

**H A Beasley and Company PC**  
**111 MTCS Drive**  
**Murfreesboro, TN 37129**  
**Phone: (615)895-5675**  
**Fax: (615)895-5660**  
**ha@habeasley.com**

November 14, 2012

United Way Of Rutherford County  
c/o United Way Of Rutherford and Cannon  
615 Memorial Blvd, Ste 200  
Murfreesboro, TN 37129

United Way Of Rutherford County:

Enclosed is the 2011 federal return for a tax-exempt organization, prepared for United Way Of Rutherford County from the information provided. This return will be electronically filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please do not hesitate to contact this office at (615)895-5675.

Sincerely,

Bryan Blair

**H A Beasley and Company PC**  
**111 MTCS Drive**  
**Murfreesboro, TN 37129**  
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United Way Of Rutherford County  
615 Memorial Blvd, Ste 200  
Murfreesboro, TN 37129

We value you as our client, and your privacy is important to us. Please read our privacy policy below.

We collect nonpublic personal information about you from various sources, including the following:

- \* Information we receive from interviews regarding your tax situation;
- \* Information we receive on applications, organizers, or by other means, such as your name, address, telephone number, social security number, dependents, income, and other tax-related data; and
- \* Information from tax-related documents you provide that are required to process tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions, etc.

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to nonpublic personal information concerning you, except to employees who need access to such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

If you have any questions about our privacy policy, please contact us.

Sincerely,

Bryan Blair  
H A Beasley and Company PC

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

## 2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2011 calendar year, or tax year beginning** **07-01, 2011, and ending** **06-30, 20 12**

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

**C Name of organization** **UNITED WAY OF RUTHERFORD COUNTY**

Doing Business As **UNITED WAY OF RUTHERFORD AND CANNON**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**615 MEMORIAL BLVD** **200**

City or town, state or country, and ZIP + 4  
**MURFREESBORO, TN 37129**

**F Name and address of principal officer:** **BRIAN HERCULES**  
**SAME AS C ABOVE**

**D Employer identification no.**  
**58-1341880**

**E Telephone number**  
**(615) 893-7303**

**G Gross receipts \$**  
**2,849,365**

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

**J Website:** **WWW.UWRUTHERFORD.ORG**

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

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

**H(c)** Group exemption number

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

**L Year of formation:** **1956**

**M State of legal domicile:** **TN**

### Part I Summary

<b>1</b> Briefly describe the organization's mission or most significant activities: <b>HUMAN SERVICE NEEDS</b>				
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
<b>A C t i v i t y &amp; G o v e r n a n c e</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>41</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>41</b>	
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>12</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
	<b>R e v e n u e</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>2,451,081</b>	<b>Current Year</b> <b>2,791,905</b>
<b>9</b> Program service revenue (Part VIII, line 2g)			<b>0</b>	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>18,533</b>	<b>36,960</b>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>2,393</b>	<b>20,500</b>	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>2,472,007</b>	<b>2,849,365</b>	
<b>E x p e n s e s</b>		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,655,481</b>	<b>1,812,176</b>
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>500,142</b>	<b>504,727</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>102,114</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>241,898</b>	<b>219,918</b>		
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,397,521</b>	<b>2,536,821</b>		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>74,486</b>	<b>312,544</b>		
<b>N e t A s s e t s o r F u n d B a l a n c e s</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>2,677,335</b>	<b>End of Year</b> <b>3,205,097</b>	
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,864,423</b>	<b>2,079,641</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>812,912</b>	<b>1,125,456</b>	

### 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**

**BRIAN HERCULES** **11-14-2012**  
Signature of officer Date

**BRIAN HERCULES, PRESIDENT/CEO**  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **Bryan Blair** Preparer's signature: **Bryan Blair** Date: **11-14-2012** Check  if self-employed PTIN: **P00631975**

Firm's name: **H A Beasley and Company PC** Firm's EIN: **615-895-5675**

Firm's address: **111 MTCS Drive Murfreesboro TN 37129** 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 to any question in this Part III

1 Briefly describe the organization's mission:

**HUMAN SERVICE NEEDS**

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

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

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

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

4 Describe the 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 2,166,464 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**TO DEPLOY FINANCIAL SUPPORT TO AGENCIES TO MAXIMIZE THE RESOURCES AVAILABLE FOR SERVICES AIMED AT THE MOST URGENT NEEDS OF THE COMMUNITY AND TO MUSTER COMMUNITY SUPPORT AND COMMITMENT.**

4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses **2,166,464**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)? . . . . .	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X
4	<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? If "Yes," complete Schedule C, Part II . . . . .		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? If "Yes," complete Schedule C, Part III . . . . .		
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? If "Yes," complete Schedule D, Part I . . . . .		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		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? If "Yes," complete Schedule D, Part VI . . . . .	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	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)? If "Yes," complete Schedule D, Part X . . . . .		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? . . . . .		

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O

Table with columns for question number, description, and Yes/No response. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, and 720.

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 to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, Line Number, Amount, Yes, No. Rows include questions about voting members, family relationships, management delegation, and meeting documentation.

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

Table with 5 columns: Question, Line Number, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review processes.

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.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 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: STAN JACKSON (615)893-7303 615 MEMORIAL BLVD MURFREESBORO, TN 37129



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

Check if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(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
		I	D	I	O	K	H	F			
		ndividual trustee	irector	stitutional trustee	fficer	ey employee	ighest compensated	Former			
(1) ANDREW OPPMANN MEMBER	0.50	X							0	0	0
(2) ANDY WOMACK MEMBER	0.50	X									
(3) BOBBIKAY HEIN MEMBER	0.50	X									
(4) BRAD BARTEL MEMBER	0.50	X									
(5) BRIAN SULLIVAN MEMBER	0.50	X									
(6) CHARLES MYATT MEMBER	0.50	X									
(7) CHRIS MASSARO MEMBER	0.50	X									
(8) CHUCK LEWIS MEMBER	0.50	X									
(9) DAVID SCOTT POLICY CHAIR	1.00	X									
(10) FELIX ALLEN MEMBER	0.50	X									
(11) GREG PERSINGER MEMBER	0.50	X									
(12) HANNA WITHERSPOON MEMBER	0.50	X									
(13) HOWARD WILSON MEMBER	1.00	X									
(14) JAMES EVANS COMMUNICATONS CHAIR	1.00	X									

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

Check if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(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
		I	D	I	O	K	H	F			
		ndividual trustee	irector	nstitutional trustee	fficer	ey employee	ighest compensated employee	ormer			
(1) JEFF SHAY MEMBER	0.50	X									
(2) JILL AUSTIN MEMBER	0.50	X									
(3) JIM CRUMLEY MEMBER	0.50	X									
(4) JIM THOMPSON MEMBER	0.50	X									
(5) JOEY MONTELEONE MEMBER	0.50	X									
(6) JOHN LEONARD MEMBER	0.50	X									
(7) JOHN MCLAUGHLIN COMMUNITY IMPACT CHAIR	1.00	X									
(8) KATHY JONES MEMBER	0.50	X									
(9) KRISTIN DEMOS MEMBER	0.50	X									
(10) LIBBY LONG MEMBER	0.50	X									
(11) LIZ RHEA MEMBER	0.50	X									
(12) MADELYN SCALES HARRIS MEMBER	0.50	X									
(13) MARTHA TOLBERT FINANCE CHAIR	1.00	X									
(14) MARY ESTHER REED MEMBER	0.50	X									

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

Check if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(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
		I	D	I	O	K	H	F			
		ndividual trustee	irector	nstitutional trustee	fficer	ey employee	ighest compensated	ormer			
(1) MICHELLE RUSSELL MEMBER	0.50	X									
(2) MIKE WEBER MEMBER	1.00	X									
(3) PAT MURPHY BOARD CHAIR	1.00	X			X				0	0	
(4) PHIL HOLT CAMPAIGN CHAIR	1.00	X									
(5) ROBBIE SNAPP MEMBER	0.50	X									
(6) RON FRYAR MEMBER	0.50	X									
(7) ROSS WOMACK MEMBER	0.50	X									
(8) RYAN MOORE MEMBER	0.50	X									
(9) STEPHANIE BRACKMAN MEMBER	0.50	X									
(10) STEVE STEELE MEMBER	0.50	X									
(11) TIM MORRELL MEMBER	0.50	X									
(12) TOM DUGOSH MEMBER	0.50	X									
(13) TRACY TOY BOARD CHAIR ELECT	1.00	X									
(14) BRIAN HERCULES PRESIDENT/CEO	40.00				X				92,120	0	

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and 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
		I n d i r e c t o r	D i r e c t o r	T r u s t e e	O f f i c e r	K e y e m p l o y e e	H i g h e s t c o m p e n s a t e d	F o r m e r			
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											

<b>1b</b> Sub-total			
<b>c</b> Total from continuation sheets to Part VII, Section A			
<b>d</b> Total (add lines 1b and 1c)	92,120	0	0

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

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

**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

**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

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 2,780,498				
	<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>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 11,407				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		2,791,905			
Program Service Revenue	<b>2a</b> _____	Business Code				
	<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 . . . . . ▶					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		36,960	36,960		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6a</b> Gross rents . . . . .	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .				
		<b>c</b> Rental income or (loss) . . . . .				
	<b>d</b> Net rental income or (loss) . . . . . ▶					
	<b>7a</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 . . . . .				
		<b>c</b> Gain or (loss) . . . . .				
	<b>d</b> Net gain or (loss) . . . . . ▶					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>			
		<b>c</b> Net income or (loss) from fundraising events . . . . . ▶				
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>			
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶						
<b>10a</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 . . . . . ▶					
Miscellaneous Revenue		Business Code				
<b>11a</b> _____						
<b>b</b> OTHER INCOME	900099	20,500	20,500			
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		20,500				
<b>12 Total revenue.</b> See instructions . . . . . ▶		2,849,365	57,460	0	0	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	1,812,176	1,812,176		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	92,120	41,823	33,347	16,950
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	311,149	155,308	99,071	56,770
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	69,159	30,908	38,202	49
10	Payroll taxes	32,299	15,523	10,440	6,336
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,637	3,795	4,842	
g	Other	15,093	6,375	8,118	600
12	Advertising and promotion	6,632	2,951	3,756	(75)
13	Office expenses	34,084	12,552	17,587	3,945
14	Information technology				
15	Royalties				
16	Occupancy	30,600	10,472	10,778	9,350
17	Travel	8,956	4,092	989	3,875
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	(1,937)		(1,937)	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,638	3,361	4,277	
23	Insurance	4,039	1,784	2,255	
24	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.)				
a	<b>BANK SERVICE FEES</b>	1,285	512	773	
b	<b>CAMPAIGN INCENTIVES</b>	4,085	1,122		2,963
c	<b>EMPLOYEE DEVELOPMENT</b>	140	62	78	
d	<b>EVENTS</b>	36,885	19,045	17,840	
e	All other expenses	63,781	44,603	17,827	1,351
25	<b>Total functional expenses.</b> Add lines 1 through 24e	2,536,821	2,166,464	268,243	102,114
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A)		(B)	
		Beginning of year		End of year	
A s s e t s	1	Cash - non-interest-bearing . . . . .	1,130,383	1	1,170,203
	2	Savings and temporary cash investments . . . . .	406,566	2	
	3	Pledges and grants receivable, net . . . . .	930,632	3	1,225,711
	4	Accounts receivable, net . . . . .		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		5	
	6	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 instructions) . . . . .		6	
	7	Notes and loans receivable, net . . . . .		7	
	8	Inventories for sale or use . . . . .		8	
	9	Prepaid expenses and deferred charges . . . . .	18,727	9	21,809
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 70,989		
	b	Less: accumulated depreciation . . . . .	10b 54,837	10c	16,152
	11	Investments - publicly traded securities . . . . .	119,429	11	722,861
	12	Investments - other securities. See Part IV, line 11 . . . . .		12	
	13	Investments - program-related. See Part IV, line 11 . . . . .		13	
	14	Intangible assets . . . . .		14	
	15	Other assets. See Part IV, line 11 . . . . .	49,603	15	48,361
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,677,335	16	3,205,097	
L i a b i l i t i e s	17	Accounts payable and accrued expenses . . . . .	1,864,423	17	2,030,182
	18	Grants payable . . . . .		18	
	19	Deferred revenue . . . . .		19	32,419
	20	Tax-exempt bond liabilities . . . . .		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	25	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 . . . . .		25	17,040
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,864,423	26	2,079,641
N F u n d  A s s e t s  B a l a n c e s	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets . . . . .	(57,485)	27	(1,200)
	28	Temporarily restricted net assets . . . . .	870,397	28	1,126,656
	29	Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds . . . . .		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
33	<b>Total net assets or fund balances . . . . .</b>	812,912	33	1,125,456	
34	<b>Total liabilities and net assets/fund balances . . . . .</b>	2,677,335	34	3,205,097	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,849,365
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,536,821
3	Revenue less expenses. Subtract line 2 from line 1	3	312,544
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	812,912
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,125,456

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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?		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant?	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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		
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?		<input checked="" type="checkbox"/>
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		



# Depreciation and Amortization

## (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return

▶ See separate instructions.      ▶ Attach to your tax return.

**2011**  
Attachment  
Sequence No. **179**

**UNITED WAY OF RUTHERFORD COUNTY**

**FORM 990 - 1**

**Identifying number**  
**58-1341880**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions) . . . . .	1	
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	

7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 . . . . .	▶ 13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	<b>889</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011 . . . . .	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28 . . . . .	21	<b>6,748</b>
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . .	22	<b>7,637</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
STATEMENT # 50		%					<b>6,748</b>	
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							<b>28</b>	<b>6,748</b>
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles) . . . . .												
<b>31</b> Total commuting miles driven during the year . . . . .												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .												
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
<b>36</b> Is another vehicle available for personal use? . . . . .												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2011 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2011 tax year . . . . .					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>

**Public Charity Status and Public Support**

**2011**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

<b>Name of the organization</b> UNITED WAY OF RUTHERFORD COUNTY	<b>Employer identification number</b> 58-1341880
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I
  - b  Type II
  - c  Type III-Functionally integrated
  - d  Type III-Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	2,416,583	2,260,437	2,208,630	2,448,065	2,791,906	12,125,621
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .	2,416,583	2,260,437	2,208,630	2,448,065	2,791,906	12,125,621
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						1,393,853
6 <b>Public support.</b> Subtract line 5 from line 4						10,731,768

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4 . . . . .	2,416,583	2,260,437	2,208,630	2,448,065	2,791,906	12,125,621
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	42,505	9,727	17,791	17,719	26,960	114,702
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	4,279	35,900	5,597	2,393	20,500	68,669
11 <b>Total support.</b> Add lines 7 through 10						12,308,992
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	

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

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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	87.19	%
15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	15	95.87	%

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

17a **10%-facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

b **10%-facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

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

(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 bus. under sec 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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.**

OMB No. 1545-0047

**2011**

**Name of the organization**

**Employer identification number**

**UNITED WAY OF RUTHERFORD COUNTY**

**58-1341880**

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, 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 Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF),

## Name of organization

UNITED WAY OF RUTHERFORD COUNTY

## Employer identification number

58-1341880

**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	DR RUSS GALLOWAY 3014 ST JAMES DR MURFREESBORO, TN 37129	\$ 27,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	WALMART 2000 OLD FORT PKWY MURFREESBORO, TN 37129	\$ 16,182	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MAHLE FILTER SYSTEMS 906 BUTLER DRIVE MURFREESBORO, TN 37130	\$ 22,909	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	JOHNSON CONTROLS 1501 MOLLOY LANE MURFREESBORO, TN 37129	\$ 17,073	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ROCKTENN COMPANY 370 S RUTHERFORD BLVD MURFREESBORO, TN 37130	\$ 15,771	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	INTERNATIONAL PAPER 2220 NW BROAD STREET MURFREESBORO, TN 37129	\$ 13,570	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> UNITED WAY OF RUTHERFORD COUNTY	<b>Employer identification number</b> 58-1341880
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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
7	BACKER EHP INC 4700 JOHN BRAGG HWY MURFREESBORO, TN 37127	\$ 17,583	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	COMMUNITY CARE OF RUTHERFORD COUNTY COUNTY FARM RD MURFREESBORO, TN 37127	\$ 13,124	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	BRIDGESTONEFIRESTONE USA 1301 BRIDGESTONE PARKWAY LA VERGNE, TN 37086	\$ 51,729	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	DAILY NEWS JOURNAL 224 N WALNUT ST MURFREESBORO, TN 37130	\$ 7,199	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	STATE FARM INSURANCE COMPANY SOUTH 2500 MEMORIAL BLVD MURFREESBORO, TN 37129	\$ 100,892	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	FORD LINCOLN MERCURY 1422 NW BROAD ST MURFREESBORO, TN 37130	\$ 10,252	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



<b>Name of organization</b> UNITED WAY OF RUTHERFORD COUNTY	<b>Employer identification number</b> 58-1341880
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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
13	ATandT 221 N CHURCH ST MURFREESBORO, TN 37130	\$ 7,226	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	PINNACLE NATIONAL BANK MAPLE ST MURFREESBORO, TN 37130	\$ 20,186	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	INTERMETRO INDUSTRIES 3263 ELAM FARMS ROAD MURFREESBORO, TN 37127	\$ 9,781	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	CITY OF MURFREESBORO 111 W VINE ST MURFREESBORO, TN 37130	\$ 32,864	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	FIRST TENNESSEE BANK NORTHFIELD BLVD MURFREESBORO, TN 37129	\$ 17,442	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	HERITAGE FARMS SALEM HWY MURFREESBORO, TN 37128	\$ 34,428	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> UNITED WAY OF RUTHERFORD COUNTY	<b>Employer identification number</b> 58-1341880
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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
19	COMBINED FEDERAL CAMPAIGN  UNITED WAY OF AMERICA  ALEXANDRIA, VA 22314	\$ 22,382	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	MIDDLE TN MEDICAL CENTER  400 N HIGHLAND AVE  MURFREESBORO, TN 37130	\$ 33,071	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	MIDDLE TN STATE UNIVERSITY  TENNESSEE BLVD  MURFREESBORO, TN 37132	\$ 72,068	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	MURFREESBORO ELECTRIC  205 N WALNUT  MURFREESBORO, TN 37130	\$ 17,819	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	RICH'S PRODUCTS  625 BUTLER DRIVE  MURFREESBORO, TN 37127	\$ 22,564	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	MIDDLE TN ELECTRIC  555 NEW SALEM RD  MURFREESBORO, TN 37129	\$ 9,112	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> UNITED WAY OF RUTHERFORD COUNTY	<b>Employer identification number</b> 58-1341880
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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
25	GUARANTY TRUST COMPANY  640 BROADMOR BLVD  MURFREESBORO, TN 37130	\$ 22,253	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	NATIONWIDE ENTERPRISE INSURANCE CO  1139 NW BROAD ST  MURFREESBORO, TN 37130	\$ 7,485	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	MIDSOUTH BANK  ONE EAST COLLEGE ST  MURFREESBORO, TN 37130	\$ 6,124	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	FIRST BANK  615 MEMORIAL BLVD  MURFREESBORO, TN 37129	\$ 10,977	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	STATE OF TENNESSEE  DEADRICK ST  NASHVILLE, TN 37203	\$ 12,352	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	TARGET  1851 OLD FORT PARKWAY  MURFREESBORO, TN 37129	\$ 9,720	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> UNITED WAY OF RUTHERFORD COUNTY	<b>Employer identification number</b> 58-1341880
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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
31	UNITED WAY OF METROPOLITAN NASHVILL 250 VENTURE CIRCLE NASHVILLE, TN 37228	\$ 266,133	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	YATES SERVICES PO BOX 877 SMYRNA, TN 37167	\$ 117,716	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	HCA CARING FOR THE COMMUNITY ONE PARK PLAZA NASHVILLE, TN 37203	\$ 13,008	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	TENNESSEE VALLEY AUTHORITY PT BOX 292409 NASHVILLE, TN 37229	\$ 10,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	PUBLIX 991 PRESIDENT PLACE SMYRNA, TN 37167	\$ 216,461	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	TOWN OF SMYRNA 315 S LOWRY ST SMYRNA, TN 37167	\$ 22,630	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

## Name of organization

UNITED WAY OF RUTHERFORD COUNTY

## Employer identification number

58-1341880

**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
37	UPS COMMERCIAL CT MURFREESBORO, TN 37129	\$ 23,875	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	FIRST COMMUNITY MORTGAGE 201 E MAIN STREET STE 301 MURFREESBORO, TN 37130	\$ 11,231	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	DILLARDS NO 427 1720 OLD FORT PARKWAY MURFREESBORO, TN 37129	\$ 7,369	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	ATMOS ENERGY COMPANY PO BOX 650205 DALLAS, TX 75265	\$ 6,704	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	MR DON ALEXANDER 1422 NW BROAD ST MURFREESBORO, TN 37130	\$ 10,075	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	BANK OF AMERICA 120 E MAIN ST MURFREESBORO, TN 37130	\$ 5,174	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> UNITED WAY OF RUTHERFORD COUNTY	<b>Employer identification number</b> 58-1341880
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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
43	CERIDIAN 3311 E OLD SHAKOPEE RD MINNEAPOLIS, MN 55425	\$ 10,353	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	GENERAL MILLS 2695 STEVENSON RD MURFREESBORO, TN 37127	\$ 627,477	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	KROGER STORES 1776 NORTHFIELD BLVD MURFREESBORO, TN 37129	\$ 12,136	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	MURFREESBORO CITY SCHOOLS 2552 S CHURCH ST MURFREESBORO, TN 37127	\$ 10,951	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	REGIONS BANK 100E VINE ST MURFREESBORO, TN 37130	\$ 17,592	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	TRACTOR SUPPLY COMPANY 320 PLUS PARK BLVD NASHVILLE, TN 37217	\$ 7,108	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

## Name of organization

UNITED WAY OF RUTHERFORD COUNTY

## Employer identification number

58-1341880

**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
49	STUART C IRBY CO 1284 HEIL QUAKER BLVD LA VERGNE, TN 37086	\$ 15,125	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	HAYNES BROTHERS LUMBER BROAD ST MURFREESBORO, TN 37129	\$ 5,167	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	SCHNEIDER ELECTRIC 1010 AIRPARK CENTER DR MURFREESBORO, TN 37127	\$ 21,573	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	SUNTRUST BANKS 201 E MAIN STREET MURFREESBORO, TN 37128	\$ 7,073	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	RUTHERFORD COUNTY SCHOOLS 2240 SOUTHPARK MURFREESBORO, TN 37128	\$ 118,188	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	BEST BUY DISTRICT OF 615 MEMORIAL BLVD MURFREESBORO, TN 37129	\$ 6,911	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

## Name of organization

UNITED WAY OF RUTHERFORD COUNTY

## Employer identification number

58-1341880

**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
55	FIFTH THIRD BANK  2927 S RUTHERFORD BLVD  MURFREESBORO, TN 37130	\$ 8,941	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	COMMUNITY HEALTH SYSTEMS  155 FRANKLIN ROAD  BRENTWOOD, TN 37027	\$ 6,408	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	RUTHERFORD COUNTY  COUNTY COURTHOUSE SUITE 104  MURFREESBORO, TN 37130	\$ 52,112	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	BOYS AND GIRLS CLUB OF RUTHERFORD C  820 JONES BLVD  MURFREESBORO, TN 37133-3343	\$ 6,175	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	RABBIT ROAD RACING S  P O BOX 11412  MURFREESBORO, TN 37129	\$ 6,075	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	STEVEN A DOTSON  P O BOX 11349  MURFREESBORO, TN 37129	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



<b>Name of organization</b> UNITED WAY OF RUTHERFORD COUNTY	<b>Employer identification number</b> 58-1341880
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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
61	FEDEX 2298 ARMORY DRIVE MURFREESBORO, TN 37129	\$ 5,327	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	TANGERINE 845 NORTH THOMPSON LANE MURFREESBORO, TN 37129	\$ 5,169	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	SOUTHEASTERN TECHNOLOGY 905 INDUSTRIAL DRIVE MURFREESBORO, TN 37129	\$ 5,139	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	GINA ARWOOD P O BOX 12483 KANSAS CITY, MO 64116	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	SUSAN ANDREWS 910 HAXELWOOD STREET MURFREESBORO, TN 37130-2344	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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. See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Rows include purpose of easements, acreage restricted, number of easements, monitoring policy, and expenses.

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.

Table with 3 columns: Question number, Description, and Amount. Rows include questions about reporting art and historical treasures.

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- 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:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** 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				
b Buildings				
c Leasehold improvements				
d Equipment		70,989	54,837	16,152
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,152

**Part VII Investments - Other Securities.** 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) _____		
(I) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

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

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>INVESTMENT IN ASSETS OF COMMUNITY F</b>	<b>48,361</b>
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>48,361</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>ACCRUED PAID LEAVE</b>	<b>17,040</b>
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>17,040</b>

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,849,365
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,536,821
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	312,544
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	312,544

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

1	Total revenue, gains, and other support per audited financial statements	1	2,849,365
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,849,365
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,849,365

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

1	Total expenses and losses per audited financial statements	1	2,536,821
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,536,821
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,536,821

**Part XIV Supplemental Information**

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

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# Federal Supporting Statements

**2011** PG01

Name(s) as shown on return

Your Social Security Number

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

FORM 4562 - LINE 26

STATEMENT # 50~

DESCRIPTION	DATE	%BUS	COST	DEPR BASIS	RP	METHOD	DEDUCTION	179 DED
42 BOARDROOM CHAIRS (DON)	2005-07-01	100	13,200	13,200	7	S/L-HY	1,885	
BLACKBOX TELEPHONE SYSTEM	2007-03-14	100	3,796	3,796	7	S/L-MQ	542	
COMPUTER SYSTEM 1 OF 5	2007-05-10	100	1,125	1,125	5	S/L-MQ	187	
COMPUTER SYSTEM 2 OF 5	2007-05-10	100	1,125	1,125	5	S/L-MQ	187	
OFFICE FURNITURE	2007-05-16	100	1,200	1,200	7	S/L-MQ	171	
COMPUTER	2008-06-27	100	1,175	1,175	5	S/L-HY	235	
WORK STATION	2007-09-24	100	1,175	1,175	5	S/L-HY	235	
SAFE	2007-07-23	100	1,700	1,700	7	S/L-HY	243	
CC MACHINE	2007-07-03	100	1,000	1,000	5	S/L-HY	200	
HP COMPUTER MISTY & BRIAN	2009-12-01	100	1,400	1,400	5	S/L-HY	280	
COMPUTERS	2010-08-11	100	1,012	1,012	5	S/L-HY	202	
COMPUTERS	2010-08-11	100	795	795	5	S/L-HY	159	
COMPUTERS	2011-03-25	100	4,495	4,495	5	S/L-HY	899	
COMPUTERS	2011-03-25	100	5,721	5,721	5	S/L-HY	1,144	
HPS5-1021P HP SLIMLINE DESKTOP WORKSTATION	2011-08-16	100	1,200	1,200	5	S/L-HY	120	
BUFFALO LINKSTATION PRO NETWORK SERVER	2012-06-19	100	594	594	5	S/L-HY	59	
<b>TOTALS</b>							<u>6,748</u>	

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public  
Inspection**

▶ Attach to Form 990.

Name of the organization

Employer identification number

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes"

to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed .....

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	AMERICAN RED CROSS-HEART OF TN 836 COMMERCIAL CT 37129							
(2)	BOY SCOUTS OF AMERICA MID TN 3414 HILLSBORO PK 37215							
(3)	BOYS AND GIRLS CLUBS OF RUTH C 820 JONES BLVD 37129							
(4)	CANNON CO SENIOR CITIZENS CENT 609 LEHMAN ST 37190							
(5)	CASA OF RUTH COUNTY 447 N FRONT STREET 37130							
(6)	CHILD ADVOCACY CENTER OF RUTH 1040 SAMSONITE BLVD 37129							
(7)	COMMUNITY FOOD PARTNERS 331 GREAT CIRCLE RD 37228							
(8)	COMMUNITY HELPERS OF RUTHERFOR 1453 B HOPE WAY 37129							
(9)	CRISIS CENTER 201 23RD AVENUE N 37203							
(10)	DISCOVERY CENTER OF MURFREE SP 502 SOUTHEAST BROAD 37130							
(11)	DOMESTIC VIOLENCE PROGRAM INC 826 MEMORIAL BLVD, S 37130							
(12)	EXCHANGE CLUB FAMILY CENTER I 139 THOMPSON LN 37211							

- 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 ..... ▶

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public  
Inspection**

▶ Attach to Form 990.

Name of the organization

Employer identification number

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes"

to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed ..... ▶

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	GIRLS SCOUTS CUMBERLAND VALLE 4522 GRANNY WHITE PK 37204							
(2)	THE GUIDANCE CENTER 118 N CHURCH STREET 37130							
(3)	HOLLOWAY HARBOR CHILD CARE CEN 615 ROCK SPRINGS RD 37130							
(4)	ALIVE HOSPICE INC 3821 WHITLAND AVE 37205							
(5)	KIDS ON THE BLOCK 1704 CHARLOTTE AVE, 37203							
(6)	LEGAL AID SOCIETY OF MID TN 300 DEADERICK STREET 37201							
(7)	MCHRA HOMEMAKER PROGRAM 211 BRIDGE AVE 37130							
(8)	MCHRA MEALS ON WHEELS 1101 KERMIT DR, SUIT 37217							
(9)	MCHRA LONG TERM CARE OMBUDSMAN 1101 KERMIT DR, SUIT 37217							
(10)	MCHRA YOUTH CAN CAREER ACTION 1101 KERMIT DR, SUIT 37217							
(11)	MIDDLE TENNESSEE'S TABLE 331 GREAT CIRCLE RD. 37228							
(12)	MURFREESBORO CITY SCHOOLS INDI 2552 S CHURCH STREET 37127							

- 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 ..... ▶



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

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**Open to Public  
Inspection**

▶ Attach to Form 990.

Name of the organization

Employer identification number

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes"

to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed ..... ▶

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	NURSES FOR NEWBORNS FOUNDATION 50 VANTAGE WAY, SUIT 37216							
(2)	PROJECT HELP- MTSU 206 N BAIRD LN 37132							
(3)	RUTH CO ADULT ACTIVITY CENTER 1130 HALEY RD 37129							
(4)	RC EMERGENCY FOOD BANK 211 BRIDGE AVE 37129							
(5)	PRIMARY CARE AND HOPE CLINIC 1453 A HOPE WAY 37129							
(6)	RUTHERFORD CO SCHOOLS CHARITY 2240 SOUTHPARK BLVD 37128							
(7)	CANNON CO REACH PROGRAM 612 LEHMAN STREET 37190							
(8)	THE SALVATION ARMY FAMILY AND 1137 W MAIN STREET 37128							
(9)	SEXUAL ASSALT SERVICES OF DOME 826 MEMORIAL BLVD, S 37133							
(10)	SMYRNA LAVERGNE FOOD BANK 130 RICHARDSON STREE 37167							
(11)	ST CLAIR STREET SENIOR CENTER 325 ST CLAIR STREET 37130							
(12)	STARS NASHVILLE 1704 CHARLOTTE AVE, 37212							

- 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 ..... ▶

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public  
Inspection**

▶ Attach to Form 990.

Name of the organization

Employer identification number

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes"

to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	TENNESSEE POISON CENTER 501 OXFORD HOUSE, 11 37232							
(2)	CANNON CO 4H CLUBS 614 LEHMAN ST 37190							
(3)	VANDERBILT BILL WILKERSON CENT 1215 21ST AVE S, ROO 37232							
(4)	WEE CARE DAY CARE CENTER 510 S HANCOCK ST 37129							
(5)	WEST MAIN MISSION 1400 B WEST COLLEGE 37130							
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 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 ▶

**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
1					
2					
3					
4					
5					
6					
7					

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

Monitoring procedures (Part I, line 2)

UNITED WAY OF RUTHERFORD AND CANNON COUNTIES, INC. HAS WRITTEN CONTRACTS WITH THE ORGANIZATIONS THAT RECEIVE ALLOCATION PAYOUTS.

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

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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.

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

01. Form 990 governing body review (Part VI, line 11)

IF TIME ALLOWS, THE BOARD REVIEWS THE 990 PRIOR TO FILING. THE 990 IS SIGNED AND FILED AND  
THEN THE BOARD REVIEWS IF CLOSE TO THE RETURN DUE DATE. THE BOARD AND THE EXECUTIVE  
COMMITTEE MEET ONCE PER MONTH.

02. Conflict of interest policy compliance (Part VI, line 12c)

A FORM IS SIGNED STATING THERE ARE NO CURRENT CONFLICTS OR STATING IF THERE ARE POSSIBLE  
CONFLICTS.

03. CEO, executive director, top management comp (Part VI, line 15a)

THE PRESIDENT'S SALARY IS REVIEWED AND VOTED ON BY THE EXECUTIVE COMMITTEE. THE PRESIDENT  
REVIEWS AND MAKES SALARY DECISIONS FOR THE STAFF.

04. Governing documents, etc, available to public (Part VI, line 19)

ANYONE MAY SEE DOCUMENTS UPON REQUEST.

**Form 990  
Worksheet**

**Schedule A, Line 5 - Excess 2% Limitation Contributors**

**2011**

(Keep for your records)

Name of the organization

Employer identification number

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

2% of the amount on Schedule A, part II, line 11, column (f) . . . . . 246,180

Name	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	(g) Excess contributions (col. (f) minus the 2% limit)
DR. RUSS GALLOWAY				26,000	27,000	53,000	
WALMART				21,232	16,182	37,414	
MAHLE FILTER SYSTEMS				15,650	22,909	38,559	
JOHNSON CONTROLS				11,499	17,073	28,572	
ROCKTENN COMPANY				8,268	15,771	24,039	
INTERNATIONAL PAPER				7,500	13,570	21,070	
BACKER EHP INC				18,475	17,583	36,058	
COMMUNITY CARE OF RUTHERFORD COUNTY				15,021	13,124	28,145	
BRIDGESTONE/FIRESTONE USA				32,589	51,729	84,318	
DAILY NEWS JOURNAL				6,833	7,199	14,032	
STATE FARM INSURANCE COMPANY SOUTH				177,646	100,892	278,538	32,358
FORD LINCOLN MERCURY				21,541	10,252	31,793	
AT&T				9,418	7,226	16,644	
PINNACLE NATIONAL BANK				16,007	20,186	36,193	
INTERMETRO INDUSTRIES				6,147	9,781	15,928	
CITY OF MURFREESBORO				33,417	32,864	66,281	
FIRST TENNESSEE BANK				18,713	17,442	36,155	
HERITAGE FARMS				45,806	34,428	80,234	
COMBINED FEDERAL CAMPAIGN				36,472	22,382	58,854	
MIDDLE TN MEDICAL CENTER				31,087	33,071	64,158	
MIDDLE TN STATE UNIVERSITY				53,791	72,068	125,859	
MURFREESBORO ELECTRIC				13,752	17,819	31,571	
RICH'S PRODUCTS				9,739	22,564	32,303	
MIDDLE TN ELECTRIC				8,042	9,112	17,154	
GUARANTY TRUST COMPANY				19,248	22,253	41,501	
NATIONWIDE ENTERPRISE INSURANCE CO				7,447	7,485	14,932	
MIDSOUTH BANK				5,180	6,124	11,304	
FIRST BANK				9,809	10,977	20,786	
STATE OF TENNESSEE				12,597	12,352	24,949	

**Form 990  
Worksheet**

**Schedule A, Line 5 - Excess 2% Limitation Contributors**

**2011**

(Keep for your records)

Name of the organization

Employer identification number

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

2% of the amount on Schedule A, part II, line 11, column (f) . . . . . 246,180

Name	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	(g) Excess contributions (col. (f) minus the 2% limit)
TARGET				9,028	9,720	18,748	
UNITED WAY OF METROPOLITAN NASHVILL				230,358	266,133	496,491	250,311
YATES SERVICES				68,999	117,716	186,715	
HCA CARING FOR THE COMMUNITY				15,386	13,008	28,394	
TENNESSEE VALLEY AUTHORITY				10,000	10,000	20,000	
PUBLIX				211,951	216,461	428,412	182,232
TOWN OF SMYRNA				23,337	22,630	45,967	
UPS				26,088	23,875	49,963	
FIRST COMMUNITY MORTGAGE				5,424	11,231	16,655	
DILLARDS NO. 427				16,899	7,369	24,268	
ATMOS ENERGY COMPANY				8,838	6,704	15,542	
MR DON ALEXANDER				10,000	10,075	20,075	
BANK OF AMERICA				8,756	5,174	13,930	
CERIDIAN				9,151	10,353	19,504	
GENERAL MILLS				547,655	627,477	1,175,132	928,952
KROGER STORES				11,517	12,136	23,653	
MURFREESBORO CITY SCHOOLS				9,090	10,951	20,041	
REGIONS BANK				15,324	17,592	32,916	
TRACTOR SUPPLY COMPANY				5,000	7,108	12,108	
STUART C IRBY CO				15,641	15,125	30,766	
HAYNES BROTHERS LUMBER				7,381	5,167	12,548	
SCHNEIDER ELECTRIC				17,129	21,573	38,702	
SUNTRUST BANKS				135,550	7,073	142,623	
RUTHERFORD COUNTY SCHOOLS				127,050	118,188	245,238	
BEST BUY DISTRICT OF				5,000	6,911	11,911	
FIFTH THIRD BANK				12,027	8,941	20,968	
COMMUNITY HEALTH SYSTEMS				5,168	6,408	11,576	
RUTHERFORD COUNTY				24,883	52,112	76,995	
BOYS AND GIRLS CLUB OF RUTHERFORD C					6,175	6,175	

**Form 990  
Worksheet**

**Schedule A, Line 5 - Excess 2% Limitation Contributors**

**2011**

(Keep for your records)

Name of the organization

Employer identification number

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

2% of the amount on Schedule A, part II, line 11, column (f) . . . . . 246,180

Name	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	(g) Excess contributions (col. (f) minus the 2% limit)
RABBIT ROAD RACING S					6,075	6,075	
STEVEN A DOTSON					6,000	6,000	
FEDEX					5,327	5,327	
TANGERINE					5,169	5,169	
SOUTHEASTERN TECHNOLOGY					5,139	5,139	
GINA ARWOOD					5,000	5,000	
SUSAN ANDREWS					5,000	5,000	
<b>TOTAL</b>							<u><u>1,393,853</u></u>

Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

OFFICE EXPENSES

Description	Amount
EQUIPMENT MAINTENANCE	\$ 2,390
OFFICE SUPPLIES	2,434
POSTAGE	1,415
PRINTING AND PUBLICATION	3,262
SOFTWARE	361
TELEPHONE	2,690
Total:	<u>\$ 12,552</u>

OFFICE EXPENSES

Description	Amount
EQUIPMENT MAINTENANCE/RENTAL	\$ 3,042
OFFICE SUPPLIES	3,285
POSTAGE	1,750
PRINTING AND PUBLICATION	4,235
SOFTWARE	460
TELEPHONE	4,815
Total:	<u>\$ 17,587</u>

OFFICE EXPENSES

Description	Amount
OFFICE SUPPLIES	\$ 174
POSTAGE	40
PRINTING AND PUBLICATION	2,437
TELEPHONE	1,294
Total:	<u>\$ 3,945</u>

OTHER EXPENSES

Description	Amount
MEMBERSHIP DUES	\$ 32,543
MISCELLANEOUS	182
SIGNAGE	79
TAXES	221
VOLUNTEER APPRECIATION	585
GRANT	10,000
MEETINGS	993
Total:	<u>\$ 44,603</u>



Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

OTHER EXPENSES

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ 15,873
MISCELLANEOUS	151
SIGNAGE	101
TAXES	240
VOLUNTEER APPRECIATION	734
MEETINGS	728
Total:	<u>\$ 17,827</u>

OTHER EXPENSES

<u>Description</u>	<u>Amount</u>
SIGNAGE	\$ 238
TAXES	600
MEETINGS	513
Total:	<u>\$ 1,351</u>

# Depreciation Detail Listing

Management & General

For your records only

2011

PAGE 1

\* Item was disposed  
of during current year.

Name(s) as shown on return

Social security number/EIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	TELEPHONE	20010531	217		100.00		217	7	S/L HY	0		217			
2	42 BOARDROOM CHAIRS	20050701	13,200		100.00		13,200	7	S/L HY	14.286	1,885	13,200			1,885
3	BLACKBOX TELEPHONE	20070314	3,796		100.00		3,796	7	S/L MQ	14.286	542	2,891			542
4	3 DELL DESKTOP	20051111	2,544		100.00		2,544	5	S/L HY	0		2,544			
5	ANDAR SOFTWARE	20070630	17,000		100.00		17,000	3	S/L HY	0		17,000			
6	COMPUTER SYSTEM 1 OF	20070510	1,125		100.00		1,125	5	S/L MQ	20	187	1,125			187
7	COMPUTER SYSTEM 2 OF	20070510	1,125		100.00		1,125	5	S/L MQ	20	187	1,125			187
8	OFFICE FURNITURE	20070516	1,200		100.00		1,200	7	S/L MQ	14.286	171	870			171
9	MULTIMEDIA PROJECTOR	20040630	1,148		100.00		1,148	5	S/L HY	0		1,148			
10	COMPUTER	20080627	1,175		100.00		1,175	5	S/L HY	20	235	940			235
11	WORK STATION	20070924	1,175		100.00		1,175	5	S/L HY	20	235	1,136			235
12	SAFE	20070723	1,700		100.00		1,700	7	S/L HY	14.286	243	1,194			243
13	CC MACHINE	20070703	1,000		100.00		1,000	5	S/L HY	20	200	983			200
14	ANDAR/360 LIC UPGRADE	20070802	3,500		100.00		3,500	3	S/L HY	0		3,500			
15	STAPLES COMPUTER	20080729	900		100.00		900	5	S/L HY	20	180	703			180
16	HP COMPUTER MISTY &	20091201	1,400		100.00		1,400	5	S/L HY	20	280	700			280
17	DESKS, CHAIRS, BOOKS	20100122	4,965		100.00		4,965	7	S/L HY	14.286	709	1,773			709
18	COMPUTERS	20100811	1,012		100.00		1,012	5	S/L HY	20	202	303			202
19	COMPUTERS	20100811	795		100.00		795	5	S/L HY	20	159	239			159
20	COMPUTERS	20110325	4,495		100.00		4,495	5	S/L HY	20	899	1,349			899
21	COMPUTERS	20110325	5,721		100.00		5,721	5	S/L HY	20	1,144	1,718			1,144
22	HPS5-1021P HP SLIMLINE	20110816	1,200		100.00		1,200	5	S/L HY	10	120	120			120
23	BUFFALO LINKSTATION	20120619	594		100.00		594	5	S/L HY	10	59	59			59
<b>Totals</b>			<b>70,987</b>				<b>70,987</b>				<b>7,637</b>	<b>54,837</b>			<b>7,637</b>

Land Amount  
Net Depreciable Cost

70,987

ST ADJ:

## Next Year's Depreciation

2011

Name		FEIN					
UNITED WAY OF RUTHERFORD COUNTY		58-1341880					
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
MGT	1	TELEPHONE	20010531	217	SL	7	
MGT	1	42 BOARDROOM CHAIRS (DON	20050701	13,200	SL	7	
MGT	1	BLACKBOX TELEPHONE SYSTE	20070314	3,796	SL	7	542
MGT	1	3 DELL DESKTOP	20051111	2,544	SL	5	
MGT	1	ANDAR SOFTWARE	20070630	17,000	SL	3	
MGT	1	COMPUTER SYSTEM 1 OF 5	20070510	1,125	SL	5	
MGT	1	COMPUTER SYSTEM 2 OF 5	20070510	1,125	SL	5	
MGT	1	OFFICE FURNITURE	20070516	1,200	SL	7	171
MGT	1	MULTIMEDIA PROJECTOR	20040630	1,148	SL	5	
MGT	1	COMPUTER	20080627	1,175	SL	5	235
MGT	1	WORK STATION	20070924	1,175	SL	5	39
MGT	1	SAFE	20070723	1,700	SL	7	243
MGT	1	CC MACHINE	20070703	1,000	SL	5	17
MGT	1	ANDAR/360 LIC UPGRADE- 3	20070802	3,500	SL	3	
MGT	1	STAPLES COMPUTER	20080729	900	SL	5	180
MGT	1	HP COMPUTER MISTY & BRIA	20091201	1,400	SL	5	280
MGT	1	DESKS, CHAIRS, BOOKSHELV	20100122	4,965	SL	7	709
MGT	1	COMPUTERS	20100811	1,012	SL	5	202
MGT	1	COMPUTERS	20100811	795	SL	5	159
MGT	1	COMPUTERS	20110325	4,495	SL	5	899
MGT	1	COMPUTERS	20110325	5,721	SL	5	1,144
MGT	1	HPS5-1021P HP SLIMLINE D	20110816	1,200	SL	5	240
MGT	1	BUFFALO LINKSTATION PRO	20120619	594	SL	5	119
		TOTAL					5,179