#### 990 Form

# Return of Organization Exempt From Income Tax

2014

OMB No. 1545-004?

Department of the Treasury Internal Revenue Service

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

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For	the 2	2014 calend	lar year, or tax year beginn		07-01 , 2014, and en	umg	08-30		
В	Che	k if ap	plicable:		D WAY OF RUTHERFORD				ployer identification no.	
	Addr	ess ch	ange	Doing business as UNITE	D WAY OF RUTHERFORD	AND CANNON			1341880	
	Nam	e chan	ge	Number and street (or P.O. box i	f mail is not delivered to street address)		Room/suite	E Tel	ephone number	
	Initia	l return	,	3050 MEDICAL CEN	NTER PARKWAY FLOOR 2		200	(61	5)893-7303	
			neminaled	City or lown, state or province, c	ountry, and ZIP or foreign postal code			3,509,885		
$\equiv$		nded r		MURFREESBORO, TI				G Gro	ess receipts S	
$\overline{a}$			pending	F Name and address of principal of			1			
لبا	MP	icali (or i	pending		NT DRIVE, MURFREESBO	RO. TN 37130-6654	H(a) Is this a grou subordinates	p return for ?	Yes 🛛 No	
_	Tax	av Ama	t status:	· press	(inserting.) 4947(a)(1) or	527	H(b) Are all subon	dinates inclu	uded? Yes No	
_	11000			.YOURLOCALUW.ORG	[market ]		H(c) Group exemp	altach a list ston numbe	ded? Yes No	
		site:		Corporation Trust Assoc	ciation Other	L Year of formation: 1				
	irt		Summar		Table 1					
1-4	111	1	Priofly dose	the the organization's mission	n or most significant activities:	THE UNITED WAY	OF RUTHERFOR	D AND	CANNON	
	-	١.		WYDOTON TO TO THE	PROVES LIVES BY ADVA					
8	- 1		COUNTIES	T. CTARTITTY FOR AL	L. ITS VISION IS TO	BE THE PRIMARY CO	OMMUNITY SOL	UTIONS	LEADER FOR	
Activities & Governance	1		HUMAN SE							
le T		2	Charle this b	nov b	discontinued its operations or di	sposed of more than 25% of	of its net assets.			
Ő	- }	2	Mumbar of	of the gambars of the govern	ning body (Part VI, line 1a) .	Vacitating of the accompanies		3	40	
45	Ì	3	Mumber of V	edependent voline members	of the governing body (Part VI,	line 1b)		4	40	
ies		4	Number of it	ndependent voorig members	calendar year 2014 (Part V, line	(2a)		5	11	
=		5	Total number	er of individuals employed in	ecessary)	or remineration of the street.		6	250	
Ac	- 1	6	Total numbe	er or volunteers (esumate in it	ecessary)			7a	0	
	- 1	7a	Total unrela	ited business revenue irom F	rom Form 990-T, line 34			7b	0	
_	-	0	Net unrelate	ed business taxable income in	1011) F01111 990-1, IIII 904		Prior Year	-	Current Year	
	- 1	_	- 10 4		Ih)	Walland A. H. Carreston and A. H.	3,084,	192	2,786,053	
m	- 1	_			0					
Revenue					2g)		123,	149	104,403	
eve					), lines 3, 4, and 7d)				2,009	
Œ.	- 1				es 5, 6d, 8c, 9c, 10c, and 11e)			499	2,892,465	
_					must equal Part VIII, column (A)		3,236,		2,145,780	
	- 1	13			(, column (A), lines 1-3)		2,183,	300	001,622,3	
	- 1	14			, column (A), line 4)		400	250	520,513	
V		15			benefits (Part IX, column (A), I		498,	353	320,313	
Expenses					olumn (A), line 11e)				U STATE OF THE STA	
9		b		aising expenses (Part IX, colu	•—•	119,894			200 200	
ú	1	17		,	es 11a-11d, 11f-24e)		248,		289,229	
		18			equal Part IX, column (A), line 2	F	2,930		2,955,522	
_		19	Revenue le	ess expenses. Subtract line 1	18 from line 12			,062	(63,057)	
1060.2	8						Beginning of Current		End of Year	
į	100	20		ls (Part X, line 16)			3,900		3,705,239	
4	Fund Balances	21	-	ties (Part X, line 26)			2,204		2,168,714	
_		22			ine 21 from line 20		1,695	, 923	1,536,525	
	art			ure Block			. Lamedon and halloft	L'a		
Uni	der p 3. co	enaltie rect. a	s of pegury, I de nd complete. De	eclare that I have examined this return eclaration of preparer (other than offic	n, including accompanying schedules ar er) is based on all information of which p	or statements, and to the best of my preparer has any knowledge.	r knowledge and beller, i	(1)		
-				m	1 1 10.					
0				GAN FLIPPIN	my my	m			10-26-2015	
	gn			lure of officer		U		Date		
H	ere			GAN FLIPPIN, PRESI	DENT/CEO					
_			Туре	or print name and title		O Inc				
			PrintType	preparer's name	Proparer's signature	Dale	Check	if PTIN		
	aid		The same of the sa		Bryan Blair by	10-26-2015	self-employ	ed I	200631975	
		parer Firm's name > H A Beasley and Company PC				Firm's EIN ▶				
U	se	Onl	y Firm's add				Phone no.			
***					boro TN 37129			15-895		
M	ay t	he IR	S discuss th	is return with the preparer sh	nown above? (see instructions)	14132161121			. Yes   No	
-										

Part III   Statement of Program Service Accomplishments   Destrict Schedule Control as response or roots any line in this Part II	Forn	n 990 (2014) UNITED WAY OF RUTHERFORD COUNTY	58-1341880	Page 2
1 Biddy desorbe the organization's mission: THE INITIES MAY OF BRUCKATION, HEALTH AND FIRMANDESS TO INPROVES LIVES BY ADVANCING OPPORTUNITIES FOR EMPCANTON, HEALTH AND FIRMAND SERVICES FOR ALL. ITS VISION IS TO BE THE PRIMARY COMMONTHY SOLUTIONS HARDER FOR HOMAND SERVICES.  2 Did the organization undertake any significant program services during the year which were not listed on the price from 990 or 990-E27  10 If Yes' School the services and Schoolule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If Yes' School the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(x)(x) and 501(x)(x) organizations are required to report the amount of grunts and allocations to others, the total expenses, and evenue, it any, for each program service reported.  40 (Code:) (Expenses \$	Pa	rt III Statement of Program Service Accomplishments		
1 Biddy desorbe the organization's mission: THE INITIES MAY OF BRUCKATION, HEALTH AND FIRMANDESS TO INPROVES LIVES BY ADVANCING OPPORTUNITIES FOR EMPCANTON, HEALTH AND FIRMAND SERVICES FOR ALL. ITS VISION IS TO BE THE PRIMARY COMMONTHY SOLUTIONS HARDER FOR HOMAND SERVICES.  2 Did the organization undertake any significant program services during the year which were not listed on the price from 990 or 990-E27  10 If Yes' School the services and Schoolule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If Yes' School the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(x)(x) and 501(x)(x) organizations are required to report the amount of grunts and allocations to others, the total expenses, and evenue, it any, for each program service reported.  40 (Code:) (Expenses \$		Check if Schedule O contains a response or note to any line in this Part III		
PRIMARY COMMITTY SOUTHORS EXABLE AND PINANCIAL STABILLITY FOR ALL. ITS VISION IS TO BE THE PRIMARY COMMITTY SOUTHORS EXABLE FOR HUMAN SERVICES.  Did the opportunity of the prior Form 990 or 990-EZ?  If "vs." describe these now services of Echodule O.  If "vs." describe these changes on Schedule on the prior Form 990 or 990-EZ?  If "vs." describe these changes on Schedule on the services of the services on Schedule on the report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  40 (Code:) (Expenses \$	1			
### PRIMARY COMMUNITY SOLUTIONS LEADER FOR HUMAN SERVICES.    Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990-E2?		THE UNITED WAY OF RUTHERFORD AND CANNON COUNTIES MISSION IS TO IMPROVES LIVES BY ADVAN	CING	
Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990-EZ?  If "Yes," describe these new services on Schedule O.  If "Yes," describe these new services on Schedule O.  If "Yes," describe these changes on Schedule O.  By the organization sprogram service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reversus, if any, for each program service reported.  4a (Code:) (Expenses \$, 2,321,0.18 including grants of \$) (Revenue \$)  See SERVICES page for a description of this grogram service.  4b (Code:) (Expenses \$, including grants of \$) (Revenue \$)  Code:) (Expenses \$, including grants of \$) (Revenue \$)  4c (Code:) (Expenses \$, including grants of \$) (Revenue \$)  Code:		OPPORTUNITIES FOR EDUCATION, HEALTH AND FINANCIAL STABILITY FOR ALL. ITS VISION IS TO B	E THE	
proc Farm 980 or 980-E27 If Yes		PRIMARY COMMUNITY SOLUTIONS LEADER FOR HUMAN SERVICES.		
proc Farm 980 or 980-E27 If Yes	_			
1	2		□vaa	No
Ab   Code:			· · · · L res	X NO
services?	2			
## TYES,* describe these changes on Schedule O.  Describe the granization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  48 (Code:) (Expenses \$	J		Ves	v No
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the total expenses, and revenue, if any, for each program service reported.  4a (Code:) (Expenses \$				
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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 \$)	4a	(Code:) (Expenses \$2,531,018 including grants of \$) (Revenue	\$	)
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4e Total program service expenses 2,531,018			)	
	4e	Total program service expenses 2,531,018		

Part IV

Checklist of Required Schedules

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

Form 990 (2014) UNITED WAY OF RUTHERFORD COUNTY

Part IV Checklist of Required Schedules (continued)

21 Dú the organization report mane than \$5.000 of gramts or other assistance to any domestic organization or domestic operament on Falt X, column (A), line 27 il "1" (in X, col				Yes	No
comestic government on Part IX, column (A), line 17 if "Yes", complete Schedule I, Parts I and II  21 Did the organization report more than \$5,000 of grants or orthe ansistance to be for domestic individuals on  Part IX, column (A), line 27 if "Yes", complete Schedule I, Parts I and III  Part IX, column (A), line 27 if "Yes", complete Schedule I, Parts I and III  Did the organization's current and former offices, directors, hustees, key employees, and highest compensation  page 17 if "Yes", complete Schedule I, Parts I and III  23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than  \$100,000 as of the lists day of the year, that was issued after December 31, 20022 If "Yes," answer lines 24b  brough 24d and complete Schedule K. If "Na", or join line 25a  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception"  24d Did the organization may be an excrow account of the than a refunding and temporary period exception?  24d Did the organization and as an on behalf of Issuer for bonds outstanding at any time during the year?  24d Did the organization and as an on behalf of Issuer for bonds outstanding at any time during the year?  24d Did the organization and as an on behalf of Issuer for bonds outstanding at any time during the year?  25d Section 591(c)(3), 591(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a depaulified person in a prior year, and that the transaction with a depaulified person in a prior year, and that the transaction has not been reported on any of the organization and depaulified person in a prior year, and that the transaction has not been reported on any of the organization and depaulified person in a prior of the satisfaction with organization provide against provide as year or other assistance organization in prior year, and that the transaction has not been reported on any of the organization from or pepulate Schedule I, Part I I I I I I I I I I I	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Pert IX. column (A), line 2º If. "Yes," complete Schedule, Pertals and III completed in the organization source and series to Part IV. Its colore. A line 3.4, or 5 should compensation of the organization source and formar officers, directors, fursions, key employees, and highest compensated employees? If "Yes," complete Schedule IX. In 18, 18, 18, 18, 18, 18, 18, 18, 18, 18,			21	Х	
23 Did the organization answer "Ves" to Part VII, Section A, Iano 3.4, or 5 about compensation of the organization answer "Ves", complete Schedule I, variety in the property of the property	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23 Del the organization answer "Yes" to Part VII, Section A, Ine 3.4, or 5 should compensation of the organization scurent and former officers, direction, trustues, key employees, and highest compensated employees?" If "Yes," complete Schedule J Value organization have a lax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after Desember 31, 2002; If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25e 24b Doll the organization markinal an escrow account of their han a refunding secrow at any time during the year?  24d Doll the organization markinal an escrow account other than a refunding secrow at any time during the year?  25d Doll the organization markinal an escrow account other than a refunding secrow at any time during the year?  25d Doll the organization markinal and escrow account other than a refunding secrow at any time during the year?  25d Doll the organization with a disqualified person during the year? If "Yes," complete Schedule I, Part I Described on a disqualified person during the year? If "Yes," complete Schedule I, Part I Described on the organization on engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I Described on the transaction has not been reported on any of the organization for proper secretary accounts that the transaction has not been reported on any of the organization from or payables to any current or former officers, directors, trustees, key employees, brighted components and engage in the proper part of the secretary and the part of the secretary of these persons? If "Yes," complete Schedule I, Part II Described to pay of the payables to any other payables to any		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
employees? If "Yes;" complete Schedule J  A Dd the organization have at successmpt from the suse with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d  Did the organization and as an 'no behalf of issuer for bonds outstanding at any time during the year?  24d  Did the organization act as an 'no behalf of issuer for bonds outstanding at any time during the year?  24d  Section 51((5)(3), 801((4)), 400 510((2)) 20 granizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25a Section 51((5)(3), 801(4)), 40, 400 510((2)) 20 granizations. Did the organization engage 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 organizations for Forms 990 or 990-E27  If "Yes," complete Schedule L, Part I  Sold the organization export any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, and security or formity member of any of the assistance to an officer, director, trustee, key employee, substantial contributor or employee theroot, a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or any proyce theroot, and prior selection committees are substantial contributors or application from officer, director, trustee, key employee? If "Yes," complete Schedule L, Part IV  24b A family member of current or former officer, director, trustee, key employee? If "Yes," complete Schedule L, Part IV  25c A current or former officer, director, trustee, or dire	23				
employees? If "Yes;" complete Schedule J  A Dd the organization have at successmpt from the suse with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d  Did the organization and as an 'no behalf of issuer for bonds outstanding at any time during the year?  24d  Did the organization act as an 'no behalf of issuer for bonds outstanding at any time during the year?  24d  Section 51((5)(3), 801((4)), 400 510((2)) 20 granizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25a Section 51((5)(3), 801(4)), 40, 400 510((2)) 20 granizations. Did the organization engage 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 organizations for Forms 990 or 990-E27  If "Yes," complete Schedule L, Part I  Sold the organization export any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, and security or formity member of any of the assistance to an officer, director, trustee, key employee, substantial contributor or employee theroot, a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or any proyce theroot, and prior selection committees are substantial contributors or application from officer, director, trustee, key employee? If "Yes," complete Schedule L, Part IV  24b A family member of current or former officer, director, trustee, key employee? If "Yes," complete Schedule L, Part IV  25c A current or former officer, director, trustee, or dire		organization's current and former officers, directors, trustees, key employees, and highest compensated			
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Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, furstee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 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  32 Vas the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 X  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 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 incorne tax purposes? If "Yes," complete Schedule R, Part VI  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and					
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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	~		35b		
related organization? If "Yes," complete Schedule R, Part V, line 2	36				
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	50		36		X
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37				
Part VI	0,	-			
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			37		X
TZ	38				
	-		38	Х	

14) UNITED WAY OF RUTHERFORD COUNTY

Statements Regarding Other IRS Filings and Tax Compliance Page 5 58-1341880

ı uı	State Metablish Constitution and the state of the Port V			П
	Check if Schedule O contains a response or note to any line in this Part V	- 1	. 1	#
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1150		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1 44	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	100		
	reportable gaming (gambling) winnings to prize winners?	1c	X	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		974	
	Statements, filed for the calendar year ending with or within the year covered by this return	13	116	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	- ×		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:		76	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1500	44	
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		SI W.	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		101	
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
В	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	The state of		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	5 11		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:	e am	110	
а	Gross income from members or shareholders	-/	1/34	
b	Gross income from other sources (Do not net amounts due or paid to other sources	11 20	130	N. C.
	against amounts due or received from them.)	900	UIII.	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1 4 1	18
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	45	1 10	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
	Note. See the instructions for additional information the organization must report on Schedule O.	Park I	#1	J.8.
b	Enter the amount of reserves the organization is required to maintain by the states in which		-1-7	8.5
	the organization is licensed to issue qualified health plans		12 %	132
С	Enter the amount of reserves on hand		-	X
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Section A. Governing Body and Management

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 Schodule O contains a reasonable or note to any line in this Bort VI

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 40			
	If there are material differences in voting rights among members of the governing body, or		L LIV	
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent		200	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	The sale		
	the year by the following:			NA TH
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-		-
		40	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	IId	-21	
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	-
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
•	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	_
15	Did the process for determining compensation of the following persons include a review and approval by			3.4
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			Y . U
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	5	ı XI	16.
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		US	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		13	76.8
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	STAN JACKSON (615)893-7303, 3050 MEDICAL CENTER PARKWAY FLOOR 2, MURFREESBORO, TN 37129			

organization's tax year.

	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
-	Independent Contractors	

Check if Schedule O contains a response or note to any line in this Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Section A. 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

- · 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.

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

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

			***********		(C)					
<b>(A)</b> Name and Title	(B)  Average hours per week (list any	box	, unle	Pos eck m ss pe	sition nore ti rson i	han one s both a r/trustee		(D)  Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
- R	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JILL AUSTIN COMMUNITY IMPACT CHAIR	1.00	Х						0	0	0
(2) AMY PAINTER MYP DELEGATE/NON-VOTING	1.00	Х						o	0	0
(3) CHARLIE BAUM MEMBER	1.00	Х						0	0	0
(4) JAMES BEACH MEMBER	1.00	Х						0	0	0
(5) ERNEST BURGESS MEMBER	1.00	Х						O	0	0
(6) JAMES EVANS SECRETARY/COMMUNICATIONS CHAIR	1.00	Х		X				0	0	00
(7) PHIL HOLT BOARD CHAIR	1.00	Х		Х				0	0	00
(8) GORDON FERGUSON MEMBER	1.00	Х						O	0	0
(9) KATHY JONES CAMPAIGN CHAIR	1.00	Х						0	0	0
(10) JOANNA COOPER MEMBER	1.00_	Х						0	0	0
(11) RUSS GALLOWAY MEMBER	1.00_	Х						0	0	0
(12) MIKE DINAPOLI MEMBER	1.00	Х	10					0	0	0
(13) DAVID LEE MEMBER	1.00	Х						0	0	0
(14) RETTA GARDNER MEMBER	1.00	Х						O	0	0
										Form 000 (2014)

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

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

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

- 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.

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

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

<b>(A)</b> Name and Title	(B)  Average hours per week (list any hours for	box	unles er and	Pos eck m ss pe d a di	rson i recto	han one s both a r/trustee	n :	(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
*	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) KIRK GARRETT MEMBER	1.00	Х						0	0	0
(2) SEAN KELLEY MEMBER	1.00	Х						0	0	0
(3) PAUL LATTURE MEMBER	1.00	Х						0	0	0
(4) JAMES MCCARROLL MEMBER	1.00	Х						0	0	0
(5) LORI SMITH MEMBER	1.00	Х						0	0	0
(6) CHARLIE MYATT MEMBER	1.00	Х						0	0_	0
(7) BRIAN SULLIVAN MEMBER	1.00	Х						0	0	0
(8) JIM THOMPSON CHAIR ELECT	1.00	Х						0	0	0
(9) BEN WEATHERFORD MEMBER	1.00	Х						0	0	0
(10) MATT TAYLOR MEMBER	1.00	Х						0	0	0
(11) GREG PERSINGER POLICY & NOMINATIONS CHAIR	1.00	Х						0	0	0
(12) HOWARD WILSON MEMBER	1.00	Х						0	0	0
(13) DAVID SCOTT MEMBER	1.00	Х						0	0	0
(14) CASEY RAINEY TREASURER/FINANCE CHAIR	1.00	Х		Х				0	0	0

Form	agn	(2014)	

UNITED WAY OF RUTHERFORD COUNTY

- 1	R _	4	2	Α	7	0	0	n	

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Oncok the box in hold for the organization for the	3011111111111				/		-			
(A) Name and Title	(B) Average hours per week (list any	box	, unle	Pos eck m ss pe	rson	han one is both a r/trustee	n	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
*	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer Institutional trustee		Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TRACY TOY PAST BOARD CHAIR	1.00	Х						C	0	0
(2) HANNA WITHERSPOON MEMBER	1.00	Х						C	0	0
(3) ROSS WOMACK MEMBER	1.00_	Х						C	0	0
(4) FELIX ALLEN MEMBER	1.00_	Х						C	0	0
(5) RON FRYAR MEMBER	1.00	Х						C	0	0
(6) BOBBIKAY SOHOLT MEMBER	1.00	Х						C	0	0
(7) CHRIS MASSARO MEMBER	1.00	Х							0	0
(8) STEVE STEELE MEMBER	1.00	Х						(	0	00
(9) ANDY WOMACK VICE CAMPAIGN CHAIR	1.00	Х							0	0
(10) DEBBIE THOMPSON MEMBER	1.00	X_							0	0
(11) BARRY BUCKLEY MEMBER	1.00	Х							0	0
(12) CARL QUAKENBUSH MEMBER	1.00	Х							0	0
(13) MEAGAN FLIPPIN PRESIDENT/CEO	40.00			Х	Х			84,000	0	0
(14)										

Part VII Section A. Officers, Directors, Tru	ustees, Key Emplo	yees,	and	Hig	nes	t Com	pen	sated Employees	(continued)	
				(0						
(A)	(B)	(do n	ot che	Posi eck m		nan one		(D)	(E)	(F)
Name and title	Average hours per	box,	unles	s pers	on is	both an		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	_	_			/trustee)		from	related	other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	related organizations	idual ecto	ution	e	empl	est c	9	(W-2/1099-MISC)	(**-2/1093-10100)	organization
	below dotted	rus	al tru		oyee	omp				and related organizations
	line)	l ee	ıstee			ensa				Organizations
						l ed				
(15)										
(15)										
(16)										
(17)										
			_							
(18)										
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(19)										
(20)			H							
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(21)										
(22)										
1										
(23)								Ť		
(24)										
¥										
(25)										
# J. 61				_			Ļ			
1b Sub-total						• • •				
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)								84,000		0
Total number of individuals (including but not I										-,
reportable compensation from the organization			,						0	
, , , , , , , , , , , , , , , , , , , ,										Yes No
3 Did the organization list any former officer,	director, or trustee,	key e	mplo	yee	, or	highes	t co	mpensated		
employee on line 1a? If "Yes," complete Sche										3 X
4 For any individual listed on line 1a, is the sum										150 100
organization and related organizations greater				lete :	Sche	edule J	for s	such		4 X
individual				· ·	• •		· ·	or individual	• • • • • • • •	4 X
5 Did any person listed on line 1a receive or acc for services rendered to the organization? If "\"\	·									5 X
Section B. Independent Contractors	res, complete oche	dule 5	01 3	цогт	JC131	OIT				1
Complete this table for your five highest comp	ensated independen	t contr	acto	rs tha	at re	ceived	mor	e than \$100,000 of		
compensation from the organization. Report of										
year.	·									
(A)								(B)		(C)
Name and business	address							Description of	services	Compensation
*										
-					_					
\$ <del></del>				_				-		
					_			+		
2 Total number of independent contractors (incl	uding but not limited	to ther	e lic	ted a	hov	e) who				1 W W W W W W W W W W W W W W W W W W W
2 Total number of independent contractors (included received more than \$100,000 of compensation)			) II3	.ou c	*DOA	C) WI 10				
10001700 THOIC THAIT & 1001000 OF COMPONIBUTIO		755		_	_					

	Check if Schedule O contains a response or no	te to any line in this Pa	art VIII	**************************************		<u>.</u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a     Federated campaigns      1a       b     Membership dues      1b       c     Fundraising events      1c       d     Related organizations      1d	2,786,053				
ributions, Other Sim	e Government grants (contributions) 1e  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lines 1a-1f: \$					
in a		.—	2,786,053			
0 10	h Total. Add lines 1a-1f	Business Code	2,100,033			
e	2-	Business Code				
Program Service Revenue	2a	-				† · · · · · · · ·
e Re	b	-				
Ş	C					
Š	d	-				
gra	f All other program service revenue					
Pro	g Total. Add lines 2a-2f					
	Investment income (including dividends, interest, and other similar amounts)		36,629	36,629		
	4 Income from investment of tax-exempt bond proce					
	5 Royalties	. [7				
	(i) Real	(ii) Personal	Was Take R. H.	18	The Thirty or	
	6a Gross rents					
	<b>b</b> Less: rental expenses					1. 3.45
	c Rental income or (loss)			10 EG 1511		
	d Net rental income or (loss)					
		(iii) Other		X 41 T X X		
	assets other than inventory 683,55					
	<b>b</b> Less: cost or other basis and sales expenses 616,13	1 1,289	1000000			
	c Gain or (loss) 67,42					
	d Net gain or (loss)		67,774	67,774		
ne	8a Gross income from fundraising					
	events (not including \$					
Other Rever	of contributions reported on line 1c).					
er F	See Part IV, line 18 a			E SOLEN		
ŧ	b Less: direct expenses b			*		
•		·				
	9a Gross income from gaming activities.		antido Espera	THE WATER	25.09	
	See Part IV, line 19 a					
	b Less: direct expenses b					
		1 3 4 5 5 5 5 5			te di unioni X 1	TOTAL CASE
	10a Gross sales of inventory, less returns and allowances					
	b Less: cost of goods sold b					1 - 1 × 11 × 1
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code	STATE NAME OF	Shaken	3 2 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	11a OTHER INCOME	900099	2,009	2,009		
	b					
	d All other revenue					
	e Total. Add lines 11a-11d		2,009		AND LOD VE	
	12 Total revenue. See instructions		2,892,465	106,412		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). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, 7b, Management and Fundraising Program service Total expenses general expenses expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 2,145,780 and domestic governments. See Part IV, line 21 2,145,780 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . . . . . . Compensation of current officers, directors, 84,000 36,960 47,040 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 326,803 143,793 92,633 90,377 Other salaries and wages Pension plan accruals and contributions (include 3,767 2,911 1,884 section 401(k) and 403(b) employer contributions) 8,562 15,247 23,562 9 69,302 30,493 10 Payroll taxes . . . . . . . . . . . . 31,846 14,012 10,828 7,006 Fees for services (non-employees): 11 а b С d Professional fundraising services. See Part IV, line 17 5,373 6,838 Investment management fees ...... 12,211 f Other. (If line 11g amount exceeds 10% of line 25, column 18,228 16,707 (A) amount, list line 11g expenses on Schedule O.) 34,935 1,259 940 12 3,687 1,488 Advertising and promotion 35,837 14,948 18,340 2,549 13 Office expenses . . . . . . . . 14 Information technology . . . . . . . 15 18,085 14,209 16 32,294 4,899 8.672 3,773 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 515 858 343 19 Conferences, conventions, and meetings 20 21 7,680 3,379 4,301 22 Depreciation, depletion, and amortization 5,255 2,324 2,931 23 Insurance 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.) MEETINGS 752 752 60,236 39,908 20,251 77 MEMBERSHIP DUES 100 1,480 1,441 3,021 EMPLOYEE DEVELOPMENT C 1,162 49,193 30,119 80,474 EVENTS 815 2,465 37 3,317 е All other expenses 304,610 119,894 2,531,018 Total functional expenses. Add lines 1 through 24e 2,955,522 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Form 990 (2014)

Part X B **Balance Sheet** 

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,472,700	1	1,370,189
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,471,441	3	1,215,347
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	The state of the s		THE PERSON NAMED IN
	Ū	trustees, key employees, and highest compensated employees.		0.74	
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section	Say of the Say of		
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
- 1		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	27,288	9	25,541
`	10a	Land, buildings, and equipment: cost or	100		
		other basis. Complete Part VI of Schedule D 10a 256,591			
	b	Less: accumulated depreciation 10b 54,476	9,195	10c	202,115
	11	Investments - publicly traded securities	857,808	11	829,118
	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	62,371	15	62,929
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,900,803	16	3,705,239
	17	Accounts payable and accrued expenses	2,163,655	17	2,120,518
	18	Grants payable		18	
	19	Deferred revenue	23,728	19	32,904
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Sa	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
jab		disqualified persons. Complete Part II of Schedule L		22	
- 1	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	17,497	25	15,292
	26	Total liabilities. Add lines 17 through 25	2,204,880	26	2,168,714
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and			
Ses		complete lines 27 through 29, and lines 33 and 34.		E P	
and	27	Unrestricted net assets	308,831	27	406,712
Bal	28	Temporarily restricted net assets	1,387,092	28	1,129,813
ם	29	Permanently restricted net assets		29	
F.		Organizations that do not follow SFAS 117 (ASC 958), check here			
S O		complete lines 30 through 34.		Sintra .	The state of the s
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	1 605 000	32	1 536 505
	33	Total net assets or fund balances	1,695,923	33	1,536,525
	34	Total liabilities and net assets/fund balances	3,900,803	34	3,705,239

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

Schedule O.

EEA

the Single Audit Act and OMB Circular A-133?

X

Form 990 (2014)

Χ

2c

3a

3b

#### Form 4562

### Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

2014 Attachment

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Sequence No. 179

Business or activity to which this form relates Identifying number 58-1341880 FORM 990 - 1 UNITED WAY OF RUTHERFORD COUNTY Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I, 2 2 Total cost of section 179 property placed in service (see instructions) 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 separately, see instructions 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 9 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 12 Carryover of disallowed deduction to 2015. 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. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election 1,240 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2014 17 If you are electing to group any assets placed in service during the tax year into one or more general 18 Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (e) Convention (f) Method (g) Depreciation deduction placed in (business/investment use (a) Classification of property period only-see instructions) 3-year property 19 a 236 b 5-year property Statement #50 MQ SL 198 33,208 7-year property 2,729 SL 163,737 10 MQ d 10-year property 15-year property 20-year property 25 yrs. g 25-year property S/I MM h Residential rental 27.5 yrs. S/L 27.5 yrs. MM 39 yrs. MM S/L Nonresidential real MM property Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System S/L 20 a Class life S/L 12 yrs. b 12-year 40 yrs. MM S/L c 40-year Part IV Summary (See instructions.) 2,923 21 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 7,326 22 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter the

Page 2

Form 4562 (2014)

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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 - De	preciation and O	ther Inform	ation (C	aution:	See the	instruct	ions for	limits for	asseng	er autor	nobiles.	)		
24a	Do you have evidence	to support the busines	s/investment us	e claimed?			☐ Yes	No	24b If "	Yes," is	the evic	ence wi	ritten?	Yes	∐ No
Т	(a) ype of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage		(d) ther basis		(e) sis for depre siness/inve use onl	stment	(f) Recovery period	(s Meth Conve		Depred deduc		(i) Elected se cos	ction 179
25	Special depreciation													A-101	
	the tax year and us				s use (se	ee instr	uctions)				25			V=011	
26	Property used mor	e than 50% in a qu		ess use:						T		_	000		
Sta	atement #51	1 1	%									2,	923		
		Î	%												
			%											L	
27	Property used 50%	or less in a qualifi		use:						Lan					
			%			_				S/L-					
			%							S/L-					
			%							S/L-	1		000		
	Add amounts in co						page 1				28	2,	923	L Thail	
29	Add amounts in co	lumn (i), line 26. Er								• • • •		• • •	. 29		
				Section											
	mplete this section f													es	
о у	our employees, first	t answer the questi	ons in Section					1						T 45	
				(a Vehicl	1	Vehic	(b)	Vehi	cle 3	(d Vehicl		Vehi	e) cle 5	(f Vehic	
30	Total business/inve			Venici		VOIII	010 2	V 5111	0.00						
	the year (do not i										_				
	Total commuting n	_	-			_									
32	Total other person	al (noncommuting)		[.											
			6300				_		_						
33	Total miles driven		ld												
	lines 30 through 32						T		1	· I			I No.	V 1	N-
34	Was the vehicle av	•		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No_
		hours?					-		-						
35	Was the vehicle us		nore												
	than 5% owner or	•	\$3.03	-						_					
36	Is another vehicle						<u> </u>		L	T1					
		Section C -													
	swer these questio				on to co	mpletin	ng Sectio	n B for v	enicies u	sea by e	empioye	es wno	are not		
	re than 5% owners									las bu		_		Voc	No
37	Do you maintain a	written policy state	ement that pr	ohibits all	persona	Il use of	venicles	, includin	ng commu	ing, by				Yes	NO
	your employees?						 Listas a				* * * *		* * * *		
38	Do you maintain a														
		he instructions for				cers, all	rectors, o	176 OF I	TIOLE OWLE	215	* 5	20.000		<b>—</b>	
	Do you treat all us								ام معمداد	out the	• • • •	* 1 1/2	• • • •	_	
40	Do you provide me				obtain ir	normau	ion irom y	your emp	oloyees au	outtre					
		s, and retain the info			، ، . حماد دانا-		ion uno?	(Coo.ing	tructions )		FIST 3. 6	* *****	50# 8 A		
41	Do you meet the r										*** * *	* *****	3#3 <b>†</b> # #	W. C. C. C. C.	
_		wer to 37, 38, 39,	40, or 41 is	"Yes," de	o not cor	npiete	Section	B for the	covered	venicies					
P	art VI Amor	tization	Ť -												
	(a) Description o		Date amo	b) ortization gins	A		(c) ele amount		(d) Code sed	tion	(e Amortiz period percen	ation or	Amortiza	(f) ation for this	year
42		ete that hegins duri	ing vous 201	4 tay vea	/eee ins	to ration									
	Amortization of co		IIIQ YOUI ZU I		1300 1113	aruction	18):								
-	Amortization of co	sts triat begins duri	ing your 2014	T tux jou	(300 1113	struction	is):	T							
_	Amortization of co	Sto triat begins duri	ing your 2014	rian jou	(366 1113	aruction	is):								
	Amortization of co					aruction	is):	* 5 093		· * * * *	*****************************	43			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

**Open to Public** Inspection

Employer identification number

Name	of the	e organization					Employer identific	ation number		
UNI	red	WAY OF RUTHERFORD COUNTY						58-1341880		
Pa	tΙ	Reason for Public Charity	y Status (All or	ganizations must co	mplete t	his part.	) See instruction:	S,		
The	orgar	nization is not a private foundation becau	use it is: (For lines 1	through 11, check only or	ne box.)					
1		A church, convention of churches, or				1)(A)(i).				
2		A school described in section 170(b								
3	Ī	A hospital or a cooperative hospital s			70(b)(1)(A)	(iii).				
4	П	A medical research organization ope	rated in conjunction	n with a hospital describe	ed in section	on 170(b)(	1)(A)(iii). Enter the			
.,		hospital's name, city, and state:		•						
5	П	An organization operated for the benef	it of a college or univ	versity owned or operated	by a govern	nmental un	it described in			
J	ш	section 170(b)(1)(A)(iv). (Complete		, or only our road or experience	.,					
	П	A federal, state, or local government		nit described in <b>section</b>	170(b)(1)(	Δ۱/ν۱				
6							deneral public			
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.)  A community trust described in section 170(b)(1)(A)(vI). (Complete Part II.)									
8	H				atributione	momborch	in fees and aross			
9	Ш	An organization that normally receives:	(1) more than 33 1/	53% Of its support from con	ond (2) no	more than	33 1/3% of ite			
		receipts from activities related to its exe								
		support from gross investment income					Dusinesses			
		acquired by the organization after Ju								
10	닏	An organization organized and opera								
11	Ш	An organization organized and operate	ed exclusively for the	benefit of, to perform the	functions o	t, or to carr	y out the purposes of	N Ob Ir		
		one or more publicly supported organ	nizations described	l in section 509(a)(1) or	section 50	19(a)(2). S	ee section 509(a)(3)	). Спеск		
		the box in lines 11a through 11d that d	escribes the type of	supporting organization a	nd complete	e lines 11e	, 11f, and 11g.			
	а	Type I. A supporting organization						ing		
		the supported organization(s) the p			f the directo	ors or truste	es of the supporting			
		organization. You must comple								
	b	Type II. A supporting organization						3		
		control or management of the supp	porting organization	vested in the same perso	ns that conf	trol or mana	age the supported			
		organization(s). You must comp	olete Part IV, Sect	ions A and C.						
	Ç	Type III functionally integrated			nection wi	th, and fur	ctionally integrated v	vith,		
		its supported organization(s) (se								
	d	Type III non-functionally integr						on(s)		
	Ī	that is not functionally integrated.								
		requirement (see instructions). Y								
	е	Check this box if the organization	received a written de	etermination from the IRS	that it is a T	ype I, Type	e II, Type III			
	C	functionally integrated, or Type III				, , ,				
	f	Enter the number of supported organiz		g						
		Provide the following information about		nization(s)						
S=	g			(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amo	unt of	
	(	Name of supported organization	(ii) EIN	(described on lines 1-9	listed in you		support (see	other supp		
				above or IRC section	docum	ent?	instructions)	instruc	tions)	
				(see instructions))	Yes	No				
-	_				165	140				
(A)										
_	-				-					
(B)										
S					-					
(C)										
(0)										
(D)										
(D)										
/E\										
(E)										
						H. S. M				
					- B - C - F	100				

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

(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.)

Sect	tion A. Public Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,448,065	2,791,906	2,705,109	3,084,192	2,786,053	13,815,325
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	Total. Add lines 1 through 3	2,448,065	2,791,906	2,705,109	3,084,192	2,786,053	13,815,325
5	The portion of total contributions by			Gistal Sur	W 1		
	each person (other than a		Name of the Part of the		THE RESERVE		
	governmental unit or publicly						
	supported organization) included on			arty and the			
	line 1 that exceeds 2% of the amount				70 ( I) I		
	shown on line 11, column (f)						10.015.005
6	Public support. Subtract line 5 from line 4			N' 1,7 == 1			13,815,325
	tion B. Total Support	4-1 2040	(b) 2011	(a) 2012	(d) 2013	(e) 2014	(f) Total
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	3,084,192		13,815,325
7 8	Amounts from line 4	2,448,065	2,791,906	2,705,109	3,064,192	2,700,033	15,015,525
0	payments received on securities loans,				á		
	rents, royalties and income from similar	17,719	26,960	80,168	126,781	7,711	259,339
	sources	1/,/19	26,960	80,100	120,701	,,,,	202,000
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 VI.)	2,393	20,500	19,765	29,499	2,009	74,166
11	Total support. Add lines 7 through 10						14,148,830
12	Gross receipts from related activities, etc. (see	e instructions)		n		12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	1 1 2 E-15 (C) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		th, or fifth tax year	as a section 501(	c)(3)	.,▶□
Sec	tion C. Computation of Public Su						0/
14	Public support percentage for 2014 (line 6, co				* * * ********	14	97.64 %
15	Public support percentage from 2013 Schedu					15	97.44 %
16a	33 1/3% support test - 2014. If the organiz				3 1/3% or more, cn	eck this	▶ 🏻
	box and <b>stop here</b> . The organization qualit	fies as a publicly su	upported organizat				
b	33 1/3% support test - 2013. If the organiz	zation did not chec	k a box on line 13	or iba, and line 15	11533 1/3% OF MOI	e	▶ □
	check this box and <b>stop here</b> . The organiz	ation qualifies as a	a publicly supported	organization	or 16h and line		
17a	10%-facts-and-circumstances test - 201	4. If the organization	on did not check a	oox on line 13, 16a	eten here Evolei	14 15 in in	
	10% or more, and if the organization meets					) I III	
	Part VI how the organization meets the "facts	-and-circumstances	s test. The organiza	mon quannes as a p	ubility supported	attion course of	▶□
	organization		on did not check a	hov on line 13 16s		line	
b	10%-facts-and-circumstances test - 201					iiio	
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization meets	s the "tacts-and-circ	umstances test. M	e organization quali	inco ao a publiciy		▶ □
10	supported organization						esses ii <del>lid</del>
18	instructions						▶ □
	DISCLUSIONS AND A SECOND OF THE SECOND OF TH			and the second of the second o	are the contract of the contra	The second secon	

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

(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.)

Sec	ction A. Public Support		-v				
Cale	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received, (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			-			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)					de d'Albar	
Sec	ction B. Total Support					·	T nev
Cale	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here						▶□
Sec	ction C. Computation of Public Su	pport Percer	ntage				
15	Public support percentage for 2014 (line 8, colu	ımn (f) divided by	line 13, column (f))	****			%
<u>16</u>	Public support percentage from 2013 Schedule				1.45	. 16	%
Sec	ction D. Computation of Investmer					T 1	
17	Investment income percentage for 2014 (line						9/
18	Investment income percentage from 2013 S						%
	33 1/3% support tests - 2014. If the organia 17 is not more than 33 1/3%, check this box	and stop here.	The organization q	ualifies as a public	cly supported orga	nization	
b	33 1/3% support tests - 2013. If the organization 18 is not more than 33 1/3%, check this	box and stop he	<b>ere.</b> The organizati	on qualifies as a p	ublicly supported	organization	
20	Private foundation. If the organization did r	not check a box	on line 14, 19a, or	19b, check this bo	x and see instructi	ons	Stockin a 🕨 🔛

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

Department of the Treasury

**Schedule of Contributors** 

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

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

Internal Revenue Service Name of the organization

Employer identification number

58-1341880

UNITED WAY OF RUTHERFORD COUNTY Organization type (check one):

Filers o	f:	Section:						
Form 99	90 or 990-EZ	501(c)( 3 ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 99	90-P <b>F</b>	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Check i	f your organization is cove	red by the <b>General Rule</b> or a <b>Special Rule.</b>						
Note. C		, or (10) organization can check boxes for both the General Rule and a Special Rule. See						
Genera	l Rule							
X	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special	Rules							
	regulations under sections and that r	ed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line received from any one contributor, during the year, total contributions of the greater of (1) nount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	contributor, during the year contributions totaled more t during the year for an exclu	red in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one  contributions exclusively for religious, charitable, etc., purposes, but no such  han \$1,000. If this box is checked, enter here the total contributions that were received  sively religious, charitable, etc., purpose. Do not complete any of the parts unless the  nis organization because it received nonexclusively religious, charitable, etc., contributions  ng the year						

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

Employer identification number Name of organization 58-1341880 UNITED WAY OF RUTHERFORD COUNTY

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	DR. RUSS GALLOWAY  3014 ST. JAMES DR  MURFREESBORO, TN 37129	\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	MAHLE FILTER SYSTEMS  906 BUTLER DRIVE  MURFREESBORO, TN 37130	\$29,012	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
33	BACKER-SPRINGFIELD  4700 JOHN BRAGG HWY  MURFREESBORO, TN 37127	\$11,413	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	PRINCETON, NJ 08543	\$96,949	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	FIRST TENNESSEE BANK  305 WEST NORTHFIELD BLVD  MURFREESBORO, TN 37129	\$19,594	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	COMBINED FEDERAL CAMPAIGN  P O BOX 280420  NASHVILLE, TN 37228-0420	\$12,509	Person

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SAINT THOMAS RUTHERFORD HOSPITAL  1700 MEDICAL CENTER PARKWAY  MURFREESBORO, TN 37129	\$10,806	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	MIDDLE TN STATE UNIVERSITY  COPE ADMINISTRATION BUILDING  MURFREESBORO, TN 37132	\$56,846	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	RICH PRODUCTS  625 BUTLER DRIVE  MURFREESBORO, TN 37127	\$20,140	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	YATES SERVICES  983 NISSAN DRIVE  SMYRNA, TN 37167	\$307,869	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_11_	TENNESSEE VALLEY AUTHORITY  P O BOX 292409  NASHVILLE, TN 37229	\$ 10,000	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	PUBLIX  F O BOX 407  LAKELAND, FL 33802	\$	Person

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

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	MURFREESBORO, TN 37129	\$ <u>42,989</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_14	MR DON ALEXANDER  3451 BETTY FORD ROAD  MURFREESBORO, TN 37130	\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_15_	GENERAL MILLS  P O BOX 129  MURFREESBORO, TN 37133	\$\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_16	TRACTOR SUPPLY COMPANY  320 PLUS PARK BLVD  NASHVILLE, TN 37217	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
17	STUART C IRBY CO  1284 HEIL QUAKER BLVD  LA VERGNE, TN 37086	<b>\$</b>	Person Payroll Moncash Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_18_	HAYNES BROTHERS LUMBER  739 NORTHWEST BROAD STREET  MURFREESBORO, TN 37129	<b>\$</b> 6,079	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization
UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

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_	SCHNEIDER ELECTRIC  300 WEAKLEY LANE  SMYRNA, TN 37167	\$24,060	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
20	RUTHERFORD COUNTY SCHOOLS  2240 SOUTHPARK BLVD  MURFREESBORO, TN 37128	\$141,832	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
_21_	COMMUNITY HEALTH SYSTEMS  155 FRANKLIN ROAD  BRENTWOOD, TN 37027	\$13,990	Person Payroll Noncash Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
	SUSAN ANDREWS  910 HAZELWOOD STREET  MURFREESBORO, TN 37130	\$5,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
23	ENTERPRISE - FRANKLIN  284 MALLORY STATION ROAD  FRANKLIN, TN 37067	\$19,658	Person					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
24	INGRAM CONTENT GROUP  1 INGRAM BLVD  LA VERGNE, TN 37086	\$117,929	Person					

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person 25 NISSAN NORTH AMERICA X Payroll П Noncash 983 NISSAN DRIVE 194,577 (Complete Part II for noncash contributions.) SMYRNA, TN 37167 (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person 26 X Payroll Noncash 12,761 116 CANNON AVENUE (Complete Part II for MURFREESBORO, TN 37129 noncash contributions.) (d) (b) (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person 27 ATMOS ENERGY X Payroll Noncash 334 WEST LOKEY 9,491 (Complete Part II for noncash contributions.) MURFREESBORO, TN 37130 (b) (d) (a) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person 28 ANDY WOMACK, STATE FARM INSUR AGENT X **Payroll** Noncash 1535 WEST NORTHFIELD BLVD SUITE 5 12,000 (Complete Part II for noncash contributions.) MURFREESBORO, TN 37129 (c) (d) (a) (b) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person BRIDGESTONE AMERICAS 29 X **Payroll** Noncash 1 BRIDGESTONE PARK 71,152 (Complete Part II for noncash contributions.) NASHVILLE, TN 37214 (d) (a) (b) (c) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person CATERPILLAR FINANCIAL SERVICES 30 X Payroll 7,497 Noncash 3322 WEST END AVENUE (Complete Part II for noncash contributions.) NASHVILLE, TN 37203

Name of organization
UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies	outors (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_	CITY AUTO  1023 BRIDGE AVENUE  MURFREESBORO, TN 37130	\$ 7,315	Person Payroll Moncash Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
32	COMMUNITY CARE OF RUTHERFORD COUNTY  901 E COUNTY FARM ROAD  MURFREESBORO, TN 37127	<b>\$</b> 8,673	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_33_	EMERGENCY PHYSICIANS OF ST THOMAS  1700 MEDICAL CENTER PARKWAY  MURFREESBORO, TN 37129	\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
34	FIFTH THIRD BANK  2437 OLD FORT PKWY  MURFREESBORO, TN 37128	<b>\$</b> \$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_35_	FORD OF MURFREESBORO  1550 NW BROAD STREET  MURFREESBORO, TN 37129	\$\$	Person Payroll Moncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
36	FRANKLIN SYNERGY BANK  722 COLUMBIA AVENUE  FRANKLIN, TN 37064	\$8,964	Person			

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number 58-1341880

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person 37 GUARANTY TRUST COMPANY  $\mathbf{x}$ **Payroll** Noncash 29,006 316 ROBERT ROSE DRIVE (Complete Part II for noncash contributions.) MURFREESBORO, TN 37129 (d) (b) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person 38 HERITAGE FARMS DAIRY X **Payroll** Noncash 33,846 1100 NEW SALEM HIGHWAY (Complete Part II for noncash contributions.) MURFREESBORO, TN 37129 (d) (c) (b) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person INTERNATIONAL PAPER 39 X **Payroll** Noncash 7,768 2220 NW BROAD STREET (Complete Part II for noncash contributions.) MURFREESBORO, TN 37129 (d) (c) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person JOHNSON CONTROLS 40 X Pavroll Noncash 13,983 1501 MOLLOY LANE (Complete Part II for noncash contributions.) MURFREESBORO, TN 37129-3344 (c) (d) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person KROGER 41 X Payroll Noncash 8,548 P O BOX 305103 (Complete Part II for noncash contributions.) NASHVILLE, TN 37230-5103 (c) (d) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person MURFREESBORO CITY SCHOOLS 42 X Payroll Noncash 12,994 2552 SOUTH CHURCH STREET (Complete Part II for noncash contributions.) MURFREESBORO, TN 37127

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (c) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person 43 MURFREESBORO ELECTRIC X Pavroll Noncash 14,655 P O BOX 9 (Complete Part II for noncash contributions.) MURFREESBORO, TN 37133-0009 (d) (c) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 Person NATIONWIDE MUTUAL INSURANCE COMPANY 44 X Payroll Noncash 9,113 ONE NATIONWIDE PLAZA (Complete Part II for noncash contributions.) COLUMBUS, OH 43085 (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person PINNACLE NATIONAL BANK 45 X **Pavroll** Noncash 11,505 214 WEST COLLEGE STREET (Complete Part II for noncash contributions.) MURFREESBORO, TN 37130-3504 (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person 46 RAYMOND JAMES X Pavroll Noncash 8,363 100 EAST VINE STREET SUITE 310 (Complete Part II for noncash contributions.) MURFREESBORO, TN 37130 (c) (d) (a) (b) Name, address, and ZIP + 4 Type of contribution **Total contributions** No. Person 47 RUTHERFORD COUNTY X **Payroll** Noncash 50,217 RUTHERFORD CO COURTHOUSE SUITE 202 (Complete Part II for noncash contributions.) MURFREESBORO, TN 37130 (d) (b) (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person 48 REGIONS BANK X Payroll 11,296 Noncash 100 EAST VINE STREET SUITE 200 (Complete Part II for noncash contributions.) MURFREESBORO, TN 37130

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

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	P O BOX 864  MURFREESBORO, TN 37133-0864	\$8,610	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_50	SUNTRUST BANKS  P O BOX 100  MURFREESBORO, TN 37133-0100	\$8,260	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_51	TARGET NO 1126  1851 OLD FORT PARKWAY  MURFREESBORO, TN 37129	\$15,920	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_52_	TN EMPLOYEES CHARITABLE CAMPAIGN  505 DEADERICK STREET  NASHVILLE, TN 37243-0635	9,296	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_53_	THOMPSON SERVICES  8055 JACKSON RIDGE ROAD  ROCKVALE, TN 37153-4234	\$11,453	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
54	TOWN OF SMYRNA  315 SOUTH LOWRY STREET  SMYRNA, TN 37167	\$16,062	Person			

Name of organization
UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

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	UNITED HEALTH GROUP GIVING CAMPAIGN  370 SELBY AVENUE SUITE 201  SAINT PAUL, MN 55102	\$10,388	Person Dayroll Moncash Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_56_	WAL-MART SUPERCENTERS  2000 OLD FORT PARKWAY  MURFREESBORO, TN 37129	\$13,178	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
57	MIDDLE TENNESSEE ELECTRIC  329 ST. ANDREWS DRIVE  MURFREESBORO, TN 37133	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_58_	DON WITHERSPOON 2127 SHANNON DRIVE MURFREESBORO, TN 37129	\$31,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
59	PFIZER FOUNDATION  P O BOX 2072  PRINCETON, NJ 08543	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_60	SOUTHEASTERN TECHNOLOGY  905 INDUSTRIAL DRIVE  MURFREESBORO, TN 37129	\$\$	Person			

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number 58-1341880

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (c) (b) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person 61 X Payroll Noncash 32,002 P O BOX 1139 (Complete Part II for noncash contributions.) MURFREESBORO, TN 37133 (d) (c) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person 62 COMDATA CORPORATION X Payroll Noncash 7,963 5301 MARYLAND WAY (Complete Part II for noncash contributions.) BRENTWOOD, TN 37027 (d) (c) (a) (b) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 X Person DEALER'S AUTO AUCTION 63 П Pavroll Noncash 6,000 1815 OLD FORT PARKWAY (Complete Part II for noncash contributions.) MURFREESBORO, TN 37129 (c) (d) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person 64 HCA STONECREST X Pavroll Noncash 14,224 200 STONECREST BOULEVARD (Complete Part II for noncash contributions.) SMYRNA, TN 37167 (d) (c) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person X 65 LAROCHE FAMILY FOUNDATION Payroll Noncash 10,000 2103 SHANNON DRIVE (Complete Part II for noncash contributions.) MURFREESBORO, TN 37129 (c) (d) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person MURFREESBORO YOUNG PROFESSIONALS 66 X **Payroll** Noncash \$ 12,549 501 MEMORIAL BOULEVARD (Complete Part II for noncash contributions.) MURFREESBORO, TN 37129

**Employer identification number** 

58-1341880 UNITED WAY OF RUTHERFORD COUNTY Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (c) (d) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No.  $\mathbf{x}$ Person 67 PINNACLE FINANCIAL PARTNERS Pavroll П Noncash 9,800 214 WEST COLLEGE (Complete Part II for noncash contributions.) MURFREESBORO, TN 37130 (d) (c) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person X TRUSTPOINT HOSPITAL 68 Payroll Noncash 5,000 1009 NORTH THOMPSON LANE (Complete Part II for noncash contributions.) MURFREESBORO, TN 37129 (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.)

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

# **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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047 2014

**Open to Public** Inspection Employer identification number

IIN	TED WAY OF RUTHERFORD COUNTY	58-1341880
Par		s.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	fullds are the organizations property, subject to the organization occurrence.	Yes   No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	Пин
	conferring impermissible private benefit?	Yes L No
Par		
-	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	phortant land area
	Preservation of land for public use (e.g., recreation or education)  Preservation of a historically im  Protection of patural habitat  Preservation of a certified historically impreservation of a historical i	
	Trocognition of the data the black	inc structure
	Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conserva-	tion
2		Held at the End of the Tax Year
_	easement on the last day of the tax year.  Total number of conservation easements	2a
a	Total acreage restricted by conservation easements	2b
b c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	n during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	
	<b></b>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
	\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	□ v <sub>ee</sub> □ Ne
	and section 170(h)(4)(B)(ii)?	Yes   No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, a	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that described the control of	albes trie
Par	organization's accounting for conservation easements.  rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
Fai	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and bala	ance sheet
ıu	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance	e sheet
-	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral	
	public service, provide the following amounts relating to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	s

8-1341880
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Sched	ule D (Form 990) 2014 UNITED WAY OF RUTH					58-134188	
Par							ts (continued)
3	Using the organization's acquisition, accession, and	other records, chec	k any of the follo	wing that are a sign	ificant us	e of its	
	collection items (check all that apply):						
а	Public exhibition	d 📙 Loar	n or exchange pr	ograms			
b	Scholarly research	e 🗌 Othe	er				
С	Preservation for future generations		*				
4	Provide a description of the organization's collection	is and explain how th	ney further the or	ganization's exemp	t purpose	e in Part	
	XIII.						
5	During the year, did the organization solicit or receiv	e donations of art, h	istorical treasure	s, or other similar			
	assets to be sold to raise funds rather than to be ma	aintained as part of the	he organization's	collection?			. Yes No
Par	t IV Escrow and Custodial Arrange	ements.					
***	Complete if the organization ans	wered "Yes" to	Form 990, F	Part IV, line 9, c	r repor	ted an amount	on Form
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodian or of	ther intermediary for	contributions or	other assets not			
							, Yes No
b	If "Yes," explain the arrangement in Part XIII and co	mplete the following	table:				
						Amo	unt
С	Beginning balance				. 1c		
d	Additions during the year						
е							
f	Ending balance				1f_		п. п.
2a	Did the organization include an amount on Form 99					*********	: C
	If "Yes," explain the arrangement in Part XIII. Check	here if the explanat	ion has been pro	ovided in Part XIII	:•:	* * * * * * * * *	<u> </u>
Pai	t V Endowment Funds.						
-	Complete if the organization ans	wered "Yes" to					V. 0
		(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						
С	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the current year	ar end balance (line	1g, column (a)) h	neld as:			
а	Board designated or quasi-endowment	%					
b	Permanent endowment						
С	Temporarily restricted endowment						
	The percentages in lines 2a, 2b, and 2c should equ						
3a	Are there endowment funds not in the possession of	of the organization th	at are held and a	administered for the			Iv. Iv.
	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	·			SOUTH A	s a s austri i i i	3b
4	Describe in Part XIII the intended uses of the organ		t funds.				
Pai	t VI Land, Buildings, and Equipme	ent.	Farm 000 F	2a+ IV lina 114		Form 000 Bort	V line 10
_	Complete if the organization ans						(d) Book value
	Description of property	(a) Cost or oth (investme	, ,	Cost or other basis (other)	` '	ccumulated preciation	(u) book value
_		(mvesum	,	(outer)	AUL	ALL DAVIS CONTRACTOR	
1a	Land n n newspaper a n n n	• •		162 737		2,729	161,008
b	Buildings			163,737		2,123	101,000
C	Leasehold improvements	D. 7		92,854		51,747	41,107
d	Equipment	*(1 e)		92,034		31,/11	41/10/
e Tota	Other	ol Form 000, Dod \	Coolumn (D) II	ne 10c \		<b>•</b>	202,115
ota	<ol> <li>Add lines 1a through 1e. (Column (d) must equ</li> </ol>	ai FUIII 990, Part	v, column (b), ll	10 1007		*****	

	Complete if the organization answered	"Yes" to Form 990, Par	t IV, line 11b. See Form 990, Pa	t 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 de	erivatives			
(2) Closely-held	d equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.  Complete if the organization answered	I "Yes" to Form 990, Pai	rt IV, line 11c. See Form 990, Pa	t X, line 13.
<del></del>	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)	•			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answered	I "Yes" to Form 990, Pa	rt IV, line 11d. See Form 990, Pa	rt X, line 15.
	(a) De	escription		(b) Book value
(1) INVEST	MENT IN ASSETS OF COMMUNITY F			62,929
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 15	)		62,92
Part X	Other Liabilities.			00 5 434
	Complete if the organization answered line 25.	d "Yes" to Form 990, Pa	rt IV, line 11e or 11f. See Form 9	90, Part X, 
1.	(a) Description of liability	(b) Book value		
(1) Federal i	ncome taxes			
(2) ACCRUI	ED PAID LEAVE	10,740		
(3) COMMU	NITY NEEDS ASSESSMENT	3,750	SWITE WE TURN TO SEE THE STATE OF	
(4) PAYRO	LL LIABILITIES	323		
(5) DEFERI	RED LEASE PAYABLE	479		
(6)			District Control of the Control of t	
(7)				
(8)				
(9)				
Total. (Column (b	) must equal Form 990, Part X, col. (B) line 25.)	15,292	2	

Pai	Reconciliation of Revenue per Audited Financial Statements With Revenue per N	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	4 1	
1	Total revenue, gains, and other support per audited financial statements	1	2,796,124
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
þ	Donated services and use of facilities	- 1.4	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	U VII	20.000
е	Add lines 2a through 2d	2e	(96,341)
3	Subtract line 2e from line 1	3	2,892,465
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1;	2011	
а	Investment expenses not included on Form 990, Part VIII, line 7b	374	
b	Other (Describe in Part XIII.)	40	
C	Add lines 4a and 4b	4c 5	2 002 465
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2,892,465
Pal	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ei Netui	11.
_	Total expenses and losses per audited financial statements	1	2,955,522
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ened)	2,,555,522
2	Donated services and use of facilities	01.	
a	Prior year adjustments		
b	Other losses		
c d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,955,522
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		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,955,522
	rt XIII Supplemental Information.		
	ide 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	ne	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
_			

		Fe	deral Supp	orting Statements	<b>2014</b> PG01
Name(s) as shown on return					FEIN
UNITED WAY	OF RUT	HERFOR	D COUNTY		58-1341880
		F	ORM 4562	- LINE 19B	Statement #50
BASIS	RP	CV	METHOD	DEDUCTION	
1,278	5	MQ	$\mathtt{SL}$	192	
1,317	5	MQ	SL	44	
TOTAL				236	

#### **Statement of Program Service Accomplishments**

2014 01

Name(s) as shown on return

UNITED WAY OF RUTHERFORD COUNTY

Your Social Security Number

58-1341880

FORM 990, PART III(A)

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$2531018

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0

PROGRAM SERVICES REVENUE \$0

#### EXPLANATION

THE UNITED WAY TAKES PRIDE IN BEING AN ACCOUNTABLE, EFFICIENT AND TRANSPARENT COMMUNITY IMPACT ORGANIZATION. INVESTING IN THE UNITED WAY LEADS TO STRENGTHENING NEIGHBORHOODS, BOLSTERING THE HEALTH OF THE COMMUNITY, AND CREATING LONG-TERM CHANGE IN THE LIVES OF COMMUNITY MEMBERS EVERY DAY. EDUCATION IS THE CORNERSTONE FOR SUCCESS IN SCHOOL, WORK AND LIFE. LAST YEAR, THE UNITED WAY INVESTED \$643,002 INTO EDUCATIONAL PROGRAM PARTNERSHIPS, PROVIDED 1,500 STUDENTS WITH BACK TO SCHOOL KITS, AND INTEGRATED THE RUTHERFORD COUNTY BOOKS FROM BIRTH PROGRAM INTO ITS OPERATIONS. A DECENT INCOME IS NECESSARY FOR A LIFE THAT GUARANTEES MORE CHOICES, FREEDOM AND OPPORTUNITY. THE UNITED WAY INVESTED \$726,432 INTO PROGRAM PARTNERSHIPS FOCUSED ON INCOME IN 2014-15. THIS YEAR, THE UNITED WAY FILED NEARLY 730 TAX RETURNS THROUGH ITS VOLUNTEER INCOME TAX ASSISTANCE PROGRAM, RESULTING IN A \$1,011,650 RETURN INTO RUTHERFORD AND CANNON COUNTIES. IN THE AREAS OF HEALTH AND REBUILDING LIVES, UNITED WAY INVESTED \$859,289 INTO 2014-15 PROGRAM PARTNERSHIPS. THROUGH ITS PARTNERSHIP WITH THE FAMILYWIZE PRESCRIPTION DISCOUNT PROGRAM, THE UNITED WAY SAVED RUTHERFORD AND CANNON COUNTY RESIDENTS \$621,000. LAST YEAR, 12 SCHOOL PLAYGROUNDS WERE REFURBISHED TO ENCOURAGE CHILDREN TO BE ACTIVE AND MAKE HEALTHY CHOICES.

## SCHEDULEI (Form 990)

Department of the Treasury

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

▶ Attach to Form 990.

Open to Public

OMB No. 1545-0047

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

ž (h) Purpose of grant or assistance Inspection Yes BENERAL UPPORT BENERAL UPPORT SENERAL SUPPORT ENERAL UPPORT BENERAL UPPORT BENERAL UPPORT ENERAL UPPORT BENERAL UPPORT UPPORT BENERAL UPPORT BENERAL Employer identification number X 通法 保 语 苦 体 医多次形式 Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990 (g) Description of non-cash assistance 58-1341880 (f) Method of valuation (book, FMV, appraisal, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance 15,745 23,000 12,642 29,700 275,000 119,000 29,336 162,760 34,000 88,434 (d) Amount of cash grant Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 01(C)(3) 501(C)(3) General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (b) EIN UNITED WAY OF RUTHERFORD COUNTY Ü RUT RG (7) COMMUNITY FOOD PARTNERS-2ND (10) ISCOVERY CENTER OF MURFREE (1) AMERICAN RED CROSS-HEART OF RUTHER (a) Name and address of organization (9) CRISIS INTERVENTION CENTER (2) BOY SCOUTS OF AMERICA, MID (4) CANNON CO SENIOR CITIZENS (5) CASA OF RUTHERFORD COUNTY OF) MURFREESBORO, TN 37129-8218 (3) BOYS AND GIRLS CLUBS OF 502 SOUTHEAST BROAD STREET (6) CHILD ADVOCACY CENTER (8) COMMUNITY HELPERS OF MURFREESBORO, IN 37130 MURFREESBORO, TN 37129 MURFREESBORO, IN 37130 MURFREESBORO, IN 37129 MURFREESBORO, IN 37129 501 MEMORIAL BOULEVARD or government 1040 SAMSONITE BLVD 331 GREAT CIRCLE RD NASHVILLE, TN 37203 NASHVILLE, TN 37215 NASHVILLE, TN 37228 TN 37190 447 N FRONT STREET 201 23RD AVENUE N 3414 HILLSBORO PK 1453 B HOPE WAY 820 JONES BLVD Name of the organization Internal Revenue Service 609 LEHMAN ST WOODBURY, Part Part II

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

### SCHEDULE 1 (Form 990)

Department of the Treasury

Internal Revenue Service

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

▶ Attach to Form 990.

Open to Public OMB No. 1545-0047 Inspection 2014

58-1341880

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

Employer identification number

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

UNITED WAY OF RUTHERFORD COUNTY

Part

Name of the organization

ŝ (h) Purpose of grant or assistance Yes BENERAL SENERAL UPPORT BENERAL SUPPORT BENERAL SUPPORT BENERAL UPPORT BENERAL UPPORT SENERAL UPPORT BENERAL UPPORT BUPPORT ENERAL UPPORT ENERAL UPPORT (g) Description of non-cash assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990 (f) Method of valuation (book, FMV, appraisal, other) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (e) Amount of noncash assistance 17,700 47,700 50,000 44,130 65,000 71,190 54,418 29,520 49,117 30,150 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501 (C) (3) Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (p) EIN (10) CHRA-MEALS ON WHEELSESHIO (2) EXCHANGE CLUB FAMILY CENTER (8) LEGAL AID SOCIETY OF MIDDLE (3) GIRLS SCOUTS, CUMBERLAND VA (a) Name and address of organization 1704 CHARLOTTE AVE, SUITE 200 (1) DOMESTIC VIOLENCE PROGRAM, (5) BIG BROTHERS BIG SISTERS 1101 KERMIT DRIVE SUITE 300 (6) HOSPICE OF MURFREESBORO, (9) MCHRA-HOMEMAKER PROGRAM 1101 KERMIT DR, SUITE 300 400 NORTH HIGHLAND AVENUE NASHVILLE, TN 37204-0466 151 HERITAGE PARK DRIVE MURFREESBORO, TN 37130 MURFREESBORO, IN 37129 MURFREESBORO, IN 37129 (4) THE GUIDANCE CENTER MURFREESBORO, TN 37130 or government 1704 CHARLOTTE AVENUE (7) KIDS ON THE BLOCK 300 DEADERICK STREET NASHVILLE, TN 37217 NASHVILLE, TN 37201 NASHVILLE, TN 37217 NASHVILLE, TN 37203 NASHVILLE, TN 37203 118 N CHURCH STREET 826 MEMORIAL BLVD P O BOX 40466 Part

## SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection 2014

Employer identification number

OMB No. 1545-0047

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

ŝ Yes 58-1341880 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance the selection criteria used to award the grants or assistance? UNITED WAY OF RUTHERFORD COUNTY Part

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.  1 (a) Name and address of organization or government or government if applicable or government if applicable or government (book, FMV, appraisa).  (book, FMV, appraisa) organization of the cash assistance organization of the cash assistance	at received more	than \$5,000. Part I	Il can be duplicated (d) Amount of cash	if additional space is	f needed.	(a) Description of	(h) Purpose of grant
1 (a) Name and address of organization or government or government (1) JOURNEYS IN COMMUNITY LIVIN 1130 HALEY ROAD MURFREESBORO, IN 37129 (2) MCHRA YOUTH CAN CAREER ACTI 204 UPTOWN SOUARE	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(a) Description of	(h) Purpose of grant
or government (1) JOURNEYS IN COMMUNITY LIVIN 1130 HALEY ROAD MURFREESBORO, TN 37129 (2) MCHRA YOUTH CAN CAREER ACTI 204 UPTOWN SOUARE					(hook FMV annraisa)	(a)	الماء مالحجود ما فالطالة
(1) JOURNEYS IN COMMUNITY LIVIN 1130 HALEY ROAD MURFREESBORO, TN 37129 (2) MCHRA YOUTH CAN CAREER ACTI 204 UPTOWN SOUARE		if applicable	grant	cash assistance	other)	HOIT-CASTI ASSISIANCE	or assistance
MURFREESBORO, TN 37129 (2) MCHRA YOUTH CAN CAREER ACTI							
MURFREESBORO, TN 37129 (2) MCHRA YOUTH CAN CAREER ACTI 204 UPTOWN SOUARE							SENERAL
(2) MCHRA YOUTH CAN CAREER ACTI	20	501(C)(3)	104,500				SUPPORT
204 UPTOWN SOUARE							
							SENERAL
MURFREESBORO, Algeria	50	501(C)(3)	59,377				SUPPORT
(3) MCS-FRANKLIN HEIGHTS TUTORI							
2552 S CHURCH STREET							SENERAL
MURFREESBORO, TN 37127	50	501(C)(3)	18,856				SUPPORT
(4) ACE LEARNING CENTER							
MTSU BOX 413							BENERAL
MURFREESBORO, TN 37132	50	501(C)(3)	90,721				SUPPORT
(5) NURSES FOR NEWBORNS FOUNDAT							
50 VANTAGE WAY, SUITE 101							SENERAL
NASHVILLE, TN 37228	50	501(C)(3)	15,000				SUPPORT
(6) CANNON COUNTY SAVE							
301 W MAIN STREET SUITE 227							SENERAL
WOODBURY, IN 37190	50	501(C)(3)	6,000				SUPPORT
(7) RUTHERFORD CO EMERGENCY FOO							
211 BRIDGE AVE							SENERAL
MURFREESBORO, TN 37129	50	501(C)(3)	58,000				SUPPORT
(8) RUTH CO PRIMARY CARE & HOPE							
1453 A HOPE WAY						_	SENERAL
MURFREESBORO, TN 37129	25	501(C)(3)	70,000				SUPPORT
(9) RUTHERFORD CO SCHOOLS CHARI							
2240 SOUTHPARK DRIVE							SENERAL
MURFREESBORO, TN 37128	50	501(C)(3)	27,000				SUPPORT
(10kymari house							
P O BOX 1306							SENERAL
MURFREESBORO, IN 37129	36	501(C)(3)	7,000				SUPPORT

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

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

Open to Public OMB No. 1545-0047 Inspection 2014

Employer identification number

58-1341880

S

Yes

**用用医法院的 1000年 1000年 1000年 1000** 

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

UNITED WAY OF RUTHERFORD COUNTY

Part

Name of the organization

the selection criteria used to award the grants or assistance?

(h) Purpose of grant or assistance BENERAL UPPORT BENERAL SUPPORT SUPPORT SENERAL UPPORT SENERAL UPPORT SENERAL UPPORT ENERAL UPPORT BENERAL SENERAL UPPORT (g) Description of non-cash assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990 (f) Method of valuation (book, FMV, appraisal, other) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (e) Amount of noncash assistance 50,126 10,500 76,640 42,000 7,000 12,000 27,790 106,700 (d) Amount of cash grant Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501 (C) (3) Enter total number of other organizations listed in the line 1 table (b) EIN O А PMB 4077 (4) ST CLAIR STREET SENIOR CENT (a) Name and address of organization (5) WOODBURY UNITED METHODIST (2) SEXUAL ASSALT SERVICES OF (3) SMYRNA-LAVERGNE FOOD BANK (7) WEE CARE DAY CARE CENTER (6) TENNESSEE POISON CENTER 1400 B WEST COLLEGE STREET NASHVILLE, TN 37240-7727 MURFREESBORO, TN 37130 TN 37130 MURFREESBORO, IN 37130 MURFREESBORO, TN 37129 MURFREESBORO, IN 37129 or government (1) THE SALVATION ARMY 130 RICHARDSON STREET 502 WEST HIGHT STREET (8) WEST MAIN MISSION DAR GIFT PROCESSING 325 ST CLAIR STREET WOODBURY, TN 37190 510 HANCOCK STREET 826 MEMORIAL BLVD SMYRNA, TN 37167 P O BOX 11468 MURFREESBORO, Part II (10) 6 <del>--</del>

Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 58-1341880 UNITED WAY OF RUTHERFORD COUNTY Schedule I (Form 990) (2014) Part III

Part III can be duplicated if additional space is needed.

Schedule I (Form 990) (2014) (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. UNITED WAY OF RUTHERPORD AND CANNON COUNTIES, INC. HAS WRITTEN CONTRACTS WITH THE ORGANIZATIONS THAT RECEIVE ALLOCATION (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant 01. Monitoring procedures (Part I, line 2) (b) Number of recipients (a) Type of grant or assistance Part IV PAYOUTS. EEA 7 က 4 Ŋ 9

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

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

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

Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990 or 990-EZ, and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

58-1341880 UNITED WAY OF RUTHERFORD COUNTY 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	Schedule A	, Line 5 - Excess	Schedule A, Line 5 - Excess 2% Limitation Contributors	ontributors			2014
Workslieer		(Keep for)	(Keep for your records)				
Name of the organization UNITED WAY OF RUTHERFORD COUNTY						Employer identification number 58-1341880	ation number
2% of the amount on Schedule A, part II, line 11, column (f)	3				*		282,977
	(a)	<b>(</b> 2)	(2)	(p)	(e)	£	(a)
Name	2010	2011	2012	2013	2014	Total	Excess contributions (col. (f) minus
DR. RUSS GALLOWAY	26,000	27,000	28,000	35,000	30,000	146,000	
MR DON ALEXANDER	10,000	10,075	10,674	10,000	10,000	50,749	
SUSAN ANDREWS		5,000	5,000	5,000	5,000	20,000	
JOHN MCLAUGHLIN			10,000	10,000		20,000	
ADAMS FAMILY FOUNDATION I				7,500		7,500	
PUBLIX SUPER MARKETS CHARITIES			145,000	125,500		270,500	
RICHARD F LAROCHE JR			10,000	10,000		20,000	
STEVEN BOERRIGTER				7,200		7,200	
SUZANNE BOERRIGTER				6,960		6,960	
GEORGE HUDDLESTON SR				6,100		6,100	
STATE FARM COMMUNITIES FOUNDATION				42,586		42,586	
ANDY WOMACK			5,000	6,500		11,500	
FIFTH THIRD FOUNDATION				5,000		5,000	
DON WITHERSPOON	15,650		25,120		31,000	71,770	
PFIZER FOUNDATION	7,500		10,000		2,000	22,500	
	L					L	

JAMES M O'BRIAN
STEVEN A DOTSON
GINA ARWOOD
LAROCHE FAMILY FOUNDATION

MARK A PIRTLE

5,000 5,000 6,000 5,000

6,000

5,000

10,000

10,000

## 990 Overflow Statement 2014 Page 1 Name(s) as shown on return FEIN UNITED WAY OF RUTHERFORD COUNTY 58-1341880

#### ADVERTISING AND PROMOTION

Description	<b>A</b>	mount
ADVERTISING	\$	885
PROMOTIONAL ITEMS		603
Total:	\$	1,488

#### ADVERTISING AND PROMOTION

Description	P	mount
ADVERTISING	\$	84
PROMOTIONAL ITEMS		1,175
Total:	\$	1,259

#### OFFICE EXPENSES

Description		Amount
EQUIPMENT MAINTENANCE	\$	2,677
OFFICE SUPPLIES		2,652
POSTAGE		2,011
PRINTING AND PUBLICATION		4,510
SOFTWARE	-	108
TELEPHONE		2,990
Total:	\$	14,948

#### OFFICE EXPENSES

Description	 Amount
EQUIPMENT MAINTENANCE/RENTAL	\$ 3,535
OFFICE SUPPLIES	3,376
POSTAGE	2,540
PRINTING AND PUBLICATION	4,749
SOFTWARE	 137
TELEPHONE	4,003
Total:	\$ 18,340

# 990 Overflow Statement Name(s) as shown on return UNITED WAY OF RUTHERFORD COUNTY FEIN 58-1341880

#### OFFICE EXPENSES

Description	A	mount
OFFICE SUPPLIES	\$	55
POSTAGE		6
PRINTING AND PUBLICATION	-	748
TELEPHONE		1,740
Total:	\$	2,549

#### OTHER EXPENSES

Description	An	nount
MISCELLANEOUS	\$	114
SIGNAGE	-	100
TAXES		148
STAFF APPRECIATION	-	453
Total:	\$	815
	-	

#### OTHER EXPENSES

Description		A	mount
BANK SERVICE FEES		\$	1,385
MISCELLANEOUS			216
SIGNAGE		-	128
TAXES			159
STAFF APPRECIATION			577
	Total:	\$	2,465
I and the second se			

#### OTHER EXPENSES

Description		Amo	ount
SIGNAGE		\$	37
510.11.01	Total:	\$	37
l .			

### **Depreciation Reconciliation for UNITED WAY OF RUTHERFORD COUNTY**

	Cost	Basis	Current Depreciation	Accumulated Depreciation	Bonus Depreciatio
Beginning of Year	74,292	74,292	4,163	69,260	
Placed in Service in Current Year	201,664	201,664	3,163	3,163	
Removed from Service in Current Year	19,365	19,365	355	17,947	
End of Year	256,591	256,591	6,971	54,476	

* Iten of du	* Item was disposed of during current year,	i de la companya de				Ď	Depreciation Detail Listing	n De	etail Lis	ting				2014 PAGE 1	4 -
N GEN	Name(s) as shown on rehim						For your records only	recorc	s only				Social	Social security number/EIN	Î
	UNITED WAY OF RUTHERFORD	ID COUNTY												58-1341880	
Š	Description		Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT
г	TELEPHONE	05312001	217		100.00		217	7	SL HY	0		217			
m	BLACKBOX TELEPHONE SY	03142007	3,796		100.00		3,796	7	ZH TS	0		3,796			
4	3 DELL DESKTOP	11112005	2,544		100.00		2,544	ru C3	SL HY	0		2,544			
Ŋ	ANDAR SOFTWARE	06302007	17,000		100.00		17,000	<i>в</i>	SL HY	0		17,000			
9	COMPUTER SYSTEM 1 OF	05102007	1,125		100.00		1,125	r. OJ	SL HY	o		1,125			
7	COMPUTER SYSTEM 2 OF	05102007	1,125		100.00		1,125	OJ LS	SL HY	0		1,125			
O	MULTIMEDIA PROJECTOR	06302004	1,148		100.00		1,148	D)	SL HY	0		1,148			
10	COMPUTER	06272008	1,175		100,001		1,175	្រហា	SL HY	0		1,175			
11	WORK STATION	09242007	1,175		100.00		1,175	ru 03	SL HY	0		1,175			
12	SAFE	07232007	1,700		100.00		1,700	7	SL HY	14.286	20	1,700			20
13	CC MACHINE	07032007	1,000		100.00		1,000	C)	SL HY	0		1,000			
14	ANDAR/360 LIC UPGRADE	08022007	3,500		100.00		3,500	ص د	SL HY	0		3,500			
15	STAPLES COMPUTER	07292008	006		100.00		006	rv.		0		006			
16	HP COMPUTER MISTY & B	12012009	1,400		100.00		1,400	01	SL HY	20	140	1,400			140
18	COMPUTERS	08112010	1,012		100.00		1,012	ru 0)	SL HY	20	202	606			202
19	COMPUTERS	08112010	196		100.00		796	LO	SL HY	20	159	717			159
20	COMPUTERS	03252011	4,495		100.00		4,495	LO OJ	SL HY	20	899	4,046			899
21	COMPUTERS	03252011	5,721		100.00		5,721	DI LO	SL HY	20	1,144	5,150			1,144
22	HPS5-1021P HP SLIMLIN	08162011	1,200		100 000		1,200	מו	SL HY	20	240	840			240
23	BUFFALO LINKSTATION P	06192012	594		100,00		594	rv 0)	SL HY	20	119	416			119
24	PR2200LCDRT2U 2170VA/	04022013	689		100.00		688	ın	SL MQ	20	138	310			138
25	QUICKBOOKS 2013	05022013	096		100.00		096	m	SL MQ		320	693			320
26	IACCESS FROM HELIX	06172014	1,000		100.00		1,000	m	SL MQ	33,333	333	333			333
27	BLACKBOX PHONE & JACK	06302014	929		100.00		929	7	SL MQ	14.286	94	46			94
28	HP PAVILION LAPTOPS (	09262014	1,278		100.00		1,278	Ŋ	SL MQ	17.5	192	192			224
29	2-DELL OPTIPLEX 7020	04272015	1,317		100.00		1,317	Ŋ			44				e e
30	OFFICE SPACE BUILDOUT	05012015	163,737		100.00		163,737	10			2,729	2,729			2,047
31	TV FOR CONFERENCE ROO	06222015	2,124		100.00		2,124	7	SL MQ						
32	OFFICE FURNITURE FOR	06302015	33,208		100:00		33,208	7	SL MQ	1.786	198	198			593
	Asset(s) Sold														
										-					
Į															

4	2		AMT	Content	n n	7,060	266
2014	PAGE	Social security number/EIN	58-1341880 Bonus	depredation			ST ADJ:
-		Social s	- 1	esuadxa			
			Accumulated	13,200 1,200	7, 54, 7	72,423	
Depreciation Detail Listing Management & General				debr	355	7,326	
				Rate	0 0	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	
	eral <b>only</b>		Method	HY	ДН Д		
າ Deta	t & Generocords		eji	7 SL			
preciation	Management & General For your records only		5		4,965	275,956	
De			Section	20			
			Business	100.00	100.00		
			Salvage				
			too	13,200	4, 6, 10, 10,	275,956	275,956
13-			COUNTY	07012005	01222010		
* Item was disposed	of during current year.	Name(s) as shown on return	No Description Date	42 BOARDROOM CHAIRS (OFFICE FURNITURE	DESKS, CHAIRS, BOOKSH	Totals	Land Amount Net Depreciable Cost

	Next Year's Depreciation						2014			
Name							FEIN			
UNII	CED WAY	OF RUTHERFORD COUNTY		5	8-1341880					
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction			
MGT	1	TELEPHONE	05312001		SL	7				
MGT	1	BLACKBOX TELEPHONE SYSTE	03142007	3,796	SL	7				
MGT	1	3 DELL DESKTOP	11112005		SL	5				
MGT	1	ANDAR SOFTWARE	06302007		SL	3				
MGT	1	COMPUTER SYSTEM 1 OF 5	05102007	. , .	SL	5				
MGT	1	COMPUTER SYSTEM 2 OF 5	05102007		SL	5				
MGT MGT	1 1	MULTIMEDIA PROJECTOR COMPUTER	06302004		SL	5				
MGT	1	WORK STATION	06272008 09242007		SL SL	5 5				
MGT	1 1	SAFE	07232007		SL	7				
MGT	1 1	CC MACHINE	07032007		SL	5				
MGT	1 1	ANDAR/360 LIC UPGRADE- 3			SL	3				
MGT	1	STAPLES COMPUTER	07292008		SL	5				
MGT	1	HP COMPUTER MISTY & BRIA			SL	5				
MGT	1	COMPUTERS	08112010	1,012	SL	5	103			
MGT	1	COMPUTERS	08112010	l I	SL	5	79			
MGT	1	COMPUTERS	03252011		SL	5	449			
MGT	1	COMPUTERS	03252011		SL	5	571			
MGT	1	HPS5-1021P HP SLIMLINE D		· ·	SL	5	240			
MGT MGT	1	BUFFALO LINKSTATION PRO	06192012		SL	5	119			
MGT	1 1	PR2200LCDRT2U 2170VA/160 QUICKBOOKS 2013	04022013 05022013		SL SL	5 3	138 267			
MGT		IACCESS FROM HELIX	06172014		SL	3	333			
MGT	1 1	BLACKBOX PHONE & JACK IN			SL	7	94			
MGT	1	HP PAVILION LAPTOPS (2)	09262014		SL	5	256			
MGT	1	2-DELL OPTIPLEX 7020 COM			SL	5	263			
MGT	1	OFFICE SPACE BUILDOUT CH			SL	10	16,374			
MGT	1	TV FOR CONFERENCE ROOM	06222015	2,124	SL	7	303			
MGT	1	OFFICE FURNITURE FOR NEW	06302015	33,208	SL	7	4,744			
		TOTAL					24,333			

Department of the Treasury

Internal Revenue Service

#### IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning 07 - 01 - 2014 , and ending 06-30-2015

▶ Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

OMB No. 1545-1878

2014

Name of exempt organization Employer Identification number UNITED WAY OF RUTHERFORD COUNTY 58-1341880 Name and tille of officer MEAGAN FLIPPIN, PRESIDENT/CEO Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ► 🔀 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 2a Form 990-EZ check here  $\blacktriangleright \Box$  b Total revenue, if any (Form 990-EZ, line 9) 4a Form 990-PF check here ▶ ☐ b Tax based on Investment Income (Form 990-PF, Part VI, line 5) Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return organizator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 10-26-2015 Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 623220 88988 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature | Bryan Blair Date > 10-26-2015 **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So