Form <b>990</b>	
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Department of the Treasury Internal Revenue Service

#### \*\* PUBLIC DISCLOSURE COPY \*\* **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 for instructions and the latest information.



AF	or the	2021 calendar year, or tax year beginning and	ending		
B c a	heck if pplicable	C Name of organization		D Employer identific	cation number
	Addres	UNITED WAY OF MIDDLE TENNESSEE, INC			
	Name change	Doing business as UNITED WAY OF GREATER NASHVILLE (UWGN)		62-0533104	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	250 VENTURE CIRCLE		615-255-8501	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	93,579,368.
	Amend return	NASHVILLE, IN 37220		H(a) Is this a group re	turn
	Applica	F Name and address of principal officer. Source TENNINGTON		for subordinates	? Yes 🗴 No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🕱 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) (	or 📃 527	If "No," attach a	list. See instructions
		e: WWW.UNITEDWAYNASHVILLE.ORG		H(c) Group exemption	n number 🕨
		organization: 🕱 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year	of formation: 1954 🛛 🛛	State of legal domicile: <sup>TN</sup>
Pa	art I	Summary			
ø		Briefly describe the organization's mission or most significant activities: UWGN UN		COMMUNITY AND	
n ce	1	MOBILIZES RESOURCES SO THAT EVERY CHILD, INDIVIDUAL & FAMILY	THRIVES		
Governance		Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	
0 Vē					42
		Number of independent voting members of the governing body (Part VI, line 1b)			42
es		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			90
Activities &		Total number of volunteers (estimate if necessary)			3700
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		45,954,324.	56,545,485.
/en		Program service revenue (Part VIII, line 2g)		439,117.	288,330.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,035,620.	2,616,265.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-132,237. 49,296,824.	192,020. 59,642,100.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		36,098,064.	28,231,278.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
		Benefits paid to or for members (Part IX, column (A), line 4)		6,320,903.	6,039,025.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0,520,505.	0,000,020.
en:		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)			···
ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,051,770.	3,024,375.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		45,470,737.	37,294,678.
		Revenue less expenses. Subtract line 18 from line 12		3,826,087.	22,347,422.
or				ginning of Current Year	End of Year
ets ( anci	20	Total assets (Part X, line 16)		46,577,049.	71,875,939.
Assets d Balanc	21	Total liabilities (Part X, line 26)		9,247,036.	10,316,005.
Net,		Net assets or fund balances. Subtract line 21 from line 20		37,330,013.	61,559,934.
Pa		Signature Block		, , , ,	, , ,

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

Sign		Signature of officer			Date				
Here		SUMMOR PENNINGTON, CFO							
		Type or print name and title							
	Prin	t/Type preparer's name	Preparer's signature	Date	C	heck	PTI	N	
Here     SUMMOR PENNINGTON, CFO       Type or print name and title       Print/Type preparer's name       Preparer       Use Only   Firm's address					II Se	elf-employed			
Preparer	Firm	n's name			Firm's E	IN 🕨			
Use Only	Firm	n's address 🕨							
		-			Phone n	0.			
May the IF	RS di	scuss this return with the preparer shown abo	ve? See instructions					Yes	No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

гd	rt III Statement of Program Service Accomplishments		X
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	А
'	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?	Ye	es X No
^	If "Yes," describe these new services on Schedule O.		es 🗴 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		es <u>a</u> no
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expense	S.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others.		
	revenue, if any, for each program service reported.	····,	
4a		\$	
	THE COMMUNITY IMPACT FUNDING PROGRAM PROVIDES FUNDING SUPPORT TO 102		
	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 - 95% OF PRE-K CHILDREN ENROLLED IN THE READ TO SUCCEED		
	EARLY LITERACY PROGRAM ASSESSED KINDERGARTEN READY. FINANCIAL STABILITY- 6,742 FAMILIES BENEFITTED FROM FREE TAX PREPARATION AND		
	RECEIVED MORE THAN \$10 MILLION IN TAX REFUNDS AND EITC CREDITS.		
	HEALTH - MORE THAN 8,391 INDIVIDUALS IMPROVED PHYSICAL OR MENTAL HEALTH		
	THROUGH PHYSICAL ACTIVITY, CASE MANAGEMENT, OR CHRONIC DISEASE		
4b	(Code: ) (Expenses \$ 3,874,908. including grants of \$ 3,044,436. ) (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 1,300		
	INDIVIDUALS ARE REACHED THROUGH SPECIFIC PREVENTION INTERVENTIONS		
4c	2,005,005	<u>م</u>	288 330.
70	DURING THE ANNUAL UNITED WAY CAMPAIGN, SOME DONORS CHOOSE TO DIRECTLY	Ψ	, .
	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 501C3, HAVE A HEALTH AND HUMAN SERVICES FOCUS, AND		
	HAVE A PRESENCE IN THE MIDDLE TENNESSEE COMMUNITY.		
	Other program services (Describe on Schedule O.)		
4d			
	(Expenses \$ 17,584,398. including grants of \$ 14,204,814.) (Revenue \$	)	
		)	1 <b>990</b> (202 <sup>-</sup>

Form 990 (2021)

Part IV Checklist of Required Schedules

UNITED WAY OF MIDDLE TENNESSEE, INC

1         the organization described in section 501(k) or 4947(k)(1) (other than a private foundation)?         I         x         x           2         the organization equiped in complete Schedule 9, Schedule 7, Contributors? See instructions         2         x           2         the organization equiped in complete Schedule 0, Part 1         3         x           3         Sectom 501(k) organization. Did the organization equage in lobbying activities, or have a sectom 501(k) election in effect during the tax year 1// Yss, "complete Schedule 0, Part 1         4         x           5         Is the organization asocian 501(k) organization and cor any senith runds or accounts for which dons have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which dons have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which dons have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which dons have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which assets? If Yss, "complete Schedule 0, Part 1         6         X           10         Did the organization marking and electron soft organization account all bits which as a count soft assets?         7         X           10         Did the organization marking and electron soft organization account in BATX in the Time Time Time Time Time Time Time Tim				Yes	No
1         is the organization require to complete Schedule 8, Schedule of Contributors? See instructions         2         X           3         Did the organization require to complete Schedule 2, Part I         3         X           4         Section S01(5(k3) organization. Did the organization engage in lobbying activities on bahal of or in opposition to candidates for under the organization activities on bahal of or in opposition to candidate for the organization activities of Schedule 2, Part I         3         X           5         is the organization activities on pages Schedule 2, Part I         4         X           6         is the organization activities on pages on space.         6         X           7         Did the organization markins in sch Mado races, on histoic for anomunts in sch Mado races, on histoic for anomun	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3         Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If '''''s, complete Schedule C, Part I         3         X           3         Sections 01(kg) organization. Did the organization angue in lobbying activities, or have a section 501(h) election in effect during the tax year? If '''es,' complete Schedule C, Part II         4         X           4         Sections 01(kg) organization. Did the organization angue in lobbying activities, or have a section 501(h) election in effect during the tax year? If '''es,' complete Schedule C, Part II         4         X           5         Did the organization nearce and year of section funds or any soling funds or a sections for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for vinich donors have the right to provide advice on the distribution or investment esement, inciding assements to prove as a custodian for amounts not taken in Part X, in consolice of the organization anvices? If ''res,' complete Schedule D, Part II         7         X           9         Did the organization anional in Part X, ine 21, for escience or custodial account liability. serve as a custodian for amounts not taken in Part X, ine 17 / ''res,' complete Schedule D, Part IV         9         X           10         Did the organization report an amount for induct buildings, and equipment in Part X, line 10? If ''res,' complete Schedule D, Part V         10         X           11         If the organization report an amount for investements - onle securules in Part X, line 13? If ''res,'		If "Yes," complete Schedule A	1	Х	
public office? If: 'Yes,' complete Schedule Q. Part I         a         x           4         Sectors 50(1)(k) argenization. Bit the organization engage in lobbying activities, or have a section 50(1)(k) election in effect during the taxy (ear) III' Yes,' complete Schedule C. Part II         4         x           5         Is the organization a section 50(1)(k), 50'(1)(k) or 50(1)(k) or 70(1)(k) or 70(	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
9 Secton 901(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effort during the tax year? If Yes," complete Schedule C, Part II         4         X           15 Is the organization assettion (LO(4), 501(c)(5) organization that receives membership due, assessments, or similar amounts as defined in Rev. Proc. 80:197 // Yes," complete Schedule C, Part III         6         X           10 Did the organization market may doner advised funds or any similar funds or accounts? If Yes," complete Schedule D, Part II         7         X           10 Did the organization market may doner advised must in such funds or accounts? If Yes," complete Schedule D, Part II         7         X           10 Did the organization market market or data on any similar assets? If Yes," complete Schedule D, Part II         7         X           10 Did the organization is anoth funds or account similar asset? If Yes," complete Schedule D, Part II         8         X           10 Did the organization anount for that X, line 21, for account calcular account liability, areve as a custodin in socies? If Yes," complete Schedule D, Part V         10         X           11 If the organization is anount for investments - other securities in Part X, line 120, HY Yes," complete Schedule D, Part V         10         X           11 Did the organization report an amount for investments - other securities in Part X, line 120, HY Yes," complete Schedule D, Part X         11         X           10 Did the organization neport an amount for investments - other securities in Part X, line	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If Yes," complete Schedule C, Part II     4     X       5     Is the organization a section 50(16)(8) 00(16)(8) 00(16)(8) 00(16)(8)     6     X       6     Def the organization markin any dome advised funds or any similar funds or accounts for which domens have the right to provide advised on the distribution or investment of anounts in such thands or accounts [0] (%) 00(16)(8) 00(16)(8)     8       7     Def the organization markin any dome advised funds or accounts for which domens have the right to provide advised on the distribution or investment of anounts in such thands or accounts? If %%s, "complete Schedule D, Part II     8       8     Def the organization markin area, or historic advised of the account liability, serve as a custodian for amounts not listed in Part X, ine 21, for sercew or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for sercew or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for sercew or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for sercew or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 12, that is 5% or more of its total asset moments and interventions and more than the advised in Part X, ine 10, for the securities in Part X, ine 10, for the securities in Part X, ine 10, for the securities in Part X, ine 12, that is 5% or more of its total asset reported in Part X, ine 167 if Yes, "complete Schedule D, Part V     10     X       10     Def the organization export an amount for investments or brie securities in Part X, ine 13, that is 5% or more of its total assets reported in Part X, ine 167 if Yes, "complete Schedule D, Part X     1		public office? If "Yes," complete Schedule C, Part I	3		X
5         Is the organization action 501(c)(k), 501(c)(k), or 501(c)	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
5         Is the organization action 501(c)(k), 501(c)(k), or 501(c)		during the tax year? If "Yes," complete Schedule C, Part II	4		X
6       Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or invostment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or invostment of amounts in such funds or accounts for Wres, "complete Schedule D, Part II <i>X</i> 7       Did the organization maintain any donor advised fund, historial trassures, or other similar assets? If "Yes," complete Schedule D, Part II <i>X</i> 8       Did the organization maintain any donor advised fund, historial trassures, or other similar assets? If "Yes," complete Schedule D, Part II <i>X</i> 9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed In Part X, ior provide credit counseling, debt management, credit repair, or debt negotiation services? <i>X</i> 10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? III "Yes," complete Schedule D, Part VI               To X          11       If the organization report an amount for investments - other asset In Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? IIII "Yes," complete Schedule D, Part VI            1112       X                  1113       X          <	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I         6         X           7         Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic induces of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II         7         X           8         Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes," complete Schedule D, Part IV         8         X           10         Did the organization, directly or through a related organization, hold assets in donc-restricted endowments?         10         X           11         If the organization (arcetly or through a related organization, hold assets in donc-restricted endowments?         10         X           12         If the organization report an amount for lawstmetra- organization report an amount for investmetra- software metated in Part X, line 10? If 'Yes," complete Schedule D, Part V         11         X           13         Did the organization report an amount for investmetra- software metated in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part X         11         X           14         Ub the organization report an amount for other assets in Part X, line 12? If 'Yes,' complete Schedule D, Part X		similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
7       Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, historical means, or historics structures? (If Yes, 'complete Schedule D, Part II       X         8       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?       9       X         10       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?       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, "complete Schedule D, Part V       10       X       11       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, "complete Schedule D, Part VI       11a       X       11a       X         10       Did the organization report an amount for lanestments - pargian related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If Yes, "complete Schedule D, Part VI       11a       X         11       Did the organization report an amount for threatsments for that axy error fits total assets reported in Part X, line 16? If Yes, "complete Schedule D, Part VI       11a       X         11       Did the organizati	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       10       X         12       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for other saste in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11a       X         14       Did the organization report an amount for other saste in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If Yes," complete Schedule D, Part X <td< th=""><td></td><td>provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I</td><td>6</td><td></td><td>x</td></td<>		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
B       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III       8       X         Did the organization regort an amount in Part X, line 21, for escrow or outsoldial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counselling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part V       11a       X         Did the organization report an amount for investments - other securities in Part X, line 13? If "Yes," complete Schedule D, Part VI       11a       X         Did the organization report an amount for investments - rogram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11a       X         Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         11d       X       11d       X       11d       X         12e       Did the organization negort an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, redit repair, or debt negotiation services?       9       X         9       Did the organization, directed to counseling, debt management, redit repair, or debt negotiation services?       9       X         9       Did the organization, directed organization, hold assets in donorrestricted endowments       9       X         11       If the organization is answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, VI, Y, x       10       X         12       Did the organization report an amount for investments - orber securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 if 'Yes,' complete Schedule D, Part VIII       11       X         13       Did the organization report an amount for investments - orber asset in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 if 'Yes,' complete Schedule D, Part X       116       X         14       Did the organization report an amount for investments - orber asset in Part X, line 158, this is 5% or more of its total assets reported in Part X, line 167 if 'Yes,' complete Schedule D, Part X       116       X         14       Did the organization report an amount for inter tabilities in Part X, line 158, this is 5% or more of its total assets reported in Part X, li		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
9         Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?         9         X           10         Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V         10         X           11         If the organization is answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?       y       X         If "Yes," complete Schedule D, Part IV       10       X       10       X         If the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         If the organization, directly or through a related organization, should assets in donor-restricted endowments       10       X         If the organization, directly or through a related organization, should assets in donor-restricted endowments?       10       X         If the organization report an amount for investments - other securities in Part X, line 10? If "yes," complete Schedule D, Part VI       11       X         D Id the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VII       116       X         D Id the organization report an amount for investments - organ related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VIII       116       X         D Id the organization separate or consolidated financial statements for the tax year? If Yes," complete Schedule D, Part X       117       X         ID Id the organization aspearate or consolidated, independent audted financial statements for the tax year? If Yes," complete Schedule D, Part X       1118       X		Schedule D, Part III	8		x
If "Yes," complete Schedule D, Part IV       9       X         10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments       10       X         11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V       10       X         11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       11       X         12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11       X         13 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       116       X         14 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       116       X         11 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.       111       X         11 Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       111       X         12 Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       111 <t< th=""><td>9</td><td>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for</td><td></td><td></td><td></td></t<>	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
m       Pass, Complete Schedule D, Part V       10         x       11       If the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If 'res,' complete Schedule D, Part V       10       X         11       If the organization is answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, VX, or X, as applicable.       10       X         a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI       11       X         b Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII       11       X         c Did the organization report an amount for other assets in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII       11       X         d Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X       11       11       X         d Did the organization report an amount for other asset in Part X, line 16? If 'Yes,' complete Schedule D, Part X       11       11       X         12       Did the organization separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X       111       X         13       X       X       11 <t< th=""><td></td><td>amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?</td><td></td><td></td><td></td></t<>		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization is anowness? If "Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         12       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11b       X         13       Did the organization report an amount for investments - orgara nelated in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         14       Did the organization report an amount for other iassets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI       11c       X         15       Did the organization is parate, independent audited financial statements for the tax year? include a footnote that addresses the organization is separate or consolidated financial statements for the tax year?       11f       X         16       Was the organization include in consolidated, independent audited financial statements for the tax year?       11d       X         17       Was the organization include in consolidated, independent audited financial statements or the tax year?       11d       X		If "Yes," complete Schedule D, Part IV	9		x
If the organization's answert to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VII, VIX, or X, as applicable.       Image: Complete Schedule D, Part VI, Image: Complete Schedule D, Part VIII       Image: Complete Schedule D, Part VIII         C       Did the organization report an amount for investments - program related in Part X, Ima 169; If "Yes," complete Schedule D, Part VIII       Image: Complete Schedule D, Part VIII         Did the organization report an amount for other isastes in Part X, Ima 15, that is 5% or more of its total assets reported in Part X, Ima 169; If "Yes," complete Schedule D, Part X, Ima 169; If "Yes," complete Schedule D, Part X       Image: Complete Schedule D, Part X         Did the organization report an amount for other isastist in Part X, Ima 15, the tax year include a footnote that addresses the organization assets reported in part A, Image: Complete Schedule D, Part X       Image: Complete Schedule D, Part X         12a       Did the organization asset AII.       Image: Complete Schedule D, Part X X       Image: Complete Schedule D, Part X         13       X       Image: Complete Schedule D, Part X       Image: Complete Schedule D, Part X       Image: Complete Schedule D, Part X         14a       X       Image: Complete Sched	10				
as applicable.       a) bid the organization report an amount for land, buildings, and equipment in Part X, line 10? /// "Yes," complete Schedule D, Part VI       11a       X         b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII       11b       X         c) Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X IIIe       11c       X         d) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X       11c       X         e) Did the organization report an amount for other isability for uncertain tax positions under FIN 48 (ASC 740)? // "Yes," complete Schedule D, Part X       11t       X         f) Did the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11d       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       12a       X         14       Did the organization report an anount for line 12a, then completing Schedule D, Part X and XII is optional       13       X         13		or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X       11c       X         e Did the organization report an amount for other lasibilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X       11e       X         e Did the organization separate or consolidated financial statements for the tax year?       11t       X         12a       Did the organization notuced in consolidated, financial statements for the tax year?       11t       X         12a       Did the organization notuced in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E       12a       X         13       Is the organization aschool described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E       12a       X         14a       Did the organization nation an office, employees, or agentes of the tax year?       12a <td< th=""><td>11</td><td>If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,</td><td></td><td></td><td></td></td<>	11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // *Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 16? // *Yes," complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // *Yes," complete Schedule D, Part XI       11c       X         d       Did the organization report an amount for other liabilities in Part X, line 25? // *Yes," complete Schedule D, Part X       11d       X         f       Did the organization is baparate or consolidated financial statements for the tax year?       11f       X         f       Yes," and if the organization naixed molder of the Views," complete Schedule D, Part X       11d       X         12a       X       Did the organization naixed molders on the 12a, then completing Schedule D, Part X I and XII is optional       11s       X         13       Is the organization maintain an office, employees, or agenes outside of the United States?       14a       X         14       Did the organization maintain an office, employees, or agenes outside of the United States?       14a       X         15       Did the organizatio		as applicable.			
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments - program related in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d Did the organization report an amount for investments - program related in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         f Did the organization ore port an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         2a Did the organization oblian separate, independent audited financial statements for the tax year?       11f       X         13 Is the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         14a Did the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a Did the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14b Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         14b Did the organization neport o	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11t       X         112       Did the organization's separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization included in consolidated financial statements for the tax year?       11t       X         13       Is the organization asswered "No" to line 12a, then completing Schedule D, Part X and XII is optional       12a       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garge grants or other assistance to or for foreign individuals? If "Yes," complete Schedule C, Part I and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garge grants or other ass		Part VI	11a	Х	
Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         e Did the organization report an amount for other liabilities in Part X, line 15, It that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization included in consolidated financial statements for the tax year include a footnote that addresses the organization oncluin separate, independent audited financial statements for the tax year?       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         13       ts the organization as achool described in section 170(b/(1)A(N)(II)?       1'Yes," complete Schedule E       13       X         14a       Did the organization anawered "No" to line 12a, then completing Schedule D, Part X and XII as potional       12b       X         14b       X       Did the organization maintain an office, employees, or agents outside of the United States?       14a	b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other assets in Part X, line 15; that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f Did the organization's separate or consolidated financial statements for the tax year," complete Schedule D, Part X       11t       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       If "Yes," and if the organization answerd "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part X, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part X, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II       11d       X         14b       X       11d       X       11d       X <td></td> <td>assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII</td> <td>11b</td> <td></td> <td>X</td>		assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is lability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X and XI       11f       X         b Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XI is optional       11g       X         114a       Did the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XI is optional       11d       X         114a       Did the organization as chool described in section 170(b)(1)(A)(ii)?       If "Yes," complete Schedule E       13       X         114a       Did the organization neort on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization?       14a       X         115       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV	с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Part X, line 16? /f "Yes," complete Schedule D, Part IX.       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X       11e       X         f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       /// * Yes," complete Schedule D, Part X       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       /// * Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional       12a       X         12a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         12b       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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? /f "Yes," complete Schedule F, Parts II and IV       16       X         13       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? /f "Yes," complete Schedule F, Parts II and IV       16       X         14b       X       10       Did the organ		assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
Did the organization report an amount for other liabilities in Part X, line 25? // "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's iseparate 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)? // "Yes," complete Schedule D, Part X       11e       X         12a       Did the organization bain separate, independent audited financial statements for the tax year? // fr "Yes," complete Schedule D, Part X and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       11e       X         12a       Did the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization narrotice, employees, or agents outside of the United States?       14a       X         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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the	d				
f       Did the organization's isability for uncertain tax positions under FIN 48 (ASC 740)? /f "yes," complete Schedule D, Part X       11f       X         12a       Did the organization separate, independent audited financial statements for the tax year? /f "yes," complete Schedule D, Parts XI and XII       12a       Vast the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12a       X       12a       X         13       Is the organization aschool described in section 170(b)(1)(A)(0)?       /f "Yes," complete Schedule E       13       X         14a       Did the organization neort on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign individuals? /f "yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or or for foreign individuals? /f "yes," complete Schedule G, Part I. Bee instructions       16       X         18       Did the organization report more than \$15,000 of grass income from graning activities on Part IXI, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to o		Part X, line 16? If "Yes," complete Schedule D, Part IX			<u>x</u>
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? /f "Yes," complete       12a       X         12b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         12a       X       12a       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? /f "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? /f "Yes," complete Schedule F, Parts II and IV       16       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3 more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? /f "Yes," complete Sche			11e	х	
12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         b       Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         14a       Did the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       14a       X         14b       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         18       Did the organization report more than \$15,000 of gross income and cont	f	• •			
Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garents or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," complete Schedule G, Part II       18       X			11f	х	
by Borne and All All All All All All All All All Al	12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         17       Did the organization report an Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions       16       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       X		,	<u>12a</u>	X	
13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       D	b				
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b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X	20-				<u> </u>
21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X					<u> </u>
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II			200		<u> </u>
	21	similar amounts as defined in Rev. Proc. 89-197 # "Yas," complete Schedule C, Part II           Did the organization maintain any donor advised funds or any similar funds or accounts? // "Yes," complete Schedule D, Part I           Did the organization receive or hold a conservation easement, including easements to preserve open space.           the environment, historic fund ease, or historic structure? // "Yes," complete Schedule D, Part II           Did the organization receive or hold a conservation easement, including easements to preserve open space.           Did the organization maintain collections of works of art, historical treasures, or other similar assets? # "Yes," complete Schedule D, Part II           Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?           If "Yes," complete Schedule D, Part V           Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported 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% # Yes," complete Schedule D, Part VI           Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16% # Yes," complete Schedule D, Part VI           Did the organization report an amount for three struces in Part X, line 15% # Yes," complete Schedule D, Part X		х	
	132003				(2021)

132003 12-09-21

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	<b>0</b> 4-		x
Ŀ	Schedule K. If "No," go to line 25a	24a		^
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	214		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
L	"Yes," complete Schedule L, Part IV	28a		x
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	07		
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				1
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 57			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
132004	↓ 12-09-21 <b>4</b>	Form	990	(2021)
	4			

#### 11440610 781331 19146-19146

Form	990 (2021) UNITED WAY OF MIDDLE TENNESSEE, INC 62-053310	4	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 90			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		-
	Organizations that may receive deductible contributions under section 170(c).	_	77	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		x
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		<u> </u>
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
132005	12-09-21 5	Form	1 <b>990</b>	(2021)

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<sup>2021.03050</sup> UNITED WAY OF MIDDLE TENN 19146-11

	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			X
Sect	tion A. Governing Body and Management				
		_	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	42			
	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.				
	Enter the number of voting members included on line 1a, above, who are independent	42			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	er			
	officer, director, trustee, or key employee?	L	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct superv				
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	· · · · · · · · · · · · · · · · · · ·	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	L	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	L-	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, o	r			
	persons other than the governing body?	L	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	ng:			
а	The governing body?		Ba	Х	
	Each committee with authority to act on behalf of the governing body?		Bb	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	1	0a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliat				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		1a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	1	2a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	····· ⊢	2b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe				
-	on Schedule O how this was done		2c	х	
13	Did the organization have a written whistleblower policy?		13	х	
14	Did the organization have a written document retention and destruction policy?		14	x	
15	Did the process for determining compensation of the following persons include a review and approval by independ				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
2	The organization's CEO, Executive Director, or top management official	4	5a	х	
		Γ.	5b	x	
U	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	·····  -	50		
160					
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		6		х
Ŀ	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participa		6a		Λ
D		tion			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		~		
200	exempt status with respect to such arrangements?	<u> </u>	6b		
	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ TN				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sect	ion 501(c)(3)s oi	nly) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website Upon request Other (explain on Schedule				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of intere	st policy, and fir	nanc	ial	
	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 record	ls 🕨			
	SUMMOR PENNINGTON, CFO - 615-255-8501				
	250 VENTURE CIRCLE, NASHVILLE, TN 37228				

<u>Form 990 (</u>	2021) UNITED WAY OF MIDDLE TENNESSEE, INC	62-0533104	Page /
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	npensated	
	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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending wit	th or within the organization	's tax year.

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

Name and tille         Average hours per bedress met structures week         Description mode and structures bedress met structures bedress met structures bedress met structures         Reportable composition from organization from (W2/1090-NEC)         Reportable composition from (W2/1090-NEC)         Estimated aunual of other           (1) BRIAN HASSETT         40.00         X         X         455,575         0.         68,394, 021,000 NEC)           (2) BRIAN HASSETT         40.00         X         455,575         0.         68,394, 021,000 NEC)           (2) BRIAN HASSETT         40.00         X         455,575         0.         68,394, 021,000 NEC)           (2) BRIAN HASSETT         40.00         X         180,639         0.         14,022, 0.           (2) BRIAN HASSETT         40.00         X         180,639         0.         14,022, 0.           (2) BRIAN HASSETT         40.00         X         132,910         0.         14,022, 0.           (3) SUMMOR FERNINGON         40.00         X         132,910         0.         10,508, 0.           (3) CRECTOR, MAJOR GIFTS         X         133,608         0.         5,798, 0.           (1) DIRECTOR, MAJOR GIFTS         X         133,608         0.         0.           (3) CONT BECKER         2.00         X         0. <th>(A)</th> <th>(B)</th> <th></th> <th></th> <th>(0</th> <th>C)</th> <th></th> <th></th> <th>(D)</th> <th>(E)</th> <th>(F)</th>	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per week (ist any sector)         box. utespense is betweet (ist and addictional and addictional and addictional and addictional and addictional and addictional addictinal additextend addictional addictionaddictional addictinadditex	Name and title	Average	(do					ane	Reportable	Reportable	Estimated
Week Instany hours for related organizations (1) BRIAN HASSETT         Output (blow) related organizations (W2/1099-MISC)         Output (W2/1099-MISC)         Output (W2/1099-MISC)         Output (W2/1099-MISC)         Output (W2/1099-MISC)           (1) BRIAN HASSETT         40.00         X         455,575.         0.         68,394.           (2) BRICA MITCHELL         40.00         X         455,575.         0.         68,394.           (2) BRICA MITCHELL         40.00         X         180,639.         0.         14,022.           (4) JENTER NETION OFF         X         180,639.         0.         14,022.           (4) JENTER WRIGHT         40.00         X         162,618.         0.         16,239.           (5) CELESTE WILSON         40.00         X         133,608.         0.         10,508.           (6) COURNEY BARLAR         40.00         X         133,608.         0.         0.         0.           (11) WILLIAM F. CAPPENTER         2.000         X         4         0.         0.         0.         0.         0.           (13) JOHN CROSSLIN         2.000         X         X         0.         0.         0.         0.         0.           (14) JENTER WRICHT         2.000         X         4		hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
(1)         BRIAN HASSETT         40.00         x         455,575.         0.         68,394.           (2)         ERICA MITCHELL         40.00         x         455,575.         0.         68,394.           CHIEF COMMUNITY IMPACT OFF         x         224,753.         0.         19,085.           (3)         SUMMOR FENNINGTON         40.00         x         180,639.         0.         14,022.           (4)         JENNIFER WRIGHT         40.00         x         180,639.         0.         14,022.           (4)         JENNIFER WRIGHT         40.00         x         180,639.         0.         14,022.           (5)         CELEFE WILSON         40.00         x         133,608.         0.         10,508.           (6)         COURTNEY BALLAR         400.00         x         133,608.         0.         5,798.           (7)         TIM ADAMS         2.00         x         0.         0.         0.           TRUSTEE         x         0.         0.         0.         0.         0.           (10)         CATHEF DEWART BROWN         2.00         x         0.         0.         0.           TRUSTEE         x         0.         <				cer an	id a d	Irecto	r/trus	tee)			
(1)         BRIAN HASSETT         40.00         x         455,575.         0.         68,394.           (2)         ERICA MITCHELL         40.00         x         455,575.         0.         68,394.           CHIEF COMMUNITY IMPACT OFF         x         224,753.         0.         19,085.           (3)         SUMMOR FENNINGTON         40.00         x         180,639.         0.         14,022.           (4)         JENNIFER WRIGHT         40.00         x         180,639.         0.         14,022.           (4)         JENNIFER WRIGHT         40.00         x         180,639.         0.         14,022.           (5)         CELEFE WILSON         40.00         x         133,608.         0.         10,508.           (6)         COURTNEY BALLAR         400.00         x         133,608.         0.         5,798.           (7)         TIM ADAMS         2.00         x         0.         0.         0.           TRUSTEE         x         0.         0.         0.         0.         0.           (10)         CATHEF DEWART BROWN         2.00         x         0.         0.         0.           TRUSTEE         x         0.         <			irecto							U U	•
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(1)         BRIAN HASSETT         40.00         x         455,575.         0.         68,394.           (2)         ERICA MITCHELL         40.00         x         455,575.         0.         68,394.           CHIEF COMMUNITY IMPACT OFF         x         224,753.         0.         19,085.           (3)         SUMMOR FENNINGTON         40.00         x         180,639.         0.         14,022.           (4)         JENNIFER WRIGHT         40.00         x         180,639.         0.         14,022.           (4)         JENNIFER WRIGHT         40.00         x         180,639.         0.         14,022.           (5)         CELEFE WILSON         40.00         x         133,608.         0.         10,508.           (6)         COURTNEY BALLAR         400.00         x         133,608.         0.         5,798.           (7)         TIM ADAMS         2.00         x         0.         0.         0.           TRUSTEE         x         0.         0.         0.         0.         0.           (10)         CATHEF DEWART BROWN         2.00         x         0.         0.         0.           TRUSTEE         x         0.         <			rustee	l trus		/ee	npen		•	1099-NEC)	•
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(1) BRIAN HASSETT       40.00       x       455,575.       0.       68,394.         PRESIDENT AND CEO       x       455,575.       0.       68,394.         (2) ERICA MITCHELL       40.00       x       224,753.       0.       19,085.         (3) SUMMOR PENNINGTON       40.00       x       180,639.       0.       14,022.         (4) JENNIFER WRIGHT       40.00       x       162,618.       0.       16,239.         (5) CELSET WILSON       40.00       x       162,618.       0.       16,239.         (5) CELSET WILSON       40.00       x       133,608.       0.       10,508.         (6) COURTNEY BRALAR       40.00       x       133,608.       0.       5,798.         (7) TIM ADAMS       2.00       x       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.         (3) LEB BLANK       2.00       x       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.         (10) CATHY STEWART BROWN       2.00       x       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0. </td <td></td> <td></td> <td>Indivi</td> <td>Institu</td> <td>Office</td> <td>Key ei</td> <td>Highe</td> <td>Forme</td> <td></td> <td></td> <td></td>			Indivi	Institu	Office	Key ei	Highe	Forme			
(2) ERICA MITCHELL       40.00       X       224,753.       0.       19,085.         (3) SUMMOR FENNINGY OFF       X       224,753.       0.       19,085.         (3) SUMMOR FENNINGY OFF       X       180,639.       0.       14,022.         (4) JENNIFER WRIGHT       40.00       X       180,639.       0.       14,022.         (4) JENNIFER WRIGHT       40.00       X       162,618.       0.       16,239.         (5) CELESTE WILSON       40.00       X       133,608.       0.       10,558.         (6) COURTNEY BARLAR       40.00       X       133,608.       0.       0.       0.         (7) TIM ADAMS       2.00       X       0.       0.       0.       0.       0.         (8) SCOTT BECKER       2.00       X       0.       0.       0.       0.       0.       0.         (9) LEE BLANK       2.00       X       X       0. <td< td=""><td>(1) BRIAN HASSETT</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(1) BRIAN HASSETT	40.00									
CHIEF COMMUNITY IMPACT OFF         X         224,753.         0.         19,085.           (3) SUMMOR PENNINGTON         40.00         X         180,639.         0.         14,022.           CHIEF FINARCIAL OFFICER         X         162,618.         0.         16,239.           (5) CELESTE WILSON         40.00         X         162,618.         0.         16,239.           (5) CELESTE WILSON         40.00         X         132,910.         0.         10,508.           (6) COURTNEY BARLAR         40.00         X         133,608.         0.         5,798.           (7) TIT DADMS         2.00         X         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.           (3) LEE BLANK         2.00         X         0.         0.         0.           TRUSTEE         X         X         0.         0.         0.         0.           (10) CATHY STEWART BROWN         2.00         X         0.         0.         0.         0.           (11) WILLIAM F. CARPENTER III         2.00         X         0.         0.         0.         0.           (13) JOHN CROSSLIN         4.00         X	PRESIDENT AND CEO				х				455,575.	0.	68,394.
(3) SUMMOR PENNINGTON         40.00         x         180,639.         0.         14,022.           CHIEF FINANCIAL OFFICER         40.00         x         180,639.         0.         14,022.           CHIEF MARKETING OFFICER         40.00         x         162,618.         0.         16,239.           CS. CELESTE WILSON         40.00         x         132,910.         0.         10,508.           CS. DIRECTOR, MAJOR GIFTS         x         133,608.         0.         5,798.           (7) TIM ADAMS         2.00         x         133,608.         0.         0.           (7) TIM ADAMS         2.00         x         0.         0.         0.           (8) SCOTT BECKER         2.00         x         0.         0.         0.           (9) LEE BLANK         2.00         x         x         0.         0.         0.           TRUSTEE         x         x         0.         0.         0.         0.         0.           (10) CATHY STEWART BROWN         2.00         x         x         0.         0.         0.           (11) WILLIAM F. CARPENTER III         2.00         x         0.         0.         0.         0.           (12)	(2) ERICA MITCHELL	40.00									
CHIEF FINANCIAL OFFICER         x         180,639.         0.         14,022.           (4) JENNIFER WRIGHT         40.00         x         162,618.         0.         16,239.           CHIEF MARKETING OFFICER         x         162,618.         0.         16,239.           (5) CELEST WILSON         40.00         x         132,910.         0.         10,508.           (6) COURINEY BALAR         40.00         x         133,608.         0.         5,798.           (7) TIM ADAMS         2.00         x         0.         0.         0.           (8) SCOT BECKER         2.00         x         0.         0.         0.           (9) LEE BLANK         2.00         x         0.         0.         0.           (10) CATHY STEWART BROWN         2.00         x         0.         0.         0.           (11) WILLIAM F. CARPENTER III         2.00         x         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.           (11) WILLIAM F. CARPENTER III         2.00         X         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.	CHIEF COMMUNITY IMPACT OFF				х				224,753.	0.	19,085.
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CHIEF MARKETING OFFICER         X         162,618.         0.         16,239.           (5)         CELESTE WILSON         40.00         X         132,910.         0.         10,508.           (6)         COURNEY BARLAR         40.00         X         132,910.         0.         10,508.           (6)         COURNEY BARLAR         40.00         X         133,608.         0.         5,798.           (7)         TIM ADMS         2.00         X         0.         0.         0.         0.           RUSTEE         X         0.         0.         0.         0.         0.         0.           (8)         SCOTT BECKER         2.00         X         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           TRUSTEE         X         X         0.         0.         0.         0.         0.           TRUSTEE         X         X         0.         0.         0.         0.         0.           (10) CATHY STEWART BROWN         2.00         X         0.         0.         0.         0.           TRUSTEE         X <td>CHIEF FINANCIAL OFFICER</td> <td></td> <td></td> <td></td> <td>х</td> <td></td> <td></td> <td></td> <td>180,639.</td> <td>0.</td> <td>14,022.</td>	CHIEF FINANCIAL OFFICER				х				180,639.	0.	14,022.
(5) CELESTE WILSON       40.00       X       132,910.       0.       10,508.         (6) COURTNEY BARLAR       40.00       X       133,608.       0.       5,798.         (7) TIM ADAMS       2.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (7) TIM ADAMS       2.00       X       0.       0.       0.       0.       0.         (7) TIM ADAMS       2.00       X       0.       0.       0.       0.       0.         (8) SCOTT BECKER       2.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0. </td <td>(4) JENNIFER WRIGHT</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(4) JENNIFER WRIGHT	40.00									
SR. DIRECTOR, MAJOR GIFTS       I       X       132,910.       0.       10,508.         (6) COURTNEY BARLAR       40.00       X       133,608.       0.       5,798.         (7) TIM ADAMS       2.00       X       0.       0.       0.       0.         (7) TIM ADAMS       2.00       X       0.       0.       0.       0.         (8) SCOTT BECKER       2.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (9) LEE BLANK       2.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.       0.         (10) CATHY STEWART BROWN       2.00       X       0.					х				162,618.	0.	16,239.
(6) COURTNEY BARLAR       40.00       x       133,608.       0.       5,798.         (7) TIM ADAMS       2.00       x       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.         (8) SCOTT BECKER       2.00       x       x       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.       0.         (9) LEE BLANK       2.00       x       x       0.       0.       0.       0.       0.       0.         (10) CATHY STEWART BROWN       2.00       x       x       0.       0.       0.       0.       0.       0.         (11) WILLIAM F. CARPENTER III       2.00       x       x       0.	(5) CELESTE WILSON	40.00									
CHIEF DEVELOPMENT OFFICER         x         133,608.         0.         5,798.           (7) TIM ADAMS         2.00         x         0.         0.         0.           TRUSTEE         x         0.         0.         0.         0.           (8) SCOT BECKER         2.00         x         0.         0.         0.           TRUSTEE         x         0.         0.         0.         0.           (9) LEE BLANK         2.00         x         x         0.         0.         0.           TRUSTEE         x         x         0.         0.         0.         0.         0.           TRUSTEE         x         x         0.         0.         0.         0.         0.           TRUSTEE         x         x         0.         0.         0.         0.         0.           (11) WILLIAM F. CARPENTER III         2.00         X         0.         0.         0.         0.           TRUSTEE         x         0.         0.         0.         0.         0.           (11) WILLIAM F. CARPENTER III         2.00         X         0.         0.         0.           TRUSTEE         X         0. <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>132,910.</td> <td>0.</td> <td>10,508.</td>	•						X		132,910.	0.	10,508.
(7) TIM ADAMS       2.00       x       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.         (8) SCOTT BECKER       2.00       x       0.       0.       0.       0.       0.         TRUSTEE       x       x       0.       0.       0.       0.       0.         (9) LEE BLANK       2.00       x       x       0.       0.       0.       0.         (10) CATHY STEWART BROWN       2.00       x       x       0.       0.       0.       0.         (11) WILLIAM F. CARPENTER III       2.00       x       0.       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.       0.         (11) WILLIAM F. CARPENTER III       2.00       x       0.       0.       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       x       x       0.       0.       0.       0.       0.       0.       0. <td< td=""><td>(6) COURTNEY BARLAR</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(6) COURTNEY BARLAR	40.00									
TRUSTEE         X         I         O.         O.         O.         O.           (8) SCOTT BECKER         2.00         X         0.         0.         0.         0.           TRUSTEE         X         X         0.         0.         0.         0.           (9) LEE BLANK         2.00         X         X         0.         0.         0.           TRUSTEE         X         X         0.         0.         0.         0.           (10) CATHY STEWART BROWN         2.00         X         X         0.         0.         0.           (11) WILLIAM F. CARPENTER III         2.00         X         0.         0.         0.         0.           TRUSTEE         X         X         0.         0.         0.         0.         0.           (11) WILLIAM F. CARPENTER III         2.00         X         0.         0.         0.         0.           TRUSTEE         X         X         0.         0.         0.         0.         0.           (12) CHARLIE COOK         2.00         X         X         0.         0.         0.         0.           (13) JOHN CROSSLIN         4.00         X         X </td <td>CHIEF DEVELOPMENT OFFICER</td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>133,608.</td> <td>0.</td> <td>5,798.</td>	CHIEF DEVELOPMENT OFFICER				Х				133,608.	0.	5,798.
(8)         SCOTT BECKER         2.00         x         0         0.		2.00									
TRUSTEE         x         x         0.         0.         0.           (9) LEE BLANK         2.00         X         X         0.         0.         0.           TRUSTEE         X         X         0.         0.         0.         0.           (10) CATHY STEWART BROWN         2.00         X         X         0.         0.         0.           TRUSTEE         X         X         0.         0.         0.         0.         0.           (11) WILLIAM F. CARPENTER III         2.00         X         0.         0.         0.         0.           TRUSTEE         X          0.         0.         0.         0.         0.           (12) CHARLIE COOK         2.00         X         0.         0.         0.         0.           TRUSTEE         X         X         0.         0.         0.         0.           (13) JOHN CROSSLIN         4.00         X         0.         0.         0.         0.           TRUSTEE         X         X         0.         0.         0.         0.         0.           (14) HONORABLE KARL DEAN         2.00         X         0.         0.	TRUSTEE		Х						0.	0.	0.
(9)       LEE BLANK       2.00       X       X       X       0.       0.       0.         TRUSTEE       X       X       X       0.       0.       0.       0.       0.         TRUSTEE       X       X       X       X       0.       0.       0.       0.         TRUSTEE       X       X       X       0.       0.       0.       0.       0.         TRUSTEE       X       X       X       X       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.       0.         TRUSTEE       X       X       X       0.       0.       0.       0.       0.         TRUSTEE       X       X       X       0.       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.       0.	(8) SCOTT BECKER	2.00									
TRUSTEE         X         X         X         X         0.         0.         0.         0.           (10) CATHY STEWART BROWN         2.00         X         0.	TRUSTEE		Х						0.	0.	0.
(10) CATHY STEWART BROWN       2.00       x       0       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.         (11) WILLIAM F. CARPENTER III       2.00       x       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.         (12) CHARLIE COOK       2.00       x       0.       0.       0.       0.       0.         (13) JOHN CROSSLIN       4.00       x       0.       0.       0.       0.       0.         (14) HONORABLE KARL DEAN       2.00       x       x       0.       0.       0.       0.         TRUSTEE       x       x       0.       0.       0.       0.       0.       0.         (14) HONORABLE KARL DEAN       2.00       x       0.       0.       0.       0.       0.         (15) ROBERT DENNIS       4.00       x       0.       0.       0.       0.       0.         (16) SAM DEVANE       4.00       x       0.       0.       0.       0.       0.         (17) ROBERT DITUS       2.00       x       0.       0.	(9) LEE BLANK	2.00									
TRUSTEE         X         X         0         0.         0			Х		Х				0.	0.	0.
(11) WILLIAM F. CARPENTER III       2.00       X       0.       0.       0.       0.         TRUSTEE       X       2.00       X       0.       0.       0.       0.         (12) CHARLIE COOK       2.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.       0.         (13) JOHN CROSSLIN       4.00       X       X       0.       0.       0.       0.         VICE CHAIR - TRUSTEE       X       X       0.       0.       0.       0.       0.         (14) HONORABLE KARL DEAN       2.00       X       X       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.       0.         (15) ROBERT DENNIS       4.00       X       0.       0.       0.       0.       0.       0.       0.         (16) SAM DEVANE       4.00       X       0.       0.       0.       0.       0.       0.       0.         (17) ROBERT DITTUS       2.00       X       0.       0.       0.       0.       0.	(10) CATHY STEWART BROWN	2.00									
TRUSTEE       x       x       0       0.       0.       0.       0.         (12) CHARLIE COOK       2.00       x       0       0.       0.       0.       0.         TRUSTEE       x       x       0       0.       0.       0.       0.         (13) JOHN CROSSLIN       4.00       x       x       0.       0.       0.       0.         VICE CHAIR - TRUSTEE       x       x       x       0.       0.       0.       0.         (14) HONORABLE KARL DEAN       2.00       x       x       0.       0.       0.       0.         (15) ROBERT DENNIS       4.00       x       0.       0.       0.       0.       0.         (16) SAM DEVANE       4.00       x       0.       0.       0.       0.       0.         (17) ROBERT DITTUS       2.00       x       0.       0.       0.       0.       0.         TRUSTEE       x       0       0.       0.       0.       0.       0.	TRUSTEE		Х						0.	0.	0.
(12) CHARLIE COOK       2.00       X       0       0.	(11) WILLIAM F. CARPENTER III	2.00									
TRUSTEEX00.0.(13) JOHN CROSSLIN4.004.0000VICE CHAIR - TRUSTEEXX0.0.(14) HONORABLE KARL DEAN2.0000.0.TRUSTEEXX0.0.0.(15) ROBERT DENNIS4.00X0.0.0.STRATEGY COMMITTEE CHAIR-MEMBER AT LX0.0.0.(16) SAM DEVANE4.0000.0.0.INVESTMENT COMMITTEE CHAIR-TRUSTEEX00.0.(17) ROBERT DITTUS2.0000.0.0.TRUSTEEX00.0.0.	TRUSTEE		Х						0.	0.	0.
(13) JOHN CROSSLIN       4.00       X       X       X       0.       0.       0.         VICE CHAIR - TRUSTEE       X       X       X       0.       0.       0.       0.         (14) HONORABLE KARL DEAN       2.00       X       X       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.         (15) ROBERT DENNIS       4.00       X       0.       0.       0.       0.         STRATEGY COMMITTEE CHAIR-MEMBER AT L       X       0.       0.       0.       0.         (16) SAM DEVANE       4.00       X       0.       0.       0.       0.         INVESTMENT COMMITTEE CHAIR-TRUSTEE       X       0.       0.       0.       0.       0.         (17) ROBERT DITTUS       2.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.	(12) CHARLIE COOK	2.00									
VICE CHAIR - TRUSTEEXXX0.0.0.(14) HONORABLE KARL DEAN2.00X00.0.0.TRUSTEEXX0.0.0.0.(15) ROBERT DENNIS4.00X0.0.0.0.STRATEGY COMMITTEE CHAIR-MEMBER AT LX0.0.0.0.(16) SAM DEVANE4.00X0.0.0.0.INVESTMENT COMMITTEE CHAIR-TRUSTEEX0.0.0.0.(17) ROBERT DITTUS2.00X0.0.0.0.TRUSTEEX0.0.0.0.0.	TRUSTEE		Х						0.	0.	0.
(14) HONORABLE KARL DEAN2.00X0.0.0.TRUSTEEX0.0.0.0.0.(15) ROBERT DENNIS4.00X0.0.0.STRATEGY COMMITTEE CHAIR-MEMBER AT LX0.0.0.0.(16) SAM DEVANE4.00X0.0.0.0.INVESTMENT COMMITTEE CHAIR-TRUSTEEX0.0.0.0.(17) ROBERT DITTUS2.00X0.0.0.0.TRUSTEEX0.0.0.0.0.	(13) JOHN CROSSLIN	4.00									
TRUSTEEXX00.0.(15) ROBERT DENNIS4.004.00STRATEGY COMMITTEE CHAIR-MEMBER AT LX0.0.0.(16) SAM DEVANE4.00X0.0.0.INVESTMENT COMMITTEE CHAIR-TRUSTEEX0.0.0.(17) ROBERT DITTUS2.00X0.0.0.TRUSTEEX0.0.0.0.	VICE CHAIR - TRUSTEE		Х		Х				0.	0.	0.
(15) ROBERT DENNIS4.0000.0.STRATEGY COMMITTEE CHAIR-MEMBER AT LX0.0.0.0.(16) SAM DEVANE4.004.000.0.0.0.INVESTMENT COMMITTEE CHAIR-TRUSTEEX0.0.0.0.0.(17) ROBERT DITTUS2.00X0.0.0.0.TRUSTEEX0.0.0.0.0.	(14) HONORABLE KARL DEAN	2.00									
STRATEGY COMMITTEE CHAIR-MEMBER AT LX00.0.(16) SAM DEVANE4.004.0000.0.INVESTMENT COMMITTEE CHAIR-TRUSTEEX0.0.0.0.(17) ROBERT DITTUS2.00X0.0.0.0.TRUSTEEX0.0.0.0.0.	TRUSTEE		Х						0.	0.	0.
(16) SAM DEVANE4.004.000.INVESTMENT COMMITTEE CHAIR-TRUSTEEx0.0.(17) ROBERT DITTUS2.00x0.TRUSTEEx0.0.0.	(15) ROBERT DENNIS	4.00									
INVESTMENT COMMITTEE CHAIR-TRUSTEE     X     0.     0.     0.       (17) ROBERT DITTUS     2.00     X     0.     0.     0.       TRUSTEE     X     0.     0.     0.     0.	STRATEGY COMMITTEE CHAIR-MEMBER AT L		Х						0.	0.	0.
(17) ROBERT DITTUS         2.00         x         0. <td>(16) SAM DEVANE</td> <td>4.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(16) SAM DEVANE	4.00									
TRUSTEE X 0. 0. 0.			Х						0.	0.	0.
		2.00									
	TRUSTEE		Х						0.	0.	

132007 12-09-21

Form 990 (2021)

#### 11440610 781331 19146-19146

Form 990 (2021) UNITED WAY OF	' MIDDLE TE	NNE	SSE	Е,	INC				62-053	3104	4	F	Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box	not cl , unles	Pos heck i ss per	rson i	than o s both	n an	(D) Reportable compensation	(E) Reportable compensation	1	an	(F) stimation	t of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS( 1099-NEC)		com fr org and	othe pens rom tl aniza d rela anizat	ation he ation ated
(18) JOHN DOERGE TRUSTEE	2.00	x						0.		0.			0.
(19) MARGARET DOLAN	2.00									-			
TRUSTEE		х						0.		٥.			0.
(20) DAVID FREEMAN	2.00									-			
TRUSTEE		х						0.		٥.			0.
(21) RANDY GIBSON	2.00												
TRUSTEE		х						0.		٥.			Ο.
(22) JIM GINGRICH	2.00												
TRUSTEE		х						0.		0.			0.
(23) HON. ALBERTO R. GONZALES	4.00												
SECRETARY		х		х				0.		0.			0.
(24) TONY HEARD	2.00												
TRUSTEE		х						0.		٥.			٥.
(25) R. MILTON JOHNSON	2.00												
TRUSTEE		х						0.		Ο.			0.
(26) JENNEEN KAUFMAN	4.00												
IMMEDIATE PAST BOARD CHAIR		х		х				0.		٥.			٥.
1b Subtotal								1,290,103.		٥.		134	,046.
c Total from continuation sheets to Part VII	, Section A							0.		٥.			0.
d Total (add lines 1b and 1c)								1,290,103.		٥.		134	,046.
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable				6
												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	-			•							3		x
4 For any individual listed on line 1a, is the su										···	-		
and related organizations greater than \$150											4	х	_
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com										- 1	5		X
Section B. Independent Contractors		001	01 00		00/0	011 .							
<ol> <li>Complete this table for your five highest con the organization. Report compensation for t</li> </ol>	•	•							•	ensat	ion fro	m	
(A)	ne calendar ye			ig w				(B)			(0		
רא) Name and business	address							Description of s	ervices	С	ompe		on
ELEVATE CONSULTING, 1011 GILLOCK STRE	ET												
#160466, NASHVILLE, TN 37216								COMMUNITY IMPACT C	ONSULTING			174	,419.
TECHBRIDGE								IT SUPPORT SALESFO	RCE- FAMILY				<u>,                                    </u>
PO BOX 1741, MEMPHIS, TN 38101								COLLECTIVE				174	,127.
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	ation 🕨		nitec	to to		se lis 2	ted	above) who received mo	ore than			0000	
SEE PART VII, SECTION A CONTINU 132008 12-09-21	DATION SHEE	TS									Form	990	(2021)

Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, ai	nd H	ligh	est (	Compensated Employe	es (continued)	
(A)	(B)	Ι			C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				ployee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				ed em		(W-2/1099-MISC)	(112/1000 11100)	organization
	related	tee or	ustee			ensate		(		and related
	organizations	ul trus	nal tri		loyee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
	line)	pul	lns	0ff	Key	Ξ	For			
(27) GORDON KNAPP	2.00									
MEMBER AT LARGE	2.00	Х						0.	0.	0
(28) WILLIAM C. KOCH, JR. TRUSTEE	2.00	x						0.	0.	0
(29) RICHARD MANSON	2.00							0.	0.	0
TRUSTEE		x						0.	0.	0
(30) MICKEY MCKAY	2.00									
MEMBER AT LARGE		х						0.	0.	0
(31) ROB MCNEILLY	4.00									
CAMPAIGN COMMITTEE CHAIR-TRUSTEE		х						0.	0.	0
(32) KRISTI MORROW	2.00									
MEMBER AT LARGE		Х						٥.	0.	0
(33) JUNAID ODUBEKO	2.00									
TRUSTEE		Х						0.	0.	0
(34) SCOTT POHLMAN	2.00	_								
TRUSTEE		х						0.	0.	0
(35) CHER PORTIES	2.00									
TRUSTEE (36) BEN L. RECHTER	2.00	х						0.	0.	0
TRUSTEE	2.00	x						0.	0.	0
(37) RONALD ROBERTS	2.00							•.	••	0
TRUSTEE		x						0.	0.	0
(38) HEATHER ROHAN	4.00							<b>···</b>	<b>·</b>	
CHAIR - TRUSTEE		x		x				0.	0.	0
(39) ANNE RUSSELL	2.00									
TRUSTEE		х						٥.	0.	0
(40) JIM SCHMITZ	2.00									
MEMBER AT LARGE		Х						0.	0.	0
(41) WAYNE SMITH	2.00	_								
TRUSTEE		Х						٥.	0.	C
(42) BLAKE STINNETTE	2.00	1								
MEMBER AT LARGE		Х						0.	0.	C
(43) ERIC STUCKEY	2.00									
MEMBER AT LARGE		Х						0.	0.	C
(44) BRIAN TIBBS	2.00								_	~
TRUSTEE		Х						0.	0.	0
(45) DAVE WALTON TRUSTEE	2.00	x						0.	0.	0
(46) JAMES WEAVER	4.00	<u> </u>			-	-		<u>_</u>	· ·	0
GOVERNMENT RELATIONS CHAIR	±.00	x		х				0.	0.	C
		~~		**		1		· ·	۰.	0

132201 04-01-21

Form 990 UNITED WAY O				-					62-05331	.04
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (		. ,	
(A) Name and title	(B) Average hours	(cł	heck	Pos	<b>C)</b> ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) EMILY WEISS TRUSTEE	2.00	x						0.	0.	0.
(48) STEPHANIE WHITFIELD	2.00									
TRUSTEE		x						0.	0.	0.
Total to Part VII, Section A, line 1c		<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>			

132201 04-01-21

		Check if Schedule O					(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
'n	1 a	Federated campaigns		1a		473,949.				
un		Membership dues								
	с	Fundraising events								
		Related organizations								
Ē	е	Government grants (contr	ributi	ons) <b>1e</b>		18,224,083.				
0	f	All other contributions, gifts,	grant	ts, and						
Ð		similar amounts not included	l abov	/e <b>1f</b>		37,847,453.				
פ	g	Noncash contributions included in	lines 1	1a-1f <b>1g</b> \$		187,597.				
0	h	Total. Add lines 1a-1f		<u></u>			56,545,485.			
						Business Code				
	2 a	DESIGNATION SERVICE	E FE			900099	288,330.	288,330.		
Ð	b									
en	С									
nev L	d									
	e									
Miscellaneous Other Revenue Program Service Contributions, Gifts, Gran Revenue Revenue and Other Similar Amoun L L L		All other program service					288,330.			
	<u>y</u> 3	Total. Add lines 2a-2f Investment income (include					200,000.			
	3	other similar amounts)					358,711.			358,7
	4	Income from investment of					,			
	5	Royalties		=		Г				
	-			(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
	d	Net rental income or (loss	;)			►				
	7 a	Gross amount from sales of		(i) Securit	es	(ii) Other				
		assets other than inventory	7a	36,194,8	22.					
	b	Less: cost or other basis								
		and sales expenses		33,928,2						
		Gain or (loss)		2,266,5						
		Net gain or (loss)			·····	▶	2,257,554.			2,257,5
	8 a	Gross income from fundraisi	-	-						
		including \$								
Other Revenue		contributions reported on		-						
	<b>I</b> -	Part IV, line 18			8a 8b					
		Less: direct expenses Net income or (loss) from								
		Gross income from gamir		•						
	5 a	Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from								
		Gross sales of inventory,	-	-						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from			y	<b>)</b>				
						Business Code				
Ð	11 a	EMPLOYEE RETIREMENT	' PL			900099	140,050.			140,0
enu	b	MISCELLANEOUS INCOM	ſE			900099	51,970.			51,9
eve	с					ļ ļ				
٩		All other revenue								
	е	Total. Add lines 11a-11d		<u></u>		►	192,020.			
	12	Total revenue. See instruction	ons				59,642,100.	288,330.	0.	2,808,2

UNITED WAY OF MIDDLE TENNESSEE, INC

Form 990 (2021)

#### 11440610 781331 19146-19146

11

Page **9** 

62-0533104

UNITED WAY OF MIDDLE TENNESSEE, INC

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

62-0533104 Page **10** 

#### Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 28,231,278 28,231,278 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 391,048. trustees, and key employees 1,157,193. 317,312. 448,833. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 4,104,187. 2,550,538. 627,982. 925,667. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 25,208 24,241. 967 392,910 254,607, 69,985. 68,318. 9 Other employee benefits 359,527 206,555. 57,494 95,478. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 3,420. 1,566, 1,854. b Legal 60,967. 60,967, С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 1,196,447 1,010,040 114,328 72,079. column (A), amount, list line 11g expenses on Sch 0.) 218,067 120,338, 16,964, 80,765. Advertising and promotion 12 7,809 344,907. 192,262. 144,836. 13 Office expenses Information technology 14 Royalties 15 175,269 102,215. 37,623 35,431. 16 Occupancy 14,832, 13,280, 301 1,251. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 43,028. 23,548. 3,336. 16,144. Conferences, conventions, and meetings ..... 19 20 Interest Payments to affiliates 503,092, 279,778. 82,491. 140,823. 21 37,228. 63,820, 12,232, 14,360. 22 Depreciation, depletion, and amortization ..... 47,376. 47,376. 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) MISCELLANEOUS 353,150, 175,050. 92,244 85,856. а b С d All other expenses е 37,294,678 33,613,572, 1,551,265 2,129,841. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

12

132010 12-09-21

#### 11440610 781331 19146-19146

Form 990 (2021)

11440610 781331 19146-19146

		Cash - non-interest-bearing					
	2	Savings and temporary cash investments			6,978,013.	2	7,871,141.
	3	Pledges and grants receivable, net			13,532,424.	3	13,998,549.
	4	Accounts receivable, net				4	
Assets	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the			5		
	6	Loans and other receivables from other disquali	-				
		under section 4958(f)(1)), and persons described	on 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	<b>_</b>			148,705.	9	137,530.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,152,377.			
	b	Less: accumulated depreciation		2,768,220.	413,039.	10c	384,157.
	11			24,640,757.	11	48,566,548.	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			864,111.	15	918,014.
	16	Total assets. Add lines 1 through 15 (must equ			46,577,049.	16	71,875,939.
	17	Accounts payable and accrued expenses		1,342,107.	17	1,625,613.	
	18	Grants payable		7,333,693.	18	8,065,469.	
	19	Deferred revenue			19		
	20				20		
	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
ŝ	22	Loans and other payables to any current or form	r, director,				
Liabilities		trustee, key employee, creator or founder, subst	tantial co	ntributor, or 35%			
iabi		controlled entity or family member of any of the	se person	IS		22	
	23	Secured mortgages and notes payable to unrela	ated third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	rties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24). (	Complete Part X			
		of Schedule D			571,236.	25	624,923.
	26				9,247,036.	26	10,316,005.
6		Organizations that follow FASB ASC 958, che	ck here				
ances		and complete lines 27, 28, 32, and 33.					
	27				14,826,881.	27	37,397,055.
Ba	28	Net assets with donor restrictions			22,503,132.	28	24,162,879.
ŭ		Organizations that do not follow FASB ASC 9	khere 🕨 🛄				
Ē		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds		······		29	
Net Assets or Fund Ba	30	Paid-in or capital surplus, or land, building, or ed				30	
ťΑ	31	Retained earnings, endowment, accumulated in	-		27 220 012	31	
Ne	32	Total net assets or fund balances			37,330,013.	32	61,559,934.
	33	Total liabilities and net assets/fund balances .			46,577,049.	33	71,875,939. Form <b>990</b> (2021)

UNITED WAY OF MIDDLE TENNESSEE, INC

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

Cash - non-interest-bearing

62 - 0533104

1

**(B)** End of year

**(A)** Beginning of year

Form 990 (2021) Part X Balance Sheet

1

Form	990 (2021) UNITED WAY OF MIDDLE TENNESSEE, INC	62-053310	4	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	59,	642,	100.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37	294,	678.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,	347,	422.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37	330,	013.
5	Net unrealized gains (losses) on investments	5	1,	882,	499.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	61	559,	934.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021

**Open to Public** 

Name	of th	e orga	nizatio	on

	In	specti	on
			-

Name of	the	organization
---------	-----	--------------

Nam	ne of	the organization							identification number				
<b>D</b> -			WAY OF MIDDLE						62-0533104				
Ра	rt I	Reason for Public 0	Sharity Status.	All organizations must c	omplete th	nis part.) S	ee instructions	S.					
The	orgar	nization is not a private found		•									
1	Щ	A church, convention of ch				n 170(b)(1	l)(A)(i).						
2	Ц	A school described in section	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	ı 990).)								
3	Щ	A hospital or a cooperative					-						
4		A medical research organization	ation operated in cor	junction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in				
		section 170(b)(1)(A)(iv). (Complete Part II.) A federal state or local government or governmental unit described in section 170(b)(1)(A)(v)											
6	Щ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	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). (C	omplete Part II.)										
8	Щ	A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	: II.)								
9		<ul> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college</li> </ul>											
		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 norma											
		activities related to its exem		•	. ,			•••	U U				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	fter June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)										
11	Щ	An organization organized a	-	•	•								
12		An organization organized a	-	-	-			•					
		more publicly supported or	-						Check the box on				
	_	lines 12a through 12d that						-					
а		<b>Type I.</b> A supporting orga		-	•	-							
		the supported organization			majority o	of the direc	tors or trustee	es of the su	ipporting				
	_	organization. You must o	-										
b		<b>Type II.</b> A supporting org	-				-		-				
		control or management o			ame perso	ns that coi	ntrol or manag	le the supp	oorted				
		organization(s). You mus											
С		_ Type III functionally inte its summarized summination						y integrate	d with,				
لم		its supported organization						ad argani-	ration(a)				
d		Type III non-functionally that is not functionally int						-					
		that is not functionally int			•		-	anallenin	1911955				
~		requirement (see instructi Check this box if the orga											
e		functionally integrated, or					турет, турет	, туре ш					
f	Ent	er the number of supported of			ig organiz	ation.							
		vide the following information	•	d organization(s)									
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
Tota	l.												

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)** 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 33,164,153 45,954,324. 56,545,485. 24,272,817 24,702,846 184,639,625. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 24,272,817, 24,702,846, 33,164,153, 45,954,324, 56,545,485. 184,639,625. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 184,639,625. 6 Public support. Subtract line 5 from line 4 Section B. Total Support <u>(e) 2</u>021 (c) 2019 Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (d) 2020 (f) Total 24,272,817. 24,702,846. 33,164,153. 45,954,324. 56,545,485. 184,639,625. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 227,404. 247,994 358,711. 281,868 228,136, 1,344,113. and income from similar sources 9 Net income from unrelated business activities, whether or not the 24,000 12,000 12,000 1,000, 0. 49,000. business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 186,032,738. **11 Total support.** Add lines 7 through 10 2,082,873. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.25 14 % 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2020 Schedule A, Part II, line 14 99.17 15 % 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► X b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

132022 01-04-22

#### 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) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202 <sup>-</sup>	1 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
<b>4</b> Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<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						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			1	1	1	
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 <sup>-</sup>	1 (f) Total
9 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						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orga	nization,
check this box and <b>stop here</b>	0					·
Section C. Computation of Publi						
15 Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and	line 17 is not
more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiza	tion	
b 33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/	'3%, and
line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	t <b>op here.</b> The orga	anization qualifies	as a publicly suppo	orted organiza	ation
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions	
132023 01-04-22					Sche	dule A (Form 990) 2021
		17	,			

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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UNITED WAY OF MIDDLE TENNESSEE, INC

Yes

1

2

No

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

# Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s)* effectively operated, supervised, or controlled the organization's activities. *If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.* Did the organization operate for the benefit of any supported organization other than the supported

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		4		

#### the supported organization(s). Section D. All Type III Supporting Organizations

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

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

1	Check the box next to the method	that the organization used	to satisfy the Integral Part	Test during the year	(see instructions)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	] The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).
-----	--	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Schedule A (Form 990) 2021

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Sche	edule A (Form 990) 2021 UNITED WAY OF MIDDLE TENNESSEE, INC			62 - 0533104	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 ( explain in	Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations must of				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount	_		Current Y	'ear
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
_					

UNITED WAY OF MIDDLE TENNESSEE, INC

7 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) 2021

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Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2021	าร	Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021 UNITED WAY OF MIDDLE TENNESSEE, INC	62-0533104	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	r 17b; Part III, line 12; 1 and 2; Part IV, Sectior V, Section B, line 1e; Pa	n C,
132028 01-04-2	2 22	Schedule A (Form 9	990) 2021
	<u>د د د د د د د د د د د د د د د د د د د </u>		

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

# 2021

nber

Internal Revenue Service		
Name of the organizat	on	Employer identification nur
	UNITED WAY OF MIDDLE TENNESSEE, INC	62-0533104
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 organiza	tion is covered by the General Rule or a Special Rule.	
	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	Ile. See instructions.
General Rule		
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin n any one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509 contributor, c	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ar luring the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount on (i) 00-EZ, line 1. Complete Parts I and II.	nd that received from any one
-	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from luring the year, total contributions of more than \$1,000 exclusively for religious, charitable, so	•

literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Schedule B (Form 990) (2021)

Department of the Treasury

UNITED V	WAY OF MIDDLE TENNESSEE, INC	6	2-0533104
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$3,969,456.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and ZIP + 4	\$9,464,617.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$20,000,000.	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

24 2021.03050 UNITED WAY OF MIDDLE TENN 19146-11

#### Schedule B (Form 990) (2021)

Name of organization

Employer identification number

(a) No. from Part1       (b) Description of noncash property given       (c) FMV (or estimate) (See instructions.)         (a) No. from Part1       (c) FMV (or estimate) (See instructions.)       (c) FMV (or estimate) (See instructions.)         (a) No. from Part1       (c) FMV (or estimate) (See instructions.)       (c) FMV (or estimate) (See instructions.)         (a) No. from Part1       (c) FMV (or estimate) (See instructions.)       (c) FMV (or estimate) (See instructions.)         (a) No. from part1       (b) Description of noncash property given       (c) FMV (or estimate) (See instructions.)         (a) No. from part1       (b) Description of noncash property given       (c) FMV (or estimate) (See instructions.)         (a) No. from part1       (b) Description of noncash property given       (c) FMV (or estimate) (See instructions.)         (a) No. from part1       (b) Description of noncash property given       (c) FMV (or estimate) (See instructions.)         (a) No. from part1       (b) Description of noncash property given       (c) FMV (or estimate) (See instructions.)	Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a)       (b)       (c)         FMV (or estimate)       (See instructions.)       (See instructions.)         (a)       (b)       (C)         (a)       (b)       (C)         (a)       (b)       (C)         (b)       (C)       FMV (or estimate)         (c)       (C)       (C)         Part 1       Description of noncash property given       (C)         (a)       (b)       (C)         (b)       (C)       FMV (or estimate)         (See instructions.)       (See instructions.)       (See instructions.)         (a)       (b)       (C)       FMV (or estimate)         (a)       (b)       (C)       FMV (or estimate)         (See instructions.)       (See instructions.)       (See instructions.)         (a)       (b)       (C)       FMV (or estimate)         (See instructions.)       (See instructions.)       (See instructions.)         (a)       (b)       (C)       FMV (or estimate)         (See instructions.)       (See instructions.)	No. from	(b)	(c) FMV (or estimate)	(d) Date received
No. from pert 1     (b) Description of noncash property given     (C) FMV (or estimate) (See instructions.)       (a) No. from Part 1     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)       (a) No. from Part 1     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)       (a) No. from Part 1     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)       (a) No. from Part 1     (c) FMV (or estimate) (See instructions.)     (c) FMV (or estimate) (See instructions.)       (a) No. from pert 1     (c) FMV (or estimate) (See instructions.)     (c) FMV (or estimate) (See instructions.)			\$	
(a)       (b)       (c)         Part I       Description of noncash property given       (c)         Part I       Part I       (c)         Part I       Part I       (c)         Part I       (c)       (c)         Part I       (c)       (c)         Part I       (c)       (c)         Part I       (c)       (c)         Part I       Description of noncash property given       (c)         (a)       (b)       (c)         Part I       Description of noncash property given       (c)         (a)       (b)       (c)         No.       (b)       (c)         Part I       Description of noncash property given       (c)         (a)       (b)       (c)         No.       (b)       (c)         Part I       Description of noncash property given       (c)         (a)       (b)       (c)         No.       (b)       (c)         (a)       (b)       (c)         No.       (b)       (c)         (c)       (c)       (c)         (c)       (c)       (c)         (c)       (c)       (c)	No. from		FMV (or estimate)	(d) Date received
No. from Description of noncash property given     (c) FMV (or estimate) (See instructions.)       (a) No. from Description of noncash property given     (c) FMV (or estimate) (See instructions.)       (a) No. from Description of noncash property given     (c) FMV (or estimate) (See instructions.)       (a) No. from Description of noncash property given     (c) FMV (or estimate) (See instructions.)       (a) No. from Description of noncash property given     (c) FMV (or estimate) (See instructions.)       (a) No. from Description of noncash property given     (c) FMV (or estimate) (See instructions.)       (a) No. from Description of noncash property given     (c) FMV (or estimate) (See instructions.)			\$	
(a)       No.       (b)       (c)         from       Description of noncash property given       (c)         Part I	No. from	.,	FMV (or estimate)	(d) Date received
No. from Part I     (c) FMV (or estimate) (See instructions.)			\$	
(a)       (b)       (c)         from       Description of noncash property given       (c)         Part I       (See instructions.)       (See instructions.)	No. from	.,	FMV (or estimate)	(d) Date received
No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)       (a) No. from     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)			\$	
(a) No. (b) from Description of noncash property given (See instructions.)	No. from		FMV (or estimate)	(d) Date received
No.     (b)     FMV (or estimate)       from     Description of noncash property given     (See instructions.)			\$	
	No.		FMV (or estimate)	(d) Date received

Schedule B (Form 990) (2021)

### $11440610 \ 781331 \ 19146-19146$

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Employer identification number

Page 3

Schedule B (Form 990) (2021)

Name of organization

Schedule	В	(Form	990)	(2021)
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62-0533104         or (10) that total more than \$1,000 for the years         is info.once.)       \$
is info. once.) S Description of how gift is held o of transferor to transferee I) Description of how gift is held
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o of transferor to transferee
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I) Description of how gift is held
of transferor to transferee
l) Description of how gift is held
of transferor to transferee

SC	HEDULE D	Supplementa	al Financial	Statements		OMB No. 1545-0047
(Forr	n 990)	► Complete if the org Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d	, 11e, 11f, 12a, or 12b.		2021
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9	Attach to Form 990 90 for instructions a			Open to Public Inspection
	e of the organizati				1	loyer identification number
		UNITED WAY OF MIDDLE TENNES				62-0533104
Pa		ations Maintaining Donor Advise on answered "Yes" on Form 990, Part IV, lin		er Similar Funds or A	ccoun	ts. Complete if the
			(a) Donor ac	lvised funds	(b) Fun	ds and other accounts
1	Total number at e	nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5	-	on inform all donors and donor advisors in v	-			
~		on's property, subject to the organization's				Yes No
6	-	on inform all grantees, donors, and donor a poses and not for the benefit of the donor o	-	-	•	
	impermissible priv		,	· · ·	0	Yes No
Pa		vation Easements. Complete if the org	ganization answered	"Yes" on Form 990, Part IV	, line 7.	
1		servation easements held by the organization			,	
	Preservation	n of land for public use (for example, recrea	tion or education)	Preservation of a hist	orically	important land area
	Protection of	of natural habitat		Preservation of a cert	ified his	storic structure
	Preservation	n of open space				
2	•	through 2d if the organization held a qualif	fied conservation cor	tribution in the form of a co	nservat	
	day of the tax yea					Held at the End of the Tax Year
a		onservation easements			2a	
b	•				2b	
с С		vation easements on a certified historic struver vation easements included in (c) acquired a			2c	
u		nal Register	•		2d	
3		vation easements modified, transferred, rel				during the tax
	year ►		, <b>-</b>			
4	Number of states	where property subject to conservation eas	sement is located			
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, ins	pection, handling of		
		forcement of the conservation easements it				
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing conservation	on ease	ments during the year
_	►					
7		ses incurred in monitoring, inspecting, hanc	lling of violations, an	d enforcing conservation ea	sement	s during the year
8		 vation easement reported on line 2(d) abov	a action the requirer	nonto of agotion $170(h)(4)(P)$	(;)	
0	and section 170(h					Yes No
9	•	be how the organization reports conservation				
		d include, if applicable, the text of the footr				
	organization's acc	counting for conservation easements.	-			
Pa		ations Maintaining Collections of	-	Treasures, or Other S	Simila	r Assets.
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.			
<b>1</b> a	•	elected, as permitted under FASB ASC 95	· ·			
		easures, or other similar assets held for pub			nce of p	public
	•	Part XIII the text of the footnote to its finar			·	una de la f
a	-	elected, as permitted under FASB ASC 95				
		sures, or other similar assets held for public ing amounts relating to these items:	exhibition, educatio	n, or research in furtheranc		nic service,
	•	ided on Form 990, Part VIII, line 1				\$
						¥ \$
2	.,	received or held works of art, historical tre				•
_	-	unts required to be reported under FASB A				
а	-	E E E E E E E E E E E E E E E E E E E				\$

а	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. 132051 10-28-21

Schedule D (Form 990) 2021

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2021.03050 UNITED WAY OF MIDDLE TENN 19146-11

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<u>Sche</u>		OF MIDDLE TENNE				62-05		Pa	<sub>age</sub> 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or C	Other S	imilar Asset	s (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that m	nake signit	icant use of its			
	collection items (check all that apply):			-	-				
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е							
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further the	ne organization'	s exempt	purpose in Parl	t XIII.		
5	During the year, did the organization solicit o						,		
Ū	to be sold to raise funds rather than to be ma					_	Yes		No
Par	t IV Escrow and Custodial Arran								<u></u>
	reported an amount on Form 990, Pa		to in the organizatio			mood, runny,	1110 0, 01		
10	Is the organization an agent, trustee, custodi		any for contribution	s or other asset	s not incl	Ided			
Ia							Yes		No
Ь	on Form 990, Part X?					∟			
b	If "Yes," explain the arrangement in Part XIII	and complete the lol	lowing table.				Amoun	+	
	5						Amoun		
	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
	Ending balance								7
	Did the organization include an amount on Fe				•	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	<b>t V Endowment Funds.</b> Complete i			1		<del>.</del>	1 ( ) 5		<del></del>
		(a) Current year	(b) Prior year	(c) Two years I		Three years back	-	-	
	Beginning of year balance	16,797,648.	14,592,770.			11,356,159.	. 9,	987,	
b	Contributions	24,400.	169,826.						323.
С	Net investment earnings, gains, and losses	2,098,691.	2,652,247.	2,346,0	063.	540,416.	. 1,	884,	963.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	681,200.	550,000.		000.	497,000.	,	475,	000.
f	Administrative expenses	75,518.	67,195.	42,2	279.	42,656.		41,	247.
g	End of year balance	18,164,021.	16,797,648.	14,592,	770.	10,276,087.	. 11,	356,	159.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a	)) held as:					
а	Board designated or quasi-endowment	45.0000	%						
b	Permanent endowment > 55.0000	%	_						
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse		tion that are held a	nd administered	l for the o	rganization			
	by:					g	]	Yes	No
	(i) Unrelated organizations						3a(i)		х
	(ii) Related organizations								х
h	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule B?				3b		
4	Describe in Part XIII the intended uses of the						00		
Par	t VI Land, Buildings, and Equipm		which turids.						
	Complete if the organization answere		. Part IV. line 11a. S	See Form 990. P	Part X. line	10.			
	Description of property	(a) Cost or o		or other	(c) Accu		(d) Boo	k valu	
	Description of property	basis (investr	• •	(other)	depree		( <b>u)</b> 600	n value	5
10	Land	· · · · · · · · · · · · · · · · · · ·		272,715.	200.00			272,	715
	Land			968,690.		968,690.		<u> </u>	0.
	Buildings			686,858.		671,236.		15	622.
	Leasehold improvements		1	,224,114.	1	,128,294.			820.
	Equipment			, 227, 114.	1	, - 20 , 29 4 •		,	020.
	Other							381	157
Iota	I <b>.</b> Add lines 1a through 1e. <i>(Column (d) must e</i>	<u>qual Form 990, Part )</u>	<u>X, column (B), line 1</u>	<u>0c.)</u>				384,	
						Schedul	e D (Forn	1 990)	2021

;	Schedule D	) (Form 990) 2021	UNITED	WAY	OF	MIDDLE	TENNESSEE,	INC

#### Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990. Part X. 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)		
Total. (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)		
Total. (Colu	mn (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	624,923.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	624,923.

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 UNITED WAY OF MIDDLE TENNESSEE, INC			62-0533104	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Takal an analysis and all successing a data and a difference of the second state of th			1	58,572,727.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,882,499.		
b	Donated services and use of facilities		326,211.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		9,012.		
е	Add lines 2a through 2d			2e	2,217,722.
3	Subtract line 2e from line 1			3	56,355,005.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		3,287,095.		
с	Add lines 4a and 4b			4c	3,287,095.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	59,642,100.
Pa	rt XII   Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	34,342,806.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	326,211.		
b	Prior year adjustments		· · · · ·		
c	Other losses				
d	Other (Describe in Part XIII.)		9,012.		
e				2e	335,223.
3	Subtract line <b>2e</b> from line <b>1</b>				34,007,583.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			-	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		3,287,095.		
	Add lines 4a and 4b			4c	3,287,095.
	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )				37,294,678.
Pa	rt XIII Supplemental Information.				, ,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV. lines 1b a	and 2b: Part V. line 4	: Part X, line 2:	Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			, · · · · · · · · · · · · · · · · · · ·	
PART	TV, LINE 4:				
CURF	RENTLY, ENDOWMENT FUNDS ARE PERMANENTLY RESTRICTED AND HELD WI	THIN			
	· · ·				
MARF	KET PER THE ORGANIZATION'S IPS FOR GROWTH.				
PART	TX, LINE 2:				
MANA	AGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAK	EN OR			
EXPE	ECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'	S INCOME			
ТАХ	RETURN TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A	MORE			
LIKE	LY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY	THE			
		-			
APPI	ICABLE TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVAL	UATION 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

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Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021 UNITED WAY OF MIDDLE TENNESSEE, INC	62-0533104	Page <b>5</b>
Schedule D (Form 990) 2021         UNITED WAY OF MIDDLE TENNESSEE, INC           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 2D - OTHER ADJUSTMENTS:		
LOSS ON DISPOSAL 9,012.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
CAMPAIGN CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES 3,287,095.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
LOSS ON DISPOSAL 9,012.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
CAMPAIGN CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES 3,287,095.		
	Sabadula D (Form	- 000) 202

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE I	G	irants and Oth	er Assistan	ce to Organ	izations,		OMB No. 1545-0047
(Form 990)		vernments, ar ete if the organizatio					2021
Department of the Treasury	Compr	ete il the organizatio	Attach to For		111 <b>4</b> , inte 21 01 22.		Open to Public
Internal Revenue Service		Go to www.ii	s.gov/Form990 fo		nation.		Inspection
Name of the organization UNITED WAY OF	MIDDLE TENNES	SEE, INC					Employer identification number 62-0533104
Part I General Information on Grants an	nd Assistance	-					
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selecti	on
criteria used to award the grants or assist	tance?						X Yes No
2 Describe in Part IV the organization's pro-							
Part II Grants and Other Assistance to D recipient that received more than \$	•				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
15TH AVE N LEARNING ACADEMY 1417 CHARLOTTE AVE NASHVILLE, TN 37203	47-2487996	501(C)3	9,444.	0.			PROGRAM OPNS (OBI)
4:13 STRONG PO BOX 101425 NASHVILLE, TN 37224	47-1939832	501(C)3	37,002.	0.			PROGRAM OPNS (OBI)
42428 AMERICAN RED CROSS/WILLIAMSON NATCHEZ TRACE - 129 W. FOWLKES STREET, SUITE 100 - FRANKLIN, TN 37064	53-0196605	501(C)3	10,156.	0.			PROGRAM OPNS (OBI)
4622 JDRF MIDDLE TENNESSEE CHAPTER 105 WESTPARK DRIVE SUITE 415 BRENTWOOD, TN 37027	23-1907729	501(C)3	9,641.	0.			DONOR DIRECTED DESIGNATIONS
ADVENTURE SCIENCE CENTER 800 FORT NEGLEY BOULEVARD NASHVILLE, TN 37203	62-0479192	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
AFFORDABLE HOUSING RESOURCES 50 VANTAGE WAY #107 NASHVILLE, TN 37228	58-1857324	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
2 Enter total number of section 501(c)(3) an	nd government org	anizations listed in th	e line 1 table				▶ <u>177.</u>
3 Enter total number of other organizations	listed in the line 1	table					

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#### Schedule I (Form 990) UNITED WAY OF MIDDLE TENNESSEE, INC

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGAPE							
4555 TROUSDALE DRIVE							
NASHVILLE, TN 37204	62-0760716	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
AGEWELL MIDDLE TENNESSEE							
95 WHITE BRIDGE RD SUITE 250							
NASHVILLE, TN 37205	62-1867122	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
ALIVE HOSPICE/DAVIDSON COUNTY							
1718 PATTERSON STREET							
NASHVILLE, TN 37203	62-0983550	501(C)3	25,002.	0.			PROGRAM OPNS (OBI)
ALZHEIMER'S ASSOCIATION MID-SOUTH							
CHAPTER - 478 CRAIGHEAD ST SUITE							DONOR DIRECTED
200 - NASHVILLE, TN 37024	62-1860364	F01(C)2	10,574.	0.			DESIGNATIONS
200 - NASHVILLE, IN 57024	02-1800304	501(0)5	10,574.	0.			DESIGNATIONS
AMERICAN CANCER SOCIETY							
2000 CHARLOTTE AVENUE							DONOR DIRECTED
NASHVILLE, TN 37203	13-1788491	501(C)3	7,515.	0.			DESIGNATIONS
AMERICAN HEART ASSOC./DAVIDSON CO.							
1818 PATTERSON STREET							DONOR DIRECTED
NASHVILLE, TN 37203	13-5613797	501(C)3	7,127.	0.			DESIGNATIONS
AMEDICAN TENTON DIGEDIDI							
AMERICAN JEWISH JOINT DISTRIBU 220 EAST 42ND STREET							DONOR DIRECTED
	13-1656634	501(0)3	300,000.	0.			DESIGNATIONS
NEW YORK, NY 10017	13-1030034	501(C)3	300,000.	0.			DESTRUCTIONS
AMERICAN MUSLIM ADVISORY COUNC							
2195 NOLENSVILLE PIKE							
NASHVILLE, TN 37211	36-4720454	501(C)3	90,000.	0.			PROGRAM OPNS (OBI)
APHESIS HOUSE, INC.							
1522 COMPTON AVENUE							
NASHVILLE, TN 37212	27-0041227	501(C)3	10,000.	Ο.			PROGRAM OPNS (OBI)

#### Schedule I (Form 990) UNITED WAY OF MIDDLE TENNESSEE, INC

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC OF TENNESSEE							
545 MAINSTREAM , SUITE 100							
NASHVILLE, TN 37228	62-0639154	501(C)3	11,312.	0.			PROGRAM OPNS (OBI)
ARC WILLIAMSON COUNTY							
129 W. FOWLKES ST , SUITE 143							
FRANKLIN, TN 37064	62-6019147	501(C)3	23,919.	Ο.			PROGRAM OPNS (OBI)
ASHLAND CITY MINISTERIAL ALLIANCE							
BETHEADA CENTER - 124 S MAIN ST							
DR. SAM CREED - ASHLAND CITY, TN							
37015	58-2015542	501(C)3	13,438.	0.			PROGRAM OPNS (OBI)
BEGIN ANEW OF MIDDLE TENESSEE							
1111 FOSTER AVE NASHVILLE, TN 37210	76-0718734	501(0)2	29,080.	0.			PROGRAM OPNS (OBI)
NASHVILLE, IN 37210	/0-0/10/34	501(C)5	29,080.	υ.			PROGRAM OPINS (OBI)
BETHANY CHRISTIAN SERVICES							
230 GREAT CIRCLE RD, STE 229							
NASHVILLE, TN 37228	20-1204075	501(C)3	10,002.	Ο.			PROGRAM OPNS (OBI)
BETHLEHEM CENTER							
1417 CHARLOTTE AVENUE							
NASHVILLE, TN 37203	62-0843073	501(C)3	102,545.	0.			PROGRAM OPNS (OBI)
BIG BROTHERS/BIG SISTERS OF MI							
1704 CHARLOTTE AVE SUITE 130		F01 ( 0) 2	0.0				DDOGDAN ODNA (ODT)
NASHVILLE, TN 37203	23-7056024	5U1(C)3	99,695.	0.			PROGRAM OPNS (OBI)
BIRTHRIGHT ISRAEL							
PO BOX 21615							DONOR DIRECTED
NEW YORK, NY 10087	13-4092050	501(C)3	10,000.	0.			DESIGNATIONS
,							
BLUE MONARCH							
P. O. BOX 1207							DONOR DIRECTED
MONTEAGLE, TN 37356-1207	82-0584070	501(C)3	10,000.	0.		1	DESIGNATIONS

# Schedule I (Form 990) UNITED WAY OF MIDDLE TENNESSEE, INC

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOOK EM							
161 RAINS AVENUE							
NASHVILLE, TN 37203	58-2000621	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
BOY SCOUTS OF AMERICA - TROOP #8 ATTN: KAROLYN MARINO, 9424 LOST HOI							
BRENTWOOD, TN 37027	62-0477729	501(C)3	13,515.	0.			PROGRAM OPNS (OBI)
BOYS & GIRLS CLUB/MAURY							
210 WEST 8TH STREET							DONOR DIRECTED
COLUMBIA, TN 38401	62-1611131	501(C)3	5,735.	0.			DESIGNATIONS
BOYS & GIRLS CLUB/RUTHERFORD CO.							
P. O. BOX 3343							DONOR DIRECTED
MURFREESBORO, TN 37133	47-4334308	501 (C) 3	8,656.	0.			DESIGNATIONS
	17 1331300	501(0)5	0,000.				
BOYS & GIRLS CLUBS/DAVIDSON							
1704 CHARLOTTE AVENUE, SUITE 200							DONOR DIRECTED
NASHVILLE, TN 37203	62-0540402	501(C)3	29,442.	0.			DESIGNATIONS
BRANCHES COUNSELING CENTER							
1102 DOW ST							
MURFREESBORO, TN 37130	26-1119206	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
DDIDGE MINIGERY ING							
BRIDGE MINISTRY, INC.							
P. O. BOX 463		501(0)2	25 000	_			DROCRAM ODMC (ODT)
GOODLETTSVILLE, TN 37070	01-0849577	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
BRIDGES DOMESTIC VIOLENCE CENTER							
PO BOX 1592							
FRANKLIN, TN 37065	62-1753127	501(C)3	225,516.	0.			PROGRAM OPNS (OBI)
BRIGHTSTONE, INC.							
P O BOX 682966							
FRANKLIN, TN 37068	62-1783260	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)

#### Schedule I (Form 990) UNITED WAY OF MIDDLE TENNESSEE, INC

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROKEN RESTORED REDEEMED MINIS							
425 S WATER AVE SUITE 10							
GALLATIN, TN 37066	82-1520637	501(C)3	440,000.	0.			SUB-RECIPIENT GRANTS
BUILDING LIVES FOUNDATION, INC							
2000 MALLORY LN SUITE 130-166							
FRANKLIN, TN 37067	20-5584526	501(C)3	56,666.	0.			SUB-RECIPIENT GRANTS
C.A.S.A.							
340 21ST AVE							
NASHVILLE, TN 37206	62-1203459	501(C)3	20,002.	Ο.			PROGRAM OPNS (OBI)
,							
C.O.P.E., INC.							
P.O. BOX 732							
SPRINGFILED, TN 37172	58-1656080	501(C)3	11,250.	0.			PROGRAM OPNS (OBI)
ROOM IN THE INN							
P. O. BOX 25309							
NASHVILLE, TN 37202	62-0811413	501(0)3	25,000.	0.			PROGRAM OPNS (OBI)
	02-0011415	501(075	25,000.	0.			FROGRAM OFNS (OBI)
CATHOLIC CHARITIES / DC							
924 G STREET NW							DONOR DIRECTED
WASHINGTON, DC 20001	53-0196524	501(C)3	5,218.	0.			DESIGNATIONS
CATHOLIC CHARITIES OF TN, INC							
2806 MCGAVOCK PIKE							
NASHVILLE, TN 37214	62-0679520	501(C)3	809,393.	0.			PROGRAM OPNS (OBI)
MIGHVILLE, IN 57213	02 0075520	501(0/5	005,595.	0.			
CENTER FOR LIVING & LEARNING/WM							
PO BOX 50272							
NASHVILLE, TN 37205	58-1742628	501(C)3	65,592.	0.			PROGRAM OPNS (OBI)
CENTER OF HOPE/MAURY COUNTY							
P O BOX 1961				_			
COLUMBIA, TN 38402	62-1375056	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTERSTONE							
44 VANTAGE WAY SUITE 280							DONOR DIRECTED
NASHVILLE, TN 37228-1565	62-1674308	501(C)3	7,300.	0.			DESIGNATIONS
CHANNELS OF LOVE MINISTRIES, I							
1026 MCCALLIE AVENUE							
CHATTANOOGA, TN 37403	58-2067484	501(C)3	48,289.	0.			SUB-RECIPIENT GRANTS
CHARIS HEALTH CENTER WILSON							
2620 N MT. JULIET ROAD		501 ( 3) 2	15 000				
MOUNT JULIET, TN 37122	35-2298919	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
CHATTANOOGA CARES, INC							
1000 EAST THIRD STREET							
CHATTANOOGA, TN 37403	62-1325543	501(C)3	163,355.	0.			SUB-RECIPIENT GRANTS
CHEEKWOOD							
1200 FORREST PARK DRIVE	62-0627921	F01 ( d ) 2	7 000	0			DONOR DIRECTED
NASHVILLE, TN 37205	62-062/921	501(C)3	7,000.	0.			DESIGNATIONS
CHILD ADVOCACY CENTER							
406 N. MAIN STREET							
SPRINGFIELD, TN 37172	62-1553913	501(C)3	6,376.	0.			PROGRAM OPNS (OBI)
CHILDREN & FAMILY SERVICES, IN							
PO BOX 845							
COVINGTON, TN 38409	62-1166322	501 (C) 3	25,923.	0.			SUB-RECIPIENT GRANTS
coversion, in Jordy	02 1100322	501(0)5	25,525.	0.			DOD MECTITEMI GRANIS
CHRISTIAN COMMUNITY SERVICES,							
601 BENTON AVENUE SUITE B							
NASHVILLE, TN 37204	62-1702753	501(C)3	10,002.	0.			PROGRAM OPNS (OBI)
CHRYSALIS ORAL HEALTH CARE ALL							
900 BELDEN WAY							
NASHVILLE, TN 37221	82-1918365	501(C)3	10,000.	Ο.			PROGRAM OPNS (OBI)

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF THE ADVENT							
5501 FRANKLIN RD.	CO. 0545000	501 ( 3) 2	0.01 0.00				
NASHVILLE, TN 37220	62-0547288	501(C)3	231,273.	0.			SUB-RECIPIENT GRANTS
CITY OF LIFE COMM DEVELOPMENT							
4300 CLARKSVILLE HWY							
NASHVILLE, TN 37218	62-1865308	501(C)3	112,000.	0.			SUB-RECIPIENT GRANTS
			, ,				
CLARKSVILLE-MONTGOMERY INTERVE							
1778 ASHLAND CITY ROAD, SUITE B							
CLARKSVILLE, TN 37043	58-1694616	501(C)3	8,975.	0.			SUB-RECIPIENT GRANTS
COLUMBIA CARES, INC.							
1202 SOUTH JAMES CAMPBELL BLVD SUIT	1						
COLUMBIA, TN 38401	62-1513020	501(C)3	184,630.	0.			SUB-RECIPIENT GRANTS
VANDERBILT UNIVERSITY - SCHOOL OF							
NURSING - VANDERBILT UNIVERSITY							
STATION 17 - NASHVILLE, TN							
37232-8180	62-0476822	501(C)3	89,502.	0.			PROGRAM OPNS (OBI)
CONSTRUCTED IN CONCOLS OF TH							
COMMUNITIES IN SCHOOLS OF TN							
1207 18TH AVENUE SOUTH	46 1106044	501 ( 3) 2	66.000				
NASHVILLE, TN 37212	46-1196944		66,200.	0.			PROGRAM OPNS (OBI)
COMMUNITY CARE FELLOWSHIP							
511 S 8TH ST BOX 60068							
NASHVILLE, TN 37206	62-1063538	501(C)3	30,000.	0.			PROGRAM OPNS (OBI)
MISHVIIII, IN 57200	05 1000000	501(0/5	50,000.	0.			INCOMPLETE (ODI)
COMMUNITY CHILD CARE CENTER							
129 W. FOWLKES ST SUITE 1270							
FRANKLIN, TN 37064	62-0852972	501(C)3	181,436.	0.			PROGRAM OPNS (OBI)
			,	<b>```</b>			
COMMUNITY CLINIC OF SHELBYVILL							
200 DOVER ST SUITE 202							
SHELBYVILLE, TN 37160	34-1974609	501(C)3	8,423.	0.			PROGRAM OPNS (OBI)

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Part II Continuation of Grants and Other A		1	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	02-0555104 P
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CHARITIES OF							
PO BOX 75153							DONOR DIRECTED
BALTIMORE, MD 22175-5153	23-7456385	501(C)3	87,919.	0.			DESIGNATIONS
COMMUNITY HOUSING PARTNERSHIP							
129 W. FOWLKES ST SUITE 124							
FRANKLIN, TN 37064	62-1572386	501(C)3	77,460.	0.			PROGRAM OPNS (OBI)
COMMUNITY RESOURCE CENTER							
218 OMOHUNDRO PLACE							
NASHVILLE, TN 37210	62-1308387	501(C)3	75,000.	0.			PROGRAM OPNS (OBI)
	52 1300307	501(0/5	, , , , , , , , , , , , , , , , , , , ,	0.			
COMMUNITY SHARES OF TENNESSEE							
955 WOODLAND STREET							DONOR DIRECTED
NASHVILLE, TN 37206	62-1233685	501(C)3	48,450.	0.			DESIGNATIONS
CONEXION AMERICAS							
2195 NOLENSVILLE PIKE							
NASHVILLE, TN 37211	62-1715618	501(C)3	356,070.	0.			PROGRAM OPNS (OBI)
CONGREGATIONAL HEALTH & EDUCAT							
1818 ALBION STREET							
NASHVILLE, TN 37208	82-2358735	501(C)3	109,500.	0.			SUB-RECIPIENT GRANTS
COUNCIL FOR ALCOHOL & DRUG ABU							
207 SPEARS AVE							
CHATTANOGGA, TN 37405	62-0716063	501(C)3	64,351.	0.			SUB-RECIPIENT GRANTS
CDEAMINE CIDIS DOCT							
CREATIVE GIRLS ROCK							
PO BOX 330812	94 2460400	E01/(0) 2	00.000				
NASHVILLE, TN 37203	84-2460498	DUT(C)3	22,000.	0.			SUB-RECIPIENT GRANTS
CUMBERLAND CRISIS PREGNANCY CENTER							
2229 NASHVILLE PIKE							DONOR DIRECTED
GALLATIN, TN 37066	58-1705496	501(C)3	5,847.	٥.			DESIGNATIONS

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Part II Continuation of Grants and Other A		1	s and Domestic Go	vernments (Sche	edule I (Form 990). Pa		02-0555104 Pa
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CURREY INGRAM ACADEMY							
6544 MURRAY LANE							DONOR DIRECTED
BRENTWOOD, TN 37027-5633	62-1296326	501(C)3	5,288.	0.			DESIGNATIONS
CYSTIC FIBROSIS FOUNDATION							
4538 TROUSDALE DR							DONOR DIRECTED
NASHVILLE, TN 37204	13-1930701	501(C)3	9,755.	0.			DESIGNATIONS
DENVER ZOO							
DEVELOPMENT DEPT. 2300 STEELE STREE							DONOR DIRECTED
DENVER, CO 80205	84-0502539	501(C)3	10,000.	0.			DESIGNATIONS
DYMON IN THE ROUGH							
PO BOX 330816							
NASHVILLE, TN 37203	46-1319844	501(C)3	89,100.	0.			SUB-RECIPIENT GRANTS
E TN CHILDREN'S HOSPITAL							
P O BOX 15010 ATTN: DEVELOPMENT DE							DONOR DIRECTED
KNOXVILLE, TN 37901-5010	62-6002604	501(C)3	5,233.	0.			DESIGNATIONS
EDGEHILL NEIGHBORHOOD PARTNERS							
PO BOX 121016							
NASHVILLE, TN 37212	90-0381834	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
EIGHTEENTH AVENUE FAMILY ENRIC							
1811 OSAGE STREET							
NASHVILLE, TN 37208	62-0562855	501(C)3	99,002.	0.			PROGRAM OPNS (OBI)
ELAM MENTAL HEALTH CENTER							
MEHARRY MEDICAL COLLEGE 1005 DR.							
D.B. TODD BLVD NASHVILLE, TN							
37208	62-0488046	501(C)3	68,304.	0.			SUB-RECIPIENT GRANTS
ELIJAH'S HEART							
2817 WEST END AVE SUITE 126-272							
NASHVILLE, TN 37203	27-2819153	501(C)3	15,000.	Ο.			PROGRAM OPNS (OBI)

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EQUAL CHANCE FOR EDUCATION							
3715 WEST END AVE							
NASHVILLE, TN 37205	46-4528066	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
EQUITY ALLIANCE							
PO BOX 331821							
NASHVILLE, TN 37203	81-5394158	501(C)3	45,000.	0.			PROGRAM OPNS (OBI)
FAITH FAMILY MEDICAL CLINIC							
326 21ST AVE. NORTH							
NASHVILLE, TN 37203	62-1816811	501(C)3	114,002.	0.			PROGRAM OPNS (OBI)
FAMILY & CHILDREN'S							
SVCS/WILLIAMSON - 1704 HEIMAN ST							
- NASHVILLE, TN 37208	62-0499284	501(C)3	105,000.	0.			PROGRAM OPNS (OBI)
FANNIE BATTLE DAY HOME FOR							
CHILDREN - 108 CHAPEL AVENUE -							
NASHVILLE, TN 37206	62-0476290	501(C)3	81,002.	Ο.			PROGRAM OPNS (OBI)
,,				- •			
FIFTY FORWARD							
960 HERITAGE WAY							
BRENTWOOD, TN 37027	62-0566419	501(C)3	347,862.	0.			PROGRAM OPNS (OBI)
FIRST BAPTIST CHURCH PLEASANT VIEW							
2555 HWY 49 E							DONOR DIRECTED
PLEASANT VIEW, TN 37146	62-1189685	501(C)3	7,020.	0.			DESIGNATIONS
Element VIEW, IN STITE	52 1105005		,,020.				
FIRST STEPS							
1900 GRAYBAR LANE							
NASHVILLE, TN 37215	62-0674974	501(C)3	133,000.	0.			PROGRAM OPNS (OBI)
FRIENDSHIP HOUSE							
202 23RD AVE NORTH							
NASHVILLE, TN 37203	62-0713645	501(0)3	10,000.	0.			PROGRAM OPNS (OBI)

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Part II Continuation of Grants and Other		<b>–</b>					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIST CENTER FOR THE VISUAL ARTS							
919 BROADWAY							DONOR DIRECTED
NASHVILLE, TN 37203	62-1731492	501(C)3	5,451.	0.			DESIGNATIONS
FRONTIER HEALTH							
1167 SPRATLIN PARK DR							
GRAY, TN 37645	46-1432508	501(C)3	100,250.	0.			SUB-RECIPIENT GRANTS
GIDEONS ARMY							
600 28TH AVE N							
NASHVILLE, TN 37209	82-1741628	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
GILDA'S CLUB OF NASHVILLE							
1707 DIVISION STREET							
NASHVILLE, TN 37203	62-1614190	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
GIRL SCOUTS OF MIDDLE TN							
4522 GRANNY WHITE PIKE							DONOR DIRECTED
NASHVILLE, TN 37204	62-0589380	501(C)3	7,583.	0.			DESIGNATIONS
GOODWILL INDUSTRIES OF MIDDLE							
937 HERMAN STREET							
NASHVILLE, TN 37208	62-0599413	501(C)3	34,500.	0.			PROGRAM OPNS (OBI)
GRACEWORKS MINISTRIES, INC.							
104 SOUTH EAST PARKWAY STE. 100							
FRANKLIN, TN 37064	62-1584204	501(C)3	130,397.	0.			PROGRAM OPNS (OBI)
, 10 0,001			100,007.				
GREATER FAITH COMMUNITY ACTION							
P.O. BOX 215							
SPRINGFIELD, TN 37172	90-0139322	501(C)3	31,376.	0.			PROGRAM OPNS (OBI)
GUARDIANSHIP & TRUST CORPORATI							
501 UNION STREET, SUITE 404							
NASHVILLE, TN 37219	58-1454706	501(C)3	17,002.	Ο.			PROGRAM OPNS (OBI)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY/NASHVILLE							
414 HARDING PL SUITE 100							
NASHVILLE, TN 37211	58-1636286	501(C)3	32,500.	0.			PROGRAM OPNS (OBI)
HABITAT FOR HUMANITY/WILLIAMSON							
511 WEST MEADE BLVD.							
FRANKLIN, TN 37064	62-1506788	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
HIGH HOPES, INC.							
301 HIGH HOPES COURT							
FRANKLIN, TN 37064	62-1210720	501(C)3	68,000.	0.			PROGRAM OPNS (OBI)
HISPANIC FAMILY FOUNDATION, IN							
3955 NOLENSVILLE PIKE SUITE 119							
NASHVILLE, TN 37211	46-4181468	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
	10 1101100	501(0)5	23,000.				
HOPE COMMUNITY DEVELOPMENT COR							
2311 MURFREESBORO PIKE							
NASHVILLE, TN 37217	27-0958369	501(C)3	168,700.	0.			SUB-RECIPIENT GRANTS
HOUSING FUND							
P.O. BOX 281345							
NASHVILLE, TN 37228	62-1632388	501(C)3	56,250.	0.			SUB-RECIPIENT GRANTS
IMF COMMUNITY FUND, INC.							
PO BOX 331903	47 0015650	F01(G)2	11 500	0			DROGRAM ODMG (ODT)
NASHVILLE, TN 37203	47-2915650	501(0)3	11,500.	0.			PROGRAM OPNS (OBI)
INSIGHT COUNSELING CENTERS, IN							
PO BOX 50242							
NASHVILLE, TN 37205	58-1731899	501(C)3	32,500.	0.			PROGRAM OPNS (OBI)
INSPIRITUS, INC							
PO BOX 60597							
NASHVILLE, TN 37206	62-1499797	501(C)3	15,000.	Ο.			PROGRAM OPNS (OBI)

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH DENTAL CLINIC/WILLIAMSON - 1721 PATTERSON							
STREET - NASHVILLE, TN 37203	62-1567615	501(C)3	179,667.	0.			PROGRAM OPNS (OBI)
ISLAMIC CENTER OF NASHVILLE 2515 12TH AVE S		E01/(C) 2	25,000	0			PROPER OPER (OPT)
NASHVILLE, TN 37204	58-5255045	501(C)5	25,000.	0.			PROGRAM OPNS (OBI)
JEWISH FED OF SO. PALM BEACH 9901 DONNA KLEIN BLVD BOCA RATON, FL 33428-1788	59-1945109	501(C)3	76,600.	0.			DONOR DIRECTED DESIGNATIONS
,							
JEWISH FEDERATION OF NASHVILLE							DONOR DIRECTED
801 PERCY WARNER BLVD. NASHVILLE, TN 37205	62-6077703	501(C)3	76,300.	0.			DONOR DIRECTED DESIGNATIONS
,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
JEWISH LEARNING CENTER OF FISH							
41216 FISHER ISLAND DRIVE		F01 ( a) 2					DONOR DIRECTED
MIAMI BEACH, FL 33109	27-4235404	501(C)3	25,000.	0.			DESIGNATIONS
JUNIOR ACHIEVEMENT OF MIDDLE TN							
120 POWELL PL							
NASHVILLE, TN 37204	62-0582571	501(C)3	7,500.	0.			PROGRAM OPNS (OBI)
KEVA, INC.							
PO BOX 70771							
NASHVILLE, TN 37207	82-1982417	501(C)3	160,899.	0.			SUB-RECIPIENT GRANTS
KING'S DAUGHTER DAY HOME 590 NORTH DUPONT AVENUE							
MADISON, TN 37115	62-0729602	501(C)3	133,000.	0.			PROGRAM OPNS (OBI)
			1				
KNOXVILLE-KNOX CO CAC ON AGING							
PO BOX 51650	62-6007979	501(0)3	22 521	0.			
KNOXVILLE, TN 37950-1650	02-000/9/9	DOT(C)2	33,531.	۷.			SUB-RECIPIENT GRANTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEAVE THE LIGHT ON FOUNDATION 700 STRICKLAND DRIVE NASHVILLE, TN 37206	27-4131726	501(0)3	25,000.	0.			PROGRAM OPNS (OBI)
LEGAL AID SOCIETY 300 DEADERICK STREET NASHVILLE, TN 37201	62-0800756		106,000.	0.			PROGRAM OPNS (OBI)
LEWA WILDLIFE CONSERVANCY USA P. O. BOX 449 NEW YORK, NY 10163	87-0572187	501(C)3	6,930.	0.			DONOR DIRECTED DESIGNATIONS
LIVING DEVELOPMENT CONCEPTS, I 3250 DICKERSON PIKE, SUITE 212 NASHVILLE, TN 37207	62-1855943	501(C)3	100,000.	0.			SUB-RECIPIENT GRANTS
MANNA CAFE MINISTRIES 1960 J. MADISON STREET, UNIT 312 CLARKSVILLE, TN 37043	27-1699146	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
MARTHA O'BRYAN CENTER 711 SOUTH 7TH STREET NASHVILLE, TN 37206	62-0477728	501(C)3	577,947.	0.			PROGRAM OPNS (OBI)
MATTHEW 25 P O BOX 158461 NASHVILLE, TN 37215	58-1673641	501(C)3	6,043.	0.			DONOR DIRECTED DESIGNATIONS
MATTHEW WALKER COMPREHENSIVE HEALTH CENTER – 1035 14TH AVE NORTH – NASHVILLE, TN 37208	62-1035426	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
MAURY REGIONAL HEALTHCARE FOUN 1224 TROTWOOD AVENUE COLUMBIA, TN 38401	20-5822527	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MCHRA / WM							
1101 KERMIT DRIVE SUITE 300							
NASHVILLE, TN 37217	62-0923487	501(C)3	325,981.	0.			PROGRAM OPNS (OBI)
MCNEILLY CENTER FOR CHILDREN							
400 MERIDIAN STREET	<b>60.040</b> 0066						
NASHVILLE, TN 37207	62-0479366	501(C)3	382,000.	0.			PROGRAM OPNS (OBI)
MDHA HOUSING TRUST CORPORATION							
701 SOUTH SIXTH STREET							
NASHVILLE, TN 37206	58-1803918	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
MEMPHIS PUBLIC LIBRARY - LINC							
3030 POPLAR AVENUE							
MEMPHIS, TN 38111	62 - 6000361	501(C)3	28,232.	0.			SUB-RECIPIENT GRANTS
MEN OF VALOR							
1410 DONELSON PIKE, SUITE B-1							
NASHVILLE, TN 37217	62-1836815	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
NENDING HEADER ING							
MENDING HEARTS, INC. P. O. BOX 280236							
NASHVILLE, TN 37228-0236	73-1697900	F01(C)2	25,000.	0.			PROGRAM OPNS (OBI)
NASHVILLE, IN 57228-0236	73-1097900	501(C)5	25,000.	0.			PROGRAM OPNS (OBI)
MENTAL HEALTH AMERICA OF MIDDLE TN							
446 METROPLEX DR SUITE A-224							
NASHVILLE, TN 37211	62-0637710	501(C)3	40,000.	0.			PROGRAM OPNS (OBI)
,			, , ,				
MERCY COMMUNITY HEALTHCARE							
1113 MURFREESBORO ROAD, SUITE 319							
FRANKLIN, TN 37064	62-1781969	501(C)3	85,203.	0.			PROGRAM OPNS (OBI)
MID CUMBERLAND COMMUNITY ACTIO							
PO BOX 310							
LEBANON, TN 37088-0310	62-0859072	501(C)3	17,264.	Ο.			PROGRAM OPNS (OBI)

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			(1) A				
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONROE HARDING CHILDREN'S HOME							
1120 GLENDALE LANE							
NASHVILLE, TN 37204	62-0476670	501(C)3	87,002.	0.			PROGRAM OPNS (OBI)
MOTHER TO MOTHER							
5133 HARDING PIKE SUITE B10, #313							
NASHVILLE, TN 37205-5012	20-1028812	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
MOVES AND GROOVES, INC. (MAG)							
2275 MURFREESBORO PIKE STE. 101							
NASHVILLE, TN 37217	68-0516440	501(C)3	7,500.	0.			PROGRAM OPNS (OBI)
MT. ZION BAPTIST CHURCH							
7594 OLD HICKORY BLVD.							
WHITES CREEK, TN 37189	62-1189845	501(C)3	220,000.	0.			SUB-RECIPIENT GRANTS
MUSICIANS HALL OF FAME & MUSEU							
PO BOX 23655							
NASHVILLE, TN 37202	75-3128782	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
MY FRIEND'S HOUSE/FAM & CHILD SVCS							
626 EASTVIEW CIRCLE							
FRANKLIN, TN 37064	58-1525248	501(C)3	46,655.	0.			PROGRAM OPNS (OBI)
NASHVILLE ACADEMY OF MEDICINE							
28 WHITE BRIDGE ROAD SUITE 400							
NASHVILLE, TN 37205	62-0473060	501 (C) 3	25,002.	0.			PROGRAM OPNS (OBI)
MONATHE, IN 21202	02-04/3080	501(C/3	25,002.	0.			LINGRAM OFINS (UDI)
NASHVILLE ADULT LITERACY COUNC							
COHN ADULT LITERACY COUNCIL 4805 PA	4						
NASHVILLE, TN 37209	58-1488230	501(C)3	110,000.	0.			PROGRAM OPNS (OBI)
NACUVILLE CADEC							
NASHVILLE CARES							
P. O. BOX 42097	60 1074530	501(0)2	60.000	_			DROCRAM ODMC (ODT)
NASHVILLE, TN 37204-1900	62-1274532	DUT(C)3	60,002.	0.			PROGRAM OPNS (OBI)

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(2)	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
NASHVILLE CHILDREN'S ALLIANCE							
1264 FOSTER AVENUE							
NASHVILLE, TN 37210	62-1484097	501(C)3	25,002.	0.			PROGRAM OPNS (OBI)
NASHVILLE CONFLICT RESOLUTION							
4732 W. LONGDALE DRIVE							
NASHVILLE, TN 37211	62-1828238	501(C)3	1,346,850.	0.			SUB-RECIPIENT GRANTS
NASHVILLE DIAPER CONNECTION							
PO BOX 159128							
NASHVILLE, TN 37215	46-3597632	501(C)3	20,000.	0.			PROGRAM OPNS (OBI)
NASHVILLE FOOD PROJECT							
3605 HILLSBORO ROAD							
NASHVILLE, TN 37215	45-2905951	501 (C) 3	50,000.	0.			PROGRAM OPNS (OBI)
	10 1000001	501(0)5					
NASHVILLE GENERAL HOSPITAL FOU							
1818 ALBION STREET							
NASHVILLE, TN 37208	62-1383977	501(C)3	30,000.	0.			PROGRAM OPNS (OBI)
NASHVILLE HUMANE ASSOCIATION							
213 OCEOLA AVENUE							DONOR DIRECTED
NASHVILLE, TN 37209	62-0672999	501(C)3	21,847.	0.			DESIGNATIONS
·			·				
NASHVILLE INTERNT'L CENTER							
EMPOWERMENT - 417 WELSHWOOD DRIVE							
SUITE 100 - NASHVILLE, TN 37211	02-0674431	501(C)3	98,002.	0.			PROGRAM OPNS (OBI)
NASHVILLE LAUNCH PAD INC.							
PO BOX 330695							
NASHVILLE, TN 37203	81-3538014	501(C)3	50,000.	0.			PROGRAM OPNS (OBI)
			, ,				
NASHVILLE PUBLIC EDUCATION FDN.							
J SEIGENTHLER CTR 1207 18TH AVE S.							DONOR DIRECTED
NASHVILLE, TN 37212	48-1266314	501(C)3	24,221.	٥.			DESIGNATIONS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NASHVILLE PUBLIC LIBRARY FOUND							
615 CHURCH STREET							DONOR DIRECTED
NASHVILLE, TN 37219	62-1681766	501(C)3	6,567.	0.			DESIGNATIONS
NASHVILLE RESCUE MISSION							
639 LAFAYETTE ST.							DONOR DIRECTED
NASHVILLE, TN 37203	45-2424130	501(C)3	24,558.	0.			DESIGNATIONS
NASHVILLE SYMPHONY							
ONE SYMPHONY PLACE							DONOR DIRECTED
NASHVILLE, TN 37201-2031	62-0550979	501(C)3	6,148.	0.			DESIGNATIONS
NASHVILLE ZOO FOR GRASSMERE							
3777 NOLENSVILLE ROAD							DONOR DIRECTED
NASHVILLE, TN 372113324	62-1411210	501(C)3	5,829.	0.			DESIGNATIONS
NAME ON A MENT OF THE OF THE OF							
NATIONS MINISTRY CENTER							
406 WELSHWOOD DRIVE	55-0898912	E01/(0) 2	84,920.	0.			PROGRAM OPNS (OBI)
NASHVILLE, TN 37211	55-0898912	501(0)5	84,920.	0.			PROGRAM OPNS (OBI)
NEEDLINK NASHVILLE							
PO BOX 91107 SUITE 108							
NASHVILLE, TN 37209	62-0544852	501(C)3	308,000.	0.			PROGRAM OPNS (OBI)
NEIGHBOR 2 NEIGHBOR							
240 GREAT CIRCLE RD #318							
NASHVILLE, TN 37228	62-1817514	501(C)3	21,825.	0.			PROGRAM OPNS (OBI)
NEIGHBORHOOD HEALTH, INC.							
2711 FOSTER AVE.							
NASHVILLE, TN 37210	62-1032792	501(C)3	40,000.	0.			PROGRAM OPNS (OBI)
NEW BEGINNINGS CENTER							
509 CARIGHEAD ST							
NASHVILLE, TN 37204	90-0751722	501/C)3	25,002.	0.			PROGRAM OPNS (OBI)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HOPE MISSIONARY BAPTIST CH							
PO BOX 41338							
NASHVILLE, TN 37204	54-3316992	501(C)3	110,000.	0.			SUB-RECIPIENT GRANTS
NURSES FOR NEWBORNS/WM							
50 VANTAGE WAY SUITE 101							
NASHVILLE, TN 37228	43-1601329	501(C)3	89,390.	0.			PROGRAM OPNS (OBI)
OASIS CENTER/WILLIAMSON							
1704 CHARLOTTE AVENUE, SUITE 200							
NASHVILLE, TN 37203	62-0968273	501(C)3	357,802.	0.			PROGRAM OPNS (OBI)
ONE GENERATION AWAY							
104 SOUTHEAST PKWY, SUITE 300							
FRANKLIN, TN 37064	46-2741214	501(C)3	40,000.	0.			PROGRAM OPNS (OBI)
ONE ORGANIZED NEIGHBORS EDGEHILL							
INC - 1001 EDGEHILL AVE -							
NASHVILLE, TN 37203	62-1540325	501(C)3	44,956.	0.			PROGRAM OPNS (OBI)
OPEN TABLE NASHVILLE							
PO BOX 110266							
NASHVILLE, TN 37222	27-3514899	501(C)3	20,000.	0.			PROGRAM OPNS (OBI)
OPERATION STAND DOWN NASHVILLE							
1125 12TH AVENUE SOUTH							
NASHVILLE, TN 37203	62-1638832	501(C)3	118,000.	0.			PROGRAM OPNS (OBI)
OSHO ACADEMY							
1330 CACIQUE STREET							DONOR DIRECTED
SANTA BARBARA, CA 93103	86-0760237	501(C)3	15,000.	0.			DESIGNATIONS
PARK CENTER							
186 N 1ST STREET							
NASHVILLE, TN 37213	62-1336640	501(C)3	93,500.	Ο.			PROGRAM OPNS (OBI)

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATHWAY LENDING							
201 VENTURE CIRCLE							
NASHVILLE, TN 37228	62-1823596	501(C)3	46,000.	0.			PROGRAM OPNS (OBI)
PENCIL FOUNDATION							
4805 PARK AVE, SUITE 101							
NASHVILLE, TN 37209	58-1475675	501(C)3	94,745.	0.			PROGRAM OPNS (OBI)
PEOPLE LOVING NASHVILLE							
P O BOX 60431							
NASHVILLE, TN 37206	27-3589196	501(C)3	20,000.	0.			PROGRAM OPNS (OBI)
DI MATER DADENTILOOD							
PLANNED PARENTHOOD							
50 VANTAGE WAY, SUITE 255	62-6073178	E01/012	152 250	0			
NASHVILLE, TN 37228	02-00/31/0	501(C)5	153,358.	0.			SUB-RECIPIENT GRANTS
POSITIVELY LIVING							
1501 EAST FIFTH AVENUE							
KNOXVILLE, TN 37917	62-1698383	501(C)3	283,295.	0.			SUB-RECIPIENT GRANTS
PRESTON TAYLOR MINISTRIES							
PO BOX 90442							
NASHVILLE, TN 37209	62-1757018	501(C)3	20,000.	0.			PROGRAM OPNS (OBI)
PREVENT CHILD ABUSE TN							
600 HILL AVE SUITE 202		E01(0)2	16 000				DDOGDAN ODNG (ODT)
NASHVILLE, TN 37210	58-1567835	501(C)3	16,002.	0.			PROGRAM OPNS (OBI)
PROJECT C.U.R.E.							
2300 CLIFTON AVENUE							
NASHVILLE, TN 37209	84-1568566	501(C)3	75,000.	0.			PROGRAM OPNS (OBI)
PROJECT CONNECT NASHVILLE							
PO BOX 295							
MADISON, TN 37116	27-4003340	501(C)3	100,700.	Ο.			SUB-RECIPIENT GRANTS

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(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
PROJECT REFLECT							
730 NEELYS BEND ROAD							DONOR DIRECTED
MADISON, TN 37115	62-1563841	501(C)3	6,000.	0.			DESIGNATIONS
PROJECT RETURN, INC.							
712 4TH AVE S							
NASHVILLE, TN 37210	62-1058325	501(C)3	127,500.	0.			PROGRAM OPNS (OBI)
PROJECT TRANSFORMATION TENNESS							
1008 19TH AVENUE SOUTH							
NASHVILLE, TN 37212	45-3265261	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
RAPHAH INSTITUTE							
615 MAIN STREET SUITE B23							
NASHVILLE, TN 37206	82-1181441	501(C)3	7,500.	0.			PROGRAM OPNS (OBI)
REFUGE CENTER FOR COUNSELING							
103 FORREST CROSSING BLVD, STE 102							
FRANKLIN, TN 37064	20-3931843	501(C)3	65,241.	0.			PROGRAM OPNS (OBI)
RENEWAL HOUSE							
P.O. BOX 280356							
NASHVILLE, TN 37228-0356	62-1631055	501(C)3	20,002.	0.			PROGRAM OPNS (OBI)
, IX 0,220 0000	1001000		20,002.	<u>.</u>			
RIDGEVIEW PSYCH HOSPITAL & CTR							
240 WEST TYRONE ROAD							
OAK RIDGE, TN 37830	62-0579512	501(C)3	67,101.	0.			SUB-RECIPIENT GRANTS
RONALD MODOWALD HOUSE (DAVIDGON CO							
RONALD MCDONALD HOUSE/DAVIDSON CO. 2144 FAIRFAX AVENUE							DONOR DIRECTED
	62-1310717	501(0)3	0 1 2 0	0.			DESIGNATIONS
NASHVILLE, TN 37212	02-1310/1/	501(C)3	9,139.	0.			DESTGNATIONS
ROOFTOP FOUNDATION							
108 7TH AVENUE SOUTH							
NASHVILLE, TN 37203	20-4970385	501(C)3	280,000.	٥.			PROGRAM OPNS (OBI)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SADDLE UP !							
1549 OLD HILLSBORO ROAD							DONOR DIRECTED
FRANKLIN, TN 37069	58-1930303	501(C)3	23,155.	0.			DESIGNATIONS
SAFE HAVEN FAMILY SHELTER INC							
1234 THIRD AVENUE SOUTH							
NASHVILLE, TN 37210	62-1807653	501(C)3	183,753.	0.			PROGRAM OPNS (OBI)
SALAMA FELLOWSHIP URBAN MINIST							
1205 EIGHTH AVENUE SOUTH							
NASHVILLE, TN 37203	58-2198012	501(C)3	25,002.	0.			PROGRAM OPNS (OBI)
SALVATION ARMY/DAVIDSON COUNTY							
P O BOX 78625	CO. CO22000	F01/(0) 2	267.047	0			
NASHVILLE, TN 37207-8625	62-6033090	501(C)3	367,947.	0.			PROGRAM OPNS (OBI)
SCHRADER LANE CHURCH OF CHRIST							
603 BENTON AVE							
NASHVILLE, TN 37204	62-0863030	501(C)3	9,444.	0.			PROGRAM OPNS (OBI)
SECOND HARVEST FOOD BANK							
331 GREAT CIRCLE ROAD							
NASHVILLE, TN 37228	62-1049447	501(C)3	125,835.	0.			PROGRAM OPNS (OBI)
			,				
SENIOR RIDE NASHVILLE							
298 FOSTER STREET							
NASHVILLE, TN 37207	81-4119450	501(C)3	50,002.	0.			PROGRAM OPNS (OBI)
SERVANT GROUP INT (SEW FOR HOPE)							
506 TANKSLEY AVE							
NASHVILLE, TN 37211	62-1504533	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
SEXUAL ASSAULT CENTER/WMSON							
101 FRENCH LANDING	60.101000	501 ( 2) 2	170.000				
NASHVILLE, TN 37228	62-1043294	DUT(C)3	170,000.	Ο.		1	PROGRAM OPNS (OBI)

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(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
SHOWER THE PEOPLE							
77 DONELSON STREET							
NASHVILLE, TN 37210	47-3404538	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
SILOAM FAMILY HEALTH CENTER							
820 GALE LANE							
NASHVILLE, TN 37204	58-1867940	501(C)3	127,002.	0.			PROGRAM OPNS (OBI)
SOUTHERN ALLIANCE FOR PEOPLE A							
PO BOX 23535							
NASHVILLE, TN 37202	62-1675393	501(C)3	135,000.	0.			SUB-RECIPIENT GRANTS
SPECIAL KIDS							
2132 E MAIN STREET							DONOR DIRECTED
MURFREESBORO, TN 37130	62-1718638	501(C)3	15,262.	0.			DESIGNATIONS
	01 1,10000	501(0)5	10,101.				
SPECIAL OLYMPICS TENNESSEE, INC.							
1900 12 TH AVE S SUITE B ATTN: ALA							
NASHVILLE, TN 37203	23-7348136	501(C)3	7,500.	0.			PROGRAM OPNS (OBI)
ST JOHN AME CHURCH							
PO BOX 280646							
NASHVILLE, TN 37228	62-1488102	501(C)3	496,500.	0.			SUB-RECIPIENT GRANTS
ST JUDE'S CHILDREN'S RESEARCH HOSP							
501 ST. JUDE'S PLACE							DONOR DIRECTED
MEMPHIS, TN 38105	62-0646012	501(C)3	39,268.	0.			DESIGNATIONS
ST MARY VILLA CHILD DEVELOPMENT							
CENTER - 1704 HEIMAN ST -							
NASHVILLE, TN 37208	62-0579243	501(C)3	201,002.	0.			PROGRAM OPNS (OBI)
ST. LUKES COMMUNITY HOUSE							
5601 NEW YORK AVENUE							
NASHVILLE, TN 37209	62-0484183	501(C)3	274,047.	0.			PROGRAM OPNS (OBI)
, IN 57205	52 040410J	501(0/5	2/1,04/.	٥.			FROOMER OF TO (OBI)

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. VINCENT DE PAUL PARISH 1700 HEIMAN ST.							
NASHVILLE, TN 37208	62-0930039	501(C)3	55,000.	0.			SUB-RECIPIENT GRANTS
STARS/WILLIAMSON 1704 CHARLOTTE AVE, SUITE 200 NASHVILLE, TN 37203	62-1285699	501(C)3	516,102.	0.			PROGRAM OPNS (OBI)
STEVEN WISE TEMPLE 15500 STEPHEN S WISE BLVD LOS ANGELES, CA 90077	95-6087552	501(C)3	5,175.	0.			DONOR DIRECTED DESIGNATIONS
STREET WORKS PO BOX 60037							
NASHVILLE, TN 37206-0037	62-1806967	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
TEACH FOR AMERICA - GREATER NA 220 ATHENS WAY, SUITE 300							
NASHVILLE, TN 37228	13-3541913	501(C)3	7,500.	0.			PROGRAM OPNS (OBI)
TEMPLE OHABAI SHALOM 5015 HARDING ROAD NASHVILLE, TN 37205	62-0488037	501(C)3	7,775.	0.			DONOR DIRECTED DESIGNATIONS
TENNESSEE COLLEGE ACCESS AND S 1704 CHARLOTTE AVE. SUITE 200							
NASHVILLE, TN 37210	45-4475679	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
TENNESSEE CONFERENCE UMC PO BOX 440132							
NASHVILLE, TN 37244	62-1172580	501(C)3	120,000.	0.			PROGRAM OPNS (OBI)
TENNESSEE FOREIGN LANGUAGE INS PO BOX 281676							
NASHVILLE, TN 37228	58-2108833	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENNESSEE JUSTICE CENTER							
211 7TH AVE N STE. 100							
NASHVILLE, TN 37219	62-1630417	501(C)3	29,000.	0.			PROGRAM OPNS (OBI)
TENNESSEE JUSTICE FOR OUR NEIG							
2195 NOLENSVILLE PIKE							
NASHVILLE, TN 37211	46-0872616	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
TENNESSEE KIDNEY FOUNDATION							
95 WHITE BRIDGE ROAD, SUITE 300							
NASHVILLE, TN 37205	27-0812507	501(C)3	7,500.	0.			PROGRAM OPNS (OBI)
MENNIEGGEE DOTGON GENMED							
TENNESSEE POISON CENTER 501 OXFORD HOUSE 1161 21ST AVENUE \$	•						
NASHVILLE, TN 37232	35-2528741	501 (C) 3	25,705.	0.			PROGRAM OPNS (OBI)
	55 2520741	501(0)5	23,703.				
TENNESSEE PRISON OUTREACH MINI							
136 RAINS AVE.							
NASHVILLE, TN 37203-5316	35-2458555	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
TENNESSEE RESPITE COALITION							
2685 N. MT. JULIET RD							
MT. JULIET, TN 37122	03-0512876	501(C)3	25,000.	Ο.			PROGRAM OPNS (OBI)
,		-	, , , ,				
THE BRANCH OF NASHVILLE INC							
2620 UNA ANTIOCH PIKE							
ANTIOCH, TN 37013	46-3153789	501(C)3	35,000.	0.			PROGRAM OPNS (OBI)
THE CROSSROADS CAMPUS							
707 MONROE STREET							
NASHVILLE, TN 37208	27-2397528	501(C)3	7,500.	0.			PROGRAM OPNS (OBI)
THE FAMILY CENTER							
139 THOMPSON LANE		F01 ( 0) 2	10 000				
NASHVILLE, TN 37211	62-1237360	DUT(C)3	10,000.	0.			PROGRAM OPNS (OBI)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FORTITUDE GROUP							
PO BOX 280942							
NASHVILLE, TN 37228	80-0674994	501(C)3	99,000.	0.			SUB-RECIPIENT GRANTS
THE HELP CENTER							
3918 DICKERSON PIKE SUITE E							
NASHVILLE, TN 37207	47-2594358	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
THE LITTLE PANTRY THAT COULD							
P. O. BOX 90932							
NASHVILLE, TN 37209	45-3746317	501(C)3	35,000.	0.			PROGRAM OPNS (OBI)
THE NEXT DOOR							
PO BOX 23336				_			
NASHVILLE, TN 37202-3336	43-2001774	501(C)3	72,002.	0.			PROGRAM OPNS (OBI)
THE OPERATION ANDREW GROUP							
3902 GRANNY WHITE PIKE							
NASHVILLE, TN 37204	62-1799192	501(C)3	25,000.	0.			PROGRAM OPNS (OBI)
THE PATH PROJECT, INC.							
PO BOX 1659							
LAWRENCEVILLE, GA 30046	45-3861248	501 (C) 3	15,000.	0.			PROGRAM OPNS (OBI)
	43 3001240		10,000.				LICOLULI OLIND (ODI)
THE SHOWER TRUCK/SHOWER UP							
6019 THRUSH CT							
SPRING HILL, TN 37174	81-3713374	501(C)3	10,000.	0.			PROGRAM OPNS (OBI)
THE WELL OUTREACH							
5226 MAIN STREET, SUITE C5	32-0258525	501(0)3	30 000	0.			PROGRAM OPNS (OBI)
SPRING HILL, TN 37174	52-0250525	501(0)5	30,000.	0.			FROGRAM OFINS (OBI)
THISTLE FARM							
P O BOX 6330B							DONOR DIRECTED
NASHVILLE, TN 37235	58-2050089	501(C)3	8,016.	0.			DESIGNATIONS

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IN BAPTIST CHILDREN'S HOME							
P O BOX 2206							DONOR DIRECTED
BRENTWOOD, TN 37024	62-0488043	501(C)3	7,152.	0.			DESIGNATIONS
/							
TN COALITION AGAINST DOMESTIC							
2 INTERNATIONAL PLAZA DRIVE SUITE	4						
NASHVILLE, TN 37217	58-1632437	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
TN EQUALITY PROJECT FOUNDATION							
P. O. BOX 330895							
NASHVILLE, TN 37203-7506	20-3518536	501(C)3	9,000.	0.			PROGRAM OPNS (OBI)
TN IMMIGRANT & REFUGEE RIGHTS							
COALITION - 2195 NOLENSVILLE PIKE	20.0101100	F01(G)2	71 050	0			DROGRAM ORNA (ORT)
- NASHVILLE, TN 37211	20-0121100	501(0)3	71,250.	0.			PROGRAM OPNS (OBI)
TNKIDS NUTRITION							
1006 PEPPER ST							
SPRINGFIELD, TN 37172	27-2268298	501(C)3	44,876.	0.			PROGRAM OPNS (OBI)
				-•			
TRANSITIONAL HOUSING & WORK PR							
109 CUDE LANE							
MADISON, TN 37115	26-3482285	501(C)3	21,384.	0.			SUB-RECIPIENT GRANTS
TUCKER'S HOUSE							
P.O. BOX 682086							
FRANKLIN, TN 37068	27-0896877	501(C)3	15,960.	0.			PROGRAM OPNS (OBI)
UNITED MINISTRIES OF ROBERTSON CO							
P O BOX 1094							
SPRINGFIELD, TN 37172	62-1581339	501(C)3	14,376.	0.			PROGRAM OPNS (OBI)
INTER UNV OF CINETE CONTRA							
UNITED WAY OF SUMMER COUNTY							DONOR DIRECTED
1531 HUNT CLUB BLVD., SUITE 110	31_1510000	501(0)3	25 604	0.			DONOR DIRECTED DESIGNATIONS
GALLATIN, TN 37066	31-1510208	501(0)3	25,684.	υ.			DESTGUALIONS

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPPER CUMBERLAND HUMAN RESOURC							
580 SOUTH JEFFERSON AVE SUITE B							
COOKEVILLE, TN 38501-4010	62-0906260	501(C)3	50,307.	0.			SUB-RECIPIENT GRANTS
UPRISE NASHVILLE							
ATTN: LAUREN HESTER 235 WHITE BRID	3						
NASHVILLE, TN 37209	62-1681150	501(C)3	35,700.	0.			SUB-RECIPIENT GRANTS
JRBAN LEAGUE OF MIDDLE TN							
50 VANTAGE WAY, SUITE 201							
NASHVILLE, TN 37228	62-0795167	501(C)3	32,500.	Ο.			PROGRAM OPNS (OBI)
JW HEART OF FLORIDA			,				
DR. NELSON YING CENTER 1940							
TRAYLOR BLVD ORLANDO, FL							
32804-4714	59-0808854	501(C)3	9,214.	0.			PROGRAM OPNS (OBI)
UW MADISON COUNTY/AL							
701 ANDREW JACKSON WAY							DONOR DIRECTED
HUNTSVILLE, AL 35801	63-0366294	501(C)3	36,298.	0.			DESIGNATIONS
JW MORGAN COUNTY AL							
PO BOX 1058							DONOR DIRECTED
DECATUR, AL 35602	63-0358762	501(C)3	17,256.	0.			DESIGNATIONS
UW OF ANDERSON CO./OAK RIDGE							
P. O. BOX 4158							DONOR DIRECTED
DAK RIDGE, TN 37831-4158	62-6041371	501(C)3	6,921.	0.			DESIGNATIONS
	00110/1		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
W OF BEDFORD COUNTY							
PO BOX 1438				_			DONOR DIRECTED
SHELBYVILLE, TN 37162	63-1675928	501(C)3	7,697.	0.			DESIGNATIONS
JW OF BLOUNT CO./MARYVILLE							
1615 E BROADWAY AVENUE							DONOR DIRECTED
MARYVILLE, TN 37804	23-7122193	501(C)3	18,644.	Ο.		1	DESIGNATIONS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JW OF BREVARD COUNTY/FL							
937 DIXON BOULEVARD							DONOR DIRECTED
COCOA, FL 32922	59-0836384	501(C)3	5,976.	0.			DESIGNATIONS
JW OF COFFEE & MOORE COUNTIES							
P O BOX 27							DONOR DIRECTED
TULLAHOMA, TN 37388	58-1468822	501(C)3	7,027.	0.			DESIGNATIONS
JW OF DICKSON COUNTY							
P O BOX 1652							DONOR DIRECTED
DICKSON, TN 37056	62-1771536	501(C)3	5,466.	0.			DESIGNATIONS
JW OF ELIZABETHTON/CARTER CO TN							
P O BOX 1715							DONOR DIRECTED
ELIZABETHTON, TN 37644	62-1104204	501(C)3	5,905.	Ο.			DESIGNATIONS
,							
JW OF GREATER CHATTANOOGA							
P.O. BOX 4027							
CHATTANOOGA, TN 37405	62-0565962	501(C)3	52,763.	0.			SUB-RECIPIENT GRANTS
JW OF GREATER KINGSPORT, TN							
301 LOUIS STREET, SUITE 201							DONOR DIRECTED
, KINGSPORT, TN 37660	62-0481461	501(C)3	6,189.	Ο.			DESIGNATIONS
·			,				
JW OF GREATER KNOXVILLE							
1301 HANNAH AVENUE							DONOR DIRECTED
KNOXVILLE, TN 37921	62-0475748	501(C)3	108,956.	0.			DESIGNATIONS
JW OF MAURY COUNTY							
P.O. BOX 222							DONOR DIRECTED
COLUMBIA, TN 38402	62-6014994	501(C)3	32,548.	0.			DESIGNATIONS
JW OF METROPOLITAN NASHVILLE							
ATTN: SUMMOR PENNINGTON, 250 VENTU	nr.						DONOR DIRECTED
NASHVILLE, TN 37228	62-0533104	F01 (0) 2	67,314.	Ο.			DESIGNATIONS

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UW OF MID-SOUTH/SHELBY CO TN							
1005 TILLMAN STREET							DONOR DIRECTED
MEMPHIS, TN 38112	56-1010742	501(C)3	148,459.	0.			DESIGNATIONS
UW OF MONTGOMERY / CLARKSVILLE -							
TN - 529 NORTH 2ND STREET, SUITE 1							DONOR DIRECTED
- CLARKSVILLE, TN 37040	62-6014536	501(C)3	19,557.	0.			DESIGNATIONS
UW OF RUTHERFORD CO./ MURFREESBORO P O BOX 330056							
MURFREESBORO, TN 37133-0056	58-1341880	501(C)3	12,899.	0.			SUB-RECIPIENT GRANTS
UW OF SEVIER COUNTY/ SEVIERVILLE P O BOX 6458							DONOR DIRECTED
SEVIERVILLE, TN 37864-6458	62-1225078	501(0)3	7,690.	0.			DESIGNATIONS
SEVIERVILLE, IN S7004-0450	02-1225078	501(0)5	7,030.	0.			DESIGNATIONS
UW OF THE LOWCOUNTRY, INC.							
PO BOX 202							DONOR DIRECTED
BEAUFORT, SC 29901	57-0405847	501(C)3	7,155.	0.			DESIGNATIONS
UW OF UNICOI COUNTY - TN							
P O BOX 343							DONOR DIRECTED
ERWIN, TN 37650	62-6048193	501(C)3	5,113.	0.			DESIGNATIONS
UW OF WEST TN							
P. O. BOX 2086							DONOR DIRECTED
JACKSON, TN 38302-2086	62-0590257	501(C)3	10,213.	Ο.			DESIGNATIONS
		- • • •					
UW OF WILSON COUNTY & UPPER							
CUMBERLANDS - PO BOX 3541 -							DONOR DIRECTED
LEBANON, TN 37088	62-1660029	501(C)3	57,446.	0.			DESIGNATIONS
WAVES, INC.							
145 SOUTHEAST PARKWAY, SUITE 100							
FRANKLIN, TN 37064	62-0920595	501(C)3	117,590.	0.			PROGRAM OPNS (OBI)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYNE REED CHRISTIAN CHILD CARE							
CTR - 11 B LINDSLEY AVENUE -							
NASHVILLE, TN 37210	62-1625142	501(C)3	78,002.	0.			PROGRAM OPNS (OBI)
WELCOME HOME MINISTRIES							
PO BOX 100183							
NASHVILLE, TN 37224	62-1515995	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
WEST END SYNAGOGUE							
3810 WEST END AVENUE							DONOR DIRECTED
NASHVILLE, TN 37205	62-0513743	501(C)3	14,540.	0.			DESIGNATIONS
WEST NASHVILLE DREAM CENTER							
520 39TH AVE N							
NASHVILLE, TN 37209	81-4064177	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
,			,	- •			
WEST TENNESSEE LEGAL SERVICES							
210 W.MAIN STREET							
JACKSON, TN 38301	58-1326791	501(C)3	257,639.	0.			SUB-RECIPIENT GRANTS
WILLIAMSON COUNTY CASA							
1205 COLUMBIA AVE							
FRANKLIN, TN 37064	62-1583334	501(C)3	44,195.	0.			PROGRAM OPNS (OBI)
WOODBINE COMMUNITY ORGANIZATIO							
643 SPENCE LANE	62 1280000	E01(0)2	7 000	0			AND DEGIDIENT OF NEG
NASHVILLE, TN 37217	62-1280006	501(C)3	7,890.	0.			SUB-RECIPIENT GRANTS
WORKERS DIGNITY PROJECT							
335 WHITSETT ROAD							
NASHVILLE, TN 37210	45-3202280	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
WORLD CENTRAL KITCHEN, INC.							
1342 FLORIDA AVE NW							
WASHINGTON, DC 20009	27-3521132	501(C)3	10,000.	Ο.			PROGRAM OPNS (OBI)

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOUNDED WARRIOR PROJECT INC. 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)3	5,235.	0.			DONOR DIRECTED DESIGNATIONS
YMCA 1000 CHURCH STREET NASHVILLE, TN 37203	62-0476243	501(C)3	124,002.	0.			PROGRAM OPNS (OBI)
YOUTH ENCOURAGEMENT SERVICES 521 MCIVER ST. NASHVILLE, TN 37211	62-0570681	501(C)3	45,000.	0.			PROGRAM OPNS (OBI)
YOUTH VILLAGES/DAVIDSON 3310 PERIMETER HILL DR. NASHVILLE, TN 37211	58-1716970	501(C)3	15,000.	0.			PROGRAM OPNS (OBI)
YWCA OF NASHVILLE & MIDDLE TN 1608 WOODMONT BLVD NASHVILLE, TN 37215	62-0475702	501(C)3	227,209.	0.			PROGRAM OPNS (OBI)

Schedule I (Form 990) 2021

UNITED WAY OF MIDDLE TENNESSEE, INC

62-0533104

Page 2

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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information Provide the information rec	 		(h),		

**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.

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 I (Form 990)

132291 04-01-21

> 65 2021.03050 UNITED WAY OF MIDDLE TENN 19146-11

SC	HEDULE J	Compens	ation Information	I	OMB No.	1545-004	47	
	rm 990)		rs, Trustees, Key Employees, and Highest		-00	<b>n</b> -1		
•		Comp	nswered "Yes" on Form 990, Part IV, line 23.		20	Ζ Ι		
-			Open to	Publ	ic			
	Department of the Treasury         ► Attach to Form 990.           Internal Revenue Service         ► Go to www.irs.gov/Form990 for instructions and the latest information.							
Nam	ne of the organization	1		Employer id	entificati	on nui	mber	
		UNITED WAY OF MIDDLE TENNES	SSEE, INC	62-05	33104			
Pa	rt I Question	s Regarding Compensation						
						Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any o	of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any rele	vant information regarding these items.					
	First-class or o	harter travel	Housing allowance or residence for perso	nal use				
	Travel for com		Payments for business use of personal re					
		ation and gross-up payments	X Health or social club dues or initiation fee					
	Discretionary	spending account	Personal services (such as maid, chauffer	ır, chef)				
b	•		follow a written policy regarding payment or					
			ove? If "No," complete Part III to explain		<b>1</b> b		X	
2			or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, rec	garding the items checked on line 1a?		2	X		
-								
3			establish the compensation of the organization's					
			boxes for methods used by a related organization	on to				
	·	ation of the CEO/Executive Director, but exp						
	X Compensation		X Written employment contract					
		ompensation consultant	X Compensation survey or study					
	X Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee				
4	During the year did	any person listed on Form 990, Part VII, Se	ction A line 1a with respect to the filing					
•	organization or a re							
а	•	e payment or change-of-control payment?			4a		x	
b		eive payment from a supplemental nonquali	fied retirement plan?			х		
С		eive payment from an equity-based compen			4c		x	
		es 4a-c, list the persons and provide the app						
	,							
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organization	s must complete lines 5-9.					
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensation	'n				
	contingent on the r	evenues of:						
а	The organization?				. 5a		x	
b	Any related organiz	ation?			. 5b		x	
		r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensation	'n				
	contingent on the r	et earnings of:						
а	The organization?				<u>6a</u>		X	
							X	
		r 6b, describe in Part III.						
7			the organization provide any nonfixed payments					
					. 7		X	
8	Were any amounts	reported on Form 990, Part VII, paid or accru	ued pursuant to a contract that was subject to th	ie				
	initial contract exce	ption described in Regulations section 53.49	958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		d the organization also follow the rebuttable						
				<u></u>	. 9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions f	for Form 990.	Schedu	le J (Forr	n 990)	2021	

132111 11-02-21

Schedule J (Form 990) 2021

62-0533104

### 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.

		( <b>B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BRIAN HASSETT	(i)	387,181.	68,394.	0.	61,520.	6,874.	523,969.	19,100.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ERICA MITCHELL	(i)	205,668.	19,085.	0.	6,863.	12,222.	243,838.	0.
CHIEF COMMUNITY IMPACT OFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUMMOR PENNINGTON	(i)	166,617.	14,022.	0.	5,365.	8,657.	194,661.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNIFER WRIGHT	(i)	146,378.	16,240.	0.	4,062.	12,177.	178,857.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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. THE FIRST DISTRIBUTION WAS MADE IN 2021.

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2021 Open to Public Inspection

Name	of the	organization	n

► Go to www.irs.gov/Form990 for instructions and the latest information.

or the organization						
	UNITED	WAY	OF	MIDDLE	TENNESSEE,	INC

62-0533104

Pa	rt 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 de noncash contribu	•	nts
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	Х	20	164,464.			
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 )	Х	114,611	164,806.	FAIR MARKET VALU	Ξ	
26	Other ► ()						
27	Other ► ()						
28	Other  ()						
29	Number of Forms 8283 received by the organized	zation during	the tax year for co	ontributions			
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			
						Yes	s No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	ed for		
	exempt purposes for the entire holding period'	?				30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that re	quires the review of	of any nonstandard contribut	ions?	31 X	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	r for which column (a) is chec	ked,		
	describe in Part II.						

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

Schedule M (Form 990) 2021

132141 11-17-21

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

SCHEDULE M, PART 1, COLUMN (B)

PART 1, COLUMN (B), LINE 25 REPRESENTS AN ESTIMATE OF THE NUMBER OF

ITEMS CONTRIBUTED.

Schedule M (Form 990) 2021

132142 11-17-21

70 2021.03050 UNITED WAY OF MIDDLE TENN 19146-11

62-0533104

SCHEDULE O (Form 990)

### 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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number

62-0533104

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

UNITED WAY OF MIDDLE TENNESSEE, INC

SELF-MANAGEMENT.

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

DESIGNED FOR THE TARGET POPULATIONS.

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

IN MARCH 2020, UNITED WAY OF GREATER NASHVILLE ACTIVATED ITS RESTORE

THE DREAM FUND TO ASSIST THOSE AFFECTED BY THE DEVASTATING TORNADO THAT

RIPPED THROUGH NASHVILLE. NOT BUT A WEEK LATER, COVID-19 WAS DECLARED

A PANDEMIC, AND IN PARTNERSHIP WITH THE MAYOR'S OFFICE, UWGN LED THE

COVID-19 EMERGENCY RESPONSE FUND, FUNDRAISING FOR OVER \$5.1 MILLION AND

DISTRIBUTING ALL DOLLARS OUT TO THOSE WHO WERE AFFECTED BY THE VIRUS.

WE THEN PARTNERED WITH THE CITY OF NASHVILLE AND THE FINANCIAL

ASSISTANCE NETWORK, DISTRIBUTING \$10 MILLION IN CARES ACT FUNDING FOR

RENT AND UTILITY ASSISTANCE. THIS WORK CONTINUED IN 2021 DEPLOYING OVER

 $\pm4$  MILLION IN RENT, MORTGAGE AND UTILITY ASSISTANCE FOR THOSE STILL

FEELING THE EFFECTS OF THE PANDEMIC.

EXPENSES \$ 4,046,100. INCLUDING GRANTS OF \$ 4,020,227. REVENUE \$ 0.

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

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

Schedule O (Form 990) 2021

11440610 781331 19146-19146

Schedule O (Form 990) 2021 Name of the organization	Page 2
UNITED WAY OF MIDDLE TENNESSEE, INC	62-0533104
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 2021, VITA	
SITES HELPED 6,742 FAMILIES COLLECT OVER \$10 MILLION IN TOTAL FEDERAL	
REFUNDS AND SAVE MILLIONS IN FILING FEES. IN PARTNERSHIP WITH THE	
MAYOR'S OFFICE, UWGN OPERATES THE CITY'S FINANCIAL EMPOWERMENT 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 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 10,000 CLIENTS	
ELIMINATE DEBT OF \$20 MILLION, INCREASE SAVINGS OVER \$3.5 MILLION,	
INCREASE THEIR CREDIT SCORES AND ENGAGE IN A TRADITIONAL AND SAFE	
BANKING RELATIONSHIP, ULTIMATELY RESULTING IN FINANCIAL INDEPENDENCE.	
IN 2019, UWGN BECAME THE INTERMEDIARY FOR MIDDLE TENNESSEE TO RECRUIT,	
TRAIN AND MONITOR GRANTEES THROUGH SNAP EMPLOYMENT & TRAINING. THIS	
PROGRAM IS A FEDERAL PROGRAM THAT PASSES THROUGH THE TN DEPARTMENT OF	
LABOR AND WORKFORCE DEVELOPMENT. 531 SNAP EMPLOYMENT & TRAINING	
PARTICIPANTS OBTAINED AN INDUSTRY CREDENTIAL WHILE WORKING TOWARDS	
EMPLOYMENT.	
EXPENSES \$ 3,960,107. INCLUDING GRANTS OF \$ 2,983,744. 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	

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Schedule O (Form 990) 2021 Name of the organization		Page 2 Employer identification number
UNITED WAY OF MIDDLE TEN	INESSEE, INC	62-0533104
LITERACY INITIATIVE IN LOCAL CHILDCARE CENTER	RS SERVING VULNERABLE	
POPULATIONS. READ TO SUCCEED'S GOAL IS TO PH	REPARE AT-RISK, LOW-INCOME	
CHILDREN TO BE SUCCESSFUL IN SCHOOL. THROUGH	H DONOR FUNDING, UNITED WAY	
IS SERVING OVER 750 OF NASHVILLE'S MOST AT-R	ISK PRESCHOOL CHILDREN IN	
AN OUTSTANDING, HIGH-QUALITY PRESCHOOL EXPERI	IENCE. BEFORE THE START OF	
THIS PROGRAM, ONLY 33% OF THE FOUR-YEAR-OLDS	IN THESE CENTERS TESTED AT	
AVERAGE OR HIGHER ON KINDERGARTEN READINESS A	ASSESSMENTS. IN THE SPRING	
OF 2020, 95% OF THE FOUR-YEAR-OLDS ENROLLED	IN READ TO SUCCEED PROGRAMS	
WERE ASSESSED WITH THE LITERACY AND KINDERGAN	RTEN READINESS SKILLS	
NEEDED TO ENTER SCHOOL FOR SUCCESS. READ TO S	SUCCEED HAS ENJOYED A	
SUCCESS RATE OF 90% OR HIGHER SINCE 2007. RA	AISE YOUR HAND IS A	
TUTORING INITIATIVE WITHIN 13 WILLIAMSON COUN	NTY AND FRANKLIN SPECIAL	
SCHOOLS, MATCHING TUTORS WITH STUDENTS WHO AN	RE PERFORMING BELOW THE	
STATE STANDARD. THESE VOLUNTEERS TUTOR IN CI	LASSROOMS AFTER SCHOOL,	
HELPING FIRST THROUGH FOURTH GRADE STUDENTS S	STRUGGLING WITH READING AND	
MATH.		
EXPENSES \$ 763,772. INCLUDING GRANTS OF \$ 6	59,601. REVENUE \$ 0.	
THE MAJORITY OF PROGRAM ASSISTANCE INCLUDED H	HERE IS ONE-TIME GIFTS OF	
BASIC NEEDS ITEMS, BOOKS, SCHOOL SUPPLIES, IN	NFANT CARE ITEMS, ETC. TO	
PARTNER AGENCIES OF UNITED WAY OF GREATER NAS	SHVILLE. DURING OUR	
QUARTERLY DAYS OF ACTION, BOTH MONETARY CONTR	RIBUTIONS AND IN-KIND ITEMS	
ARE COLLECTED FOR THE SPECIFIC PURPOSE OF HIC	SHLIGHTING 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 THA	AT SPECIFIC IMPACT AREA.	
THE PROCEEDS, IN THE FORM OF IN-KIND ITEMS, 2	ARE THEN DISTRIBUTED	
DIRECTLY TO THOSE AGENCIES.		
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Name of the organization UNITED WAY OF MIDDLE TENNESSEE, INC	Employer identification number 62-0533104
EXPENSES \$ 373,775. INCLUDING GRANTS OF \$ 334,274. REVENUE \$ 0.	
IN 2014, WITH SEED FUNDING FROM THE SIEMER INSTITUTE, UNITED WAY OF	
GREATER NASHVILLE LAUNCHED THE FAMILY COLLECTIVE ORIGINALLY THE FAMILY	
EMPOWERMENT PROGRAM TO ADDRESS HOMELESSNESS, CONNECT FAMILIES TO	
SUSTAINABLE OPPORTUNITIES AND DISRUPT CYCLES OF POVERTY. WITH OVER 25	
PARTNERS IN 5 COUNTIES WE ARE WORKING TOGETHER TO REBUILD SYSTEMS TO	
PREVENT AND END FAMILY HOMELESSNESS. UWGN USES FUNDING FROM THE SIEMER	
INSTITUTE AND THE DEPARTMENT OF HUMAN SERVICES TO ADMINISTER THIS	
PROGRAM, SERVING MORE THAN 1,667 WORKING FAMILIES SINCE INCEPTION IN	
JAN 2019. MORE THAN 779 FAMILIES HAVE BEEN HOUSED OR WERE PREVENTED	
FROM HOMELESSNESS. THE INITIATIVE PROVIDES AN ARRAY OF WRAP AROUND	
SERVICES THAT OFFERS CONTINUOUS SUPPORT FOR FAMILIES TO MOVE FROM	
CRISIS TO THRIVING. IT UTILIZES UNITED WAY COMMUNITY PARTNERS AND	
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.	
EXPENSES \$ 6,697,493. INCLUDING GRANTS OF \$ 5,313,136. REVENUE \$ 0.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE COMPLETE IRS FORM 990 IS PRESENTED TO AND REVIEWED WITH THE BOARD OF	
TRUSTEES IN PERSON AT A REGULARLY SCHEDULED MEETING OF THE TRUSTEES PRIOR	
TO THE FORM BEING FILED. ALL TRUSTEES RECEIVE A COPY OF THE RETURN AT THE	
TIME OF REVIEW.	
FORM 990, PART VI, SECTION B, LINE 12C:	

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Name of the organization UNITED WAY OF MIDDLE TENNESSEE, INC	Employer identification number 62-0533104
THE ORGANIZATION PRESENTS ANNUALLY AT BOARD OF TRUSTEES MEETING THE	
CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE. THE QUESTIONS ARE REVIEWED	
FOR CLARITY AND TRUSTEES COMPLETE THE FORM WITH ALL DISCLOSURES AS	
APPLICABLE, INCLUDING AN ACKNOWLEDGEMENT THAT CHANGES IN STATUS AND	
ACTIVITIES ARE TO BE COMMUNICATED TO THE ORGANIZATION. THE BOARD MEETS	
EVERY OTHER MONTH AND THE ORGANIZATION REMAINS CLOSELY ENGAGED WITH	
TRUSTEES SO THAT IT CAN MONITOR ANY UPDATES TO THE QUESTIONNAIRE THROUGHOUT	
THE YEAR.	
FORM 990, PART VI, SECTION B, LINE 15:	
EXECUTIVE COMPENSATION WAS SET WITH THE APPROVAL OF THE HUMAN RESOURCE	
COMMITTEE. AN EXECUTIVE CONSULTANT WAS EMPLOYED IN THE SEARCH FOR A NEW	
CEO. HE PROVIDED COMPARABLE INFORMATION ON SIMILARLY SITUATED CEOS AT	
OTHER NONPROFITS IN THE COMMUNITY. ADDITIONALLY, UNITED WAY WORLDWIDE	
COMPARABLE SALARY DATA WAS PROVIDED TO THE COMMITTEE AS WELL AS THE RESULTS	
OF AN AD HOC SURVEY OF UW EXECUTIVE COMPENSATION IN SIMILARLY SIZED UNITED	
WAYS IN THE REGION. THE RECOMMENDATIONS WERE APPROVED BY THE EXECUTIVE	
COMMITTEE. THE EXECUTIVE COMMITTEE CONTINUES TO MONITOR CURRENT MARKET	
DATA WHEN REVIEWING ANNUAL UPDATES TO THE CEO COMPENSATION. A SIMILAR	
PROCESS IS FOLLOWED ANNUALLY FOR OTHER SENIOR MANAGEMENT TEAM MEMBERS	
WHEREBY LOCAL MARKET DATA, UNITED WAY WORLDWIDE SALARY SURVEYS, AND	
EXECUTIVE COMMITTEE REVIEWS ARE ALL UTILIZED IN SETTING COMPENSATION FOR	
THOSE TEAM MEMBERS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE AUDITED FINANCIAL STATEMENTS, ALONG WITH THE IRS FORM 990, ARE POSTED	
ON THE ORGANIZATION'S WEBSITE. COPIES OF OTHER GOVERNING DOCUMENTS ARE	
AVAILABLE UPON REQUEST.	

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ORGANIZATION'S BOARD OF TRUSTEES IS RESPONSIBLE FOR THE SELECTION AND	ID			
OVERSIGHT OF THE INDEPENDENT AUDITOR. THERE HAVE BEEN NO CHANGES MADI	E			
IN THE CURRENT YEAR RELATED TO THE OVERSIGHT / SELECTION PROCESS.				
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Name of the organization

FORM 990, PART XII, LINE 2C

UNITED WAY OF MIDDLE TENNESSEE, INC

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