

Return of Organization Exempt From Income Tax

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 07-01, 2010, and ending 06-30, 2011

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: UNITED WAY OF RUTHERFORD COUNTY. D Employer identification no. 58-1341880. E Telephone number (615) 893-7303. F Name and address of principal officer. H(a) Is this a group return for affiliates? H(b) Are all affiliates included? H(c) Group exemption number. I Tax-exempt status: 501(c)(3). J Website: N/A. K Form of organization: Corporation. L Year of formation: 1956. M State of legal domicile: TN.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission or most significant activities: HUMAN SERVICE NEEDS. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3-6 Governing body statistics. 7a-7b Revenue and taxable income. 8-12 Revenue breakdown. 13-19 Expense breakdown. 20-22 Net assets or fund balances.

Part II Signature Block

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

Sign Here: BRIAN HERCULES, Signature of officer, Date: 11-15-2011. BRIAN HERCULES, PRESIDENT/CEO, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name: Bryan Blair, Preparer's signature: Bryan Blair, Date: 11-15-2011, Check self-employed. Firm's name: H A Beasley and Company PC, Firm's EIN, Firm's address: 111 MTCS Drive, Murfreesboro TN 37129, Phone no. 615-895-5675.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

HUMAN SERVICE NEEDS

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

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

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

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

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

4a (Code: _____) (Expenses \$ 1,997,623 including grants of \$ _____) (Revenue \$ _____)

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

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

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

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

4e Total program service expenses **▶ 1,997,623**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	<input checked="" type="checkbox"/>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<input checked="" type="checkbox"/>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<input checked="" type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<input checked="" type="checkbox"/>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<input checked="" type="checkbox"/>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		<input checked="" type="checkbox"/>
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<input checked="" type="checkbox"/>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<input checked="" type="checkbox"/>	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<input checked="" type="checkbox"/>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		<input checked="" type="checkbox"/>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input checked="" type="checkbox"/>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		<input checked="" type="checkbox"/>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		<input checked="" type="checkbox"/>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		<input checked="" type="checkbox"/>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		<input checked="" type="checkbox"/>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		<input checked="" type="checkbox"/>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<input checked="" type="checkbox"/>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<input checked="" type="checkbox"/>
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and excess benefit transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 1a through 14b regarding Form 1096, Form W-2G, gaming winnings, Form W-3, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and Form 990 filings.

Part VI

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed TN
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MISTY PATTON (615)893-7303
615 MEMORIAL BLVD MURFREESBORO, TN 37129

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		I	I	O	K	H	F				
(1) BRAD BARTEL MEMBER	0.50	X							0	0	0
(2) BRIAN SULLIVAN MEMBER	0.50	X									
(3) CHARLES MYATT MEMBER	0.50	X									
(4) CHUCK LEWIS MEMBER	0.50	X									
(5) DAVID SCOTT MEMBER	0.50	X									
(6) DOUG COMBS MEMBER- RESIGNED	0.50	X									
(7) GREG PERSINGER MEMBER	0.50	X									
(8) HANNA WITHERSPOON MEMBER	0.50	X									
(9) HOWARD WILSON POLICY COMMITTEE CHAIR	1.00	X									
(10) IMRICH KUSNIR MEMBER- RESIGNED	0.50	X									
(11) JAMES EVANS MEMBER	0.50	X									
(12) JEFF SHAY MEMBER	0.50	X									
(13) JILL AUSTIN MEMBER	0.50	X									
(14) JIM THOMPSON MEMBER	0.50	X									
(15) JOE HERBERT MEMBER	0.50	X									
(16) JOEY MONTELEONE MEMBER	0.50	X									

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		I	D	I	O	K	H	F			
		ndividual trustee or director	nstitutional trustee	fficer	ey employee	ighest compensated employee	ormer				
(1) PHIL HOLT MEMBER	0.50	X									
(2) ROBBIE SNAPP MEMBER	0.50	X									
(3) ROSS WOMACK MEMBER	0.50	X									
(4) RYAN MOORE MEMBER	0.50	X									
(5) STEPHANIE BRACKMAN MEMBER	0.50	X									
(6) TIM MORRELL MEMBER	0.50	X									
(7) TOM DUGOSH MEMBER	0.50	X									
(8) TRACY TOY CAMPAIGN CHAIR	0.50	X									
(9) VINCENT WINDROW MEMBER	0.50	X									
(10) ANDREW OPPMANN BOARD CHAIR	1.00			X				0	0		
(11) BRIAN HERCULES PRESIDENT/CEO	40.00			X				87,982	0		
(12)											
(13)											
(14)											
(15)											
(16)											

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual director	Individual trustee	Officer	Key employee	Highest compensated employee	Former officer	Former employee			
(17) JOHN HOOD MEMBER	0.50	X									
(18) JOHN MCLAUGHLIN COMMUNITY IMPACT	1.00	X									
(19) KATHY JONES MEMBER	0.50	X									
(20) KRISTIN DEMOS COMMUNICATIONS CHAIR	1.00	X									
(21) LIBBY LONG MEMBER	0.50	X									
(22) LIZ RHEA MEMBER	0.50	X									
(23) MADELYN SCALES HARRIS MEMBER	0.50	X									
(24) MARTHA TOLBERT MEMBER	0.50	X									
(25) MARY ESTHER REED MEMBER	0.50	X									
(26) MICHELLE RUSSELL MEMBER	0.50	X									
(27) MIKE WEBBER FINANCE CHAIR	1.00	X									
(28) PAT MURPHY CHAIR ELECT	1.00	X									

1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							87,982	0		0

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	2,448,065			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	3,016			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶		2,451,081			
Program Service Revenue	2a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		17,719	17,719		
	4	Income from investment of tax-exempt bond proceeds . . . ▶					
	5	Royalties ▶					
	6a	Gross Rents	(i) Real	(ii) Personal			
			b	Less: rental expenses			
			c	Rental income or (loss)			
			d	Net rental income or (loss) ▶			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			b	Less: cost or other basis and sales expenses			
			c	Gain or (loss)			
			d	Net gain or (loss) ▶			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a	b	Less: direct expenses b			
			c	Net income or (loss) from fundraising events ▶			
			9a	Gross income from gaming activities. See Part IV, line 19 a	b	Less: direct expenses b	
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances a			b	Less: cost of goods sold b	
			c	Net income or (loss) from sales of inventory ▶			
Miscellaneous Revenue			Business Code				
11a	UNREALIZED GAIN ON INVE	900099	1,393	1,393			
b	OTHER INCOME	900099	1,000	1,000			
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶		2,393				
12	Total revenue. See instructions ▶		2,472,007	20,926	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,655,481	1,655,481		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	87,982	35,193	41,352	11,437
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	309,208	138,749	119,729	50,730
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	66,632	31,899	36,235	(1,502)
10	Payroll taxes	36,320	15,027	15,743	5,550
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	9,250		9,250	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	13,703	10,320	3,383	
12	Advertising and promotion	14,566	8,814	542	5,210
13	Office expenses	39,558	17,282	16,033	6,243
14	Information technology				
15	Royalties				
16	Occupancy	28,800	9,600	9,600	9,600
17	Travel	7,517	3,218	1,959	2,340
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	(595)	2,129	(2,878)	154
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,021	3,172	5,849	
23	Insurance	4,666	2,046	2,620	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	BANK SERVICE FEES	2,618	849	1,769	
b	CAMPAIGN INCENTIVES	9,663	387	396	8,880
c	EMPLOYEE DEVELOPMENT	305	79	226	
d	EVENTS	26,404	17,046	1,166	8,192
e	LOSS ON SALE OF ASSETS	4,882	2,844	2,038	
f	All other expenses	71,540	43,488	12,034	16,018
25	Total functional expenses. Add lines 1 through 24f . .	2,397,521	1,997,623	277,046	122,852
26	Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
A s s e t s	1	Cash - non-interest-bearing	872,124	1	1,130,383
	2	Savings and temporary cash investments	739,062	2	406,566
	3	Pledges and grants receivable, net	747,675	3	930,632
	4	Accounts receivable, net	529	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	20,323	9	18,727
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	69,194		
	b	Less: accumulated depreciation	47,199	10c	21,995
	11	Investments - publicly traded securities	32,447	11	119,429
	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	41,082	15	49,603
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,477,117	16	2,677,335	
L i a b i l i t i e s	17	Accounts payable and accrued expenses	1,738,691	17	1,864,423
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,738,691	26	1,864,423
N e t A s s e t s o r F u n d B a l a n c e s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	20,398	27	(57,485)
	28	Temporarily restricted net assets	718,028	28	870,397
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	738,426	33	812,912	
34	Total liabilities and net assets/fund balances	2,477,117	34	2,677,335	

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

2010 Attachment Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

UNITED WAY OF RUTHERFORD COUNTY

FORM 990 - 1

58-1341880

Part I Election To Expense Certain Property Under Section 179

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

Table with 5 rows for Section 179 election details, including maximum amount, total cost, threshold cost, reduction in limitation, and dollar limitation.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost.

Table with 13 rows for Section 179 election continuation, including carryover and business income limitation.

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

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

Table with 16 rows for Special Depreciation Allowance and Other Depreciation, ending with a total of 1,261.

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

Section A

Table with 18 rows for MACRS Depreciation Section A, including deductions for assets placed in service before 2010.

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Part IV Summary (See instructions.)

Table with 23 rows for Summary, including listed property amount (7,760) and total amount (9,021).

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If "Yes," is the evidence written?		Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)					25			
26 Property used more than 50% in a qualified business use:								
STATEMENT # 50		%					7,760	
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%			S/L-			
		%			S/L-			
		%			S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1					28		7,760	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

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

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions):					
43 Amortization of costs that began before your 2010 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

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.

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,258,034	2,416,583	2,416,583	2,208,630	2,448,065	11,747,895
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	2,258,034	2,416,583	2,416,583	2,208,630	2,448,065	11,747,895
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						309,020
6 Public support. Subtract line 5 from line 4						11,438,875

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,258,034	2,416,583	2,416,583	2,208,630	2,448,065	11,747,895
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	45,500	42,505	9,727	17,791	17,719	133,242
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,442	4,279	35,900	5,597	2,393	50,611
11 Total support. Add lines 7 through 10						11,931,748
12 Gross receipts from related activities, etc. (see instructions)				12		

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	95.87	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	98.38	%

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
c 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DR RUSS GALLOWAY 3014 ST JAMES DR MURFREESBORO, TN 37129	\$ 26,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	WALMART 2000 OLD FORT PKWY MURFREESBORO, TN 37129	\$ 21,232	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MR DON WITHERSPOON 2127 SHANNON DRIVE MURFREESBORO, TN 37129	\$ 15,650	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	JOHNSON CONTROLS 1501 MOLLOY LANE MURFREESBORO, TN 37129	\$ 11,499	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ALEXANDER CHEVROLET OLDS CADILLAC 4700 JOHN BRAGG HWY MURFREESBORO, TN 37127	\$ 8,268	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	PFIZER FOUNDATION 235 E 42ND STREET NEW YORK, NY 10017-5592	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	BACKER EHP INC 4700 JOHN BRAGG HWY MURFREESBORO, TN 37127	\$ 18,475	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	COMMUNITY CARE OF RUTHERFORD COUNTY COUNTY FARM RD MURFREESBORO, TN 37127	\$ 15,021	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	BRIDESTONEFIRESTONE USA 1301 BRIDGESTONE PARKWAY LA VERGNE, TN 37086	\$ 32,589	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	DAILY NEWS JOURNAL 224 N WALNUT ST MURFREESBORO, TN 37130	\$ 6,833	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	STATE FARM INSURANCE COMPANY SOUTH 2500 MEMORIAL BLVD MURFREESBORO, TN 37129	\$ 177,646	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	ALEXANDER FORD LINCOLN MERCURY 1422 NW BROAD ST MURFREESBORO, TN 37130	\$ 21,541	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	ATandT 221 N CHURCH ST MURFREESBORO, TN 37130	\$ 9,418	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	PINNACLE NATIONAL BANK MAPLE ST MURFREESBORO, TN 37130	\$ 16,007	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	CARDINAL HEALTH PO BOX 5860 BETHESDA, MD 20824	\$ 6,147	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	CITY OF MURFREESBORO 111 W VINE ST MURFREESBORO, TN 37130	\$ 33,417	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	FIRST TENNESSEE BANK NORTHFIELD BLVD MURFREESBORO, TN 37129	\$ 18,713	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	HERITAGE FARMS SALEM HWY MURFREESBORO, TN 37128	\$ 45,806	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	COMBINED FEDERAL CAMPAIGN UNITED WAY OF AMERICA ALEXANDRIA, VA 22314	\$ 36,472	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	MIDDLE TN MEDICAL CENTER 400 N HIGHLAND AVE MURFREESBORO, TN 37130	\$ 31,087	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	MIDDLE TN STATE UNIVERSITY TENNESSEE BLVD MURFREESBORO, TN 37132	\$ 53,791	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	MURFREESBORO ELECTRIC 205 N WALNUT MURFREESBORO, TN 37130	\$ 13,752	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	RICH'S PRODUCTS 625 BUTLER DRIVE MURFREESBORO, TN 37127	\$ 9,739	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	MIDDLE TN ELECTRIC 555 NEW SALEM RD MURFREESBORO, TN 37129	\$ 8,042	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	GUARANTY TRUST COMPANY 640 BROADMOR BLVD MURFREESBORO, TN 37130	\$ 19,248	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	NATIONWIDE ENTERPRISE INSURANCE CO 1139 NW BROAD ST MURFREESBORO, TN 37130	\$ 7,447	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	MIDSOUTH BANK ONE EAST COLLEGE ST MURFREESBORO, TN 37130	\$ 5,180	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	FIRST BANK 615 MEMORIAL BLVD MURFREESBORO, TN 37129	\$ 9,809	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	STATE OF TENNESSEE DEADRICK ST NASHVILLE, TN 37203	\$ 12,597	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	UNITED WAY OF WILLIAMSON CO MAIN STREET FRANKLIN, TN 37064	\$ 9,028	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization UNITED WAY OF RUTHERFORD COUNTY	Employer identification number 58-1341880
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	UNITED WAY OF METROPOLITAN NASHVILL 250 VENTURE CIRCLE NASHVILLE, TN 37228	\$ 230,358	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	YATES SERVICES PO BOX 877 SMYRNA, TN 37167	\$ 68,999	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	HCA CARING FOR THE COMMUNITY ONE PARK PLAZA NASHVILLE, TN 37203	\$ 15,386	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	TENNESSEE VALLEY AUTHORITY PT BOX 292409 NASHVILLE, TN 37229	\$ 10,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	PUBLIX 991 PRESIDENT PLACE SMYRNA, TN 37167	\$ 211,951	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	TOWN OF SMYRNA 315 S LOWRY ST SMYRNA, TN 37167	\$ 23,337	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	UPS COMMERCIAL CT MURFREESBORO, TN 37129	\$ 26,088	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	FIRST COMMUNITY MORTGAGE 201 E MAIN STREET STE 301 MURFREESBORO, TN 37130	\$ 5,424	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	ASURION 648 GRASSMERE PARK NASHVILLE, TN 37211	\$ 16,899	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	ATMOS ENERGY COMPANY PO BOX 650205 DALLAS, TX 75265	\$ 8,838	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	MR DON ALEXANDER 1422 NW BROAD ST MURFREESBORO, TN 37130	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	BANK OF AMERICA 120 E MAIN ST MURFREESBORO, TN 37130	\$ 8,756	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	CERIDIAN 3311 E OLD SHAKOPEE RD MINNEAPOLIS, MN 55425	\$ 9,151	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	GENERAL MILLS 2695 STEVENSON RD MURFREESBORO, TN 37127	\$ 547,655	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	KROGER STORES 1776 NORTHFIELD BLVD MURFREESBORO, TN 37129	\$ 11,517	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	MURFREESBORO CITY SCHOOLS 2552 S CHURCH ST MURFREESBORO, TN 37127	\$ 9,090	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	REGIONS BANK 100E VINE ST MURFREESBORO, TN 37130	\$ 15,324	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	MARK A PIRTLE 3018 N THOMPSON LN MURFREESBORO, TN 37129	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	STUART C IRBY CO 1284 HEIL QUAKER BLVD LA VERGNE, TN 37086	\$ 15,641	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	HANES BROTHERS LUMBER BROAD ST MURFREESBORO, TN 37129	\$ 7,381	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	SCHNEIDER ELECTRIC 1010 AIRPARK CENTER DR MURFREESBORO, TN 37127	\$ 17,129	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	NISSAN NORTH AMERICA 983 NISSAN DR SMYRNA, TN 37167-4405	\$ 135,550	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	RUTHERFORD COUNTY SCHOOLS 2240 SOUTHPARK MURFREESBORO, TN 37128	\$ 127,050	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	JAMES M O'BRIAN 1423 KENSINGTON DR MURFREESBORO, TN 37130	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization UNITED WAY OF RUTHERFORD COUNTY	Employer identification number 58-1341880
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Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	FIFTH THIRD BANK 2927 S RUTHERFORD BLVD MURFREESBORO, TN 37130	\$ 12,027	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	STANDARD REGISTER 325 BUTLER DR MURFREESBORO, TN 37127-5546	\$ 5,168	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	RUTHERFORD COUNTY COUNTY COURTHOUSE SUITE 104 MURFREESBORO, TN 37130	\$ 24,883	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

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

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

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

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

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

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

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

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

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

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		69,194	47,199	21,995
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				21,995

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

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

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

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

(a) Description	(b) Book value
(1) INVESTMENT IN ASSETS OF COMMUNITY F	49,603
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	49,603

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,472,007
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,397,521
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	74,486
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	74,486

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

1	Total revenue, gains, and other support per audited financial statements	1	2,472,007
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,472,007
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,472,007

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

1	Total expenses and losses per audited financial statements	1	2,397,521
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,397,521
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,397,521

Part XIV Supplemental Information

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

Federal Supporting Statements

2010 PG01

Name(s) as shown on return

Your Social Security Number

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

FORM 4562 - LINE 26

STATEMENT # 50

DESCRIPTION	DATE	%BUS	COST	DEPR BASIS	RP	METHOD	DEDUCTION	179 DED
42 BOARDROOM CHAIRS (DON)	2005-07-01	100	13,200	13,200	7	S/L HY	1,886	
BLACKBOX TELEPHONE SYSTEM	2007-03-14	100	3,796	3,796	7	S/L MQ	542	
3 DELL DESKTOP	2005-11-11	100	2,544	2,544	5	S/L HY	169	
COMPUTER (SHARON)	2006-09-19	100	1,140	1,140	5	S/L MQ	200	
COMPUTER SYSTEM 1 OF 5	2007-05-10	100	1,125	1,125	5	S/L MQ	225	
COMPUTER SYSTEM 2 OF 5	2007-05-10	100	1,125	1,125	5	S/L MQ	225	
COMPUTER SYSTEM 3 OF 5	2007-05-10	100	1,125	1,125	5	S/L MQ	197	
COMPUTER SYSTEM 4 OF 5	2007-05-10	100	1,125	1,125	5	S/L MQ	197	
COMPUTER SYSTEM 5 OF 5	2007-05-10	100	1,125	1,125	5	S/L MQ	197	
OFFICE FURNITURE	2007-05-16	100	1,200	1,200	7	S/L MQ	171	
EFC SYSTEMS EPLEDG FIREWA	2007-06-28	100	7,175	7,175	5	S/L MQ	1,256	
COMPUTER	2008-06-27	100	1,175	1,175	5	S/L HY	235	
WORK STATION	2007-09-24	100	1,175	1,175	5	S/L HY	235	
SAFE	2007-07-23	100	1,700	1,700	7	S/L HY	243	
CC MACHINE	2007-07-03	100	1,000	1,000	5	S/L HY	200	
ANDAR/360 LIC UPGRADE- 3 TO 5 CONCURRENT	2007-08-02	100	3,500	3,500	3	S/L HY	97	
HP COMPUTER MISTY & BRIAN	2009-12-01	100	1,400	1,400	5	S/L HY	280	
COMPUTERS	2010-08-11	100	1,012	1,012	5	S/L HY	101	
COMPUTERS	2010-08-11	100	795	795	5	S/L HY	80	
COMPUTERS	2011-03-25	100	4,495	4,495	5	S/L HY	450	
COMPUTERS	2011-03-25	100	5,721	5,721	5	S/L HY	574	
TOTAL							<u><u>7,760</u></u>	

Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

OFFICE EXPENSES

<u>Description</u>	<u>Amount</u>
EQUIPMENT MAINTENANCE	\$ 3,429
OFFICE SUPPLIES	3,149
POSTAGE	1,454
PRINTING AND PUBLICATION	5,092
SOFTWARE	360
TELEPHONE	3,798
Total:	<u>\$ 17,282</u>

OFFICE EXPENSES

<u>Description</u>	<u>Amount</u>
EQUIPMENT MAINTENANCE/RENTAL	\$ 3,728
OFFICE SUPPLIES	3,182
POSTAGE	1,568
PRINTING AND PUBLICATION	2,409
SOFTWARE	458
TELEPHONE	4,688
Total:	<u>\$ 16,033</u>

OFFICE EXPENSES

<u>Description</u>	<u>Amount</u>
OFFICE SUPPLIES	\$ 646
POSTAGE	261
PRINTING AND PUBLICATION	4,080
TELEPHONE	1,256
Total:	<u>\$ 6,243</u>

OTHER EXPENSES

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ 42,202
MISCELLANEOUS	274
SIGNAGE	321
TAXES	19
VOLUNTEER APPRECIATION	672
Total:	<u>\$ 43,488</u>

Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

OTHER EXPENSES

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ 10,339
MISCELLANEOUS	371
SIGNAGE	409
TAXES	74
VOLUNTEER APPRECIATION	841
Total:	<u>\$ 12,034</u>

OTHER EXPENSES

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ 7,407
MISCELLANEOUS	217
SIGNAGE	7,494
TAXES	900
Total:	<u>\$ 16,018</u>

Depreciation Detail Listing

STATE Management & General

For your records only

2010

PAGE 1

Name(s) as shown on return

Social security number/EIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	TELEPHONE	20010531	217		100.00	0	217	7	S/L HY	0		217	0		
2	42 BOARDROOM CHAIRS	20050701	13,200		100.00	0	13,200	7	S/L HY	14.286	1,886	11,315	0		
3	BLACKBOX TELEPHONE	20070314	3,796		100.00	0	3,796	7	S/L MQ	14.286	542	2,349	0		
6	3 DELL DESKTOP	20051111	2,544		100.00	0	2,544	5	S/L HY	20	169	2,544	0		
8	ANDAR SOFTWARE	20070630	17,000		100.00	0	17,000	3	S/L HY	0		17,000	0		
9	COMPUTER SYSTEM 1 OF	20070510	1,125		100.00	0	1,125	5	S/L MQ	20	225	938	0		
10	COMPUTER SYSTEM 2 OF	20070510	1,125		100.00	0	1,125	5	S/L MQ	20	225	938	0		
14	OFFICE FURNITURE	20070516	1,200		100.00	0	1,200	7	S/L MQ	14.286	171	699	0		
16	MULTIMEDIA PROJECTOR	20040630	1,148		100.00	0	1,148	5	S/L HY	0		1,148	0		
17	COMPUTER	20080627	1,175		100.00	0	1,175	5	S/L HY	20	235	705	0		
18	WORK STATION	20070924	1,175		100.00	0	1,175	5	S/L HY	20	235	901	0		
19	SAFE	20070723	1,700		100.00	0	1,700	7	S/L HY	14.286	243	951	0		
20	CC MACHINE	20070703	1,000		100.00	0	1,000	5	S/L HY	20	200	783	0		
21	ANDAR/360 LIC UPGRADE	20070802	3,500		100.00	0	3,500	3	S/L HY	33.333	97	3,500	0		
22	STAPLES COMPUTER	20080729	900		100.00	0	900	5	S/L HY	20	180	523	0		
26	HP COMPUTER MISTY &	20091201	1,400		100.00	0	1,400	5	S/L HY	20	280	420	0		
27	DESKS, CHAIRS, BOOKS	20100122	4,965		100.00	0	4,965	7	S/L HY	14.286	709	1,064	0		
28	COMPUTERS	20100811	1,012		100.00	0	1,012	5	S/L HY	10	101	101	0		
29	COMPUTERS	20100811	795		100.00	0	795	5	S/L HY	10	80	80	0		
30	COMPUTERS	20110325	4,495		100.00	0	4,495	5	S/L HY	10	450	450	0		
31	COMPUTERS	20110325	5,721		100.00	0	5,721	5	S/L HY	10	572	572	0		
Asset(s) Sold															
4	HP LASER PRINTER	19970615	1,349		100.00	0	1,349	3	S/L HY	0		1,349	0		
5	SHREDDER	19990407	170		100.00	0	170	3	S/L HY	0		170	0		
7	COMPUTER (SHARON)	20060919	1,140		100.00	0	1,140	5	S/L MQ	20	200	1,055	0		
11	COMPUTER SYSTEM 3 OF	20070510	1,125		100.00	0	1,125	5	S/L MQ	20	197	910	0		
12	COMPUTER SYSTEM 4 OF	20070510	1,125		100.00	0	1,125	5	S/L MQ	20	197	910	0		
13	COMPUTER SYSTEM 5 OF	20070510	1,125		100.00	0	1,125	5	S/L MQ	20	197	910	0		
15	EFC SYSTEMS EPLEDGE	20070628	7,175		100.00	0	7,175	5	S/L MQ	20	1,256	5,561	0		
23	EFC SYSTEMS 2 TAPE DR	20081202	2,670		100.00	0	2,670	5	S/L HY	20	267	1,113	0		

Depreciation Detail Listing

XXSTATE Management & General

For your records only

2010

PAGE 2

Name(s) as shown on return

Social security number/EIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
24	BANK OF AMERICA CHARGES	20080728	1,003		100.00	0	1,003	7	S/L HY	14.28	72	346	0		
25	ATT/VERIZON PHONES	20081223	456		100.00	0	456	7	S/L HY	14.28	33	131	0		
Totals			86,531			0	86,531				9,019	59,653	0		

Land Amount
Net Depreciable Cost

86,531

ST ADJ:

Depreciation Detail Listing

Management & General

For your records only

2010

PAGE 1

* Item was disposed
of during current year.

Name(s) as shown on return

Social security number/EIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	TELEPHONE	20010531	217		100.00		217	7	S/L HY	0		217			
2	42 BOARDROOM CHAIRS	20050701	13,200		100.00		13,200	7	S/L HY	14.286	1,886	11,315			1,886
3	BLACKBOX TELEPHONE	20070314	3,796		100.00		3,796	7	S/L MQ	14.286	542	2,349			542
6	3 DELL DESKTOP	20051111	2,544		100.00		2,544	5	S/L HY	20	169	2,544			169
8	ANDAR SOFTWARE	20070630	17,000		100.00		17,000	3	S/L HY	0		17,000			
9	COMPUTER SYSTEM 1 OF	20070510	1,125		100.00		1,125	5	S/L MQ	20	225	938			225
10	COMPUTER SYSTEM 2 OF	20070510	1,125		100.00		1,125	5	S/L MQ	20	225	938			225
14	OFFICE FURNITURE	20070516	1,200		100.00		1,200	7	S/L MQ	14.286	171	699			171
16	MULTIMEDIA PROJECTOR	20040630	1,148		100.00		1,148	5	S/L HY	0		1,148			
17	COMPUTER	20080627	1,175		100.00		1,175	5	S/L HY	20	235	705			235
18	WORK STATION	20070924	1,175		100.00		1,175	5	S/L HY	20	235	901			235
19	SAFE	20070723	1,700		100.00		1,700	7	S/L HY	14.286	243	951			243
20	CC MACHINE	20070703	1,000		100.00		1,000	5	S/L HY	20	200	783			200
21	ANDAR/360 LIC UPGRADE	20070802	3,500		100.00		3,500	3	S/L HY	33.333	97	3,500			97
22	STAPLES COMPUTER	20080729	900		100.00		900	5	S/L HY	20	180	523			180
26	HP COMPUTER MISTY &	20091201	1,400		100.00		1,400	5	S/L HY	20	280	420			280
27	DESKS, CHAIRS, BOOKS	20100122	4,965		100.00		4,965	7	S/L HY	14.286	709	1,064			709
28	COMPUTERS	20100811	1,012		100.00		1,012	5	S/L HY	10	101	101			101
29	COMPUTERS	20100811	795		100.00		795	5	S/L HY	10	80	80			80
30	COMPUTERS	20110325	4,495		100.00		4,495	5	S/L HY	10	450	450			450
31	COMPUTERS	20110325	5,721		100.00		5,721	5	S/L HY	10	574	574			572
Asset(s) Sold															
4	HP LASER PRINTER	19970615	1,349		100.00		1,349	3	S/L HY	0		1,349			
5	SHREDDER	19990407	170		100.00		170	3	S/L HY	0		170			
7	COMPUTER (SHARON)	20060919	1,140		100.00		1,140	5	S/L MQ	20	200	1,055			200
11	COMPUTER SYSTEM 3 OF	20070510	1,125		100.00		1,125	5	S/L MQ	20	197	910			197
12	COMPUTER SYSTEM 4 OF	20070510	1,125		100.00		1,125	5	S/L MQ	20	197	910			197
13	COMPUTER SYSTEM 5 OF	20070510	1,125		100.00		1,125	5	S/L MQ	20	197	910			197
15	EFC SYSTEMS EPLEDG	20070628	7,175		100.00		7,175	5	S/L MQ	20	1,256	5,561			1,256
23	EFC SYSTEMS 2 TAPE	20081202	2,670		100.00		2,670	5	S/L HY	20	267	1,113			267

* Item was disposed
of during current year.

Depreciation Detail Listing

Management & General

For your records only

2010

PAGE 2

Name(s) as shown on return

Social security number/EIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
24	BANK OF AMERICA CHARGE	20080728	1,003		100.00		1,003	7	S/L HY	14.28	72	346			72
25	ATT/VERIZON PHONES	20081223	456		100.00		456	7	S/L HY	14.28	33	131			33
Totals			86,531				86,531				9,021	59,655			9,019

Land Amount
Net Depreciable Cost

86,531

ST ADJ:

2

Next Year's Depreciation

2010

Name		FEIN					
UNITED WAY OF RUTHERFORD COUNTY		58-1341880					
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
MGT	1	TELEPHONE	20010531	217	SL	7	
MGT	1	42 BOARDROOM CHAIRS (DON	20050701	13,200	SL	7	1,885
MGT	1	BLACKBOX TELEPHONE SYSTE	20070314	3,796	SL	7	542
MGT	1	3 DELL DESKTOP	20051111	2,544	SL	5	
MGT	1	ANDAR SOFTWARE	20070630	17,000	SL	3	
MGT	1	COMPUTER SYSTEM 1 OF 5	20070510	1,125	SL	5	187
MGT	1	COMPUTER SYSTEM 2 OF 5	20070510	1,125	SL	5	187
MGT	1	OFFICE FURNITURE	20070516	1,200	SL	7	171
MGT	1	MULTIMEDIA PROJECTOR	20040630	1,148	SL	5	
MGT	1	COMPUTER	20080627	1,175	SL	5	235
MGT	1	WORK STATION	20070924	1,175	SL	5	235
MGT	1	SAFE	20070723	1,700	SL	7	243
MGT	1	CC MACHINE	20070703	1,000	SL	5	200
MGT	1	ANDAR/360 LIC UPGRADE- 3	20070802	3,500	SL	3	
MGT	1	STAPLES COMPUTER	20080729	900	SL	5	180
MGT	1	HP COMPUTER MISTY & BRIA	20091201	1,400	SL	5	280
MGT	1	DESKS, CHAIRS, BOOKSHELV	20100122	4,965	SL	7	709
MGT	1	COMPUTERS	20100811	1,012	SL	5	202
MGT	1	COMPUTERS	20100811	795	SL	5	159
MGT	1	COMPUTERS	20110325	4,495	SL	5	899
MGT	1	COMPUTERS	20110325	5,721	SL	5	1,144
		TOTAL					7,458

H A Beasley & Company, PC
Certified Public Accountants
111 MTCS Drive
Murfreesboro, TN 37129

November 15, 2011

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

United Way Of Rutherford County:

Enclosed is the 2010 federal return for a tax-exempt organization, prepared for United Way Of Rutherford County from the information provided. This return will be electronically filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

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

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

Sincerely,

Bryan Blair

H A Beasley & Company, PC
Certified Public Accountants
111 MTCS Drive
Murfreesboro, TN 37129

November 15, 2011

United Way Of Rutherford County
615 Memorial Blvd, Ste 200
Murfreesboro, TN 37129

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

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

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

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

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

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

Sincerely,

Bryan Blair
H A Beasley and Company PC

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN RED CROSS-HEART OF TN 836 COMMERCIAL CT 37129			132,840				
(2) BOY SCOUTS OF AMERICA MID TN 3414 HILLSBORO PK 37215			37,000				
(3) BOYS AND GIRLS CLUBS OF RUTH C 820 JONES BLVD 37129			128,600				
(4) CANNON CO SENIOR CITIZENS CENT 609 LEHMAN ST 37190			13,900				
(5) CASA OF RUTH COUNTY 447 N FRONT STREET 37130			21,000				
(6) CHILD ADVOCACY CENTER OF RUTH 1040 SAMSONITE BLVD 37129			24,573				
(7) COMMUNITY FOOD PARTNERS 331 GREAT CIRCLE RD 37228			5,000				
(8) COMMUNITY HELPERS OF RUTHERFOR 1453 B HOPE WAY 37129			220,000				
(9) CRISIS CENTER 201 23RD AVENUE N 37203			11,000				
(10) DISCOVERY CENTER OF MURFREE SP 502 SOUTHEAST BROAD 37130			19,060				
(11) DOMESTIC VIOLENCE PROGRAM INC 826 MEMORIAL BLVD, S 37130			51,500				
(12) EXCHANGE CLUB FAMILY CENTER I 139 THOMPSON LN 37211			25,000				

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Department of the Treasury
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58-1341880

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)GIRLS SCOUTS CUMBERLAND VALLE 4522 GRANNY WHITE PK 37204			37,000				
(2)THE GUIDANCE CENTER 118 N CHURCH STREET 37130			47,200				
(3)HOLLOWAY HARBOR CHILD CARE CEN 615 ROCK SPRINGS RD 37130			4,000				
(4)ALIVE HOSPICE INC 3821 WHITLAND AVE 37205			38,930				
(5)KIDS ON THE BLOCK 1704 CHARLOTTE AVE, 37203			8,500				
(6)LEGAL AID SOCIETY OF MID TN 300 DEADERICK STREET 37201			14,300				
(7)MCHRA HOMEMAKER PROGRAM 211 BRIDGE AVE 37130			47,000				
(8)MCHRA MEALS ON WHEELS 1101 KERMIT DR, SUIT 37217			40,000				
(9)MCHRA LONG TERM CARE OMBUDSMAN 1101 KERMIT DR, SUIT 37217			3,500				
(10)MCHRA YOUTH CAN CAREER ACTION 1101 KERMIT DR, SUIT 37217			22,000				
(11)MIDDLE TENNESSEE'S TABLE 331 GREAT CIRCLE RD. 37228			10,000				
(12)MURFREESBORO CITY SCHOOLS INDI 2552 S CHURCH STREET 37127			13,000				

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

EEA

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

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Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

Part I General Information on Grants and Assistance

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)NURSES FOR NEWBORNS FOUNDATION 50 VANTAGE WAY, SUIT 37216			6,500				
(2)PROJECT HELP- MTSU 206 N BAIRD LN 37132			95,100				
(3)RUTH CO ADULT ACTIVITY CENTER 1130 HALEY RD 37129			100,000				
(4)RC EMERGENCY FOOD BANK 211 BRIDGE AVE 37129			59,000				
(5)PRIMARY CARE AND HOPE CLINIC 1453 A HOPE WAY 37129			36,000				
(6)RUTHERFORD CO SCHOOLS CHARITY 2240 SOUTHPARK BLVD 37128			24,000				
(7)CANNON CO REACH PROGRAM 612 LEHMAN STREET 37190			18,400				
(8)THE SALVATION ARMY FAMILY AND 1137 W MAIN STREET 37128			32,000				
(9)SEXUAL ASSALT SERVICES OF DOME 826 MEMORIAL BLVD, S 37133			3,840				
(10)SMYRNA LAVERGNE FOOD BANK 130 RICHARDSON STREE 37167			79,000				
(11)ST CLAIR STREET SENIOR CENTER 325 ST CLAIR STREET 37130			44,000				
(12)STARS NASHVILLE 1704 CHARLOTTE AVE, 37212			15,000				

- 2 Enter total number of section 501(c)(3) and government organizations ▶ _____
- 3 Enter total number of other organizations ▶ _____

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TENNESSEE POISON CENTER 501 OXFORD HOUSE, 11 37232			12,000				
(2) CANNON CO 4H CLUBS 614 LEHMAN ST 37190			1,920				
(3) VANDERBILT BILL WILKERSON CENT 1215 21ST AVE S, ROO 37232			4,800				
(4) WEE CARE DAY CARE CENTER 510 S HANCOCK ST 37129			25,000				
(5) WEST MAIN MISSION 1400 B WEST COLLEGE 37130			48,000				
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations ▶ _____
- 3 Enter total number of other organizations ▶ _____

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

Monitoring procedures (Part I, line 2)

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

Supplemental Information to Form 990 or 990-EZ

2010

Department of the Treasury
Internal Revenue Service

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.

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

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

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

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

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

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

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

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

ANYONE MAY SEE DOCUMENTS UPON REQUEST.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,472,007
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,397,521
3	Revenue less expenses. Subtract line 2 from line 1	3	74,486
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	738,426
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	812,912

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

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

**Form 990
Worksheet**

Schedule A, Line 5 - Excess 2% Limitation Contributors

2010

(Keep for your records)

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

2% of the amount on Schedule A, part II, line 11, column (f) **238,635**

Name	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	(g) Excess contributions (col. (f) minus the 2% limit)
DR. RUSS GALLOWAY					26,000	26,000	
WALMART					21,232	21,232	
MR DON WITHERSPOON					15,650	15,650	
JOHNSON CONTROLS					11,499	11,499	
ALEXANDER CHEVROLET OLDS CADILLAC					8,268	8,268	
PFIZER FOUNDATION					7,500	7,500	
BACKER EHP INC					18,475	18,475	
COMMUNITY CARE OF RUTHERFORD COUNTY					15,021	15,021	
BRIDESTONE/FIRESTONE USA					32,589	32,589	
DAILY NEWS JOURNAL					6,833	6,833	
STATE FARM INSURANCE COMPANY SOUTH					177,646	177,646	
ALEXANDER FORD LINCOLN MERCURY					21,541	21,541	
AT&T					9,418	9,418	
PINNACLE NATIONAL BANK					16,007	16,007	
CARDINAL HEALTH					6,147	6,147	
CITY OF MURFREESBORO					33,417	33,417	
FIRST TENNESSEE BANK					18,713	18,713	
HERITAGE FARMS					45,806	45,806	
COMBINED FEDERAL CAMPAIGN					36,472	36,472	
MIDDLE TN MEDICAL CENTER					31,087	31,087	
MIDDLE TN STATE UNIVERSITY					53,791	53,791	
MURFREESBORO ELECTRIC					13,752	13,752	
RICH'S PRODUCTS					9,739	9,739	
MIDDLE TN ELECTRIC					8,042	8,042	
GUARANTY TRUST COMPANY					19,248	19,248	
NATIONWIDE ENTERPRISE INSURANCE CO					7,447	7,447	
MIDSOUTH BANK					5,180	5,180	
FIRST BANK					9,809	9,809	
STATE OF TENNESSEE					12,597	12,597	

**Form 990
Worksheet**

Schedule A, Line 5 - Excess 2% Limitation Contributors

2010

(Keep for your records)

Name of the organization UNITED WAY OF RUTHERFORD COUNTY	Employer identification number 58-1341880
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2% of the amount on Schedule A, part II, line 11, column (f) 238,635

Name	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	(g) Excess contributions (col. (f) minus the 2% limit)
UNITED WAY OF WILLIAMSON CO					9,028	9,028	
UNITED WAY OF METROPOLITAN NASHVILL					230,358	230,358	
YATES SERVICES					68,999	68,999	
HCA CARING FOR THE COMMUNITY					15,386	15,386	
TENNESSEE VALLEY AUTHORITY					10,000	10,000	
PUBLIX					211,951	211,951	
TOWN OF SMYRNA					23,337	23,337	
UPS					26,088	26,088	
FIRST COMMUNITY MORTGAGE					5,424	5,424	
ASURION					16,899	16,899	
ATMOS ENERGY COMPANY					8,838	8,838	
MR DON ALEXANDER					10,000	10,000	
BANK OF AMERICA					8,756	8,756	
CERIDIAN					9,151	9,151	
GENERAL MILLS					547,655	547,655	309,020
KROGER STORES					11,517	11,517	
MURFREESBORO CITY SCHOOLS					9,090	9,090	
REGIONS BANK					15,324	15,324	
MARK A PIRTLE					5,000	5,000	
STUART C IRBY CO					15,641	15,641	
HANES BROTHERS LUMBER					7,381	7,381	
SCHNEIDER ELECTRIC					17,129	17,129	
NISSAN NORTH AMERICA					135,550	135,550	
RUTHERFORD COUNTY SCHOOLS					127,050	127,050	
JAMES M O'BRIAN					5,000	5,000	
FIFTH THIRD BANK					12,027	12,027	
STANDARD REGISTER					5,168	5,168	
RUTHERFORD COUNTY					24,883	24,883	

TOTAL

309,020