

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047  
**2020**  
Open to Public Inspection

**A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
UNITED WAY OF MIDDLE TENNESSEE INC

Doing business as  
UNITED WAY OF GREATER NASHVILLE (UWGN)

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
250 VENTURE CIRCLE

City or town, state or province, country, and ZIP or foreign postal code  
NASHVILLE, TN 37228

**D** Employer identification number  
62-0533104

**E** Telephone number  
(615) 255-8501

**G** Gross receipts \$ 73,215,667

**F** Name and address of principal officer:  
SUMMOR PENNINGTON  
250 VENTURE CIRCLE  
NASHVILLE, TN 37228

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.UNITEDWAYNASHVILLE.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1954

**M** State of legal domicile: TN

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
UWGN UNITES THE COMMUNITY AND MOBILIZES RESOURCES SO THAT EVERY CHILD, INDIVIDUAL & FAMILY THRIVES

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	42
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	42
<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	101
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	4,475
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	100
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	33,164,153	45,954,324
<b>9</b> Program service revenue (Part VIII, line 2g)	352,488	439,117
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,739,809	3,035,620
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-47,696	-132,237
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,208,754	49,296,824
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	20,092,455	36,098,064
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,134,953	6,320,903
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,683,029		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,918,878	3,051,770
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	28,146,286	45,470,737
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	7,062,468	3,826,087
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	42,723,116	46,577,049
<b>21</b> Total liabilities (Part X, line 26)	9,896,652	9,247,036
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	32,826,464	37,330,013

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2021-08-18  
SUMMOR PENNINGTON CFO  
Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 9,076,959 including grants of \$ 7,647,928 ) (Revenue \$ )  
See Additional Data

**4b** (Code: ) (Expenses \$ 4,411,694 including grants of \$ 3,634,622 ) (Revenue \$ )  
See Additional Data

**4c** (Code: ) (Expenses \$ 4,437,993 including grants of \$ 4,437,993 ) (Revenue \$ 439,117 )  
See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 23,290,303 including grants of \$ 20,377,521 ) (Revenue \$ )

**4e Total program service expenses** ▶ 41,216,949

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a through f for items 11 and 14. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with 10 columns: Question ID, Question Text, Answer Box, and three columns for Yes/No/Other. Rows include questions 2a through 16 regarding employee reporting, federal employment tax returns, business income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and charitable trusts.

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ TN
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 ▶SUMMOR PENNINGTON CFO 250 VENTURE CIRCLE NASHVILLE, TN 37228 (615) 255-8501

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

<b>1b Sub-Total</b> . . . . .			
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .			
<b>d Total (add lines 1b and 1c)</b> . . . . .	1,282,784	0	143,330

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4 Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ELEVATE CONSULTING 1011 GILLOCK STREET 160466 NASHVILLE, TN 37216	COMMUNITY IMPACT CONSULTING	176,462
THE AME GROUP (FORMERLY ANS) PO BOX 3086 EVANSVILLE, TN 47730	IT HELP DESK & MANAGED SERVICES	136,089

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	509,426				
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	21,548,968				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	23,895,930				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	264,545				
	<b>h Total.</b> Add lines 1a-1f . . . . .			45,954,324			
<b>Program Service Revenue</b>	<b>2a</b> DESIGNATION SERVICE FE	Business Code					
		900099	439,117	439,117			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			439,117				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		228,136			228,136	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>6a</b>	1,000				
		<b>b</b> Less: rental expenses	<b>6b</b>	900			
		<b>c</b> Rental income or (loss)	<b>6c</b>	100			
	<b>d</b> Net rental income or (loss) . . . . .			100		100	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>7a</b>	26,725,427				
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	23,917,943			
		<b>c</b> Gain or (loss)	<b>7c</b>	2,807,484			
	<b>d</b> Net gain or (loss) . . . . .			2,807,484		2,807,484	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					
		<b>b</b> Less: direct expenses . . . . .	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
	<b>b</b> Less: direct expenses . . . . .	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
	<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> MISCELLANEOUS INCOME	900099	18,866			18,866		
<b>b</b> EMPLOYEE RETIREMENT PL	900099	-151,203			-151,203		
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			-132,337				
<b>12 Total revenue.</b> See instructions . . . . .			49,296,824	439,117	100	2,903,283	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	36,098,064	36,098,064		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,153,313	406,315	353,500	393,498
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	4,387,206	2,412,555	646,606	1,328,045
<b>7</b> Other salaries and wages . . . . .				
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	34,244	22,406	2,852	8,986
<b>9</b> Other employee benefits . . . . .	365,247	218,058	67,572	79,617
<b>10</b> Payroll taxes . . . . .	380,893	197,307	62,473	121,113
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	1,718	440	1,278	
<b>c</b> Accounting . . . . .	68,135	7,000	61,135	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,264,069	1,035,724	60,165	168,180
<b>12</b> Advertising and promotion . . . . .	211,355	96,241	17,453	97,661
<b>13</b> Office expenses . . . . .	405,775	163,125	56,813	185,837
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	283,735	158,638	47,882	77,215
<b>17</b> Travel . . . . .	26,809	18,741	1,352	6,716
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	36,393	22,906	10,614	2,873
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .	337,252	176,519	61,563	99,170
<b>22</b> Depreciation, depletion, and amortization . . . . .	63,669	33,190	12,069	18,410
<b>23</b> Insurance . . . . .				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MISCELLANEOUS	352,860	149,720	107,432	95,708
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	45,470,737	41,216,949	1,570,759	2,683,029
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>		
	<b>2</b> Savings and temporary cash investments . . . . .	7,086,939	<b>2</b>	6,978,013	
	<b>3</b> Pledges and grants receivable, net . . . . .	13,261,847	<b>3</b>	13,532,424	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>		
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>		
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>		
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges . . . . .	159,579	<b>9</b>	148,705	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,313,468			
	<b>b</b> Less: accumulated depreciation	2,900,429	434,043	<b>10c</b>	413,039
	<b>11</b> Investments—publicly traded securities . . . . .	21,110,642	<b>11</b>	24,640,757	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>		
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>		
	<b>14</b> Intangible assets . . . . .		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	670,066	<b>15</b>	864,111	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	42,723,116	<b>16</b>	46,577,049		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,821,361	<b>17</b>	1,342,107	
	<b>18</b> Grants payable . . . . .	7,867,367	<b>18</b>	7,333,693	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	207,924	<b>25</b>	571,236	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	9,896,652	<b>26</b>	9,247,036	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions . . . . .	11,620,112	<b>27</b>	14,826,881	
	<b>28</b> Net assets with donor restrictions . . . . .	21,206,352	<b>28</b>	22,503,132	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>		
<b>32</b> Total net assets or fund balances . . . . .	32,826,464	<b>32</b>	37,330,013		
<b>33</b> Total liabilities and net assets/fund balances . . . . .	42,723,116	<b>33</b>	46,577,049		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	49,296,824
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	45,470,737
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,826,087
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	32,826,464
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	677,462
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	37,330,013

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 62-0533104

**Name:** UNITED WAY OF MIDDLE TENNESSEE INC

Form 990 (2020)

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**Form 990, Part III, Line 4a:**

THE COMMUNITY IMPACT FUNDING PROGRAM PROVIDES FUNDING SUPPORT TO 100 NONPROFIT AGENCIES IN DAVISON, WILLIAMSON, ROBERTSON, CHEATHAM AND HICKMAN COUNTIES, TN. THESE PROGRAMS SERVE OVER 116,000 LOW INCOME, VULNERABLE CHILDREN AND ADULTS BY PROVIDING MEASURABLE CHANGES IN BEHAVIOR OR CONDITION IN THREE FOCUS AREAS- EDUCATION, FINANCIAL STABILITY AND HEALTH. HIGHLIGHTS OF PROGRAM OUTCOMES IN THESE AREAS ARE: EDUCATION 94% OF PRE-K CHILDREN ENROLLED IN THE READ TO SUCCEED EARLY LITERACY PROGRAM ASSESSED KINDERGARTEN READY. FINANCIAL STABILITY- 10,000 FAMILIES BENEFITTED FROM FREE TAX PREPARATION AND RECEIVED MORE THAN \$13.5 MILLION IN TAX REFUNDS AND EITC CREDITS. HEALTH MORE THAN 6,400 INDIVIDUALS IMPROVED PHYSICAL OR MENTAL HEALTH THROUGH PHYSICAL ACTIVITY, CASE MANAGEMENT, OR CHRONIC DISEASE SELF-MANAGEMENT.

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**Form 990, Part III, Line 4b:**

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

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## **Form 990, Part III, Line 4c:**

DURING THE ANNUAL UNITED WAY CAMPAIGN, SOME DONORS CHOOSE TO DIRECTLY DESIGNATE SOME PORTION OF THEIR GIFT TO A SPECIFIC NON-PROFIT AGENCY OR UNITED WAY IN ANOTHER COMMUNITY. DESIGNATED GIFTS ARE AGGREGATED AND ARE THEN PAID TO THE AGENCIES OR ORGANIZATIONS AS THEY ARE COLLECTED, SUBJECT ONLY TO A MODEST ADMINISTRATIVE FEE TO HELP SUPPORT THE COST OF THE UNITED WAY CAMPAIGN. THE DESIGNATED GIFTS ARE DISTRIBUTED TO THE RECIPIENT AGENCIES WITHOUT RESTRICTION, FOR USE AS DETERMINED BY THE AGENCY. TO BE ELIGIBLE FOR DESIGNATED GIFTS, AGENCIES MUST BE TAX EXEMPT UNDER SECTION 501C3, HAVE A HEALTH AND HUMAN SERVICES FOCUS, AND HAVE A PRESENCE IN THE MIDDLE TENNESSEE COMMUNITY.

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**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code: ) (Expenses \$ 15,142,826 including grants of \$ 14,965,167 ) (Revenue \$ )

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.

(Code: ) (Expenses \$ 1,791,954 including grants of \$ 964,064 ) (Revenue \$ )

THE NASHVILLE ALLIANCE FOR FINANCIAL INDEPENDENCE (NAFI) IS COALITION OF PROFESSIONALS HELPING WORKING INDIVIDUALS AND FAMILIES BUILD ASSETS FOR LONG-LASTING FINANCIAL INDEPENDENCE. NAFI PROVIDES PROFESSIONAL DEVELOPMENT TO MORE THAN 50 LOCAL NONPROFITS ON TOPICS RELATED TO FINANCES AND CONVENES MULTI-SECTOR PARTNERS TO EFFECTIVELY PROBLEM SOLVE TO CHANGE COMMUNITY CONDITIONS. FREE FEDERAL INCOME TAX PREPARATION IS OFFERED THROUGH VOLUNTEER INCOME TAX ASSISTANCE (VITA) SITES SPECIFICALLY AIMED AT HOUSEHOLDS EARNING \$66,000 OR LESS. THIS SERVICE ENSURES FILERS CLAIM ALL THEIR ELIGIBLE CREDITS. IN 2020, VITA SITES HELPED 10,000 FAMILIES COLLECT OVER \$13.5 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 8,756 CLIENTS ELIMINATE DEBT OF NEARLY \$16.5 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 GRANTEEES THROUGH SNAP EMPLOYMENT & TRAINING. THIS PROGRAM IS A FEDERAL PROGRAM THAT PASSES THROUGH THE TN DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT. UWGN MANAGED 10 SUBCONTRACTORS IN 2020 AND HAVE EXPANDED TO 14 PARTNERS IN 2021.



**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code: ) (Expenses \$ 660,906 including grants of \$ 521,843 ) (Revenue \$ )

PEOPLE WHO NEED HELP, BUT DON'T KNOW WHERE TO START CAN CALL THE 2-1-1 COMMUNITY SERVICES HELP LINE TO SPEAK WITH A COMMUNITY RESOURCE SPECIALIST WITH ACCESS TO A COMPREHENSIVE DATABASE OF RESOURCES ACROSS OUR 42-COUNTY SERVICE AREA. THE 2-1-1 HOTLINE HAS TAKEN MORE THAN 1.5 MILLION CONTACTS SINCE 2004. TOP NEEDS FREQUENTLY IDENTIFIED ARE FOOD, UTILITIES, RENT PAYMENT ASSISTANCE, AND TAX PREPARATION SITE INFORMATION. 2-1-1 ALSO SERVES AS THE ENTRY POINT FOR PEOPLE LOOKING FOR FREE TAX PREPARATION SERVICES THROUGH THE NASHVILLE ALLIANCE FOR FINANCIAL INDEPENDENCE AND VOLUNTEER INCOME TAX ASSISTANCE SITES.

(Code: ) (Expenses \$ 1,162,214 including grants of \$ 1,050,706 ) (Revenue \$ )

EFFECTIVE JUNE 1, 2013, UNITED WAY OF GREATER NASHVILLE PARTNERED WITH THE GOVERNOR'S BOOKS FROM BIRTH FOUNDATION TO LEAD DOLLY PARTON'S IMAGINATION LIBRARY PROGRAM IN DAVIDSON, WILLIAMSON AND SUMNER COUNTIES. THIS PROGRAM DISTRIBUTES ONE HIGH QUALITY AND AGE-APPROPRIATE BOOK EACH MONTH TO CHILDREN FROM BIRTH TO AGE FIVE, AT NO COST TO THEIR FAMILIES, REGARDLESS OF INCOME. WITH THE IMAGINATION LIBRARY COMPLEMENTING THE UNITED WAY READ TO SUCCEED PROGRAM, WE WILL BE ABLE TO DISPLAY A CLEAR PATH TO LITERACY FOR CHILDREN BEGINNING AT BIRTH. IN 2020, UNITED WAY OF GREATER NASHVILLE DISTRIBUTED 513,737 BOOKS TO CHILDREN IN THE THREE-COUNTY COVERAGE AREA.

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code: ) (Expenses \$ 1,016,883 including grants of \$ 302,999 ) (Revenue \$ )

THREE OUT OF FOUR NASHVILLE THIRD GRADERS ARE NOT READING AT GRADE LEVEL, A CHALLENGE NASHVILLE HAS WRESTLED WITH FOR MORE THAN TWO DECADES. UNITED WAY WAS SELECTED TO LEAD THE FIRST OF ITS KIND LITERACY PLAN TO DOUBLE THE NUMBER OF THIRD GRADERS READING AT GRADE LEVEL BY 2025. THIS INITIATIVE, REFERRED TO AS THE BLUEPRINT FOR EARLY CHILDHOOD SUCCESS, ADDRESSES A RANGE OF ISSUES, INCLUDING ACCESS TO BOOKS, CHRONIC ABSENTEEISM, SUMMER LEARNING LOSS, AFTER-SCHOOL PROGRAMS AND MORE. THIS PROGRAM WORKS ALONGSIDE READ TO SUCCEED, A PRE-K LITERACY INITIATIVE IN LOCAL CHILDCARE CENTERS SERVING VULNERABLE POPULATIONS. READ TO SUCCEED'S GOAL IS TO PREPARE AT-RISK, LOW-INCOME CHILDREN TO BE SUCCESSFUL IN SCHOOL. THROUGH DONOR FUNDING, UNITED WAY IS SERVING OVER 750 OF NASHVILLE'S MOST AT-RISK PRESCHOOL CHILDREN IN AN OUTSTANDING, HIGH-QUALITY PRESCHOOL EXPERIENCE. BEFORE THE START OF THIS PROGRAM, ONLY 33% OF THE FOUR-YEAR-OLDS IN THESE CENTERS TESTED AT AVERAGE OR HIGHER ON KINDERGARTEN READINESS ASSESSMENTS. IN THE SPRING OF 2018, 97% OF THE FOUR-YEAR-OLDS ENROLLED IN READ TO SUCCEED PROGRAMS WERE ASSESSED WITH THE LITERACY AND KINDERGARTEN READINESS SKILLS NEEDED TO ENTER SCHOOL FOR SUCCESS. READ TO SUCCEED HAS ENJOYED A SUCCESS RATE OF 90% OR HIGHER SINCE 2007. RAISE YOUR HAND IS A TUTORING INITIATIVE WITHIN 13 WILLIAMSON COUNTY AND FRANKLIN SPECIAL SCHOOLS, MATCHING TUTORS WITH STUDENTS WHO ARE PERFORMING BELOW THE STATE STANDARD. THESE VOLUNTEERS TUTOR IN CLASSROOMS AFTER SCHOOL, HELPING FIRST THROUGH FOURTH GRADE STUDENTS STRUGGLING WITH READING AND MATH.

(Code: ) (Expenses \$ 495,850 including grants of \$ 377,609 ) (Revenue \$ )

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

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code: ) (Expenses \$ 3,019,670 including grants of \$ 2,195,133 ) (Revenue \$ )

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 1,172 WORKING FAMILIES SINCE INCEPTION IN JAN 2019. MORE THAN 700 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

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIM ADAMS ..... TRUSTEE	2.00 .....	X						0	0	0
SCOTT BECKER ..... TRUSTEE	2.00 .....	X						0	0	0
LEE BLANK ..... TRUSTEE	2.00 .....	X		X				0	0	0
CATHY STEWART BROWN ..... TRUSTEE	2.00 .....	X						0	0	0
WILLIAM F CARPENTER III ..... TRUSTEE	2.00 .....	X						0	0	0
CHARLIE COOK ..... TRUSTEE	2.00 .....	X						0	0	0
HONORABLE KARL DEAN ..... TRUSTEE	2.00 .....	X						0	0	0
ROBERT DENNIS ..... TRUSTEE	2.00 .....	X						0	0	0
SAM DEVANE ..... TRUSTEE	2.00 .....	X						0	0	0
ROBERT DITTUS ..... COMMUNITY INVESTMENT STRATEGY CHAIR	4.00 .....	X		X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JIM GINGRICH ..... TRUSTEE	2.00 .....	X						0	0	0
HON ALBERTO R GONZALES ..... TRUSTEE	2.00 .....	X						0	0	0
TONY HEARD ..... TRUSTEE	2.00 .....	X						0	0	0
DAMON HININGER ..... TRUSTEE	2.00 .....	X						0	0	0
JOHN CROSSLIN ..... TRUSTEE	2.00 .....	X						0	0	0
LEE ANN INGRAM ..... TRUSTEE	2.00 .....	X						0	0	0
R MILTON JOHNSON ..... TRUSTEE	2.00 .....	X						0	0	0
JENNEEN KAUFMAN ..... BOARD CHAIR-TRUSTEE	4.00 .....	X		X				0	0	0
GORDON KNAPP ..... IMMEDIATE PAST BOARD CHAIR	4.00 .....	X		X				0	0	0
WILLIAM C KOCH JR ..... TRUSTEE	2.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICKEY MCKAY ..... TRUSTEE	2.00 .....	X		X				0	0	0
ROB MCNEILLY ..... TRUSTEE	2.00 .....	X						0	0	0
KRISTI MORROW ..... TRUSTEE	2.00 .....	X						0	0	0
JOHN DOERGE ..... TRUSTEE	2.00 .....	X						0	0	0
SCOTT POHLMAN ..... TRUSTEE	2.00 .....	X						0	0	0
BEN L RECHTER ..... TRUSTEE	2.00 .....	X						0	0	0
RONALD ROBERTS ..... TRUSTEE	2.00 .....	X						0	0	0
HEATHER ROHAN ..... VICE CHAIR - TRUSTEE	2.00 .....	X						0	0	0
KEVIN ROME PHD ..... SECRETARY	2.00 .....	X						0	0	0
ANNE RUSSELL ..... TRUSTEE	2.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARGARET DOLAN ..... TRUSTEE	2.00 .....	X						0	0	0
JIM SCHMITZ ..... TRUSTEE	2.00 .....	X		X				0	0	0
DAVID FREEMAN ..... TRUSTEE	2.00 .....	X						0	0	0
WAYNE SMITH ..... TRUSTEE	2.00 .....	X						0	0	0
REV LEIGH SPRUILL ..... TRUSTEE	2.00 .....	X						0	0	0
BLAKE STINNETTE ..... TRUSTEE	2.00 .....	X						0	0	0
ERIC STUCKEY ..... TRUSTEE	2.00 .....	X						0	0	0
DAVE WALTON ..... TRUSTEE	2.00 .....	X						0	0	0
JAMES WEAVER ..... GOVERNMENT RELATIONS CHAIR & COUNSEL-TRUSTEE	4.00 .....	X		X				0	0	0
EMILY WEISS ..... TRUSTEE	2.00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RANDY GIBSON ..... TRUSTEE	2.00 .....	X						0	0	0
CHER PORTIES ..... TRUSTEE	2.00 .....	X						0	0	0
BRIAN HASSETT ..... PRESIDENT AND CEO	40.00 .....			X				345,390	0	65,403
COURTNEY BARLAR ..... CHIEF DEVELOPMENT OFFICER	40.00 .....			X				97,400	0	4,490
SUMMOR PENNINGTON ..... CHIEF FINANCIAL OFFICER	40.00 .....			X				160,299	0	13,104
ERICA MITCHELL ..... CHIEF COMMUNITY IMPACT OFFICER	40.00 .....			X				185,524	0	15,230
JENNIFER WRIGHT ..... CHIEF MARKETING OFFICER	40.00 .....			X				136,545	0	16,209
JOHN BALL ..... SR. DIRECTOR, IT	40.00 .....					X		128,863	0	14,235
CELESTE WILSON ..... SR. DIRECTOR, MAJOR GIFTS	40.00 .....					X		119,592	0	10,113
PAM BRYANT ..... AREA PRESIDENT	40.00 .....						X	109,171	0	4,546



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

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

OMB No. 1545-0047  
**2020**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
UNITED WAY OF MIDDLE TENNESSEE INC

**Employer identification number**  
62-0533104

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . . .	19,685,124	24,272,817	24,702,846	33,164,153	45,954,324	147,779,264
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	19,685,124	24,272,817	24,702,846	33,164,153	45,954,324	147,779,264
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						147,779,264

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b>	Amounts from line 4. . . . .	19,685,124	24,272,817	24,702,846	33,164,153	45,954,324	147,779,264
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	201,207	227,404	247,994	281,868	228,136	1,186,609
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	4,895	24,000	12,000	12,000	1,000	53,895
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						149,019,768

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12** 1,131,343

**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**

**14** Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 99.170 %

**15** Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . **15** 98.990 %

**16a** **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b** **33 1/3% support test—2019.** 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—2020.** 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—2019.** 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 . . . . .

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 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**

<b>15</b>	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
<b>a</b> From 2015. . . . .			
<b>b</b> From 2016. . . . .			
<b>c</b> From 2017. . . . .			
<b>d</b> From 2018. . . . .			
<b>e</b> From 2019. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016. . . . .			
<b>b</b> Excess from 2017. . . . .			
<b>c</b> Excess from 2018. . . . .			
<b>d</b> Excess from 2019. . . . .			
<b>e</b> Excess from 2020. . . . .			

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

**Facts And Circumstances Test**



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF MIDDLE TENNESSEE INC

Employer identification number 62-0533104

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-4 and 5-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Year' with columns 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, 2a, 2b.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance . . . . .             |        |
| <b>d</b> Additions during the year . . . . .     |        |
| <b>e</b> Distributions during the year . . . . . |        |
| <b>f</b> Ending balance . . . . .                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	14,592,770	10,276,086	11,356,159	9,987,120	9,670,867
<b>b</b> Contributions . . . . .	169,826	2,537,900		323	55,178
<b>c</b> Net investment earnings, gains, and losses	2,652,247	2,346,063	540,416	1,884,963	758,005
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	550,000	525,000	497,000	475,000	460,000
<b>f</b> Administrative expenses . . . . .	67,195	42,279	42,656	41,247	36,930
<b>g</b> End of year balance . . . . .	16,797,648	14,592,770	10,276,087	11,356,159	9,987,120

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 45.000 %
  - b** Permanent endowment ▶ 55.000 %
  - c** Term endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> Related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		272,715		272,715
<b>b</b> Buildings . . . . .		968,690	968,690	0
<b>c</b> Leasehold improvements		714,337	679,817	34,520
<b>d</b> Equipment . . . . .		1,357,726	1,251,922	105,804
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				413,039

**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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (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)		
(10)		
<b>Total.</b> (Column (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)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PENSION LIABILITY	571,236
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	571,236

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	45,748,762
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	677,461
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	211,570
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	900
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	889,931
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	44,858,831
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	4,437,993
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	4,437,993
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	49,296,824

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	41,245,214
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	211,570
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	900
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	212,470
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	41,032,744
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	4,437,993
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	4,437,993
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	45,470,737

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 62-0533104

**Name:** UNITED WAY OF MIDDLE TENNESSEE INC

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	CURRENTLY, ENDOWMENT FUNDS ARE PERMANENTLY RESTRICTED AND HELD WITHIN MARKET PER THE ORGANIZATION'S IPS FOR GROWTH.

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S INCOME TAX RETURN TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVALUATION OF ALL INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE 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.

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES 900.



## Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	CAMPAIGN CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES 4,437,993.

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES 900.

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	CAMPAIGN CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES 4,437,993.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF MIDDLE TENNESSEE INC

Employer identification number 62-0533104

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 317
3 Enter total number of other organizations listed in the line 1 table 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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.

**Additional Data****Software ID:****Software Version:****EIN:** 62-0533104**Name:** UNITED WAY OF MIDDLE TENNESSEE INC**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
100 BLACK MEN OF MID TN P O BOX 140789 NASHVILLE, TN 37214	58-1984750	501(C)3	5,000				DONOR DIRECTED DESIGNATIONS
100 BLACK MEN OF MID TN P O BOX 140789 NASHVILLE, TN 37214	58-1984750	501(C)3	1,358				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
15TH AVE N LEARNING ACADEMY 1417 CHARLOTTE AVE NASHVILLE, TN 37203	47-2487996	501(C)3	679				SUB-RECIPIENT GRANTS
15TH AVE N LEARNING ACADEMY 1417 CHARLOTTE AVE NASHVILLE, TN 37203	47-2487996	501(C)3	9,444				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
413 STRONG PO BOX 101425 NASHVILLE, TN 37224	47-1939832	501(C)3	2,264				DONOR DIRECTED DESIGNATIONS
413 STRONG PO BOX 101425 NASHVILLE, TN 37224	47-1939832	501(C)3	37,002				PROGRAM OPNS (OBI)



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
42428 AMERICAN RED CROSS WILLIAMSON NATCHEZ TRACE 129 W FOWLKES STREET SUITE 100 FRANKLIN, TN 37064	53-0196605	501(C)3	10,156				PROGRAM OPNS (OBI)
42428 AMERICAN RED CROSS WILLIAMSON NATCHEZ TRACE 129 W FOWLKES STREET SUITE 100 FRANKLIN, TN 37064	53-0196605	501(C)3	2,359				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
4622 JDRF MIDDLE TENNESSEE CHAPTER 105 WESTPARK DRIVE SUITE 415 BRENTWOOD, TN 37027	23-1907729	501(C)3	9,641				DONOR DIRECTED DESIGNATIONS
ADVENTURE SCIENCE CENTER 800 FORT NEGLEY BOULEVARD NASHVILLE, TN 37203	62-0479192	501(C)3	25,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ADVENTURE SCIENCE CENTER 800 FORT NEGLEY BOULEVARD NASHVILLE, TN 37203	62-0479192	501(C)3	528				DONOR DIRECTED DESIGNATIONS
AFFORDABLE HOUSING RESOURCES 50 VANTAGE WAY 107 NASHVILLE, TN 37228	58-1857324	501(C)3	25,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AFFORDABLE HOUSING RESOURCES 50 VANTAGE WAY 107 NASHVILLE, TN 37228	58-1857324	501(C)3	500,000				SUB-RECIPIENT GRANTS
AGAPE 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	62-0760716	501(C)3	6,699				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AGAPE 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	62-0760716	501(C)3	25,000				PROGRAM OPNS (OBI)
AGEWELL MIDDLE TENNESSEE 95 WHITE BRIDGE RD SUITE 250 NASHVILLE, TN 37205	62-1867122	501(C)3	786				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AGEWELL MIDDLE TENNESSEE 95 WHITE BRIDGE RD SUITE 250 NASHVILLE, TN 37205	62-1867122	501(C)3	25,000				PROGRAM OPNS (OBI)
ALIVE HOSPICE INC 1718 PATTERSON ST NASHVILLE, TN 37203	62-0983550	501(C)3	25,002				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALIVE HOSPICE INC 1719 PATTERSON ST NASHVILLE, TN 37203	62-0983551	501(C)3	36,430				DONOR DIRECTED DESIGNATIONS
ALSAC ST JUDE 201 EAST SANDPOINTE AVE 300 SANTA ANA, CA 92707	35-1044585	501(C)3	5,000				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION OF MID-SOUTH CHAPTER 478 CRAIGHEAD ST SUITE 200 NASHVILLE, TN 37024	62-1860364	501(C)3	10,574				DONOR DIRECTED DESIGNATIONS
AM RED CROSS WILLIAMSON CO CH 2201 CHARLOTTE AVENUE NASHVILLE, TN 37203	53-0196605	501(C)3	19,852				PROGRAM OPNS (OBI)



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AM RED CROSS WILLIAMSON CO CH 2201 CHARLOTTE AVENUE NASHVILLE, TN 37203	53-0196605	501(C)3	42				DONOR DIRECTED DESIGNATIONS
AMERICAN CANCER SOCIETY 2000 CHARLOTTE AVENUE NASHVILLE, TN 37203	13-1788491	501(C)3	7,515				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN CANCER SOCIETY DAVIDSON 2008 CHARLOTTE AVENUE NASHVILLE, TN 37203	13-1788491	501(C)3	6,167				DONOR DIRECTED DESIGNATIONS
AMERICAN HEART ASSOC DAVIDSON CO 1818 PATTERSON STREET NASHVILLE, TN 37203	13-5613797	501(C)3	7,127				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 1818 PATTERSON STREET NASHVILLE, TN 37203	13-5613797	501(C)3	10,000				PROGRAM OPNS (OBI)
AMERICAN JEWISH JOINT DISTRIBUTION 220 EAST 42ND STREET NEW YORK, NY 10017	13-1656634	501(C)3	300,000				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN MUSLIM ADVISORY COUNCIL 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	36-4720454	501(C)3	90,000				PROGRAM OPNS (OBI)
AMERICAN RED CROSS-DAVIDSON COUNTY 2201 CHARLOTTE AVE NASHVILLE, TN 37203	53-0196605	501(C)3	59,778				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS- DAVIDSON COUNTY 2201 CHARLOTTE AVE NASHVILLE, TN 37203	53-0196605	501(C)3	36,465				DONOR DIRECTED DESIGNATIONS
APHESIS HOUSE INC 1522 COMPTON AVENUE NASHVILLE, TN 37212	27-0041227	501(C)3	10,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARC OF TENNESSEE 545 MAINSTREAM SUITE 100 NASHVILLE, TN 37228	62-0639154	501(C)3	11,312				PROGRAM OPNS (OBI)
ARC WILLIAMSON COUNTY 129 W FOWLKES ST SUITE 143 FRANKLIN, TN 37064	62-6019147	501(C)3	23,919				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARC WILLIAMSON COUNTY 129 W FOWLKES ST SUITE 143 FRANKLIN, TN 37064	62-6019147	501(C)3	1,892				DONOR DIRECTED DESIGNATIONS
ASHLAND CITY MINISTERIAL ALLIANCE BETHEADA CENTER 124 S MAIN ST DR SAM CREED ASHLAND CITY, TN 37015	58-2015542	501(C)3	13,438				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ASHLAND CITY MINISTERIAL ALLIANCE BETHEADA CENTER 124 S MAIN ST DR SAM CREED ASHLAND CITY, TN 37015	58-2015542	501(C)3	484				DONOR DIRECTED DESIGNATIONS
BEGIN ANEW OF MIDDLE TENNESSEE 1111 FOSTER AVE NASHVILLE, TN 37210	76-0718734	501(C)3	29,080				PROGRAM OPNS (OBI)



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BEGIN ANEW OF MIDDLE TENNESSEE 1111 FOSTER AVE NASHVILLE, TN 37210	76-0718734	501(C)3	4,060				DONOR DIRECTED DESIGNATIONS
BETHANY CHRISTIAN SERVICES 901 EASTERN AVENUE NE PO BOX GRAND RAPIDS, MI 49501	20-1204075	501(C)3	1,404				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BETHANY CHRISTIAN SERVICES 901 EASTERN AVENUE NE PO BOX GRAND RAPIDS, MI 49501	20-1204075	501(C)3	10,002				PROGRAM OPNS (OBI)
BETHLEHEM CENTER 1417 CHARLOTTE AVE NASHVILLE, TN 37203	62-0843073	501(C)3	9,741				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BETHLEHEM CENTER 1417 CHARLOTTE AVE NASHVILLE, TN 37203	62-0843073	501(C)3	102,545				PROGRAM OPNS (OBI)
BETHLEHEM CENTER 1417 CHARLOTTE AVE NASHVILLE, TN 37203	62-0843073	501(C)3	4,311				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIG BROTHERSBIG SISTERS 1704 CHARLOTTE AVENUE NASHVILLE, TN 37203	23-7056024	501(C)3	99,695				PROGRAM OPNS (OBI)
BIG BROTHERSBIG SISTERS 1704 CHARLOTTE AVENUE NASHVILLE, TN 37203	23-7056024	501(C)3	11,162				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIRTHRIGHT ISREAL PO BOX 21615 NEW YORK, NY 10087	13-4092050	501(C)3	10,000				DONOR DIRECTED DESIGNATIONS
BLUE MONARCH PO BOX 1207 MONTEAGLE, TN 373561207	82-0584070	501(C)3	10,000				DONAR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOOK EM 161 RAINS AVENUE NASHVILLE, TN 37203	58-2000621	501(C)3	15,000				PROGRAM OPNS (OBI)
BOOK EM 161 RAINS AVENUE NASHVILLE, TN 37203	58-2000621	501(C)3	907				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOY SCOUTS OF AMERICA - TROOP #8 9424 LOST HOLLOW CT BRENTWOOD, TN 37027	62-0477729	501(C)3	13,515				PROGRAM OPNS (OBI)
BOY SCOUTSWILLIAMSON COUNTY P O BOX 150409 NASHVILLE, TN 37215	62-0477729	501(C)3	32,500				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOY SCOUTSWILLIAMSON COUNTY P O BOX 150409 NASHVILLE, TN 37215	62-0477729	501(C)3	17,507				DONOR DIRECTED DESIGNATIONS
BOYS & GIRLS CLUB MAURY 210 WEST 8TH STREET COLUMBIA, TN 38401	62-1611131	501(C)3	5,735				DONOR DIRECTED DESIGNATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUB OF RUTHERFORD CO P O BOX 3343 MURFREESBORO, TN 37133	47-4334308	501(C)3	8,656				DONOR DIRECTED DESIGNATIONS
BOYS & GIRLS CLUBSDAVIDSON 1704 CHARLOTTE AVENUE SUITE 200 NASHVILLE, TN 37203	62-0540402	501(C)3	29,442				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRANCHES COUNSELING CENTER 1102 DOW ST MURFREESBORO, TN 37130	26-1119206	501(C)3	10,000				PROGRAM OPNS (OBI)
BRIDGE MINISTRY INC P O BOX 463 GOODLETTSVILLE, TN 37070	01-0849577	501(C)3	25,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRIDGE MINISTRY INC P O BOX 463 GOODLETTSVILLE, TN 37070	01-0849577	501(C)3	2,250				DONOR DIRECTED DESIGNATIONS
BRIDGES DOMESTIC VIOLENCE CENTER PO BOX 1592 NASHVILLE, TN 37203	62-1753127	501(C)3	31,929				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRIDGES DOMESTIC VIOLENCE CENTER PO BOX 1592 NASHVILLE, TN 37203	62-1753127	501(C)3	225,516				PROGRAM OPNS (OBI)
BRIDGES SERVING DEAF & HARD OF HEARING 935 EDGEHILL AVENUE NASHVILLE, TN 37203	62-0498798	501(C)3	965				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRIDGES SERVING DEAF & HARD OF HEARING 935 EDGEHILL AVENUE NASHVILLE, TN 37203	62-0498798	501(C)3	5,000				PROGRAM OPNS (OBI)
BRIDGES SERVING DEAF & HARD OF HEARING 935 EDGEHILL AVENUE NASHVILLE, TN 37203	62-0498798	501(C)3	2,295				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRIGHTSTONE INC P O BOX 682966 FRANKLIN, TN 37068	62-1783260	501(C)3	3,077				DONOR DIRECTED DESIGNATIONS
BRIGHTSTONE INC P O BOX 682966 FRANKLIN, TN 37068	62-1783260	501(C)3	10,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> 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				SUB-RECIPIENT GRANTS
BUILDING LIVES FOUNDATION INC 2000 MALLORY LN SUITE 130-166 FRANKLIN, TN 37067	20-5584526	501(C)3	56,666				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CASA 601 WOODLAND ST NASHVILLE, TN 37206	62-1203459	501(C)3	3,772				DONOR DIRECTED DESIGNATIONS
CASA 601 WOODLAND ST NASHVILLE, TN 37206	62-1203459	501(C)3	20,002				PROGRAM OPNS (OBI)



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COPE INC P O BOX 732 SPRINGFIELD, TN 37172	58-1656080	501(C)3	11,250				PROGRAM OPNS (OBI)
COPE INC P O BOX 732 SPRINGFIELD, TN 37172	58-1656080	501(C)3	1,810				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMPUS FOR HUMAN DEVELOPMENT DAVIDSON 532 8TH AVENUE SOUTH NASHVILLE, TN 37203	62-0811413	501(C)3	9,153				DONOR DIRECTED DESIGNATIONS
CATHOLIC CHARITIES DC 924 G STREET NW WASHINGTON DC, VI 20001	53-0196524	501(C)3	5,218				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES OF TN INC 2806 MCGAVOCK PIKE NASHVILLE, TN 37214	62-0679520	501(C)3	31,022				DONOR DIRECTED DESIGNATIONS
CATHOLIC CHARITIES OF TN INC 2806 MCGAVOCK PIKE NASHVILLE, TN 37214	62-0679520	501(C)3	1,051,439				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES OF TN INC 2806 MCGAVOCK PIKE NASHVILLE, TN 37214	62-0679520	501(C)3	809,393				PROGRAM OPNS (OBI)
CENTER FOR LIVING & LEARNINGWM PO BOX 50272 NASHVILLE, TN 37205	58-1742628	501(C)3	65,592				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTER FOR LIVING & LEARNINGWM PO BOX 50272 NASHVILLE, TN 37205	58-1742628	501(C)3	545				DONOR DIRECTED DESIGNATIONS
CENTER OF HOPEMAURY COUNTY P O BOX 1961 COLUMBIA, TN 38402	62-1375056	501(C)3	990				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTER OF HOPEMAURY COUNTY P O BOX 1961 COLUMBIA, TN 38402	62-1375056	501(C)3	15,000				PROGRAM OPNS (OBI)
CENTERSTONE 44 VANTAGE WAY SUITE 280 NASHVILLE, TN 372281565	62-1674308	501(C)3	7,300				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHABAD JEWISH CENTER 9950 LONE TREE PARKWAY LONE TREE, CO 80124	20-0285036	501(C)3	5,000				DONOR DIRECTED DESIGNATIONS
CHANNELS OF LOVE MINISTRIES INC 1023 MCCALLIE AVE CHATTANOOGA, TN 37403	20-1602391	501(C)3	48,289				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHARIS HEALTH CENTER WILSON 2620 N MT JULIET ROAD MOUNT JULIET, TN 37122	35-2298919	501(C)3	15,000				PROGRAM OPNS (OBI)
CHARIS HEALTH CENTER WILSON 2620 N MT JULIET ROAD MOUNT JULIET, TN 37122	35-2298919	501(C)3	207				DONOR DIRECTED DESIGNATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHATTANOOGA CARES INC 1000 EAST THIRD STREET CHATTANOOGA, TN 37403	62-1325543	501(C)3	163,355				SUB-RECIPIENT GRANTS
CHEEKWOOD 1200 FORREST PARK DRIVE NASHVILLE, TN 37205	62-0627921	501(C)3	7,000				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILD ADVOCACY CENTER 406 N MAIN STREET SPRINGFIELD, TN 37172	62-1553913	501(C)3	6,376				PROGRAM OPNS (OBI)
CHILD ADVOCACY CENTER 406 N MAIN STREET SPRINGFIELD, TN 37172	62-1553913	501(C)3	560				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN & FAMILY SERVICES INC PO BOX 845 COVINGTON, TN 38409	62-1166322	501(C)3	25,923				SUB-RECIPIENT GRANTS
CHRISTIAN COMMUNITY SERVICES INC 601 BENTON AVENUE B NASHVILLE, TN 37204	62-1702753	501(C)3	10,002				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRISTIAN COMMUNITY SERVICES INC 601 BENTON AVENUE B NASHVILLE, TN 37204	62-1702753	501(C)3	1,885				DONOR DIRECTED DESIGNATIONS
CHRYSALIS ORAL HEALTH CARE ALL 900 BELDEN WAY NASHVILLE, TN 37221	82-1918365	501(C)3	10,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHURCH OF THE ADVENT 5501 FRANKLIN RD NASHVILLE, TN 37220	62-0547288	501(C)3	231,273				SUB-RECIPIENT GRANTS
CITY OF LIFE COMM DEVELOPMENT 4300 CLARKSVILLE HWY NASHVILLE, TN 37218	62-1865308	501(C)3	112,000				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CIVICTN 5016 CENTENNIAL BLVD SUITE 200 NASHVILLE, TN 37209	84-2967597	501(C)3	5,000				PROGRAM OPNS (OBI)
CLARKSVILLE-MONTGOMERY INTERVE 1778 ASHLAND CITY ROAD SUITE B CLARKSVILLE, TN 37043	58-1694616	501(C)3	8,975				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CLARKSVILLE-MONTGOMERY INTERVE 1778 ASHLAND CITY ROAD SUITE B CLARKSVILLE, TN 37043	58-1694616	501(C)3	141				DONOR DIRECTED DESIGNATIONS
CLEVELAND STREET BAPTIST CHURC 608 CLEVELAND STREET NASHVILLE, TN 37207	62-1166013	501(C)3	5,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLBY'S ARMY PO BOX 90464 NASHVILLE, TN 37209	27-1023432	501(C)3	5,000				PROGRAM OPNS (OBI)
COLUMBIA CARES INC 319-D WEST 7TH STREET COLUMBIA, TN 38401	62-1513020	501(C)3	184,630				SUB-RECIPIENT GRANTS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLUMBIA CARES INC 1202 SOUTH JAMES CAMPBELL BLVD SUITE 8B COLUMBIA, TN 38401	62-1513020	501(C)3	824				DONOR DIRECTED DESIGNATIONS
COMMUNITIES IN SCHOOLS OF TN 1207 18TH AVE SOUTH NASHVILLE, TN 37212	46-1196944	501(C)3	66,200				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF TN 1207 18TH AVE SOUTH NASHVILLE, TN 37212	46-1196944	501(C)3	1,442				DONOR DIRECTED DESIGNATIONS
COMMUNITY CARE FELLOWSHIP 511 S 8TH ST BOX 60068 NASHVILLE, TN 37206	62-1063538	501(C)3	712				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY CARE FELLOWSHIP 511 S 8TH ST BOX 60068 NASHVILLE, TN 37206	62-1063538	501(C)3	30,000				PROGRAM OPNS (OBI)
COMMUNITY CHILD CARE CENTER 129 W FOWLKES ST SUITE 1270 FRANKLIN, TN 37064	62-0852972	501(C)3	1,504				DONOR DIRECTOR DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY CHILD CARE CENTER 129 W FOWLKES ST SUITE 1270 FRANKLIN, TN 37064	62-0852972	501(C)3	181,436				PROGRAM OPNS (OBI)
COMMUNITY CLINIC OF SHELBYVILL 200 DOVER ST SUITE 202 SHELBYVILLE, TN 37160	34-1974609	501(C)3	8,423				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY FOUNDATION OF MIDDLE TENNESSEE 3833 CLEGHORN AVENUE NASHVILLE, TN 37215	62-1471789	501(C)3	128,747				DONOR DIRECTED DESIGNATIONS
COMMUNITY FOUNDATION OF MIDDLE TENNESSEE 3833 CLEGHORN AVENUE NASHVILLE, TN 37215	62-1471789	501(C)3	5,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY HEALTH CHARITIES P O BOX 75153 NASHVILLE, TN 37228	23-7456385	501(C)3	87,919				DONOR DIRECTED DESIGNATIONS
COMMUNITY HOUSING PARTNERSHIP 129 W FOWLKES ST SUITE 124 FRANKLIN, TN 37064	62-1572386	501(C)3	77,460				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY HOUSING PARTNERSHIP 129 W FOWLKES ST SUITE 124 FRANKLIN, TN 37064	62-1572386	501(C)3	1,232				DONOR DIRECTED DESIGNATIONS
COMMUNITY RESOURCE CENTER 218 OMOHUNDRO PLACE NASHVILLE, TN 37210	62-1308387	501(C)3	130				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY RESOURCE CENTER 218 OMOHUNDRO PLACE NASHVILLE, TN 37210	62-1308387	501(C)3	75,000				PROGRAM OPNS (OBI)
COMMUNITY SHARES OF TENNESSEE 955 WOODLAND STREET NASHVILLE, TN 37206	62-1233685	501(C)3	48,450				DONOR DIRECTED DESIGNATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONEXION AMERICAS 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	62-1715618	501(C)3	5,792				DONOR DIRECTED DESIGNATIONS
CONEXION AMERICAS 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	62-1715618	501(C)3	356,070				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONEXION AMERICAS 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	62-1715618	501(C)3	728,329				SUB-RECIPIENT GRANTS
CONGREGATIONAL HEALTH & EDUCAT 1818 ALBION STREET NASHVILLE, TN 37208	82-2358735	501(C)3	109,500				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COUNCIL FOR ALCOHOL & DRUG ABUSE SERVICES 207 SPEARS AVE CHATTANOOGA, TN 37405	62-0716063	501(C)3	64,351				SUB-RECIPIENT GRANTS
CREATIVE GIRLS ROCK PO BOX 330812 NASHVILLE, TN 37203	84-2460498	501(C)3	22,000				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CRIMSON TIDE FOUNDATION P O BOX 870343 TUSCALOOSA, AL 35487	20-1715023	501(C)3	5,000				DONOR DIRECTED DESIGNATIONS
CUMBERLAND CRISIS PREGNANCY CENTER PO BOX 1031 HENDERSONVILLE, TN 37077	58-1705496	501(C)3	5,847				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CURREY INGRAM ACADEMY 6544 MURRAY LANE BRENTWOOD, TN 370275633	62-1296326	501(C)3	5,288				DONOR DIRECTED DESIGNATIONS
CYSTIC FIBROSIS FOUNDATION 4538 TROUSDALE DR NASHVILLE, TN 37204	13-1930701	501(C)3	9,755				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DENVER ZOO DEVELOPMENT DEPARTENT 2300 STEELE STREET DENVER, CO 80205	84-0502539	501(C)3	10,000				DONOR DIRECTED DESIGNATIONS
DOMESTIC VIOLENCE PROG RUTHERFORD P O BOX 2652 MURFREESBORO, TN 37133	62-1303875	501(C)3	2,321				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DOMESTIC VIOLENCE PROG RUTHERFORD P O BOX 2652 MURFREESBORO, TN 37133	62-1303875	501(C)3	5,000				PROGRAM OPNS (OBI)
DYMON IN THE ROUGH PO BOX 330816 NASHVILLE, TN 37203	46-1319844	501(C)3	89,100				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
E TN CHILDREN'S HOSPITAL P O BOX 15010 ATTN DEVELOPMENT DEPT DEPT KNOXVILLE, TN 379015010	62-6002604	501(C)3	5,233				DONOR DIRECTED DESIGNATIONS
EDGEHILL NEIGHBORHOOD PARTNERS PO BOX 121016 NASHVILLE, TN 37212	90-0381834	501(C)3	25,000				PROGRAM OPNS (OBI)



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EIGHTEENTH AVENUE FAMILY ENRICHMENT CENTER 1811 OSAGE ST NASHVILLE, TN 37208	62-0562855	501(C)3	99,002				PROGRAM OPNS (OBI)
EIGHTEENTH AVENUE FAMILY ENRICHMENT CENTER 1811 OSAGE ST NASHVILLE, TN 37208	62-0562855	501(C)3	1,863				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ELAM MENTAL HEALTH CENTER 1005 DR DB TODD JR BLVD NASHVILLE, TN 37208	62-0488046	501(C)3	68,304				SUB-RECIPIENT GRANTS
ELIJAH'S HEART 2817 WEST END AVE SUITE 126-272 NASHVILLE, TN 37203	27-2819153	501(C)3	34				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ELIJAH'S HEART 2817 WEST END AVE SUITE 126-272 NASHVILLE, TN 37203	27-2819153	501(C)3	15,000				PROGRAM OPNS (OBI)
EQUAL CHANCE FOR EDUCATION 3715 WEST END AVE NASHVILLE, TN 37205	46-4528066	501(C)3	10,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EQUITY ALLIANCE PO BOX 331821 NASHVILLE, TN 37203	81-5394158	501(C)3	45,000				PROGRAM OPNS (OBI)
EXCHANGE CLUB FAMILY CENTER INC 139 THOMPSON LN NASHVILLE, TN 37211	62-1237360	501(C)3	4,036				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EXCHANGE CLUB FAMILY CENTER INC 139 THOMPSON LN NASHVILLE, TN 37211	62-1237360	501(C)3	51,502				PROGRAM OPNS (OBI)
FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)3	114,002				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)3	10,588				DONOR DIRECTED DESIGNATIONS
FAMILY & CHILDREN'S SERVICES 1704 HEIMEN ST NASHVILLE, TN 37208	62-0499284	501(C)3	3,714				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY & CHILDREN'S SERVICES 1704 HEIMEN ST NASHVILLE, TN 37208	62-0499284	501(C)3	105,000				PROGRAM OPNS (OBI)
FANNIE BATTLE DAY HOME FOR CHILDREN 108 CHAPEL AVENUE NASHVILLE, TN 37206	62-0476290	501(C)3	45,851				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FANNIE BATTLE DAY HOME FOR CHILDREN 108 CHAPEL AVENUE NASHVILLE, TN 37206	62-0476290	501(C)3	1,497				DONOR DIRECTED DESIGNATIONS
FANNIE BATTLE DAY HOME FOR CHILDREN 108 CHAPEL AVENUE NASHVILLE, TN 37206	62-0476290	501(C)3	81,002				PROGRAM OPNS (OBI)



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIFTYFORWARD 960 HERITAGE WAY BRENTWOOD, TN 37207	62-0566419	501(C)3	347,862				PROGRAM OPNS (OBI)
FIFTYFORWARD 960 HERITAGE WAY BRENTWOOD, TN 37207	62-0566419	501(C)3	15,057				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST BAPTIST CHURCH PLEASANT VIEW 2555 HWY 49 E PLEASANT VIEW, TN 37146	62-1189685	501(C)3	7,020				DONOR DIRECTED DESIGNATIONS
FIRST BAPTIST CHURCH SOUTH ING 1515 ANN STREET NASHVILLE, TN 37216	20-7378739	501(C)3	36,100				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST STEPS INC 1900 GRAYBAR LANE NASHVILLE, TN 37215	62-0674974	501(C)3	133,000				PROGRAM OPNS (OBI)
FIRST STEPS INC 1900 GRAYBAR LANE NASHVILLE, TN 37215	62-0674974	501(C)3	1,816				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRANKLIN BOYS & GIRLS CLUB P O BOX 1084 FRANKLIN, TN 37065	62-0540402	501(C)3	95,511				PROGRAM OPNS (OBI)
FRANKLIN BOYS & GIRLS CLUB P O BOX 1084 FRANKLIN, TN 37065	62-0540402	501(C)3	5,405				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRIENDSHIP HOUSE 202 23RD AVE NORTH NASHVILLE, TN 37203	62-0713645	501(C)3	10,000				PROGRAM OPNS (OBI)
FRIST CENTER FOR THE VISUAL ARTS 919 BROADWAY NASHVILLE, TN 37203	62-1731492	501(C)3	5,451				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FROM YOUR FATHER PO BOX 41253 NASHVILLE, TN 37210	81-1460347	501(C)3	5,000				PROGRAM OPNS (OBI)
FRONTIER HEALTH 1167 SPRATLIN PARK DR GRAY, TN 37645	46-1432508	501(C)3	130				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRONTIER HEALTH 1167 SPRATLIN PARK DR GRAY, TN 37645	46-1432508	501(C)3	100,250				SUB-RECIPIENT GRANTS
GIDEONS ARMY 600 28TH AVE N NASHVILLE, TN 37209	82-1741628	501(C)3	15,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GILDA'S CLUB OF NASHVILLE 1707 DIVISION STREET NASHVILLE, TN 37203	62-1614190	501(C)3	11,560				DONOR DIRECTED DESIGNATIONS
GILDA'S CLUB OF NASHVILLE 1707 DIVISION STREET NASHVILLE, TN 37203	62-1614190	501(C)3	25,000				PROGRAM OPNS (OBI)



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GIRL SCOUTS OF MIDDLE TENNESSEE 4522 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0589380	501(C)3	7,583				DONOR DIRECTED DESIGNATIONS
GOODWILL INDUSTRIES OF MIDDLE TENNESSEE 937 HERMAN STREET NASHVILLE, TN 37208	62-0599413	501(C)3	2,450				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GOODWILL INDUSTRIES OF MIDDLE TENNESSEE 937 HERMAN STREET NASHVILLE, TN 37208	62-0599413	501(C)3	34,500				PROGRAM OPNS (OBI)
GRACEWORKS MINISTRIES INC 104 SOUTH EAST PARKWAY STE 100 FRANKLIN, TN 37064	62-1584204	501(C)3	130,397				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GRACEWORKS MINISTRIES INC 104 SOUTH EAST PARKWAY STE 100 FRANKLIN, TN 37064	62-1584204	501(C)3	1,858				SUB-RECIPIENT GRANT
GRACEWORKS MINISTRIES INC 104 SOUTH EAST PARKWAY STE 100 FRANKLIN, TN 37064	62-1584204	501(C)3	15,604				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREATER FAITH COMMUNITY ACTION P O BOX 215 SPRINGFIELD, TN 37172	90-0139322	501(C)3	31,376				PROGRAM OPNS (OBI)
GUARDIANSHIP & TRUST CORPORATION 51 UNION STREET SUITE 404 NASHVILLE, TN 37205	58-1454706	501(C)3	17,002				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HEAL MINISTRIES P O BOX 50361 NASHVILLE, TN 37205	26-2267496	501(C)3	5,000				DONOR DIRECTED DESIGNATIONS
HABITAT FOR HUMANITY NASHVILLE 414 HARDING PL SUITE 100 NASHVILLE, TN 37211	58-1636286	501(C)3	2,572				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HABITAT FOR HUMANITYNASHVILLE 414 HARDING PL SUITE 100 NASHVILLE, TN 37211	58-1636286	501(C)3	32,500				PROGRAM OPNS (OBI)
HABITAT FOR HUMANITYWILLIAMSON 511 WEST MEADE BLVD FRANKLIN, TN 37064	62-1506788	501(C)3	3,682				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HABITAT FOR HUMANITYWILLIAMSON 511 WEST MEADE BLVD FRANKLIN, TN 37064	62-1506788	501(C)3	25,000				PROGRAM OPNS (OBI)
HEALING HOUSING INC PO BOX 2385 BRENTWOOD, TN 37027	47-3758041	501(C)3	5,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HIGH HOPES INC 301 HIGH HOPES COURT FRANKLIN, TN 37064	62-1210720	501(C)3	68,000				PROGRAM OPNS (OBI)
HIGH HOPES INC 301 HIGH HOPES COURT FRANKLIN, TN 37064	62-1210720	501(C)3	11,780				DONOR DIRECTED DESIGNATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HISPANIC FAMILY FOUNDATION IN 3955 NOLENSVILLE PIKE SUITE 119 NASHVILLE, TN 37211	46-4181468	501(C)3	25,000				PROGRAM OPNS (OBI)
HOLY FAMILY CATHOLIC CHURCH 9100 CROCKETT ROAD BRENTWOOD, TN 37027	62-1400461	501(C)3	5,000				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOMESAFE SUMNER ROBERTSON & 331 SOUTH WATER AVE GALLATIN, TN 37066	58-1575248	501(C)3	3,750				PROGRAM OPNS (OBI)
HOMESAFE SUMNER ROBERTSON & 331 SOUTH WATER AVE GALLATIN, TN 37066	58-1575248	501(C)3	3,338				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOPE CLINIC FOR WOMEN 1810 HAYES ST NASHVILLE, TN 37203	62-1164825	501(C)3	5,000				DONOR DIRECTED DESIGNATIONS
HOPE COMMUNITY DEVELOPMENT COR 2311 MURFREESBORO PIKE NASHVILLE, TN 37217	27-0958369	501(C)3	168,700				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOPE STATION 819 33RD AVE NORTH NASHVILLE, TN 37209	37-1775568	501(C)3	5,000				PROGRAM OPNS (OBI)
HOPE STATION 819 33RD AVE NORTH NASHVILLE, TN 37209	37-1775568	501(C)3	755,775				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOPE STATION 819 33RD AVE NORTH NASHVILLE, TN 37209	37-1775568	501(C)3	842				DONOR DIRECTED DESIGNATIONS
HOUSING FUND PO BOX 281345 NASHVILLE, TN 37228	62-1632388	501(C)3	56,250				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOUSING FUND PO BOX 281345 NASHVILLE, TN 37228	62-1632388	501(C)3	51				DONOR DIRECTED DESIGNATIONS
IMF COMMUNITY FUND INC P O BOX 331903 NASHVILLE, TN 37203	47-2915650	501(C)3	11,500				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INSIGHT COUNSELING CENTERS INC P O BOX 50242 NASHVILLE, TN 37205	58-1731899	501(C)3	32,500				PROGRAM OPNS (OBI)
INSPIRITUS INC P O BOX 60597 NASHVILLE, TN 37206	62-1499797	501(C)3	15,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INTERFAITH DENTAL CLINICWILLIAMSON 1721 PATTERSON STREET NASHVILLE, TN 37203	62-1567615	501(C)3	3,528				DONOR DIRECTED DESIGNATIONS
INTERFAITH DENTAL CLINICWILLIAMSON 1721 PATTERSON STREET NASHVILLE, TN 37203	62-1567615	501(C)3	179,667				PROGRAM OPNS (OBI)



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ISLAMIC CENTER OF NASHVILLE 2515 12TH AVE S NASHVILLE, TN 37204	58-5255045	501(C)3	108				DONOR DIRECTED DESIGNATIONS
ISLAMIC CENTER OF NASHVILLE 2515 12TH AVE S NASHVILLE, TN 37204	58-5255045	501(C)3	25,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JEWISH AGENCY FOR ISRAEL 633 THIRD AVENUE 32ND FLOOR SUITE C NEW YORK, NY 10017	23-0053483	501(C)3	5,000				DONOR DIRECTED DESIGNATIONS
JEWISH BOOK COUNCIL 520 8TH AVE 4TH FLOOR NEW YORK, NY 10018	13-3737760	501(C)3	5,000				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JEWISH FED OF SO PALM BEACH 9901 DONNA KLEIN BLVD BOCA RATON, FL 334281788	59-1945109	501(C)3	76,600				DONOR DIRECTED DESIGNATIONS
JEWISH FEDERATION OF NASHVILLE 801 PERCY WARNER BLVD NASHVILLE, TN 37205	62-6077703	501(C)3	76,300				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JEWISH LEARNING CENTER OF FISH 41216 FISHER ISLAND DRIVE MIAMI BEACH, FL 33109	27-4235404	501(C)3	25,000				DONOR DIRECTED DESIGNATIONS
JUNIOR ACHIEVEMENT OF MIDDLE TN 120 POWELL PLACE NASHVILLE, TN 37204	62-0582571	501(C)3	12,498				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF MIDDLE TN 120 POWELL PL NASHVILLE, TN 37204	62-0582571	501(C)3	7,500				PROGRAM OPNS (OBI)
KEVA INC P O BOX 70771 NASHVILLE, TN 37207	82-1982417	501(C)3	160,899				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KING'S DAUGHTERS DAY HOME 590 N DUPONT AVE NASHVILLE, TN 37115	62-0729602	501(C)3	133,000				PROGRAM OPNS (OBI)
KING'S DAUGHTERS DAY HOME 590 N DUPONT AVE NASHVILLE, TN 37115	62-0729602	501(C)3	1,513				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KNOXVILLE-KNOX CO CAC ON AGING PO BOX 51650 KNOXVILLE, TN 37950	27-0849601	501(C)3	33,531				SUB-RECIPIENT GRANTS
LEAVE THE LIGHT ON FOUNDATION 700 STRICKLAND DRIVE NASHVILLE, TN 37206	27-4131726	501(C)3	25,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LEGAL AID SOCIETY OF MIDDLE TENNESSEE 300 DEADERICK ST NASHVILLE, TN 37201	62-0800756	501(C)3	106,000				PROGRAM OPNS (OBI)
LEGAL AID SOCIETY OF MIDDLE TENNESSEE 300 DEADERICK ST NASHVILLE, TN 37201	62-0800756	501(C)3	11,464				DONOR DIRECTED DESIGNATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LEWA WILDLIFE CONSERVANCY USA P O BOX 449 NEW YORK, NY 10163	87-0572187	501(C)3	6,930				DONOR DIRECTED DESIGNATIONS
LIVING DEVELOPMENT CONCEPTS INC 3250 DICKERSON PIKE SUITE 212 NASHVILLE, TN 37207	62-1855943	501(C)3	100,000				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MANNA CAFE MINISTRIES 1960 J MADISON STREET UNIT 312 CLARKSVILLE, TN 37043	27-1699146	501(C)3	86				DONOR DIRECTED DESIGNATIONS
MANNA CAFE MINISTRIES 1960 J MADISON STREET UNIT 312 CLARKSVILLE, TN 37043	27-1699146	501(C)3	15,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MARTHA O'BRYAN CENTER 711 SOUTH SEVENTH STREET NASHVILLE, TN 37205	62-0477728	501(C)3	14,410				DONOR DIRECTED DESIGNATIONS
MARTHA O'BRYAN CENTER 711 SOUTH SEVENTH STREET NASHVILLE, TN 37205	62-0477728	501(C)3	577,947				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MARTHA O'BRYAN CENTER 711 SOUTH SEVENTH STREET NASHVILLE, TN 37205	62-0477728	501(C)3	433,314				SUB-RECIPIENT GRANTS
MATTHEW 25 P O BOX 158461 NASHVILLE, TN 37215	58-1673641	501(C)3	6,043				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MATTHEW WALKER COMPREHENSIVE HEALTH CTR 1035 14TH AVE NASHVILLE, TN 37208	62-1035426	501(C)3	15,000				PROGRAM OPNS (OBI)
MATTHEW WALKER COMPREHENSIVE HEALTH CTR 1035 14TH AVE NASHVILLE, TN 37208	62-1035426	501(C)3	279				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MATTHEW WALKER COMPREHENSIVE HEALTH CTR 1035 14TH AVE NASHVILLE, TN 37208	62-1035426	501(C)3	66,705				SUB-RECIPIENT GRANTS
MAURY REGIONAL HEALTHCARE FOUN 1224 TROTWOOD AVENUE COLUMBIA, TN 38401	20-5822527	501(C)3	10,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of 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				PROGRAM OPNS (OBI)
MCHRA WM 1101 KERMIT DRIVE SUITE 300 NASHVILLE, TN 37217	62-0923487	501(C)3	63,315				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of 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	13,015				DONOR DIRECTED DESIGNATIONS
MCNEILLY CENTER FOR CHILDREN 400 MERIDIAN ST NASHVILLE, TN 37207	62-0479366	501(C)3	22,150				SUB-RECIPIENT GRANTS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MCNEILLY CENTER FOR CHILDREN 400 MERIDIAN ST NASHVILLE, TN 37207	62-0479366	501(C)3	382,000				PROGRAM OPNS (OBI)
MCNEILLY CENTER FOR CHILDREN 400 MERIDIAN ST NASHVILLE, TN 37207	62-0479366	501(C)3	5,572				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MDHA HOUSING TRUST CORPORATION 701 SOUTH SIXTH STREET NASHVILLE, TN 37206	58-1803918	501(C)3	10,000				PROGRAM OPNS (OBI)
MDHA HOUSING TRUST CORPORATION 701 SOUTH SIXTH STREET NASHVILLE, TN 37206	58-1803918	501(C)3	11,985				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEHARRY MEDICAL COLLEGE 1005 D B TODD BLVD NASHVILLE, TN 37208	62-0488046	501(C)3	9,101				DONOR DIRECTED DESIGNATIONS
MEHARRY MEDICAL COLLEGE 1005 D B TODD BLVD NASHVILLE, TN 37208	62-0488046	501(C)3	7,500				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEHARRY MEDICAL COLLEGE 1005 DR DB TODD JR BLVD NASHVILLE, TN 37208	62-0488046	501(C)3	12,319				SUB-RECIPIENT GRANTS
MEMPHIS PUBLIC LIBRARY - LINC 3030 POPLAR AVE MEMPHIS, TN 38111	62-6000361	501(C)3	28,232				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEN OF VALOR 1410 DONELSON PIKE SUITE B-1 NASHVILLE, TN 37217	62-1836815	501(C)3	2,687				DONOR DIRECTED DESIGNATIONS
MEN OF VALOR 1410 DONELSON PIKE SUITE B-1 NASHVILLE, TN 37217	62-1836815	501(C)3	10,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MENDING HEARTS INC PO BOX 280236 NASHVILLE, TN 37228	73-1697900	501(C)3	25,000				PROGRAM OPNS (OBI)
MENDING HEARTS INC PO BOX 280236 NASHVILLE, TN 37228	73-1697900	501(C)3	928				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MENTAL HEALTH AMERICA OF MIDDLE TN 446 METROPLEX DR SUITE A-224 NASHVILLE, TN 37211	62-0637710	501(C)3	40,000				PROGRAM OPNS (OBI)
MENTAL HEALTH AMERICA OF MIDDLE TN 446 METROPLEX DR SUITE A-224 NASHVILLE, TN 37211	62-0637710	501(C)3	106				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MERCY COMMUNITY HEALTHCARE 1113 MURFREESBORO ROAD SUITE 319 FRANKLIN, TN 37064	62-1781969	501(C)3	5,730				DONOR DIRECTED DESIGNATIONS
MERCY COMMUNITY HEALTHCARE 1113 MURFREESBORO ROAD SUITE 319 FRANKLIN, TN 37064	62-1781969	501(C)3	85,203				PROGRAM OPNS (OBI)



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MID CUMBERLAND COMMUNITY ACTION 1101 KERMIT DRIVE SUITE 300 NASHVILLE, TN 37217	62-0859072	501(C)3	6,938				PROGRAM OPNS (OBI)
MID CUMBERLAND COMMUNITY ACTION PO BOX 310 LEBANON, TN 370880310	62-0859072	501(C)3	17,264				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MID CUMBERLAND COMMUNITY ACTION PO BOX 310 LEBANON, TN 370880310	62-0859072	501(C)3	135				DONOR DIRECTED DESIGNATIONS
MID CUMBERLAND COMMUNITY ACTION 1101 KERMIT DRIVE SUITE 300 NASHVILLE, TN 37217	62-0859072	501(C)3	12,386				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MONROE HARDING 1120 GLENDALE LANE NASHVILLE, TN 37204	62-0476670	501(C)3	8,882				DONOR DIRECTED DESIGNATIONS
MONROE HARDING 1120 GLENDALE LANE NASHVILLE, TN 37204	62-0476670	501(C)3	87,002				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MOTHER TO MOTHER 5133 HARDING PIKE SUITE B10 313 NASHVILLE, TN 372055012	20-1028812	501(C)3	10,000				PROGRAM OPNS (OBI)
MOVES AND GROOVES INC (MAG) 2275 MURFREESBORO PIKE STE 101 NASHVILLE, TN 37217	68-0516440	501(C)3	7,500				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MOVES AND GROOVES INC (MAG) 2275 MURFREESBORO PIKE STE 101 NASHVILLE, TN 37217	68-0516440	501(C)3	1,754				DONOR DIRECTED DESIGNATIONS
MT CARMEL CUMBERLAND PRESBYTER 2300 LEWISBURG PIKE FRANKLIN, TN 37064	46-0804514	501(C)3	5,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MT ZION BAPTIST CHURCH 7594 OLD HICKORY BLVD WHITES CREEK, TN 37189	62-1189845	501(C)3	220,000				SUB-RECIPIENT GRANTS
MUSICIANS HALL OF FAME & MUSEUM PO BOX 23655 NASHVILLE, TN 37202	75-3128782	501(C)3	10,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MY FRIEND'S HOUSEFAM & CHILD SVCS 626 EASTVIEW CIRCLE FRANKLIN, TN 37064	58-1525248	501(C)3	3,564				DONOR DIRECTED DESIGNATIONS
MY FRIEND'S HOUSEFAM & CHILD SVCS 626 EASTVIEW CIRCLE FRANKLIN, TN 37064	58-1525248	501(C)3	46,655				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NASHV ORGANIZED FOR ACTION AND PO BOX 331144 NASHVILLE, TN 37203		501(C)3	10,000				PROGRAM OPNS (OBI)
NASHV ORGANIZED FOR ACTION AND PO BOX 331144 NASHVILLE, TN 37203		501(C)3	271				DONOR DIRECTED DESIGNATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NASHVILLE ACADEMY OF MEDICINE 28 WHITE BRIDGE ROAD SUITE 400 NASHVILLE, TN 37205	62-0473060	501(C)3	25,002				PROGRAM OPNS (OBI)
NASHVILLE ACADEMY OF MEDICINE 28 WHITE BRIDGE ROAD SUITE 400 NASHVILLE, TN 37205	62-0473060	501(C)3	16				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NASHVILLE ADULT LITERACY COUNCIL 4805 PARK AVE NASHVILLE, TN 37209	58-1488230	501(C)3	110,000				PROGRAM OPNS (OBI)
NASHVILLE ADULT LITERACY COUNCIL 4805 PARK AVE NASHVILLE, TN 37209	58-1488230	501(C)3	1,664				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NASHVILLE CARES P O BOX 42097 NASHVILLE, TN 37207	62-1274532	501(C)3	1,046,094				SUB-RECIPIENT GRANTS
NASHVILLE CARES P O BOX 42097 NASHVILLE, TN 37207	62-1274532	501(C)3	13,585				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NASHVILLE CARES P O BOX 42097 NASHVILLE, TN 37207	62-1274532	501(C)3	60,002				PROGRAM OPNS (OBI)
NASHVILLE CHILDREN'S ALLIANCE 1264 FOSTER AVE NASHVILLE, TN 37210	62-1484097	501(C)3	6,970				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NASHVILLE CHILDREN'S ALLIANCE 1264 FOSTER AVE NASHVILLE, TN 37210	62-1484097	501(C)3	25,002				PROGRAM OPNS (OBI)
NASHVILLE CONFLICT RESOLUTION 4732 W LONGDALE DRIVE NASHVILLE, TN 37211	62-1828238	501(C)3	1,346,850				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NASHVILLE DIAPER CONNECTION PO BOX 159128 NASHVILLE, TN 37215	46-3597632	501(C)3	20,000				PROGRAM OPNS (OBI)
NASHVILLE FOOD PROJECT 3605 HILLSBORO ROAD NASHVILLE, TN 37215	45-2905951	501(C)3	50,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NASHVILLE FOOD PROJECT 3605 HILLSBORO ROAD NASHVILLE, TN 37215	45-2905951	501(C)3	1,516				DONOR DIRECTED DESIGNATIONS
NASHVILLE GENERAL HOSPITAL FOUNDATION 1818 ALBION STREET NASHVILLE, TN 37208	62-1383977	501(C)3	30,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NASHVILLE HUMANE ASSOCIATION 213 OCEOLA AVENUE NASHVILLE, TN 37209	57-1203593	501(C)3	21,847				DONOR DIRECTED DESIGNATIONS
NASHVILLE INTERNATIONAL CENTER FOR EMPOWERMENT 417 WELSHWOOD DRIVE SUITE 100 NASHVILLE, TN 37211	02-0674431	501(C)3	1,444				PROGRAM OPNS (OBI)



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NASHVILLE INTERNATIONAL CENTER FOR EMPOWERMENT 417 WELSHWOOD DRIVE SUITE 100 NASHVILLE, TN 37211	02-0674431	501(C)3	98,002				DONOR DIRECTED DESIGNATIONS
NASHVILLE LAUNCH PAD INC PO BOX 330695 NASHVILLE, TN 37203	81-3538014	501(C)3	50,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NASHVILLE LAUNCH PAD INC PO BOX 330695 NASHVILLE, TN 37203	81-3538014	501(C)3	843				DONOR DIRECTED DESIGNATIONS
NASHVILLE PUBLIC EDUCATION FOUNDATION 1207 18TH AVE S NASHVILLE, TN 37212	48-1266314	501(C)3	24,221				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NASHVILLE PUBLIC LIBRARY FOUND 615 CHURCH STREET NASHVILLE, TN 37219	62-1681766	501(C)3	6,567				DONOR DIRECTED DESIGNATIONS
NASHVILLE RESCUE MISSION 639 LAFAYETTE ST NASHVILLE, TN 37203	45-2424130	501(C)3	24,558				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NASHVILLE STATE COMM COLLEGE F 120 WHITE BRIDGE ROAD NASHVILLE, TN 37206	62-1567873	501(C)3	5,000				PROGRAM OPNS (OBI)
NASHVILLE SYMPHONY ONE SYMPHONY PLACE NASHVILLE, TN 372012031	62-0550979	501(C)3	6,148				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NASHVILLE ZOO FOR GRASSMERE 3777 NOLENSVILLE ROAD NASHVILLE, TN 372113324	62-1411210	501(C)3	5,829				DONOR DIRECTED DESIGNATIONS
NATIONS MINISTRY CENTER 406 WELSHWOOD DRIVE NASHVILLE, TN 37211	55-0898912	501(C)3	4,647				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONS MINISTRY CENTER 406 WELSHWOOD DRIVE NASHVILLE, TN 37211	55-0898912	501(C)3	283,600				SUB-RECIPIENT GRANTS
NATIONS MINISTRY CENTER 406 WELSHWOOD DRIVE NASHVILLE, TN 37211	55-0898912	501(C)3	84,920				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIVE AMERICAN INDIAN ASSOCIATION 230 SPENCE LANE NASHVILLE, TN 372103623	58-1613534	501(C)3	574				DONOR DIRECTED DESIGNATIONS
NATIVE AMERICAN INDIAN ASSOCIATION 230 SPENCE LANE NASHVILLE, TN 372103623	58-1613534	501(C)3	5,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEEDLINK NASHVILLE PO BOX 91107 SUITE 108 NASHVILLE, TN 37209	62-0544852	501(C)3	3,168				DONOR DIRECTED DESIGNATIONS
NEEDLINK NASHVILLE PO BOX 91107 SUITE 108 NASHVILLE, TN 37209	62-0544852	501(C)3	308,000				PROGRAM OPNS (OBI)



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEEDLINK NASHVILLE PO BOX 91107 SUITE 108 NASHVILLE, TN 37209	62-0544852	501(C)3	525,000				SUB-RECIPIENT GRANTS
NEIGHBOR 2 NEIGHBOR 240 GREAT CIRCLE RD 318 NASHVILLE, TN 37228	62-1817514	501(C)3	21,825				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEIGHBORHOOD HEALTH INC 2711 FOSTER AVE NASHVILLE, TN 37210	62-1032792	501(C)3	40,000				PROGRAM OPNS (OBI)
NEW BEGINNINGS CENTER 509 CRAIGHEAD STREET 100 NASHVILLE, TN 37204	90-0751722	501(C)3	25,002				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW BEGINNINGS CENTER 509 CRAIGHEAD STREET 100 NASHVILLE, TN 37204	90-0751722	501(C)3	1,540				DONOR DIRECTED DESIGNATIONS
NEW COVENANT CHRISTIAN CHURCH 2201 OSAGE STREET NASHVILLE, TN 37208	62-1546183	501(C)3	400,000				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW COVENANT CHRISTIAN CHURCH 2201 OSAGE STREET NASHVILLE, TN 37208	62-1546183	501(C)3	4,500				PROGRAM OPNS (OBI)
NEW HOPE ACADEMY 1820 DOWNS BLVD FRANKLIN, TN 37064	63-1172489	501(C)3	5,000				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW HOPE MISSIONARY BAPTIST CH PO BOX 41338 NASHVILLE, TN 37204	54-3316992	501(C)3	110,000				SUB-RECIPIENT GRANTS
NEW RESTORATION COMMUNITY CHURCH 1209 RIVERGATE MEADOWS DR GOODLETTSVILLE, TN 37072	24-4875776	501(C)3	5,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NURSES FOR NEWBORNSWM 50 VANTAGE WAY SUITE 101 NASHVILLE, TN 37228	43-1601329	501(C)3	89,390				PROGRAM OPNS (OBI)
NURSES FOR NEWBORNSWM 50 VANTAGE WAY SUITE 101 NASHVILLE, TN 37228	43-1601329	501(C)3	5,947				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OASIS CENTERWILLIAMSON 1704 CHARLOTTE AVENUE SUITE 200 NASHVILLE, TN 37203	62-0968273	501(C)3	19,179				DONOR DIRECTED DESIGNATIONS
OASIS CENTERWILLIAMSON 1704 CHARLOTTE AVENUE SUITE 200 NASHVILLE, TN 37203	62-0968273	501(C)3	357,802				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ONE GENERATION AWAY 104 SOUTHEAST PKWY SUITE 300 FRANKLIN, TN 37064	46-2741214	501(C)3	40,000				PROGRAM OPNS (OBI)
ONE ORGANIZED NEIGHBORS EDGEHILL INC 1001 EDGEHILL AVE NASHVILLE, TN 37203	62-1540325	501(C)3	7,234				SUB-RECIPIENT GRANTS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ONE ORGANIZED NEIGHBORS EDGEHILL INC 1001 EDGEHILL AVE NASHVILLE, TN 37203	62-1540325	501(C)3	44,956				PROGRAM OPNS (OBI)
ONE ORGANIZED NEIGHBORS EDGEHILL INC 1001 EDGEHILL AVE NASHVILLE, TN 37203	62-1540325	501(C)3	244				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OPEN TABLE NASHVILLE PO BOX 110266 NASHVILLE, TN 37222	27-3514899	501(C)3	20,000				PROGRAM OPNS (OBI)
OPERATION STAND DOWN TENNESSEE 1125 12TH AVENUE SOUTH NASHVILLE, TN 37203	62-1638832	501(C)3	118,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OPERATION STAND DOWN TENNESSEE 1125 12TH AVENUE SOUTH NASHVILLE, TN 37203	62-1638832	501(C)3	8,607				DONOR DIRECTED DESIGNATIONS
OSHO ACADEMY 1330 CACIQUE STREET SANTA BARBARA, CA 93103	86-0760237	501(C)3	15,000				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PALMER HOME FOR CHILDREN PO BOX 746 COLUMBUS, MS 39703	64-0334999	501(C)3	5,000				PROGRAM OPNS (OBI)
PARK CENTER 186 N 1ST STREET NASHVILLE, TN 37213	62-1336640	501(C)3	93,500				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PARK CENTER 186 N 1ST STREET NASHVILLE, TN 37213	62-1336640	501(C)3	3,245				DONOR DIRECTED DESIGNATIONS
PATHWAY LENDING 201 VENTURE CIRCLE NASHVILLE, TN 37228	62-1823596	501(C)3	46,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PATHWAY LENDING 201 VENTURE CIRCLE NASHVILLE, TN 37228	62-1823596	501(C)3	23				DONOR DIRECTED DESIGNATIONS
PENCIL FOUNDATION 4805 PARK AVE SUITE 101 NASHVILLE, TN 37209	58-1475675	501(C)3	6,962				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PENCIL FOUNDATION 4805 PARK AVE SUITE 101 NASHVILLE, TN 37209	58-1475675	501(C)3	94,745				PROGRAM OPNS (OBI)
PEOPLE LOVING NASHVILLE P O BOX 60431 NASHVILLE, TN 37206	27-3589196	501(C)3	83				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PEOPLE LOVING NASHVILLE P O BOX 60431 NASHVILLE, TN 37206	27-3589196	501(C)3	20,000				PROGRAM OPNS (OBI)
PLANNED PARENTHOOD 50 VANTAGE WAY SUITE 255 NASHVILLE, TN 37228	62-6073178	501(C)3	7,778				DONOR DIRECTED DESIGNATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PLANNED PARENTHOOD 50 VANTAGE WAY SUITE 255 NASHVILLE, TN 37228	62-6073178	501(C)3	153,358				SUB-RECIPIENT GRANTS
POSITIVELY LIVING 1501 EAST FIFTH AVE KNOXVILLE, TN 37917	62-1698383	501(C)3	369,437				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PRESTON TAYLOR MINISTRIES PO BOX 90442 NASHVILLE, TN 37209	62-1757018	501(C)3	5,750				DONOR DIRECTED DESIGNATIONS
PRESTON TAYLOR MINISTRIES PO BOX 90442 NASHVILLE, TN 37209	62-1757018	501(C)3	39,565				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PRESTON TAYLOR MINISTRIES PO BOX 90442 NASHVILLE, TN 37209	62-1757018	501(C)3	20,000				PROGRAM OPNS (OBI)
PREVENT CHILD ABUSE TENNESSEE 600 HILL AVE SUITE 202 NASHVILLE, TN 37210	58-1567835	501(C)3	4,864				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PREVENT CHILD ABUSE TENNESSEE 600 HILL AVE SUITE 202 NASHVILLE, TN 37210	58-1567835	501(C)3	16,002				PROGRAM OPNS (OBI)
PROJECT CURE 2300 CLIFTON AVENUE NASHVILLE, TN 37209	84-1568566	501(C)3	75,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PROJECT CONNECT NASHVILLE PO BOX 295 MADISON, TN 37116	27-4003340	501(C)3	100,700				SUB-RECIPIENT GRANTS
PROJECT REFLECT 730 NEELYS BEND ROAD MADISON, TN 37115	62-1563841	501(C)3	6,000				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PROJECT RETURN INC 712 4TH AVE S NASHVILLE, TN 37210	62-1058325	501(C)3	809,277				SUB-RECIPIENT GRANTS
PROJECT RETURN INC 712 4TH AVE S NASHVILLE, TN 37210	61-1563841	501(C)3	127,500				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PROJECT RETURN INC 712 4TH AVE S NASHVILLE, TN 37210	62-1058325	501(C)3	1,427				DONOR DIRECTED DESIGNATIONS
PROJECT TRANSFORMATION TENNESS 1008 19TH AVENUE SOUTH NASHVILLE, TN 37212	45-3265261	501(C)3	101				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PROJECT TRANSFORMATION TENNESS 1008 19TH AVENUE SOUTH NASHVILLE, TN 37212	45-3265261	501(C)3	15,000				PROGRAM OPNS (OBI)
RAPHAH INSTITUTE 615 MAIN STREET SUITE B23 NASHVILLE, TN 37206	82-1181441	501(C)3	7,500				PROGRAM OPNS (OBI)



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REFUGE CENTER FOR COUNSELING 103 FORREST CROSSING BLVD STE 102 FRANKLIN, TN 37064	20-3931843	501(C)3	9,831				DONOR DIRECTED DESIGNATIONS
REFUGE CENTER FOR COUNSELING 103 FORREST CROSSING BLVD STE 102 FRANKLIN, TN 37064	20-3931843	501(C)3	65,241				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RENEWAL HOUSE PO BOX 280356 NASHVILLE, TN 37228	62-1631055	501(C)3	1,737				DONOR DIRECTED DESIGNATIONS
RENEWAL HOUSE PO BOX 280356 NASHVILLE, TN 37228	62-1631055	501(C)3	20,002				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RIDGEVIEW PSYCH HOSPITAL & CENTER INC 240 WEST TYRONE ROAD OAK RIDGE, TN 37830	62-0579512	501(C)3	67,101				SUB-RECIPIENT GRANTS
RONALD MCDONALD HOUSE DAVIDSON CO 2144 FAIRFAX NASHVILLE, TN 37212	62-1310717	501(C)3	9,139				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROOFTOP FOUNDATION 108 7TH AVENUE SOUTH NASHVILLE, TN 37203	20-4970385	501(C)3	1,259				DONOR DIRECTED DESIGNATIONS
ROOFTOP FOUNDATION 108 7TH AVENUE SOUTH NASHVILLE, TN 37203	20-4970385	501(C)3	565,400				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROOFTOP FOUNDATION 108 7TH AVENUE SOUTH NASHVILLE, TN 37203	20-4970385	501(C)3	280,000				PROGRAM OPNS (OBI)
ROOM IN THE INN P O BOX 25309 NASHVILLE, TN 37202	62-0811413	501(C)3	25,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROOM IN THE INN P O BOX 25309 NASHVILLE, TN 37202	62-0811413	501(C)3	4,453				DONOR DIRECTED DESIGNATIONS
SADDLE UP 1549 OLD HILLSBORO ROAD FRANKLIN, TN 37069	58-1930303	501(C)3	23,155				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAFE HAVEN FAMILY SHELTER 1234 3RD AVE S NASHVILLE, TN 37210	62-1807653	501(C)3	183,753				PROGRAM OPNS (OBI)
SAFE HAVEN FAMILY SHELTER 1234 3RD AVE S NASHVILLE, TN 37210	62-1807653	501(C)3	1,279,986				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAFE HAVEN FAMILY SHELTER 1234 3RD AVE S NASHVILLE, TN 37210	62-1807653	501(C)3	12,020				SUB-RECIPIENT GRANTS
SALAMA FELLOWSHIP URBAN MINISTRIES 1205 8TH AVE S NASHVILLE, TN 37203	58-2198012	501(C)3	6,536				DONOR DIRECTED DESIGNATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALAMA FELLOWSHIP URBAN MINISTRIES 1205 8TH AVE S NASHVILLE, TN 37203	58-2198012	501(C)3	25,002				PROGRAM OPNS (OBI)
SALVATION ARMY-DAVIDSON COUNTY P O BOX 78625 NASHVILLE, TN 37207	62-6033090	501(C)3	914,062				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVATION ARMY-DAVIDSON COUNTY P O BOX 78625 NASHVILLE, TN 37207	62-6033090	501(C)3	367,947				PROGRAM OPNS (OBI)
SALVATION ARMY-DAVIDSON COUNTY P O BOX 78625 NASHVILLE, TN 37207	62-6033090	501(C)3	31,019				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVUS CENTER INC PO BOX 8046 556 HARTSVILLE PIKE GALLATIN, TN 37066	20-2278505	501(C)3	598				DONOR DIRECTED DESIGNATIONS
SALVUS CENTER INC PO BOX 8046 556 HARTSVILLE PIKE GALLATIN, TN 37066	20-2278505	501(C)3	5,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SCHRADER LANE CHURCH OF CHRIST 603 BENTON AVE NASHVILLE, TN 37204	62-0863030	501(C)3	9,444				PROGRAM OPNS (OBI)
SECOND HARVEST FOOD BANK 331 GREAT CIRCLE RD NASHVILLE, TN 37228	62-1049447	501(C)3	157,540				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SECOND HARVEST FOOD BANK 331 GREAT CIRCLE RD NASHVILLE, TN 37228	62-1049447	501(C)3	125,835				PROGRAM OPNS (OBI)
SECOND HARVEST FOOD BANK WM 331 GREAT CIRCLE RD NASHVILLE, TN 37228	62-1049447	501(C)3	5,167				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SECOND HARVEST FOOD BANK WM 331 GREAT CIRCLE ROAD NASHVILLE, TN 37228	62-1049447	501(C)3	5,406				DONOR DIRECTED DESIGNATIONS
SENIOR RIDE NASHVILLE 298 FOSTER STREET NASHVILLE, TN 37207	81-4119450	501(C)3	50,002				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SERVANT GROUP INT (SEW FOR HOPE) 506 TANKSLEY AVE NASHVILLE, TN 37211	62-1504533	501(C)3	1,000				DONOR DIRECTED DESIGNATIONS
SERVANT GROUP INT (SEW FOR HOPE) 506 TANKSLEY AVE NASHVILLE, TN 37211	62-1504533	501(C)3	25,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DRIVE NASHVILLE, TN 37228	62-1043294	501(C)3	170,000				PROGRAM OPNS (OBI)
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DRIVE NASHVILLE, TN 37228	62-1043294	501(C)3	9,682				DONOR DIRECTED DESIGNATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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SHOWER THE PEOPLE 77 DONELSON STREET NASHVILLE, TN 37210	47-3404538	501(C)3	10,000				PROGRAM OPNS (OBI)
SICKLE CELL FDTN OF MIDDLE TN 223 TOWN CENTER PKWY SUITE 523 SPRING HILL, TN 37174	45-5417071	501(C)3	513				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SICKLE CELL FDTN OF MIDDLE TN 223 TOWN CENTER PKWY SUITE 523 SPRING HILL, TN 37174	45-5417071	501(C)3	5,000				PROGRAM OPNS (OBI)
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)3	6,040				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)3	127,002				PROGRAM OPNS (OBI)
SOMALI COMMUNITY OF MIDDLE TN 325 PLUS PARK BLVD STE 105 NASHVILLE, TN 37217	27-3499416	501(C)3	4,000				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOMALI COMMUNITY OF MIDDLE TN 325 PLUS PARK BLVD STE 105 NASHVILLE, TN 37217	27-3499416	501(C)3	5,000				PROGRAM OPNS (OBI)
SOUTHERN ALLIANCE FOR PEOPLE A PO BOX 23535 NASHVILLE, TN 37202	62-1675393	501(C)3	135,000				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SPECIAL KIDS 2132 E MAIN STREET MURFREESBORO, TN 37130	62-1718638	501(C)3	15,262				DONOR DIRECTED DESIGNATIONS
SPECIAL OLYMPICS TENNESSEE INC 1900 12 TH AVE S SUITE B NASHVILLE, TN 37203	23-7348136	501(C)3	4,437				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SPECIAL OLYMPICS TENNESSEE INC 1900 12 TH AVE S SUITE B NASHVILLE, TN 37203	23-7348136	501(C)3	7,500				PROGRAM OPNS (OBI)
ST JOHN AME CHURCH PO BOX 280646 NASHVILLE, TN 37228	62-1488102	501(C)3	496,500				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST LUKE'S COMMUNITY CENTER 5601 NEW YORK AVE NASHVILLE, TN 37209	62-0484183	501(C)3	274,047				PROGRAM OPNS (OBI)
ST LUKE'S COMMUNITY CENTER 5601 NEW YORK AVE NASHVILLE, TN 37209	62-0484183	501(C)3	16,778				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST LUKE'S COMMUNITY CENTER 5601 NEW YORK AVE NASHVILLE, TN 37209	62-0484183	501(C)3	4,738				DONOR DIRECTED DESIGNATIONS
ST MARY VILLA 30 WHITE BRIDGE RD NASHVILLE, TN 37205	62-0579243	501(C)3	3,880				DONOR DIRECTED DESIGNATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST MARY VILLA 30 WHITE BRIDGE RD NASHVILLE, TN 37205	62-0579243	501(C)3	33,667				SUB-RECIPIENT GRANTS
ST MARY VILLA 30 WHITE BRIDGE RD NASHVILLE, TN 37205	62-0579243	501(C)3	201,002				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JUDE'S CHILDREN'S RESEARCH HOSPITAL 501 ST JUDES PLACE MEMPHIS, TN 68105	62-0646012	501(C)3	39,268				DONOR DIRECTED DESIGNATIONS
ST VINCENT DE PAUL PARISH 1700 HEIMAN ST NASHVILLE, TN 37208	62-0930039	501(C)3	55,000				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STARSWILLIAMSON 1704 CHARLOTTE AVE SUITE 200 NASHVILLE, TN 37203	62-1285699	501(C)3	516,102				PROGRAM OPNS (OBI)
STARSWILLIAMSON 1704 CHARLOTTE AVE SUITE 200 NASHVILLE, TN 37203	62-1285699	501(C)3	6,150				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STEVEN WISE TEMPLE 15500 STEPHEN S WISE BLVD LOS ANGELES, CA 90077	95-6087552	501(C)3	5,175				DONOR DIRECTED DESIGNATIONS
STREET WORKS PO BOX 60037 NASHVILLE, TN 372060037	62-1806967	501(C)3	25,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STREET WORKS PO BOX 60037 NASHVILLE, TN 37206	62-1806967	501(C)3	110				DONOR DIRECTED DESIGNATIONS
STREET WORKS PO BOX 60037 NASHVILLE, TN 37206	62-1806967	501(C)3	173,202				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TEACH FOR AMERICA - GREATER NA 220 ATHENS WAY SUITE 300 NASHVILLE, TN 37228	13-3541913	501(C)3	7,500				PROGRAM OPNS (OBI)
TEMPLE OHABAI SHALOM 5015 HARDING ROAD NASHVILLE, TN 37205	62-0488037	501(C)3	7,775				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TENNESSEE BAPTIST CHILDREN'S HOME PO BOX 2206 BRENTWOOD, TN 37024	62-0488043	501(C)3	7,152				DONOR DIRECTED DESIGNATIONS
TENNESSEE COLLEGE ACCESS AND S 1704 CHARLOTTE AVE SUITE 200 NASHVILLE, TN 37210	45-4475679	501(C)3	25,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TENNESSEE CONFERENCE UMC PO BOX 440132 NASHVILLE, TN 37244	62-1172580	501(C)3	120,000				PROGRAM OPNS (OBI)
TENNESSEE FOREIGN LANGUAGE INS PO BOX 281676 NASHVILLE, TN 37228	58-2108833	501(C)3	25,000				PROGRAM OPNS (OBI)



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TENNESSEE JUSTICE CENTER 211 7TH AVE N STE 100 NASHVILLE, TN 37219	62-1630417	501(C)3	720				DONOR DIRECTED DESIGNATIONS
TENNESSEE JUSTICE CENTER 211 7TH AVE N STE 100 NASHVILLE, TN 37219	62-1630417	501(C)3	29,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TENNESSEE JUSTICE FOR OUR NEIG 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	46-0872616	501(C)3	10,000				PROGRAM OPNS (OBI)
TENNESSEE KIDNEY FOUNDATION 95 WHITE BRIDGE ROAD SUITE 300 NASHVILLE, TN 37205	27-0812507	501(C)3	7,500				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TENNESSEE KIDNEY FOUNDATION 95 WHITE BRIDGE ROAD SUITE 300 NASHVILLE, TN 37205	27-0812507	501(C)3	27,500				SUB-RECIPIENT GRANTS
TENNESSEE KIDNEY FOUNDATION 95 WHITE BRIDGE ROAD SUITE 300 NASHVILLE, TN 37205	27-0812507	501(C)3	602				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TENNESSEE POISON CENTER WM 1161 21ST AVE S NASHVILLE, TN 37232	35-2528741	501(C)3	1,228				DONOR DIRECTED DESIGNATIONS
TENNESSEE POISON CENTER WM 1161 21ST AVE S NASHVILLE, TN 37232	35-2528741	501(C)3	14,919				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TENNESSEE POISON CENTER WM 501 OXFORD HOUSE 1161 21ST AVENUE SO NASHVILLE, TN 37232	35-2528741	501(C)3	11				DONOR DIRECTED DESIGNATIONS
TENNESSEE POISON CENTER WM 501 OXFORD HOUSE 1161 21ST AVENUE SO NASHVILLE, TN 37232	35-2528741	501(C)3	25,705				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TENNESSEE PRISON OUTREACH MINI 136 RAINS AVE NASHVILLE, TN 372035316	35-2458555	501(C)3	1,773				DONOR DIRECTED DESIGNATIONS
TENNESSEE PRISON OUTREACH MINI 136 RAINS AVE NASHVILLE, TN 372035316	35-2458555	501(C)3	15,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TENNESSEE RESPITE COALITION 2685 N MT JULIET RD MT JULIET, TN 37122	03-0512876	501(C)3	25,000				PROGRAM OPNS (OBI)
TENNESSEE RESPITE COALITION 2685 N MT JULIET RD MT JULIET, TN 37122	03-0512876	501(C)3	79				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE BRANCH OF NASHVILLE INC 2620 UNA ANTIOCH PIKE ANTIOCH, TN 37013	46-3153789	501(C)3	35,000				PROGRAM OPNS (OBI)
THE CONTRIBUTOR INC PO BOX 332023 NASHVILLE, TN 37203	37-1551739	501(C)3	5,000				PROGRAM OPNS (OBI)



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE CONTRIBUTOR INC PO BOX 332023 NASHVILLE, TN 37203	37-1551739	501(C)3	47,614				SUB-RECIPIENT GRANTS
THE CROSSROADS CAMPUS 707 MONROE STREET NASHVILLE, TN 37208	27-2397528	501(C)3	7,500				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE CROSSROADS CAMPUS 707 MONROE STREET NASHVILLE, TN 37208	27-2397528	501(C)3	3,000				DONOR DIRECTED DESIGNATIONS
THE FAMILY CENTER 139 THOMPSON LANE NASHVILLE, TN 37211	62-1237360	501(C)3	117				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE FAMILY CENTER 139 THOMPSON LANE NASHVILLE, TN 37211	62-1237360	501(C)3	10,000				PROGRAM OPNS (OBI)
THE FORTITUDE GROUP PO BOX 280942 NASHVILLE, TN 37228	80-0674994	501(C)3	99,000				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE HELP CENTER 3918 DICKERSON PIKE SUITE E NASHVILLE, TN 37207	47-2594358	501(C)3	111,000				SUB-RECIPIENT GRANTS
THE HELP CENTER 3918 DICKERSON PIKE SUITE E NASHVILLE, TN 37207	47-2594358	501(C)3	10,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE LITTLE PANTRY THAT COULD P O BOX 90932 NASHVILLE, TN 37209	45-3746317	501(C)3	35,000				PROGRAM OPNS (OBI)
THE LITTLE PANTRY THAT COULD P O BOX 90932 NASHVILLE, TN 37209	45-3746317	501(C)3	206				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE NEXT DOOR PO BOX 23336 NASHVILLE, TN 37202	43-2001774	501(C)3	72,002				PROGRAM OPNS (OBI)
THE NEXT DOOR PO BOX 23336 NASHVILLE, TN 37202	43-2001774	501(C)3	6,655				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE OPERATION ANDREW GROUP 3902 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-1799192	501(C)3	25,000				PROGRAM OPNS (OBI)
THE PATH PROJECT INC PO BOX 1659 LAWRENCEVILLE, GA 30046	45-3861248	501(C)3	15,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE SHOWER TRUCKSHOWER UP 6019 THRUSH CT SPRING HILL, TN 37174	81-3713374	501(C)3	10,000				PROGRAM OPNS (OBI)
THE SHOWER TRUCKSHOWER UP 6019 THRUSH CT SPRING HILL, TN 37174	81-3713374	501(C)3	104				DONOR DIRECTED DESIGNATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE WELL OUTREACH 5226 MAIN STREET SUITE C5 SPRING HILL, TN 37174	32-0258525	501(C)3	30,000				PROGRAM OPNS (OBI)
THE WELL OUTREACH 5226 MAIN STREET SUITE C5 SPRING HILL, TN 37174	32-0258525	501(C)3	107				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THISTLE FARM P O BOX 6330B NASHVILLE, TN 37235	58-2050089	501(C)3	8,016				DONOR DIRECTED DESIGNATIONS
TN COALITION AGAINST DOMESTIC 2 INTERNATIONAL PLAZA DRIVE SUITE 425 NASHVILLE, TN 37217	58-1632437	501(C)3	15,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TN COALITION AGAINST DOMESTIC 2 INTERNATIONAL PLAZA DRIVE SUITE 425 NASHVILLE, TN 37217	58-1632437	501(C)3	25,000				SUB-RECIPIENT GRANTS
TN COALITION AGAINST DOMESTIC 2 INTERNATIONAL PLAZA DRIVE SUITE 425 NASHVILLE, TN 37217	58-1632437	501(C)3	1,119				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TN EQUALITY PROJECT FOUNDATION P O BOX 330895 NASHVILLE, TN 372037506	20-3518536	501(C)3	88				DONOR DIRECTED DESIGNATIONS
TN EQUALITY PROJECT FOUNDATION P O BOX 330895 NASHVILLE, TN 372037506	20-3518536	501(C)3	9,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TN IMMIGRANT & REFUGEE RIGHTS COALITION 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	20-0121100	501(C)3	71,250				PROGRAM OPNS (OBI)
TN IMMIGRANT & REFUGEE RIGHTS COALITION 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	20-0121100	501(C)3	117				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TN IMMIGRANT & REFUGEE RIGHTS COALITION 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	20-0121100	501(C)3	165,000				SUB-RECIPIENT GRANTS
TNKIDS NUTRITION 1006 PEPPER ST SPRINGFIELD, TN 37172	27-2268298	501(C)3	109				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TNKIDS NUTRITION 1006 PEPPER ST SPRINGFIELD, TN 37172	27-2268298	501(C)3	44,876				PROGRAM OPNS (OBI)
TRANSITIONAL HOUSING & WORK PR 109 CUDE LANE MADISON, TN 37115	26-3482285	501(C)3	21,384				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TUCKER'S HOUSE PO BOX 682086 FRANKLIN, TN 37068	27-0896877	501(C)3	15,960				DONOR DIRECTED DESIGNATIONS
TUCKER'S HOUSE PO BOX 682086 FRANKLIN, TN 37068	27-0896877	501(C)3	11,594				DONOR DIRECTED DESIGNATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED MINISTRIES OF ROBERTSON CO P O BOX 1094 SPRINGFIELD, TN 37172	62-1581339	501(C)3	75				DONOR DIRECTED DESIGNATIONS
UNITED MINISTRIES OF ROBERTSON CO P O BOX 1094 SPRINGFIELD, TN 37172	62-1581339	501(C)3	14,376				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED NEIGHBORHOOD HEALTH SER 2711 FOSTER AVENUE NASHVILLE, TN 37210	62-1032792	501(C)3	5,276				SUB-RECIPIENT GRANTS
UNITED NEIGHBORHOOD HEALTH SER 2711 FOSTER AVENUE NASHVILLE, TN 37210	62-1032792	501(C)3	25,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF SUMNER COUNTY 1531 HUNT CLUB BLVD SUITE 110 GALLATIN, TN 37066	31-1510208	501(C)3	25,684				DONOR DIRECTED DESIGNATIONS
UNIVERSITY OF MONTEVALLO FDN ATTN SCOTT DILLARD STATION 6215 MONTEVALLO, AL 35115	23-7349527	501(C)3	5,000				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY SCHOOL OF NASHVILLE 2000 EDGEHILL AVE NASHVILLE, TN 37212	23-7424429	501(C)3	5,000				DONOR DIRECTED DESIGNATIONS
UPPER CUMBERLAND HUMAN RESOURCE AGENCY 580 SOUTH JEFFERSON AVE SUITE B COOKEVILLE, TN 385014010	62-0906260	501(C)3	807				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UPPER CUMBERLAND HUMAN RESOURCE AGENCY 580 SOUTH JEFFERSON AVE SUITE B COOKEVILLE, TN 385014010	62-0906260	501(C)3	50,307				SUB-RECIPIENT GRANTS
UPRISE NASHVILLE 235 WHITE BRIDGE PIKE NASHVILLE, TN 37209	62-1681150	501(C)3	35,700				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
URBAN LEAGUE OF MIDDLE TN 50 VANTAGE WAY SUITE 201 NASHVILLE, TN 37228	62-0795167	501(C)3	1,042				DONOR DIRECTED DESIGNATIONS
URBAN LEAGUE OF MIDDLE TN 50 VANTAGE WAY SUITE 201 NASHVILLE, TN 37228	62-0795167	501(C)3	32,500				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UW CHATTANOOGA PO BOX 4027 CHATTANOOGA, TN 37405	62-0565962	501(C)3	52,763				SUB-RECIPIENT GRANTS
UW CHATTANOOGA PO BOX 4027 CHATTANOOGA, TN 37405	62-0565962	501(C)3	29,248				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UW HEART OF FLORIDA 1940 TRAYLOR BLVD ORLANDO, FL 328044714	59-0808854	501(C)3	9,214				PROGRAM OPNS (OBI)
UW HEART OF FLORIDA 1940 TRAYLOR BLVD ORLANDO, FL 32804	59-0808854	501(C)3	344,484				SUB-RECIPIENT GRANTS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UW MADISON COUNTY AL 701 ANDREW JACKSON WAY HUNTSVILLE, AL 35801	63-0366294	501(C)3	36,298				DONOR DIRECTED DESIGNATIONS
UW MAURY COUNTY PO BOX 222 COLUMBIA, TN 38402	62-6014994	501(C)3	32,548				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UW MORGAN COUNTY AL PO BOX 1058 DECATUR, AL 35602	63-0358762	501(C)3	17,256				DONOR DIRECTED DESIGNATIONS
UW OF ANDERSON COOAK RIDGE P O BOX 4158 OAK RIDGE, TN 378314158	62-6041371	501(C)3	6,921				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UW OF BEDFORD COUNTY PO BOX 1438 SHELBYVILLE, TN 37162	63-1675928	501(C)3	7,697				DONOR DIRECTED DESIGNATIONS
UW OF BLOUNT COMARYVILLE 1615 E BROADWAY AVENUE MARYVILLE, TN 37804	23-7122193	501(C)3	18,644				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UW OF BREVARD COUNTYFL 937 DIXON BOULEVARD COCOA, FL 32922	59-0836384	501(C)3	5,976				DONOR DIRECTED DESIGNATIONS
UW OF COFFEE & MOORE COUNTIES P O BOX 27 TULLAHOMA, TN 37388	58-1468822	501(C)3	7,027				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UW OF DICKSON COUNTY P O BOX 1652 DICKSON, TN 37056	62-1771536	501(C)3	5,466				DONOR DIRECTED DESIGNATIONS
UW OF ELIZABETHTONCARTER CO TN P O BOX 1715 ELIZABETHTON, TN 37644	62-1104204	501(C)3	5,905				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UW OF GREATER KINGSPORT TN 301 LOUIS STREET SUITE 201 KINGSPORT, TN 37660	62-0481461	501(C)3	6,189				DONOR DIRECTED DESIGNATIONS
UW OF GREATER KNOXVILLE 1301 HANNAH AVENUE KNOXVILLE, TN 37921	62-0475748	501(C)3	108,956				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UW OF METROPOLITAN NASHVILLE 250 VENTURE CIR NASHVILLE, TN 37228	62-0533104	501(C)3	67,314				DONOR DIRECTED DESIGNATIONS
UW OF MID-SOUTHSHELBY CO TN 1005 TILLMAN STREET MEMPHIS, TN 38112	56-1010742	501(C)3	148,459				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UW OF MONTGOMERY CLARKSVILLE - TN 529 NORTH 2ND STREET SUITE 1 CLARKSVILLE, TN 37040	62-6014536	501(C)3	19,557				DONOR DIRECTED DESIGNATIONS
UW OF RUTHERFORD CO MURFREESBORO P O BOX 330056 MURFREESBORO, TN 371330056	58-1341880	501(C)3	12,899				SUB-RECIPIENT GRANTS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UW OF SEVIER COUNTY SEVIERVILLE P O BOX 6458 SEVIERVILLE, TN 378646458	62-1225078	501(C)3	7,690				DONOR DIRECTED DESIGNATIONS
UW OF THE LOWCOUNTRY INC PO BOX 202 BEAUFORT, SC 29901	57-0405847	501(C)3	7,155				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UW OF UNICOI COUNTY - TN P O BOX 343 ERWIN, TN 37650	62-6048193	501(C)3	5,113				DONOR DIRECTED DESIGNATIONS
UW RUTHERFORD COUNTY PO BOX 330056 MURFREESBORO, TN 37133	58-1341880	501(C)3	102,870				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UW WEST TN P O BOX 2086 JACKSON, TN 383022086	62-0590257	501(C)3	10,213				SUB-RECIPIENT GRANTS
UW WILSON COUNTY PO BOX 3541 LEBANON, TN 37088	62-1660029	501(C)3	57,446				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VANDERBILT MONROE CARELL JR CHILDRENS' HOSPITAL VUMC GIFT AND DONOR SERVICES NASHVILLE, TN 37203	35-2528741	501(C)3	10,171				DONOR DIRECTED DESIGNATIONS
VANDERBILT UNIVERSITY - SCHOOL OF NURSING VANDERBILT UNIVERSITY STATION 17 NASHVILLE, TN 372328180	62-0476822	501(C)3	89,502				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VISITATION HOSPITAL FOUNDATION 237 OLD HICKORY BLVD SUITE 100 NASHVILLE, TN 37221	62-1774851	501(C)3	5,000				DONOR DIRECTED DESIGNATIONS
WAVES INC WILLIAMSON 145 SOUTHEAST PARKWAY SUITE 100 FRANKLIN, TN 37064	62-0920595	501(C)3	117,590				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WAVES INC WILLIAMSON 145 SOUTHEAST PARKWAY SUITE 100 FRANKLIN, TN 37064	62-0920595	501(C)3	3,428				DONOR DIRECTED DESIGNATIONS
WAYNE REED CHRISTIAN CHILDCARE CENTER 11-B LINDSLEY AVENUE NASHVILLE, TN 37210	62-1625142	501(C)3	78,002				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WAYNE REED CHRISTIAN CHILDCARE CENTER 11-B LINDSLEY AVENUE NASHVILLE, TN 37210	62-1625142	501(C)3	5,542				DONOR DIRECTED DESIGNATIONS
WELCOME HOME MINISTRIES P O BOX 100183 NASHVILLE, TN 37224	62-1515995	501(C)3	15,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WELCOME HOME MINISTRIES P O BOX 100183 NASHVILLE, TN 37224	62-1515995	501(C)3	898				DONOR DIRECTED DESIGNATIONS
WEST END SYNAGOGUE 3810 WEST END AVENUE NASHVILLE, TN 37205	62-0513743	501(C)3	14,540				DONOR DIRECTED DESIGNATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WEST NASHVILLE DREAM CENTER 520 39TH AVE N NASHVILLE, TN 37209	81-4064177	501(C)3	15,000				PROGRAM OPNS (OBI)
WEST NASHVILLE DREAM CENTER 520 39TH AVE N NASHVILLE, TN 37209	81-4064177	501(C)3	27,500				SUB-RECIPIENT GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WEST TENNESSEE LEGAL SERVICES 210 W MAIN STREET JACKSON, TN 38301	58-1326791	501(C)3	257,639				SUB-RECIPIENT GRANTS
WILLIAMSON COUNTY CASA 1205 COLUMBIA AVE FRANKLIN, TN 37064	62-1583334	501(C)3	44,195				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WILLIAMSON COUNTY CASA 1205 COLUMBIA AVE FRANKLIN, TN 37064	62-1583334	501(C)3	5,615				DONOR DIRECTED DESIGNATIONS
WILLOW OAK CENTER FOR ARTS & LEARNING PO BOX 236 SPRINGFIELD, TN 37172	26-0692088	501(C)3	5,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WOODBINE COMMUNITY ORGANIZATION 643 SPENCE LANE NASHVILLE, TN 37217	62-1280006	501(C)3	7,890				SUB-RECIPIENT GRANTS
WORKERS DIGNITY PROJECT 335 WHITSETT ROAD NASHVILLE, TN 37210	45-3202280	501(C)3	15,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WORLD CENTRAL KITCHEN INC 1342 FLORIDA AVE NW WASHINGTON DC, VI 20009	27-3521132	501(C)3	10,000				PROGRAM OPNS (OBI)
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)3	5,235				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA 1000 CHURCH STREET NASHVILLE NASHVILLE, TN 37203	62-0476243	501(C)3	124,002				PROGRAM OPNS (OBI)
YMCA 1000 CHURCH STREET NASHVILLE NASHVILLE, TN 37203	62-0476243	501(C)3	70,940				DONOR DIRECTED DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YOUTH ENCOURAGEMENT SERVICES 521 MCIVER ST NASHVILLE, TN 37211	62-0570681	501(C)3	1,388				DONOR DIRECTED DESIGNATIONS
YOUTH ENCOURAGEMENT SERVICES 521 MCIVER ST NASHVILLE, TN 37211	62-0570681	501(C)3	45,000				PROGRAM OPNS (OBI)

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YOUTH VILLAGES DAVIDSON 3310 PERIMETER HILL DR NASHVILLE, TN 37211	58-1716970	501(C)3	15,000				PROGRAM OPNS (OBI)
YOUTH VILLAGES DAVIDSON 3310 PERIMETER HILL DR NASHVILLE, TN 37211	58-1716970	501(C)3	2,196				DONOR DIRECTED DESIGNATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YWCA 1608 WOODMONT BOULEVARD NASHVILLE, TN 37215	62-0475702	501(C)3	8,471				DONOR DIRECTED DESIGNATIONS
YWCA 1608 WOODMONT BOULEVARD NASHVILLE, TN 37215	62-0475702	501(C)3	227,209				PROGRAM OPNS (OBI)

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2020**  
**Open to Public Inspection**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF MIDDLE TENNESSEE INC

Employer identification number  
62-0533104

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	No
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	<b>2</b>	Yes
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization?	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization?	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



**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.

Return Reference	Explanation
PART I, LINE 1B	THE HUMAN RESOURCES COMMITTEE PRESENTED, WHICH WAS ULTIMATELY APPROVED BY THE BOARD OF TRUSTEES, A CONTRACT FOR THE CEO WHICH INCLUDED AN ANNUAL MEMBERSHIP TO THE YMCA, OR ITS EQUIVALENT. THAT BENEFIT HAS SUBSEQUENTLY BEEN OFFERED TO OTHER SENIOR MANAGEMENT MEMBERS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A. THERE IS NO OTHER DEFINED POLICY REGARDING ANNUAL HEALTHCLUB MEMBERSHIPS.
PART I, LINE 4B	BRIAN HASSETT, PRESIDENT & CEO, PARTICIPATES IN A SUPPLEMENTAL, NON-QUALIFIED DEFINED CONTRIBUTION 457(F) PLAN MAINTAINED BY THE ORGANIZATION. NO DISTRIBUTION WAS MADE IN YEAR 2020. THE FIRST DISTRIBUTION IS SCHEDULED TO BE MADE IN THE FIRST QUARTER OF 2021, AS HIS VEST DATE OCCURS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF MIDDLE TENNESSEE INC

Employer identification number  
62-0533104

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
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 SUPPLIES )	X	63,864	256,545	FAIR MARKET VALUE
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

<b>29</b>	
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**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .

	Yes	No
<b>30a</b>		No

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

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

<b>31</b>	Yes	
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**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

<b>32a</b>		No
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**b** If "Yes," describe in Part II.

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

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

Return Reference	Explanation
SCHEDULE M, PART 1, COLUMN (B)	PART 1, COLUMN (B) REPRESENTS AN ESTIMATE OF THE NUMBER OF ITEMS CONTRIBUTED.

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020****Open to Public Inspection**

Department of the Treasury

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE INC

Employer identification number

62-0533104

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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.

**990 Schedule O, Supplemental Information**

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



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C	ORGANIZATION'S BOARD OF TRUSTEES IS RESPONSIBLE FOR THE SELECTION AND OVERSIGHT OF THE INDEPENDENT AUDITOR. THERE HAVE BEEN NO CHANGES MADE IN THE CURRENT YEAR RELATED TO THE OVERSIGHT / SELECTION PROCESS.