCHOOL SUPPLIES, INFANT CARE ITEMS, ETC. TO  
PARTNER AGENCIES OF UNITED WAY OF MIDDLE TENNESSEE. DURING OUR  
QUARTERLY DAYS OF ACTION, BOTH MONETARY CONTRIBUTIONS AND IN-KIND ITEMS  
ARE COLLECTED FOR THE SPECIFIC PURPOSE OF HIGHLIGHTING ONE OF OUR  
IMPACT AREAS (EDUCATION, FINANCIAL STABILITY, OR HEALTH). VOLUNTEERS  
JOIN IN THE EFFORTS TO RAISE MONEY, SUPPLIES, AND AWARENESS FOR THOSE  
PARTNER AGENCIES SERVING THE COMMUNITY IN THAT SPECIFIC IMPACT AREA.  
THE PROCEEDS, IN THE FORM OF IN-KIND ITEMS, ARE THEN DISTRIBUTED  
DIRECTLY TO THOSE AGENCIES.

OPERATED IN PARTNERSHIP WITH THE SIEMER INSTITUTE, THE FAMILY  
EMPOWERMENT PROGRAM HELPS HOMELESS STUDENTS AND THEIR FAMILIES AND  
THOSE AT-RISK FOR HOMELESSNESS FIND SECURE, STABLE HOUSING. UWGN USES  
FUNDING FROM THE DEPARTMENT OF HUMAN SERVICES TO ADMINISTER THIS  
PROGRAM, SERVING MORE THAN 176 WORKING FAMILIES SINCE INCEPTION IN JULY  
2014. MORE THAN 35 FAMILIES HAVE ALREADY COMPLETED THE PROGRAM AND 114  
HAVE MOVED INTO STABLE HOUSING. THE PROGRAM ALSO OFFERS CONTINUOUS  
SUPPORT FOR FAMILIES FOR UP TO 24 MONTHS TO ADDRESS ADDITIONAL NEEDS.  
IT UTILIZES UNITED WAY COMMUNITY PARTNERS AND FAMILY RESOURCE CENTERS  
TO LOCATE CASE MANAGERS THROUGHOUT THE CITY. THE PROGRAM ALSO PROVIDES  
FREE ONE-ON-ONE FINANCIAL COUNSELING THROUGH THE NASHVILLE FINANCIAL  
EMPOWERMENT CENTER, A UNITED WAY PARTNERSHIP WITH THE MAYOR'S OFFICE TO  
HELP PARTICIPATING FAMILIES BECOME FINANCIALLY STABLE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE COMPLETE IRS FORM 990 IS PRESENTED TO AND REVIEWED WITH THE BOARD OF  
TRUSTEES IN PERSON AT A REGULARLY SCHEDULED MEETING OF THE TRUSTEES PRIOR

Name of the organization UNITED WAY OF MIDDLE TENNESSEE, INC	Employer identification number 62-0533104
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TO THE FORM BEING FILED. ALL TRUSTEES RECEIVE A COPY OF THE RETURN AT THE  
TIME OF REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

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

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

EXECUTIVE COMPENSATION WAS SET WITH THE APPROVAL OF THE HUMAN RESOURCE  
COMMITTEE. AN EXECUTIVE CONSULTANT WAS EMPLOYED IN THE SEARCH FOR A NEW  
CEO. HE PROVIDED COMPARABLE INFORMATION ON SIMILARLY SITUATED CEOS AT  
OTHER NONPROFITS IN THE COMMUNITY. ADDITIONALLY, UNITED WAY WORLDWIDE  
COMPARABLE SALARY DATA WAS PROVIDED TO THE COMMITTEE AS WELL AS THE RESULTS  
OF AN AD HOC SURVEY OF UW EXECUTIVE COMPENSATION IN SIMILARLY SIZED UNITED  
WAYS IN THE REGION. THE RECOMMENDATIONS WERE APPROVED BY THE EXECUTIVE  
COMMITTEE. THE EXECUTIVE COMMITTEE CONTINUES TO MONITOR CURRENT MARKET  
DATA WHEN REVIEWING ANNUAL UPDATES TO THE CEO COMPENSATION. A SIMILAR  
PROCESS IS FOLLOWED ANNUALLY FOR OTHER SENIOR MANAGEMENT TEAM MEMBERS  
WHEREBY LOCAL MARKET DATA, UNITED WAY WORLDWIDE SALARY SURVEYS, AND  
EXECUTIVE COMMITTEE REVIEWS ARE ALL UTILIZED IN SETTING COMPENSATION FOR  
THOSE TEAM MEMBERS.

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

FORM 990, PART VI, SECTION C, LINE 19:

THE AUDITED FINANCIAL STATEMENTS, ALONG WITH THE IRS FORM 990, ARE POSTED

ON THE ORGANIZATION'S WEBSITE. COPIES OF OTHER GOVERNING DOCUMENTS ARE

AVAILABLE UPON REQUEST.

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING  
DECEMBER 31, 2019

Prepared for	UNITED WAY OF MIDDLE TENNESSEE, INC 250 VENTURE CIRCLE NASHVILLE, TN 37228
Prepared by	
Amount due or refund	NO AMOUNT IS DUE. THE ORGANIZATION WILL RECEIVE A REFUND IN THE AMOUNT OF \$189
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 16, 2020
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2019**Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D</b> Employer identification number (Employees' trust, see instructions.)
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		UNITED WAY OF MIDDLE TENNESSEE, INC	62-0533104
		Number, street, and room or suite no. If a P.O. box, see instructions. 250 VENTURE CIRCLE	<b>E</b> Unrelated business activity code (See instructions.)
		City or town, state or province, country, and ZIP or foreign postal code NASHVILLE, TN 37228	531190
<b>C</b> Book value of all assets at end of year 42,723,116.		<b>F</b> Group exemption number (See instructions.) ▶	
		<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ PARKING LOT RENTAL REVENUE. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ SUMMOR PENNINGTON, CFO Telephone number ▶ 615-255-8501

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances				
<b>c</b> Balance	▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Schedule C)		<b>6</b> 12,000.		12,000.
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 12,000.		12,000.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	900.
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>	
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>	
<b>22</b> Depletion	<b>22</b>	
<b>23</b> Contributions to deferred compensation plans	<b>23</b>	
<b>24</b> Employee benefit programs	<b>24</b>	
<b>25</b> Excess exempt expenses (Schedule I)	<b>25</b>	
<b>26</b> Excess readership costs (Schedule J)	<b>26</b>	
<b>27</b> Other deductions (attach schedule)	<b>27</b>	
<b>28 Total deductions.</b> Add lines 14 through 27	<b>28</b>	900.
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	<b>29</b>	11,100.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>	0.
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29	<b>31</b>	11,100.



**Part III Total Unrelated Business Taxable Income**

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	11,100.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	11,100.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	11,100.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	10,100.

**Part IV Tax Computation**

40	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	40	2,121.
41	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	<b>Proxy tax.</b> See instructions	42	
43	<b>Alternative minimum tax (trusts only)</b>	43	
44	<b>Tax on Noncompliant Facility Income.</b> See instructions	44	
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	2,121.

**Part V Tax and Payments**

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	<b>Total credits.</b> Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	2,121.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions)	49	2,121.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	580.
b	2019 estimated tax payments	51b	1,730.
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	<b>Total payments.</b> Add lines 51a through 51g	52	2,310.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	189.
56	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	56	189.

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ CFO Title \_\_\_\_\_

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

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check ☐ if self-employed PTIN \_\_\_\_\_

Firm's name \_\_\_\_\_ Firm's EIN \_\_\_\_\_

Firm's address \_\_\_\_\_ Phone no. \_\_\_\_\_

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

<b>1</b> Inventory at beginning of year .....	<b>1</b>		<b>6</b> Inventory at end of year .....	<b>6</b>	
<b>2</b> Purchases .....	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	<b>7</b>	
<b>3</b> Cost of labor .....	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes No
<b>4a</b> Additional section 263A costs (attach schedule) .....	<b>4a</b>				
<b>b</b> Other costs (attach schedule) .....	<b>4b</b>				
<b>5</b> <b>Total.</b> Add lines 1 through 4b .....	<b>5</b>				

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1.** Description of property

(1) PARKING LOT

(2)

(3)

(4)

**2.** Rent received or accrued

<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)	12,000.	
(2)		
(3)		
(4)		
Total 0.	Total 12,000.	

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

12,000.

**(b) Total deductions.**

Enter here and on page 1, Part I, line 6, column (B) ...

0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

<b>1.</b> Description of debt-financed property	<b>2.</b> Gross income from or allocable to debt-financed property	<b>3.</b> Deductions directly connected with or allocable to debt-financed property	
		<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
<b>4.</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5.</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6.</b> Column 4 divided by column 5	<b>7.</b> Gross income reportable (column 2 x column 6)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Totals</b> .....		Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
		0.	0.
<b>Total dividends-received deductions</b> included in column 8 .....			0.

Form 990-T (2019)

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b> .....			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b> .....		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
<b>Totals</b> .....		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		0.	0.			0.

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 26. 0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			0.

Form 990-T (2019)