

# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

FOR THE YEAR ENDING  
DECEMBER 31, 2013

<b>Prepared for</b>	UNITED WAY OF MIDDLE TENNESSEE, INC 250 VENTURE CIRCLE NASHVILLE, TN 37228
<b>Prepared by</b>	
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
**UNITED WAY OF MIDDLE TENNESSEE, INC**  
 Doing Business As **UNITED WAY OF METROPOLITAN NASHV**  
 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**

**F** Name and address of principal officer: **ERIC D DEWEY**  
**SAME AS C ABOVE**

**G** Gross receipts \$ **28,640,451.**

**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)

**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**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>AS A CATALYST FOR PROACTIVE, LASTING AND MEASURABLE CHANGE, UNITED WAY FOCUSES ON FINDING</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	44
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	44
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	66
	6	Total number of volunteers (estimate if necessary)	6	3316
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 19,975,891.	Current Year 21,699,626.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	54,955.	785,035.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,035,888.	410,241.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,066,734.	22,894,902.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,114,844.	16,234,017.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,189,416.	3,582,465.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	2,045,201.	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,039,624.	2,122,321.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,343,884.	21,938,803.
	19	Revenue less expenses. Subtract line 18 from line 12	<277,150.>	956,099.
	20	Total assets (Part X, line 16)	Beginning of Current Year 26,823,210.	End of Year 29,147,328.
	21	Total liabilities (Part X, line 26)	8,510,815.	8,429,761.
22	Net assets or fund balances. Subtract line 21 from line 20	18,312,395.	20,717,567.	

**Part II Signature Block**

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

Sign Here

Signature of officer: *Eric Dewey*  
 Date: **SEPTEMBER 29, 2014**

ERIC D DEWEY, PRESIDENT AND CEO  
 Type or print name and title

Paid Preparer Use Only

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

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

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

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 [X]

1 Briefly describe the organization's mission: UNITED WAY OF METROPOLITAN NASHVILLE SERVES AS A COMMUNITY COLLABORATOR WHO INCREASES THE ORGANIZED CAPACITY OF THE COMMUNITY TO IMPROVE THE EDUCATION, FINANCIAL STABILITY AND HEALTH OF THE COMMUNITY.

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 7,773,522. including grants of \$ 6,788,423.) (Revenue \$ ) THE OUTCOME BASED INVESTMENTS PROGRAM PROVIDES FUNDING SUPPORT TO 150 COMMUNITY BASED PROGRAMS IN 63 NONPROFIT AGENCIES IN DAVIDSON COUNTY, TN. THESE PROGRAMS SERVE OVER 61,200 LOW INCOME, VULNERABLE CHILDREN, FAMILIES 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- OVER 9,000 CHILDREN ENTERED SCHOOL READY TO LEARN, IMPROVED GRADES OR INCREASED KNOWLEDGE, SKILLS AND RESISTANCE TO NEGATIVE PEER PRESSURE. FINANCIAL STABILITY- 10,000 CLIENTS BENEFITED FROM FREE TAX PREPARATION AND 800 CLIENTS CREATED LONG TERM FINANCIAL PLANS TO REDUCE DEBT AND INCREASE SAVINGS. IN HEALTH, MORE THAN 5,400 INDIVIDUALS RECEIVED HOME AND COMMUNITY BASED SERVICES, ACCESSED HEALTH SCREENINGS AND EDUCATION,

4b (Code: ) (Expenses \$ 4,566,758. including grants of \$ 4,315,953.) (Revenue \$ ) UNITED WAY ADMINISTERS FOUR FEDERAL GRANTS AWARDED TO STATE AND LOCAL HEALTH DEPARTMENTS THROUGH THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AND THE CENTER FOR DISEASE CONTROL (CDC) THAT ARE FOCUSED ON HIV CARE AND PREVENTION. THREE RYAN WHITE/CARE GRANTS FOCUS ON PROVIDING CORE MEDICAL (OUTPATIENT AMBULATORY CARE, EARLY INTERVENTION SERVICES, MEDICAL CASE MANAGEMENT, MENTAL HEALTH, ORAL HEALTH CARE, ETC.) AND SUPPORT SERVICES (NON-MEDICAL CASE MANAGEMENT, FOOD BANK/HOME-DELIVERED MEALS, TRANSPORTATION, ETC.) TO INDIVIDUALS LIVING IN MIDDLE TENNESSEE AND THE NASHVILLE/DAVIDSON COUNTY TRANSITIONAL GRANT AREA. OVER 2,900 ARE SERVED ANNUALLY. THE CDC/HIV PREVENTION GRANT FOCUSES ON PROVIDING PREVENTION AND EDUCATION SERVICES TO THREE TARGET POPULATIONS AT HIGH RISK FOR HIV/LIVING WITH HIV. OVER

4c (Code: ) (Expenses \$ 4,030,420. including grants of \$ 4,030,420.) (Revenue \$ 361,442.) 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 501(C)(3), HAVE A HEALTH AND HUMAN SERVICES FOCUS, AND HAVE A PRESENCE IN THE MIDDLE TENNESSEE COMMUNITY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,080,244. including grants of \$ 1,099,221.) (Revenue \$ 81,857.)

4e Total program service expenses 18,450,944.

**Part IV Checklist of Required Schedules**

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



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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
<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 Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Form 990 (2013)

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> <u>44</u> 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>b</b>	Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> <u>44</u>		
<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? .....		X
<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? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **TN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain 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, physical address, and telephone number of the person who possesses the books and records of the organization: ►  
**MARY JO WIGGINS, SR. DIRECTOR & CFO - 615-255-8501**  
**250 VENTURE CIRCLE, NASHVILLE, TN 37228**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DON ABEL TRUSTEE	2.00	X						0.	0.	0.
(2) JAMES BEARDEN TRUSTEE	2.00	X						0.	0.	0.
(3) SCOTT BECKER SECRETARY - BOARD OF TRUSTEES	4.00	X		X				0.	0.	0.
(4) LISA HOOKER CAMPBELL TRUSTEE	2.00	X						0.	0.	0.
(5) MICHAEL CARTER, SR. EMERITUS TRUSTEE	2.00	X						0.	0.	0.
(6) DON COCHRON EX OFFICIO TRUSTEE	2.00	X						0.	0.	0.
(7) ANNE DAVIS TRUSTEE	2.00	X						0.	0.	0.
(8) DENNIS DELANEY TRUSTEE	2.00	X						0.	0.	0.
(9) ROBERT DENNIS VICE CHAIR - BOARD OF TRUSTEES	4.00	X		X				0.	0.	0.
(10) ROBERT DITTUS TRUSTEE	2.00	X						0.	0.	0.
(11) MARGARET O. DOLAN IMMEDIATE PAST BOARD CHAIR AND STRAT	4.00	X		X				0.	0.	0.
(12) RENEE DRAKE TRUSTEE	2.00	X						0.	0.	0.
(13) JIM DUENSING TREASURER AND FINANCE CHAIR - BOARD	4.00	X		X				0.	0.	0.
(14) MARK FIORAVANTI TRUSTEE	2.00	X						0.	0.	0.
(15) DAVID FREEMAN TRUSTEE	2.00	X						0.	0.	0.
(16) GARY GARFIELD TRUSTEE	2.00	X						0.	0.	0.
(17) TAMMY GENOVESE TRUSTEE	2.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GERARD GERAGHTY EMERITUS TRUSTEE	2.00	X						0.	0.	0.
(19) HON. ALBERTO R. GONZALES TRUSTEE	2.00	X						0.	0.	0.
(20) KEN HARMS TRUSTEE	2.00	X						0.	0.	0.
(21) TONY HEARD EMERITUS TRUSTEE	2.00	X						0.	0.	0.
(22) KATE HERMAN TRUSTEE	2.00	X						0.	0.	0.
(23) DAMON HININGER CAMPAIGN VICE CHAIR - BOARD OF TRUST	4.00	X	X					0.	0.	0.
(24) DAN HOGAN TRUSTEE	2.00	X						0.	0.	0.
(25) CAROL HUDLER TRUSTEE	2.00	X						0.	0.	0.
(26) R. MILTON JOHNSON TRUSTEE	2.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								714,589.	0.	88,959.
<b>d Total (add lines 1b and 1c)</b>								714,589.	0.	88,959.

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 **4**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
VACO 5410 MARYLAND WAY, BRENTWOOD, TN 37027	HR & IT CONSULTING & EMPLOYEE RECRUITMEN	361,721.
PHIL MARTIN, 6000 HICKORY VALLEY ROAD, NASHVILLE, TN 37205	PUBLIC RELATIONS & ADVERTISING	125,111.

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LEE JONES TRUSTEE	2.00	X						0.	0.	0.
(28) JENNEEN KAUFMAN TRUSTEE	2.00	X						0.	0.	0.
(29) WILLIAM C. KOCH, JR. TRUSTEE	2.00	X						0.	0.	0.
(30) L. RANDOLPH LOWRY III TRUSTEE	2.00	X						0.	0.	0.
(31) CHERYL WHITE MASON TRUSTEE	2.00	X						0.	0.	0.
(32) SCOTT MCWILLIAMS TRUSTEE	2.00	X						0.	0.	0.
(33) GREGG MORTON CHAIRMAN- BOARD OF TRUSTEES	4.00	X		X				0.	0.	0.
(34) MARCY PRUETT TRUSTEE	2.00	X						0.	0.	0.
(35) WAYNE RILEY TRUSTEE	2.00	X						0.	0.	0.
(36) ANNE RUSSELL EMERITUS TRUSTEE	2.00	X						0.	0.	0.
(37) MIKE SCHATZLEIN TRUSTEE	2.00	X						0.	0.	0.
(38) JIM SCHMITZ CAMPAIGN CHAIR- TRUSTEE	4.00	X		X				0.	0.	0.
(39) WAYNE SMITH TRUSTEE	2.00	X						0.	0.	0.
(40) DEBORAH TATE EX OFFICIO TRUSTEE	2.00	X						0.	0.	0.
(41) KIM THOMASON OBI LEADERSHIP CHAIR- BOARD OF TRUST	4.00	X		X				0.	0.	0.
(42) JOHN TISHLER TRUSTEE	2.00	X						0.	0.	0.
(43) JAMES WEAVER GOVERNMENT RELATIONS COMMITTEE CHAIR	4.00	X		X				0.	0.	0.
(44) ERIC DEWEY PRESIDENT AND CEO	40.00			X				300,494.	0.	57,218.
(45) MARY JO WIGGINS SR. DIRECTOR, CHIEF FINANCIAL OFFICE	40.00			X				154,773.	0.	12,310.
(46) ED LEMIEUX II SR. DIRECTOR, MARKETING & COMMUNITY	40.00				X			158,072.	0.	12,983.
Total to Part VII, Section A, line 1c										



**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>1 a</b> Federated campaigns	<b>1a</b> 318,283.				
	<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> 4,871,243.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 16,510,100.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	280,922.				
	<b>h Total.</b> Add lines 1a-1f	▶ 21,699,626.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>				
	<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	▶				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	▶ 185,737.			185,737.	
	<b>4</b> Income from investment of tax-exempt bond proceeds	▶				
	<b>5</b> Royalties	▶				
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses	5,719,838.			
		<b>c</b> Gain or (loss)	599,298.			
	<b>d</b> Net gain or (loss)	▶ 599,298.			599,298.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b> 59,582.				
		<b>b</b> Less: direct expenses	<b>b</b> 25,711.			
<b>c</b> Net income or (loss) from fundraising events		▶ 33,871.			33,871.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory	▶				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> SERVICE FEES	999999	361,442.	361,442.			
<b>b</b> MISCELLANEOUS INCOME	999999	81,857.	81,857.			
<b>c</b> EMPLOYEE RETIREMENT PLAN LOSS	999999	<66,929.>			<66,929.>	
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	▶	376,370.				
<b>12 Total revenue.</b> See instructions.	▶	22,894,902.	443,299.	0.	751,977.	



**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	16,234,017.	16,234,017.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. 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	640,735.	77,858.	242,136.	320,741.
<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)				
<b>7</b> Other salaries and wages	2,402,108.	1,137,638.	497,921.	766,549.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	110,903.	39,697.	34,331.	36,875.
<b>9</b> Other employee benefits	222,844.	87,901.	60,082.	74,861.
<b>10</b> Payroll taxes	205,875.	86,831.	45,008.	74,036.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	24,659.		24,659.	
<b>c</b> Accounting	64,875.	11,000.	53,875.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	606,251.	194,952.	197,012.	214,287.
<b>12</b> Advertising and promotion	406,368.	200,249.	11,853.	194,266.
<b>13</b> Office expenses	317,502.	133,838.	66,230.	117,434.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	153,356.	74,069.	38,032.	41,255.
<b>17</b> Travel	88,547.	27,362.	29,423.	31,762.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	129,775.	46,899.	24,966.	57,910.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	171,534.	51,460.	44,807.	75,267.
<b>22</b> Depreciation, depletion, and amortization	72,210.	29,440.	23,570.	19,200.
<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	87,244.	17,733.	48,753.	20,758.
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	21,938,803.	18,450,944.	1,442,658.	2,045,201.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	2,907,793.	<b>2</b>	2,975,818.
	<b>3</b> Pledges and grants receivable, net .....	10,300,050.	<b>3</b>	10,898,585.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<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 .....	45,273.	<b>9</b>	89,915.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,134,935.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,688,764.	466,894.	<b>10c</b> 446,171.
	<b>11</b> Investments - publicly traded securities .....	11,346,239.	<b>11</b>	13,077,824.
	<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 .....	1,756,961.	<b>15</b>	1,659,015.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	26,823,210.	<b>16</b>	29,147,328.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	636,634.	<b>17</b>	616,199.
	<b>18</b> Grants payable .....	7,874,181.	<b>18</b>	7,813,562.
	<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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	8,510,815.	<b>26</b>	8,429,761.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1,646,613.	<b>27</b>	1,674,910.
	<b>28</b> Temporarily restricted net assets .....	9,065,177.	<b>28</b>	11,442,052.
	<b>29</b> Permanently restricted net assets .....	7,600,605.	<b>29</b>	7,600,605.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	18,312,395.	<b>33</b>	20,717,567.	
<b>34</b> Total liabilities and net assets/fund balances .....	26,823,210.	<b>34</b>	29,147,328.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,894,902.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,938,803.
3	Revenue less expenses. Subtract line 2 from line 1	3	956,099.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,312,395.
5	Net unrealized gains (losses) on investments	5	1,449,073.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,717,567.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2013)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <input type="checkbox"/>	11g(i)	
(ii) A family member of a person described in (i) above? <input type="checkbox"/>	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? <input type="checkbox"/>	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	21367993.	20746978.	21157016.	19975891.	21699626.	104947504
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	21367993.	20746978.	21157016.	19975891.	21699626.	104947504
<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) .....						2230907.
<b>6 Public support.</b> Subtract line 5 from line 4.						102716597

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	21367993.	20746978.	21157016.	19975891.	21699626.	104947504
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	5,655.	14,080.	202.	54,955.	185,737.	260,629.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						105208133
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	97.63 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	97.77 %
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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



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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

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

[ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)



Name of organization <b>UNITED WAY OF MIDDLE TENNESSEE, INC</b>	Employer identification number <b>62-0533104</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>847,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>3,523,469.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>1,044,622.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF MIDDLE TENNESSEE, INC</b>	Employer identification number  <b>62-0533104</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>UNITED WAY OF MIDDLE TENNESSEE, INC</b>	Employer identification number <b>62-0533104</b>
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**Part III** *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

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

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

- a  Public exhibition
- 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21?  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" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,923,678.	10,382,682.	10,917,961.	10,205,843.	9,440,654.
b Contributions	43,162.	63,618.			
c Net investment earnings, gains, and losses	1,576,772.	1,244,678.	<35,279.>	1,312,118.	1,395,189.
d Grants or scholarships					
e Other expenditures for facilities and programs	545,000.	3,725,000.	500,000.	600,000.	630,000.
f Administrative expenses	32,987.	42,300.			
g End of year balance	8,965,625.	7,923,678.	10,382,682.	10,917,961.	10,205,843.

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

- a Board designated or quasi-endowment ▶ 1.00 %
- b Permanent endowment ▶ 85.00 %
- c Temporarily restricted endowment ▶ 14.00 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

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

Complete if the organization answered "Yes" to 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
1a Land		272,715.		272,715.
b Buildings		968,690.	968,690.	0.
c Leasehold improvements		644,391.	530,027.	114,364.
d Equipment		1,249,139.	1,190,047.	59,092.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				446,171.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLE	44,417.
(2) NET PENSION ASSETS	473,168.
(3) CASH SURRENDER VALUE OF DONOR LIFE INSURANCE POLICIES	1,141,430.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,659,015.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	20,313,555.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	1,449,073.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,449,073.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	18,864,482.
<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>	4,030,420.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	4,030,420.
<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>	22,894,902.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	17,908,383.
<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>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	17,908,383.
<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>	4,030,420.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	4,030,420.
<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>	21,938,803.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

EXPLANATION: 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.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CAMPAIGN CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES 4,030,420.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CAMPAIGN CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES 4,030,420.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<b>DINNER EVENT</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	59,582.			59,582.
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	59,582.			59,582.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	2,410.			2,410.
	<b>7</b> Food and beverages .....	17,192.			17,192.
	<b>8</b> Entertainment .....	600.			600.
	<b>9</b> Other direct expenses .....	5,509.			5,509.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				25,711.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				33,871.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**UNITED WAY OF MIDDLE TENNESSEE, INC**

Employer identification number  
**62-0533104**

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes  No

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
100 BLACK MEN OF MIDDLE TENNESSEE, INC - 301 DONELSON PIKE - NASHVILLE, TN 37214	58-1984750	501(C)3	5,027.	0.			DESIGNATION
ADVENTURE SCIENCE CENTER 800 FORT NEGLEY BLVD NASHVILLE, TN 37203	62-0479192	501(C)3	10,331.	0.			DESIGNATION
AGAPE 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	62-1586158	501(C)3	13,776.	0.			DESIGNATION
ALIVE HOSPICE, INC. 1718 PATTERSON ST NASHVILLE, TN 37203	62-0983550	501(C)3	109,829.	0.			DESIGNATION
ALIVE HOSPICE, INC. 1718 PATTERSON ST NASHVILLE, TN 37203	62-0983550	501(C)3	113,532.	0.			PROGRAM OPNS (OBI)
ALZHEIMERS ASSOCIATION OF MIDDLE TN - 4205 HILLSBORO PIKE SUITE 216 - NASHVILLE, TN 37215	62-1437684	501(C)3	27,992.	0.			DESIGNATION

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

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

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

Schedule I (Form 990) (2013)



Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY DAVIDSON 2000 CHARLOTTE AVENUE NASHVILLE, TN 37203	13-1788491	501(C)3	34,415.	0.			DESIGNATION
AMERICAN DIABETES ASSOCIATION DAVIDSON - 220 GREAT CIRCLE ROAD SUITE 134 - NASHVILLE, TN 37228	13-1623888	501(C)3	9,013.	0.			DESIGNATION
AMERICAN HEART ASSOCIATION DAVIDSON - 1818 PATTERSON RD. - NASHVILLE, TN 37203	13-5613797	501(C)3	13,258.	0.			DESIGNATION
AMERICAN RED CROSS DAVIDSON 2201 CHARLOTTE AVE NASHVILLE, TN 37203	53-0196605	501(C)3	106,800.	0.			PROGRAM OPNS (OBI)
AMERICAN RED CROSS DAVIDSON 2201 CHARLOTTE AVE NASHVILLE, TN 37203	53-0196605	501(C)3	85,074.	0.			DESIGNATION
BETHESDA CENTER 108 S MAIN ST ASHLAND CITY, TN 37015	58-2015542	501(C)3	13,331.	0.			PROGRAM OPNS (OBI)
BETHLEHEM CENTERS OF NASHVILLE 1417 CHARLOTTE AVE NASHVILLE, TN 37203	62-0843073	501(C)3	11,257.	0.			DESIGNATIONS
BETHLEHEM CENTERS OF NASHVILLE 1417 CHARLOTTE AVE NASHVILLE, TN 37203	62-0843073	501(C)3	116,292.	0.			PROGRAM OPNS (OBI)
BETHLEHEM CENTERS OF NASHVILLE 1417 CHARLOTTE AVE NASHVILLE, TN 37203	62-0843073	501(C)3	4,334.	0.			GRANTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS & BIG SISTERS OF MIDDLE TENNESSEE - 1704 CHARLOTTE AVENUE - NASHVILLE, TN 37203	23-7056024	501(C)3	24,303.	0.			DESIGNATION
BIG BROTHERS & BIG SISTERS OF MIDDLE TENNESSEE - ONE VANTAGE WAY, SUITE C250 - NASHVILLE, TN 37228	23-7056024	501(C)3	108,131.	0.			PROGRAM OPNS (OBI)
BLUE MONARCH PO BOX 1207 MONTEAGLE, TN 37356	82-0584070	501(C)3	10,000.	0.			DESIGNATION
BOY SCOUTS OF AMERICA MIDDLE TN COUNCIL - PO BOX 150409 - NASHVILLE, TN 37215	62-0477729	501(C)3	49,996.	0.			DESIGNATION
BOYS & GIRLS CLUB DAVIDSON 624 GRASSMERE PARK DRIVE NASHVILLE, TN 37204	62-0540402	501(C)3	35,167.	0.			DESIGNATION
BOYS & GIRLS CLUB RUTHERFORD 820 JONES BLVD. MURFREESBORO, TN 37129	62-0540402	501(C)3	14,306.	0.			DESIGNATION
BRIDGES 415 4TH AVE S NASHVILLE, TN 37201	62-0498798	501(C)3	9,259.	0.			DESIGNATION
BRIDGES 415 4TH AVE S NASHVILLE, TN 37201	62-0498798	501(C)3	32,483.	0.			PROGRAM OPNS (OBI)
CAMPUS FOR HUMAN DEVELOPMENT PO BOX 25309 NASHVILLE, TN 37202	62-0811413	501(C)3	19,903.	0.			DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA DAVIDSON COUNTY 601 WOODLAND ST NASHVILLE, TN 37206	62-1203459	501(C)3	9,062.	0.			DESIGNATION
CATHOLIC CHARITIES OF TENN. INC 30 WHITE BRIDGE ROAD NASHVILLE, TN 37205	62-0679520	501(C)3	321,334.	0.			PROGRAM OPNS (OBI)
CATHOLIC CHARITIES OF TENN. INC 30 WHITE BRIDGE ROAD NASHVILLE, TN 37205	62-0679520	501(C)3	73,275.	0.			DESIGNATION
CENTERSTONE COMMUNITY MENTAL HEALTH CENTERS, INC. - PO BOX 40406 - NASHVILLE, TN 37204	62-6381986	501(C)3	9,644.	0.			DESIGNATION
CHURCHES OF CHRIST DISASTER EFFORT, INC - 410 ALLIED DRIVE - NASHVILLE, TN 37211	62-1560072	501(C)3	5,125.	0.			DESIGNATION
COLUMBIA CARES 319-D WEST 7TH STREET COLUMBIA, TN 38401	62-1513020	501(C)3	127,482.	0.			GRANTS
COMMUNITY FOUNDATION OF MIDDLE TENNESSEE - 3833 CLEGHORN AVENUE - NASHVILLE, TN 37215	62-1471789	501(C)3	12,066.	0.			DESIGNATION
COMMUNITY HEALTH CHARITIES 220 ATHENS WAY SUITE 480 NASHVILLE, TN 37228	23-7456385	501(C)3	45,907.	0.			DESIGNATION
COMMUNITY SHARES 107 WEST MAIN STREET KNOXVILLE, TN 37902	62-1233685	501(C)3	33,713.	0.			DESIGNATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONEXION AMERICAS 800 18TH AVE S # A NASHVILLE, TN 37203	62-1715618	501(C)3	5,973.	0.			DESIGNATION
CONEXION AMERICAS 800 18TH AVE S # A NASHVILLE, TN 37203	62-1715618	501(C)3	524.	0.			GRANTS
CONEXION AMERICAS 800 18TH AVE S # A NASHVILLE, TN 37203	62-1715618	501(C)3	90,191.	0.			PROGRAM OPNS ( OBI )
CURREY INGRAM ACADEMY 6445 MURRAY LN BRENTWOOD, TN 37027	62-1296326	501(C)3	15,748.	0.			DESIGNATION
CYSTIC FIBROSIS FOUNDATION 4825 TROUSDALE DRIVE NASHVILLE, TN 37220	62-0851705	501(C)3	15,153.	0.			DESIGNATION
DISMAS HOUSE- NASHVILLE 1513 16TH AVENUE SOUTH NASHVILLE, TN 37212	23-7376100	501(C)3	13,000.	0.			PROGRAM OPNS ( OBI )
DISMAS HOUSE- NASHVILLE 1513 16TH AVENUE SOUTH NASHVILLE, TN 37212	23-7376100	501(C)3	2,286.	0.			DESIGNATION
DOMESTIC VIOLENCE PROGRAM RUTHERFORD - 826 MEMORIAL BOULEVARD #205 - MURFREESBORO, TN 37129	63-1303874	501(C)3	5,643.	0.			DESIGNATION
EASTER SEAL SOCIETY OF TN, INC. 3011 ARMORY DR SUITE 100 NASHVILLE, TN 37204	62-0504893	501(C)3	19,156.	0.			DESIGNATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EIGHTEENTH AVENUE FAMILY ENRICHMENT CENTER - 1811 OSAGE ST - NASHVILLE, TN 37208	62-0562855	501(C)3	74,217.	0.			PROGRAM OPNS (OBI)
EIGHTEENTH AVENUE FAMILY ENRICHMENT CENTER - 1811 OSAGE ST - NASHVILLE, TN 37208	62-0562855	501(C)3	11,113.	0.			DESIGNATION
ELAM MENTAL HEALTH CENTER 1005 DR. DB TODD JR. BLVD NASHVILLE, TN 37208	62-0488046	501(C)3	45,301.	0.			GRANTS
FAITHFAMILY MEDICAL CENTER 326 21ST AVE N NASHVILLE, TN 37203	62-1816811	501(C)3	6,239.	0.			DESIGNATION
FAMILY & CHILDREN'S SERVICE 201 23RD AVE N NASHVILLE, TN 37203	62-0499284	501(C)3	439,073.	0.			PROGRAM OPNS (OBI)
FAMILY & CHILDREN'S SERVICE 201 23RD AVE N NASHVILLE, TN 37203	62-0499284	501(C)3	510,593.	0.			GRANTS
FAMILY & CHILDREN'S SERVICE 201 23RD AVE N NASHVILLE, TN 37203	62-0499284	501(C)3	16,693.	0.			DESIGNATION
FANNIE BATTLE DAY HOME FOR CHILDREN, INC. - 911 SHELBY AVENUE - NASHVILLE, TN 37206	62-1859820	501(C)3	3,952.	0.			DESIGNATION
FANNIE BATTLE DAY HOME FOR CHILDREN, INC. - 911 SHELBY AVENUE - NASHVILLE, TN 37206	62-1859820	501(C)3	71,540.	0.			PROGRAM OPNS (OBI)

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIFTYFORWARD FOUNDATION (FORMERLY SENIOR CITIZEN'S, INC.) - 174 RAINS AVENUE - NASHVILLE, TN 37203	62-1202660	501(C)3	24,415.	0.			DESIGNATION
FIFTYFORWARD FOUNDATION (FORMERLY SENIOR CITIZEN'S, INC.) - 174 RAINS AVENUE - NASHVILLE, TN 37203	62-1202660	501(C)3	308,621.	0.			PROGRAM OPNS (OBI)
FIRST STEPS, INC. 4414 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0674974	501(C)3	123,946.	0.			PROGRAM OPNS (OBI)
FIRST STEPS, INC. 4414 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0674974	501(C)3	4,159.	0.			DESIGNATION
FRIST CENTER FOR THE VISUAL ARTS 919 BROADWAY NASHVILLE, TN 37203	62-1731495	501(C)3	12,759.	0.			DESIGNATION
GILDA'S CLUB NASHVILLE 1707 DIVISION STREET NASHVILLE, TN 37203	62-1614190	501(C)3	9,351.	0.			DESIGNATION
GIRL SCOUTS OF MIDDLE TN 4522 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0589380	501(C)3	13,695.	0.			DESIGNATION
GOODWILL INDUSTRIES OF MIDDLE TENNESSEE, INC. - 1015 HERMAN STREET - NASHVILLE, TN 37208	62-0599413	501(C)3	38,157.	0.			PROGRAM OPNS (OBI)
GOODWILL INDUSTRIES OF MIDDLE TN DAVIDSON - 1015 HERMAN STREET - NASHVILLE, TN 37208	62-0599413	501(C)3	4,063.	0.			DESIGNATION



Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE M. EATON CHILD CARE & PARENT RESOURCE CENTER - 1708 PEARL ST - NASHVILLE, TN 37203	62-0481797	501(C)3	2,052.	0.			DESIGNATION
GRACE M. EATON CHILD CARE & PARENT RESOURCE CENTER - 1708 PEARL ST - NASHVILLE, TN 37203	62-0481797	501(C)3	96,000.	0.			PROGRAM OPNS (OBI)
GRACEWORKS MINISTRIES, INC. 104 SOUTH EAST PARKWAY SUITE 104 FRANKLIN, TN 37064	62-1584204	501(C)3	5,780.	0.			DESIGNATION
GREATER NASHVILLE REGIONAL COUNCIL 501 UNION STREET, 6TH FLOOR NASHVILLE, TN 37219	62-0789610	501(C)3	6,611.	0.			GRANTS
GREENWAYS FOR NASHVILLE PO BOX 196340 NASHVILLE, TN 37219	62-1570596	501(C)3	6,237.	0.			DESIGNATION
GUARDIANSHIP AND TRUSTS CORPORATION OF TENNESSEE - 501 UNION ST STE 404 - NASHVILLE, TN 37219	58-1454706	501(C)3	1,454.	0.			DESIGNATION
GUARDIANSHIP AND TRUSTS CORPORATION OF TENNESSEE - 501 UNION ST STE 404 - NASHVILLE, TN 37219	58-1454706	501(C)3	24,325.	0.			PROGRAM OPNS (OBI)
HABITAT FOR HUMANITY NASHVILLE 1006 8TH AVENUE SOUTH NASHVILLE, TN 37203	58-1636286	501(C)3	12,880.	0.			DESIGNATION
HOPE CLINIC FOR WOMEN 1810 HAYES STREET NASHVILLE, TN 37203	62-1164825	501(C)3	7,760.	0.			DESIGNATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPITAL HOSPITALITY HOUSE 214 REIDHURST AVE NASHVILLE, TN 37203	62-0909363	501(C)3	8,269.	0.			DESIGNATION
HUMANE ASSOCIATION WILSON COUNTY DBA NEW LEASH ON LIFE - PO BOX 247 - LEBANON, TN 37088	62-1048196	501(C)3	5,403.	0.			DESIGNATION
INTERFAITH DENTAL CLINIC OF NASHVILLE - 1721 PATTERSON ST - NASHVILLE, TN 37203	62-1567615	501(C)3	107,566.	0.			PROGRAM OPNS (OBI)
INTERFAITH DENTAL CLINIC OF NASHVILLE - 1721 PATTERSON ST - NASHVILLE, TN 37203	62-1567615	501(C)3	5,674.	0.			DESIGNATION
JEWISH FAMILY SERVICE 801 PERCY WARNER BLVD SUITE 103 NASHVILLE, TN 37205	62-0475746	501(C)3	6,102.	0.			DESIGNATION
JEWISH FEDERATION OF SOUTH PALM BEACH COUNTY - 4601 COMMUNITY DR - WEST PALM BEACH, FL 33417	59-0948696	501(C)3	81,952.	0.			DESIGNATION
JUNIOR ACHIEVEMENT/DAVIDSON 120 POWELL PLACE NASHVILLE, TN 37204	62-0582571	501(C)3	5,859.	0.			DESIGNATION
KING'S DAUGHTER DAY HOME 590 N DUPONT AVE NASHVILLE, TN 37115	62-0729602	501(C)3	108,073.	0.			PROGRAM OPNS (OBI)
KING'S DAUGHTER DAY HOME 590 N DUPONT AVE NASHVILLE, TN 37115	62-0729602	501(C)3	5,512.	0.			DESIGNATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LADIES OF CHARITY WELFARE AGENCY, INC. - 2216 STATE ST - NASHVILLE, TN 37203	62-0481799	501(C)3	67,370.	0.			PROGRAM OPNS (OBI)
LADIES OF CHARITY WELFARE AGENCY, INC. - 2216 STATE ST - NASHVILLE, TN 37203	62-0481799	501(C)3	3,154.	0.			DESIGNATION
LEGAL AID SOCIETY OF MIDDLE TN AND THE CUMBERLANDS - 300 DEADERICK ST - NASHVILLE, TN 37201	62-0800756	501(C)3	17,753.	0.			DESIGNATION
LEGAL AID SOCIETY OF MIDDLE TN AND THE CUMBERLANDS - 300 DEADERICK ST - NASHVILLE, TN 37201	62-0800756	501(C)3	87,047.	0.			PROGRAM OPNS (OBI)
LOAVES & FISHES HOLY NAME CHURCH 30 WHITE BRIDGE RD NASHVILLE, TN 37205	62-1692703	501(C)3	6,400.	0.			DESIGNATION
MAGDALENE PO BOX 6330-B NASHVILLE, TN 37235	58-2050089	501(C)3	15,010.	0.			PROGRAM OPNS (OBI)
MAGDALENE PO BOX 6330-B NASHVILLE, TN 37235	58-2050089	501(C)3	25,028.	0.			DESIGNATION
MAKE A WISH OF MIDDLE TN 209 10TH AVENUE SOUTH NASHVILLE, TN 37203	62-1833327	501(C)3	12,702.	0.			DESIGNATION
MARCH OF DIMES THE OAKS #201 1101 KERMIT DR NASHVILLE, TN 37217	13-1846366	501(C)3	6,040.	0.			DESIGNATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARTHA O' BRYAN CENTER, INC. 711 SOUTH SEVENTH STREET NASHVILLE, TN 37205	62-0477728	501(C)3	37,303.	0.		DESIGNATION	
MARTHA O' BRYAN CENTER, INC. 711 SOUTH SEVENTH STREET NASHVILLE, TN 37205	62-0477728	501(C)3	392,009.	0.		PROGRAM OPNS (OBI)	
MARTHA O' BRYAN CENTER, INC. 711 SOUTH SEVENTH STREET NASHVILLE, TN 37205	62-0477728	501(C)3	4,584.	0.		GRANTS	
MATTHEW 25, INC. P O BOX 158461 NASHVILLE, TN 37215	58-1673641	501(C)3	15,501.	0.		PROGRAM OPNS (OBI)	
MATTHEW 25, INC. P O BOX 158461 NASHVILLE, TN 37215	58-1673641	501(C)3	1,085.	0.		DESIGNATION	
MATTHEW WALKER COMPREHENSIVE HEALTH CENTER, INC. - 1035 14TH AVE - NASHVILLE, TN 37208	62-1035426	501(C)3	4,891.	0.		DESIGNATION	
MATTHEW WALKER COMPREHENSIVE HEALTH CENTER, INC. - 1035 14TH AVE - NASHVILLE, TN 37208	62-1035426	501(C)3	457.	0.		GRANTS	
MATTHEW WALKER COMPREHENSIVE HEALTH CENTER, INC. - 1035 14TH AVE - NASHVILLE, TN 37208	62-1035426	501(C)3	50,000.	0.		PROGRAM OPNS (OBI)	
McNEILLY CENTER FOR CHILDREN 400 MERIDIAN ST NASHVILLE, TN 37207	62-0479366	501(C)3	372,524.	0.		PROGRAM OPNS (OBI)	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONEILLY CENTER FOR CHILDREN 400 MERIDIAN ST NASHVILLE, TN 37207	62-0479366	501(C)3	4,165.	0.			DESIGNATION
MEHARRY MEDICAL COLLEGE 1005 DR, DB TODD JR. BLVD NASHVILLE, TN 37208	62-0488046	501(C)3	148,762.	0.			GRANTS
MEHARRY MEDICAL COLLEGE 1005 DR, DB TODD JR. BLVD NASHVILLE, TN 37208	62-0488046	501(C)3	24,378.	0.			DESIGNATION
MEMPHIS PUBLIC LIBRARY 3030 POPLAR AVE MEMPHIS, TN 38111	62-1590768	501(C)3	10,056.	0.			GRANTS
MENTAL HEALTH ASSOCIATION OF MIDDLE TENNESSEE - 2416 21ST AVENUE SOUTH, SUITE 201 - NASHVILLE, TN 37212	62-0637710	501(C)3	5,767.	0.			DESIGNATION
MENTAL HEALTH COOPERATIVE 275 CUMBERLAND BEND DRIVE NASHVILLE, TN 37228	58-2018687	501(C)3	66,512.	0.			PROGRAM OPNS (OBI)
MENTAL HEALTH COOPERATIVE 275 CUMBERLAND BEND DRIVE NASHVILLE, TN 37228	58-2018687	501(C)3	3,556.	0.			DESIGNATION
MENTAL HEALTH COOPERATIVE 275 CUMBERLAND BEND DRIVE NASHVILLE, TN 37228	58-2018687	501(C)3	85,719.	0.			GRANTS
METROPOLITAN INTERDENOMINATIONAL CHURCH - 2128 11TH AVENUE NORTH - NASHVILLE, TN 37208	62-1100022	501(C)3	253,956.	0.			GRANT

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MID CUMBERLAND COMMUNITY ACTION AGENCY - 1101 KERMIT DR STE 300 - NASHVILLE, TN 37087	62-0859072	501(C)3	6,000.	0.			GRANTS
MID CUMBERLAND HRA PO BOX 17385 NASHVILLE, TN 37217	62-0923487	501(C)3	15,996.	0.			PROGRAM OPNS (OBI)
MID CUMBERLAND HRA PO BOX 17385 NASHVILLE, TN 37217	62-0923487	501(C)3	23,751.	0.			DESIGNATION
MID TN SUPPORTED LIVING, INC. 1161 MURFREESBORO PIKE # 215 NASHVILLE, TN 37217	62-1659522	501(C)3	38,753.	0.			PROGRAM OPNS (OBI)
MONROE HARDING CHILDREN'S HOME 1120 GLENDALE LANE NASHVILLE, TN 37204	62-0476670	501(C)3	19,597.	0.			PROGRAM OPNS (OBI)
MONROE HARDING CHILDREN'S HOME 1120 GLENDALE LANE NASHVILLE, TN 37204	62-0476670	501(C)3	9,644.	0.			DESIGNATION
MULTIPLE SCLEROSIS SOCIETY OF MIDDLE TENNESSEE - 4219 HILLSBORO ROAD - NASHVILLE, TN 37215	13-5661935	501(C)3	9,404.	0.			DESIGNATION
MUR-CI HOMES, INC. 2984 BABY RUTH LN ANTIOCH, TN 37013	62-0649797	501(C)3	11,228.	0.			DESIGNATION
NASHVILLE ADULT LITERACY COUNCIL 4805 PARK AVE NASHVILLE, TN 37209	58-1488230	501(C)3	134,179.	0.			PROGRAM OPNS (OBI)



Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NASHVILLE ADULT LITERACY COUNCIL 4805 PARK AVE NASHVILLE, TN 37209	58-1488230	501(C)3	6,857.	0.			DESIGNATION
NASHVILLE CARES, INC. 501 BRICK CHURCH PARK DRIVE NASHVILLE, TN 37207	62-1274532	501(C)3	74,266.	0.			PROGRAM OPNS (OBI)
NASHVILLE CARES, INC. 501 BRICK CHURCH PARK DRIVE NASHVILLE, TN 37207	62-1274532	501(C)3	2,130,313.	0.			GRANT
NASHVILLE CARES, INC. 501 BRICK CHURCH PARK DRIVE NASHVILLE, TN 37207	62-1274532	501(C)3	35,215.	0.			DESIGNATION
NASHVILLE CHILDREN'S ALLIANCE 1264 FOSTER AVE NASHVILLE, TN 37210	62-1484097	501(C)3	18,000.	0.			PROGRAM OPNS (OBI)
NASHVILLE CHILDREN'S ALLIANCE 1264 FOSTER AVE NASHVILLE, TN 37210	62-1484097	501(C)3	8,616.	0.			DESIGNATION
NASHVILLE CIVIC DESIGN CENTER 138 2ND AVENUE NORTH SUITE 106 NASHVILLE, TN 37201	31-1743508	501(C)3	8,300.	0.			DESIGNATION
NASHVILLE HUMANE ASSOCIATION 213 OCEOLA AVENUE NASHVILLE, TN 37209	57-1203593	501(C)3	33,935.	0.			DESIGNATION
NASHVILLE INTERNATIONAL CENTER FOR EMPOWERMENT - 3221 NOLENSVILLE PIKE SUITE 103 - NASHVILLE, TN 37211	02-0674431	501(C)3	25,472.	0.			PROGRAM OPNS (OBI)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NASHVILLE OPPORTUNITIES INDUSTRIALIZATION CENTER - 460 10TH CIRCLE NORTH - P. O. BOX 280507 - NASHVILLE, TN 37228	62-0794650	501(C)3	15,684.	0.			PROGRAM OPNS (OBI)
NASHVILLE OPPORTUNITIES INDUSTRIALIZATION CENTER - 460 10TH CIRCLE NORTH - P. O. BOX 280507 - NASHVILLE, TN 37228	62-0794650	501(C)3	3,291.	0.			DESIGNATION
NASHVILLE PUBLIC EDUCATION FOUNDATION - 2400 FAIRFRAX AVENUE - NASHVILLE, TN 37212	48-1266314	501(C)3	40,171.	0.			PROGRAM OPNS (OBI)
NASHVILLE PUBLIC EDUCATION FOUNDATION - 2400 FAIRFRAX AVENUE - NASHVILLE, TN 37212	48-1266314	501(C)3	29,481.	0.			DESIGNATION
NASHVILLE PUBLIC EDUCATION FOUNDATION - 2400 FAIRFRAX AVENUE - NASHVILLE, TN 37212	48-1266314	501(C)3	17,599.	0.			GRANTS
NASHVILLE PUBLIC LIBRARY FOUNDATION - 615 CHURCH ST - NASHVILLE, TN 37219	62-1681766	501(C)3	53,274.	0.			DESIGNATION
NASHVILLE RESCUE MISSION PO BOX 333229 NASHVILLE, TN 37203	62-6018832	501(C)3	37,689.	0.			DESIGNATION
NASHVILLE SYMPHONY ONE SYMPHONY PLACE NASHVILLE, TN 37201	62-0550979	501(C)3	21,940.	0.			DESIGNATION
NASHVILLE YOUNG WOMEN'S CHRISTIAN ASSOCIATION YWCA - 1608 WOODMONT BLVD - NASHVILLE, TN 37215	62-0475702	501(C)3	18,633.	0.			DESIGNATION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NASHVILLE YOUNG WOMEN'S CHRISTIAN ASSOCIATION YWCA - 1608 WOODMONT BLVD - NASHVILLE, TN 37215	62-0475702	501(C)3	237,570.	0.			PROGRAM OPNS (OBI)
NEEDLINK NASHVILLE 1600 56TH AVENUE NORTH NASHVILLE, TN 37209	62-0544852	501(C)3	5,288.	0.			DESIGNATION
NEIGHBORHOODS RESOURCE CENTER 1312 3RD AVE N NASHVILLE, TN 37208	62-1817514	501(C)3	2,907.	0.			DESIGNATION
NEIGHBORHOODS RESOURCE CENTER 1312 3RD AVE N NASHVILLE, TN 37208	62-1817514	501(C)3	159,820.	0.			PROGRAM OPNS (OBI)
NURSES FOR NEWBORNS OF TN 50 VANTAGE WAY NASHVILLE, TN 37228	43-1601329	501(C)3	62,623.	0.			PROGRAM OPNS (OBI)
NURSES FOR NEWBORNS OF TN 50 VANTAGE WAY NASHVILLE, TN 37228	43-1601329	501(C)3	4,982.	0.			DESIGNATION
OASIS CENTER, INC. P.O. BOX 121648 NASHVILLE, TN 37212	62-0968273	501(C)3	548,383.	0.			PROGRAM OPNS (OBI)
OASIS CENTER, INC. P.O. BOX 121648 NASHVILLE, TN 37212	62-0968273	501(C)3	25,112.	0.			DESIGNATION
OLD HICKORY CHRISITAN COMMUNITY OUTREACH - 209 BRIDGEWAY AVE - OLD HICKORY, TN 37138	62-1279200	501(C)3	722.	0.			DESIGNATION

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OLD HICKORY CHRISTIAN COMMUNITY OUTREACH - 209 BRIDGEWAY AVE - OLD HICKORY, TN 37138	62-1279200	501(C)3	13,270.	0.			PROGRAM OPNS (OBI)
ONE (ORGANIZED NEIGHBORS OF EDGEHILL) - 1001 EDGEHILL AVE - NASHVILLE, TN 37203	62-1540325	501(C)3	1,130.	0.			DESIGNATION
ONE (ORGANIZED NEIGHBORS OF EDGEHILL) - 1001 EDGEHILL AVE - NASHVILLE, TN 37203	62-1540325	501(C)3	91,468.	0.			PROGRAM OPNS (OBI)
OPERATION STAND DOWN NASHVILLE, INC. - 1101 EDGEHILL AVE # 1000 - NASHVILLE, TN 37203	62-1638832	501(C)3	25,439.	0.			DESIGNATION
OPERATION STAND DOWN NASHVILLE, INC. - 1101 EDGEHILL AVE # 1000 - NASHVILLE, TN 37203	62-1638832	501(C)3	10,969.	0.			PROGRAM OPNS (OBI)
OUR KIDS, INC 1804 HAYES STREET NASHVILLE, TN 37203	58-1830327	501(C)3	15,911.	0.			DESIGNATION
PARK CENTER 801 12ST AVE SOUTH NASHVILLE, TN 37203	62-1336640	501(C)3	70,235.	0.			PROGRAM OPNS (OBI)
PARK CENTER 801 12ST AVE SOUTH NASHVILLE, TN 37203	62-1336640	501(C)3	8,379.	0.			DESIGNATION
PENCIL FOUNDATION 421 GREAT CIRCLE RD #100 NASHVILLE, TN 37228	58-1475675	501(C)3	8,763.	0.			DESIGNATION

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PENCIL FOUNDATION 421 GREAT CIRCLE RD #100 NASHVILLE, TN 37228	58-1475675	501(C)3	219,331.	0.			PROGRAM OPNS (OBI)
PLANNED PARENTHOOD OF MIDDLE & EAST TN - 50 VANTAGE WAY - NASHVILLE, TN 37228	62-6050064	501(C)3	43,030.	0.			GRANT
PLANNED PARENTHOOD OF MIDDLE & EAST TN - 50 VANTAGE WAY - NASHVILLE, TN 37228	62-6050064	501(C)3	17,186.	0.			DESIGNATION
PRESTON TAYLOR MINISTRIES PO BOX 90442 NASHVILLE, TN 37209	62-1757018	501(C)3	5,784.	0.			DESIGNATION
PROJECT REFLECT (PREP) 3307 BRICK CHURCH PIKE NASHVILLE, TN 37207	61-1563841	501(C)3	6,400.	0.			DESIGNATION
PROJECT RETURN, INC. 1200 DIVISION ST # 200 NASHVILLE, TN 37203	62-1058325	501(C)3	53,010.	0.			PROGRAM OPNS (OBI)
PROJECT RETURN, INC. 1200 DIVISION ST # 200 NASHVILLE, TN 37203	62-1058325	501(C)3	456.	0.			DESIGNATION
RENEWAL HOUSE, INC. PO BOX 280356 NASHVILLE, TN 37228	62-1631055	501(C)3	37,417.	0.			PROGRAM OPNS (OBI)
RENEWAL HOUSE, INC. PO BOX 280356 NASHVILLE, TN 37228	62-1631055	501(C)3	9,356.	0.			DESIGNATION

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RESIDENTIAL RESOURCES, INC. 604 GALLATIN AVE # 103 NASHVILLE, TN 37206	62-1718171	501(C)3	39,106.	0.			PROGRAM OPNS (OBI)
ROCHELLE CENTER 1020 SOUTHSIDE CT NASHVILLE, TN 37203	62-0813080	501(C)3	30,934.	0.			PROGRAM OPNS (OBI)
ROCHELLE CENTER 1020 SOUTHSIDE CT NASHVILLE, TN 37203	62-0813080	501(C)3	3,823.	0.			DESIGNATION
RONALD MCDONALD HOUSE DAVIDSON 2144 FAIRFAX NASHVILLE, TN 37212	62-1310717	501(C)3	15,535.	0.			DESIGNATION
SADDLE UP! 1549 OLD HILLSBORO RD FRANKLIN, TN 37069	58-1930303	501(C)3	5,298.	0.			DESIGNATION
SAFE HAVEN FAMILY SHELTER 1234 3RD AVE S NASHVILLE, TN 37210	62-1807653	501(C)3	15,364.	0.			DESIGNATION
SAFE PLACE FOR ANIMALS PO BOX 243 GALLATIN, TN 37066	77-0666406	501(C)3	6,463.	0.			DESIGNATION
SALAMA URBAN MINISTRIES, INC. 1205 8TH AVE S NASHVILLE, TN 37203	58-2198012	501(C)3	75,000.	0.			PROGRAM OPNS (OBI)
SALAMA URBAN MINISTRIES, INC. 1205 8TH AVE S NASHVILLE, TN 37203	58-2198012	501(C)3	9,183.	0.			DESIGNATION

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SALVATION ARMY 631 DICKERSON RD. NASHVILLE, TN 37207	58-0660607	501(C)3	28,500.	0.			GRANT
SALVATION ARMY 631 DICKERSON RD. NASHVILLE, TN 37207	58-0660607	501(C)3	44,070.	0.			DESIGNATION
SALVATION ARMY 631 DICKERSON RD. NASHVILLE, TN 37207	58-0660607	501(C)3	117,050.	0.			PROGRAM OPNS (OBI)
SAMARITAN MINISTRIES/ PROJECT S.S.E. - 1041 28TH AVENUE NORTH - NASHVILLE, TN 37208	62-1341004	501(C)3	8,993.	0.			DONOR DESIGNATED
SAMARITAN RECOVERY COMMUNITY, INC. 319 SOUTH 4TH STREET NASHVILLE, TN 37206	62-0723592	501(C)3	2,068.	0.			DONOR DESIGNATED
SAMARITAN RECOVERY COMMUNITY, INC. 319 SOUTH 4TH STREET NASHVILLE, TN 37206	62-0723592	501(C)3	118,011.	0.			PROGRAM OPNS (OBI)
SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE - 331 GREAT CIRCLE RD - NASHVILLE, TN 37228	62-1049447	501(C)3	154,370.	0.			DONOR DESIGNATED
SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE - 331 GREAT CIRCLE RD - NASHVILLE, TN 37228	62-1049447	501(C)3	121,226.	0.			PROGRAM OPNS (OBI)
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DRIVE NASHVILLE, TN 37228	62-1043294	501(C)3	16,277.	0.			DONOR DESIGNATED

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SEXUAL ASSAULT CENTER 101 FRENCH LANDING DRIVE NASHVILLE, TN 37228	62-1043294	501(C)3	74,921.	0.			PROGRAM OPNS (OBI)
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)3	5,196.	0.			DESIGNATION
SOUTH CENTRAL HRA PO BOX 638 FAYETTEVILLE, TN 37334	62-0944179	501(C)3	3,598.	0.			DESIGNATION
SOUTH CENTRAL HRA PO BOX 638 FAYETTEVILLE, TN 37334	62-0944179	501(C)3	22,628.	0.			GRANTS
SPECIAL KIDS 202 ARNETTE STREET MURFREESBORO, TN 37130	62-1718638	501(C)3	11,624.	0.			DESIGNATION
ST. JUDE'S CHILDREN RESEARCH HOSPITAL - 501 ST. JUDE'S PLACE - MEMPHIS, TN 38105	62-0646012	501(C)3	50,317.	0.			DESIGNATION
ST. LUKE'S COMMUNITY HOUSE EPISCOPAL, INC. - 5601 NEW YORK AVE - NASHVILLE, TN 37209	62-0484183	501(C)3	216,522.	0.			PROGRAM OPNS (OBI)
ST. LUKE'S COMMUNITY HOUSE EPISCOPAL, INC. - 5601 NEW YORK AVE - NASHVILLE, TN 37209	62-0484183	501(C)3	3,216.	0.			GRANT
ST. LUKE'S COMMUNITY HOUSE EPISCOPAL, INC. - 5601 NEW YORK AVE - NASHVILLE, TN 37209	62-0484183	501(C)3	23,466.	0.			DESIGNATION

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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ST. MARY VILLA CHIL D DEVELOPMENT CENTER - 30 WHITE BRIDGE RD - NASHVILLE, TN 37205	62-0579243	501(C)3	5,574.	0.			DESIGNATION
ST. MARY VILLA CHIL D DEVELOPMENT CENTER - 30 WHITE BRIDGE RD - NASHVILLE, TN 37205	62-0579243	501(C)3	176,902.	0.			PROGRAM OPNS ( OBI )
STARS NASHVILLE 1704 CHARLOTTE PIKE, SUITE 200 NASHVILLE, TN 37203	62-1285699	501(C)3	5,259.	0.			DESIGNATION
STARS NASHVILLE 1704 CHARLOTTE PIKE, SUITE 200 NASHVILLE, TN 37203	62-1285699	501(C)3	184,533.	0.			PROGRAM OPNS ( OBI )
STATE OF TENNESSEE CORDELL HULL BUILDING, 4TH FLOOR NASHVILLE, TN 37243	62-6001445	501(C)3	122,233.	0.			GRANT
STREET WORKS PO BOX 60037 NASHVILLE, TN 37206	62-1806967	501(C)3	326,693.	0.			GRANT
STREET WORKS PO BOX 60037 NASHVILLE, TN 37206	62-1806967	501(C)3	275.	0.			DESIGNATION
SUSAN G KOMEN FOR THE CURE, GREATER NASHVILLE AFFILIATE - 4009 HILLSBORO PIKE SUITE 209 - NASHVILLE, TN 37215	75-1835298	501(C)3	8,774.	0.			DESIGNATION
SUSAN GRAY SCHOOL FOR CHILDREN JOHN F KENNEDY CENTER BOX 66 PEABODY VANDERBILT - NASHVILLE, TN 37203	62-0476822	501(C)3	6,541.	0.			DESIGNATION

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TENNESSEANS FOR ALTERNATIVES TO THE DEATH PENALTY - PO BOX 120552 - NASHVILLE, TN 37212	62-1577038	501(C)3	5,654.	0.			DESIGNATION
TENNESSEE KIDNEY FOUNDATION 95 WHITEBRIDGE RD. SUITE 300 NASHVILLE, TN 37205	27-0812507	501(C)3	5,360.	0.			DESIGNATION
TENNESSEE POISON CENTER 1161 21ST AVE S NASHVILLE, TN 37232	62-0476822	501(C)3	934.	0.			DESIGNATION
TENNESSEE POISON CENTER 1161 21ST AVE S NASHVILLE, TN 37232	62-0476822	501(C)3	32,130.	0.			PROGRAM OPNS (OBI)
THE ARC OF DAVIDSON COUNTY 111 NORTH WILSON BLVD NASHVILLE, TN 37205	62-0588710	501(C)3	11,000.	0.			PROGRAM OPNS (OBI)
THE ARC OF DAVIDSON COUNTY 111 NORTH WILSON BLVD NASHVILLE, TN 37205	62-0588710	501(C)3	3,083.	0.			DESIGNATION
THE NEXT DOOR P.O. BOX 23336 NASHVILLE, TN 37202	43-2001774	501(C)3	20,000.	0.			PROGRAM OPNS (OBI)
THE NEXT DOOR P.O. BOX 23336 NASHVILLE, TN 37202	43-2001774	501(C)3	14,003.	0.			DESIGNATION
TIME TO RISE 900 20TH AVE SOUTH SUITE 1704 NASHVILLE, TN 37212	62-1570175	501(C)3	10,750.	0.			DESIGNATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TN BAPTIST CHILDREN'S HOME PO BOX 2206 BRENTWOOD, TN 37024	62-0488043	501(C)3	7,124.	0.			DESIGNATION
TN CHILDREN'S HOME/MAURY PO BOX 10 SPRING HILL, TN 37174	62-0482363	501(C)3	5,091.	0.			DESIGNATION
UNITED NEIGHBORHOOD HEALTH SERVICES, INC. - 617 S 8TH ST - NASHVILLE, TN 37206	62-1032792	501(C)3	70,554.	0.			PROGRAM OPNS (OBI)
UNITED NEIGHBORHOOD HEALTH SERVICES, INC. - 617 S 8TH ST - NASHVILLE, TN 37206	62-1032792	501(C)3	404.	0.			DESIGNATION
UPPER CUMBERLAND HRA 311 ENTERPRISE DRIVE COOKEVILLE, TN 38506	62-0906260	501(C)3	2,476.	0.			DESIGNATION
UPPER CUMBERLAND HRA 311 ENTERPRISE DRIVE COOKEVILLE, TN 38506	62-0906260	501(C)3	40,531.	0.			GRANTS
UW GREATER CHATTANOOGA PO BOX 4027 CHATTANOOGA, TN 37405	62-0565962	501(C)3	36,801.	0.			GRANTS
UW OF THE HIGHLAND RIM PO BOX 27 TULLAHOMA, TN 37388	58-1468822	501(C)3	5,753.	0.			DESIGNATION
UW ROBERTSON COUNTY 101 5TH AVENUE WEST SPRING FIELD, TN 37172	62-1763845	501(C)3	10,680.	0.			DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UW RUTHERFORD COUNTY PO BOX 330056 MURFREESBORO, TN 37133	581341880	501(C)3	91,358.	0.			DESIGNATION
UW SUMNER COUNTY 625 JOHNNY CASH BLVD HENDERSONVILLE, TN 37075	311510208	501(C)3	21,707.	0.			DESIGNATION
UW WILLIAMSON COUNTY 209 GOTHIC COURT FRANKLIN, TN 37067	626049469	501(C)3	75,942.	0.			DESIGNATION
UW WILSON COUNTY PO BOX 3541 LEBANON, TN 37088	621660029	501(C)3	36,199.	0.			DESIGNATION
VANDERBILT BILL WILKERSON/ DAVIDSON - 1215 21ST AVENUE SOUTH - NASHVILLE, TN 37232	62-0476822	501(C)3	1,666.	0.			PROGRAM OPNS (OBI)
VANDERBILT BILL WILKERSON/ DAVIDSON - 1215 21ST AVENUE SOUTH - NASHVILLE, TN 37232	62-0476822	501(C)3	6,409.	0.			DESIGNATION
VANDERBILT CENTER FOR HEALTH SERVICES - 1211 MEDICAL CENTER DRIVE - NASHVILLE, TN 37232	62-0476822	501(C)3	21,353.	0.			PROGRAM OPNS (OBI)
VANDERBILT CENTER FOR HEALTH SERVICES - 1211 MEDICAL CENTER DRIVE - NASHVILLE, TN 37232	62-0476822	501(C)3	24,968.	0.			DESIGNATION
VANDERBILT INGRAM CANCER CENTER 691 PRESTON BUILDING NASHVILLE, TN 37232	62-0476822	501(C)3	5,499.	0.			DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT MEDICAL CENTER 2101 WEST END NASHVILLE, TN 37232	62-0476822	501(C)3	1,750.	0.			DESIGNATION
VANDERBILT MEDICAL CENTER 2101 WEST END NASHVILLE, TN 37232	62-0476822	501(C)3	993,755.	0.			GRANTS
VANDERBILT MONROE CARELL JR. CHILDRENS' HOSPITAL - 1211 MEDICAL CENTER DRIVE - NASHVILLE, TN 37232	62-0476822	501(C)3	24,759.	0.			DESIGNATION
VISITATION HOSPITAL FOUNDATION 2500 21ST AVENUE SOUTH SUITE 207 NASHVILLE, TN 37212	62-1774851	501(C)3	5,000.	0.			DESIGNATION
WAYNE REED CHRISTIAN CHILDCARE CENTER - 11-B LINDSLEY AVENUE - NASHVILLE, TN 37210	62-1625142	501(C)3	7,474.	0.			DESIGNATION
WAYNE REED CHRISTIAN CHILDCARE CENTER - 11-B LINDSLEY AVENUE - NASHVILLE, TN 37210	62-1625142	501(C)3	73,188.	0.			PROGRAM OPNS (OBI)
WOODBINE COMMUNITY ORGANIZATION 222 ORIEL AVE NASHVILLE, TN 37210	62-1280006	501(C)3	36,974.	0.			GRANTS
WO SMITH NASHVILLE COMMUNITY MUSIC SCHOOL - PO BOX 121348 - NASHVILLE, TN 37212	58-1560499	501(C)3	5,703.	0.			DESIGNATION
YMCA OF MIDDLE TN 900 CHURCH STREET NASHVILLE NASHVILLE, TN 37203	62-0476243	501(C)3	36,413.	0.			PROGRAM OPNS (OBI)

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF MIDDLE TN 900 CHURCH STREET NASHVILLE NASHVILLE, TN 37203	62-0476243	501(C)3	49,916.	0.		DESIGNATION	
YOUTH LIFE LEARNING CENTER (FOUNDATION) - 3656 TROUSDALE DR # 109 - NASHVILLE, TN 37204	62-1848192	501(C)3	119,874.	0.		PROGRAM OPNS (OBI)	
YOUTH LIFE LEARNING CENTER (FOUNDATION) - 3656 TROUSDALE DR # 109 - NASHVILLE, TN 37204	62-1848192	501(C)3	7,686.	0.		DESIGNATION	

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

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

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

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization

**UNITED WAY OF MIDDLE TENNESSEE, INC**

Employer identification number

**62-0533104**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><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 .....</p>	<b>1b</b>	<input checked="" type="checkbox"/>								
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>2</b>	<input checked="" type="checkbox"/>								
<p><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.</p> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>	<b>4a</b>	<input checked="" type="checkbox"/>								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>4b</b>	<input checked="" type="checkbox"/>								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	<input checked="" type="checkbox"/>								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p>	<b>5a</b>	<input checked="" type="checkbox"/>								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5b</b>	<input checked="" type="checkbox"/>								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p>	<b>6a</b>	<input checked="" type="checkbox"/>								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6b</b>	<input checked="" type="checkbox"/>								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	<input checked="" type="checkbox"/>								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	<input checked="" type="checkbox"/>								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

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

Schedule J (Form 990) 2013





Part III Supplemental Information

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

PART I, LINE 1B:

EXPLANATION: 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.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	21	198,026.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( MISCELLANEOUS )	X	134,933	82,896.	FAIR MARKET VALUE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

29

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

	Yes	No
30a		X
31	X	
32a		X

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

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) (2013)



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number  
62-0533104

FORM 990, PART I, DOING BUSINESS AS:

UNITED WAY OF METROPOLITAN NASHVILLE, CHEATHAM

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

SOLUTIONS TO THE COMMUNITY'S MOST COMPLEX ISSUES AND BUILDING BETTER  
LIVES THROUGH EDUCATION, FINANCIAL STABILITY AND HEALTH.

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

OR ATTENDED A FAMILY TEACHING KITCHEN.

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

40,000 INDIVIDUALS ARE REACHED THROUGH SPECIFIC PREVENTION  
INTERVENTIONS DESIGNED FOR THE TARGET POPULATIONS AND OVER 18,000 TESTS  
WERE COMPLETED THROUGH TESTING INITIATIVES.

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

PEOPLE WHO NEED HELP OR WANT TO GIVE HELP, BUT DON'T KNOW WHERE TO  
START CAN CALL THE 2-1-1 COMMUNITY SERVICES HELP LINE TO SPEAK WITH AN  
INFORMATION & REFERRAL SPECIALIST WITH ACCESS TO A DATABASE OF OVER  
9,000 PROGRAMS IN OUR 57-COUNTY SERVICE AREA. SPECIFIC OUTCOMES  
ACHIEVED IN 2013 INCLUDE: 2-1-1 IDENTIFIED 103,924 TOTAL NEEDS THROUGH  
THE CALL CENTER AND MADE 143,836 REFERRALS. TOP NEEDS IDENTIFIED WERE  
FOOD, UTILITIES, FINANCIAL ASSISTANCE, TAX PREPARATION SITE INFORMATION  
AND HEALTH ISSUES. 2-1-1 SERVES AS THE ENTRY POINT FOR PEOPLE  
LOOKING FOR FREE TAX PREPARATION SERVICES THROUGH THE NASHVILLE  
ALLIANCE FOR FINANCIAL INDEPENDENCE AND VOLUNTEER INCOME TAX ASSISTANCE

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

SITES.

EXPENSES \$ 665,600. INCLUDING GRANTS OF \$ 605,854. REVENUE \$ 0.

THE NASHVILLE ALLIANCE FOR FINANCIAL INDEPENDENCE (NAFI) HELPS WORKING INDIVIDUALS AND FAMILIES BUILD ASSETS FOR LONG-LASTING FINANCIAL INDEPENDENCE. FREE FEDERAL INCOME TAX PREPARATION IS OFFERED THROUGH VOLUNTEER INCOME TAX ASSISTANCE (VITA) SITES SPECIFICALLY AIMED AT HOUSEHOLDS EARNING \$57,000 OR LESS. THIS SERVICE ENSURES FILERS CLAIM ALL THEIR ELIGIBLE CREDITS. TO INCREASE THE LUMP SUM REFUND AVAILABLE FOR ASSET BUILDING, NAFI CONDUCTS A CITYWIDE CAMPAIGN PROMOTING THE EARNED INCOME TAX CREDIT (EITC), ONE OF THE MOST EFFECTIVE ANTI-POVERTY TOOLS IN AMERICA (BROOKINGS INSTITUTE). IN 2013, VITA SITES HELPED MORE THAN 10,000 FAMILIES COLLECT \$19.8 MILLION IN TOTAL FEDERAL REFUNDS, INCLUDING OVER \$6.1 MILLION IN EITC REFUNDS. FILERS SAVED MORE THAN \$2 MILLION DOLLARS IN FILING FEES.

IN 2013, NASHVILLE BECAME ONE OF FIVE CITIES SELECTED NATIONALLY TO RECEIVE GRANT FUNDING FROM BLOOMBERG PHILANTHROPIES TO OPERATE A FINANCIAL EMPOWERMENT CENTER. IN PARTNERSHIP WITH THE MAYOR'S OFFICE, UWMN OPERATES THE CITY'S FIRST 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 A CREDIT SCORE, MAINTAIN A POSITIVE BALANCE, DECREASE DEBT AND MAINTAIN SAVINGS. COMMON GOALS AND METRICS WERE ESTABLISHED IN PARTNERSHIP WITH THE MAYOR'S OFFICE AND SUSTAINABILITY FOR THE WORK WAS BUILT IN THROUGH THE CITY'S CREATION OF THE OFFICE OF FINANCIAL EMPOWERMENT. SERVICES ARE DELIVERED THROUGH THE 18 SCHOOL AND COMMUNITY-BASED FAMILY RESOURCE CENTERS ALONG WITH A MYRIAD OF

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

COMMUNITY PARTNERS AND METRO AGENCIES. IN 2013, FECS HELPED 800 CLIENTS  
 REDUCE DEBT, INCREASE SAVINGS AND DEVELOP LONG TERM FINANCIAL PLANS TO  
 MOVE TOWARD FINANCIAL INDEPENDENCE.

EXPENSES \$ 680,738. INCLUDING GRANTS OF \$ 112,490. REVENUE \$ 0.

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

EXPENSES \$ 212,343. INCLUDING GRANTS OF \$ 100,235. REVENUE \$ 81,857.

INCLUDED HERE ARE MISCELLANEOUS PROGRAM SERVICE EXPENSES UNDER MANY  
 CATEGORIES, THE MAJORITY OF WHICH RELATES TO EXPENDITURES ASSOCIATED  
 WITH OUR UNITED WAY FAMILY RESOURCE CENTERS.

EXPENSES \$ 63,177. INCLUDING GRANTS OF \$ 11,767. REVENUE \$ 0.

READ TO SUCCEED IS A PRE-K LITERACY INITIATIVE IN CHILDCARE CENTERS  
 SERVING VULNERABLE POPULATIONS. ITS GOAL IS TO PREPARE AT-RISK,  
 LOW-INCOME CHILDREN TO BE SUCCESSFUL IN SCHOOL. THROUGH DONOR FUNDING,  
 UNITED WAY IS SERVING 1,200 OF NASHVILLE'S MOST AT-RISK PRESCHOOL  
 CHILDREN IN AN OUTSTANDING, QUALITY PRESCHOOL EXPERIENCE. BEFORE THE  
 START OF THIS PROGRAM, ONLY 33% OF THE FOUR YEAR-OLDS IN THESE CENTERS

Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

TESTED AT AVERAGE OR HIGHER ON KINDERGARTEN READINESS ASSESSMENTS. IN THE SPRING OF 2013, 96% 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 94% OR HIGHER SINCE 2007.

EXPENSES \$ 150,554. INCLUDING GRANTS OF \$ 31,152. REVENUE \$ 0.

EFFECTIVE JUNE 1, 2013, UNITED WAY OF METROPOLITAN NASHVILLE PARTNERED WITH THE GOVERNOR'S BOOKS FROM BIRTH FOUNDATION TO LEAD DOLLY PARTON'S IMAGINATION LIBRARY PROGRAM IN DAVIDSON, WILLIAMSON AND SUMNER COUNTIES. THIS PROGRAM DISTRIBUTES ONE HIGH QUALITY AND AGE-APPROPRIATE BOOK EACH MONTH TO CHILDREN FROM BIRTH TO AGE FIVE, AT NO COST TO THEIR FAMILIES. 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 2013, UNITED WAY OF METROPOLITAN NASHVILLE DISTRIBUTED OVER 200,000 BOOKS TO CHILDREN IN THE THREE-COUNTY COVERAGE AREA.

EXPENSES \$ 307,832. INCLUDING GRANTS OF \$ 237,723. REVENUE \$ 0.

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

EXPLANATION: THE COMPLETE IRS FORM 990 IS PRESENTED TO AND REVIEWED WITH THE BOARD OF TRUSTEES IN PERSON AT A REGULARLY SCHEDULED MEETING OF THE TRUSTEES PRIOR TO THE FORM BEING FILED. ALL TRUSTEES RECEIVE A COPY OF THE RETURN AT THE TIME OF REVIEW.

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

EXPLANATION: THE ORGANIZATION PRESENTS ANNUALLY AT BOARD OF TRUSTEES MEETING THE CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE. THE QUESTIONS



Name of the organization

UNITED WAY OF MIDDLE TENNESSEE, INC

Employer identification number

62-0533104

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

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

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

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

EXPLANATION: 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.

FORM 990, PART XII, LINE 2C:

332212  
09-04-13

Name of the organization

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EXPLANATION: UNITED WAY DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS OF AN INDEPENDENT AUDITOR DURING THE TAX YEAR.

Multiple horizontal lines for additional text or explanation.