

**H A Beasley and Company PC**  
**111 MTCS Drive**  
**Murfreesboro TN 37129**  
**Phone: (615)895-5675**  
**Fax: (615)895-5660**  
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November 11, 2013

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

United Way Of Rutherford County:

Enclosed is the 2012 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 a refund of \$954.

United Way Of Rutherford County should receive a check for this amount once the IRS has processed the return.

We prepared the return from information you furnished us without verification. Upon examination of the return by taxing authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

You have the final responsibility for your income tax returns and, therefore, should review them carefully before signing. If there are any additional tax return you wish us to prepare, please advise us promptly.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return or if we can assist with any other financial or tax needs.

Your copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Bryan Blair

**H A Beasley and Company PC**  
**111 MTCS Drive**  
**Murfreesboro TN 37129**  
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November 11, 2013

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

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

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

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

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

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

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

Sincerely,

Bryan Blair  
H A Beasley and Company PC

**Return of Organization Exempt From Income Tax**

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

**2012**

**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 2012 calendar year, or tax year beginning** 07-01, 2012, and ending 06-30, 2013

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

**C Name of organization** UNITED WAY OF RUTHERFORD COUNTY  
 Doing Business As UNITED WAY OF RUTHERFORD AND CANNON  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 615 MEMORIAL BLVD 200  
 City, town or post office, state, and ZIP code  
 MURFREESBORO, TN 37129

**D Employer identification no.** 58-1341880  
**E Telephone number** (615)893-7303  
**G Gross receipts \$** 3,122,149

**F Name and address of principal officer:** MEAGAN FLIPPIN  
 SAME AS C ABOVE

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
**H(c)** Group exemption number

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

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

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

**L Year of formation:** 1956 **M State of legal domicile:** TN

Part I Summary		Prior Year	Current Year
<b>1</b> Briefly describe the organization's mission or most significant activities: <u>HUMAN SERVICE NEEDS</u>			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	43
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	43
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	11
	<b>6</b> Total number of volunteers (estimate if necessary)	6	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	2,791,905
<b>9</b> Program service revenue (Part VIII, line 2g)			0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		36,960	76,211
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,500	19,765
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,849,365	2,801,085
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,812,176	1,818,248
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	504,727	483,473
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	101,664	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	219,918	242,548
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,536,821	2,544,269
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	312,544	256,816	
Fund Balances or Net Assets	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 3,205,097	End of Year 3,685,697
	<b>21</b> Total liabilities (Part X, line 26)	2,079,641	2,299,468
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,125,456	1,386,229

**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**

**MEAGAN FLIPPIN** 11-11-2013  
 Signature of officer Date

**MEAGAN FLIPPIN, 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: **11-11-2013** Check  if self-employed PTIN: **P00631975**

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

Firm's address: **111 MTCS Drive Murfreesboro TN 37129** Phone no.:

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**HUMAN SERVICE NEEDS**

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

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

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

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

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

4a (Code: \_\_\_\_\_) (Expenses \$ 2,156,745 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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

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

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

4d Other program services. (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses **2,156,745**

**Part IV Checklist of Required Schedules**

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings, backup withholding, foreign accounts, and charitable contributions.

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

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 (43); 1b Enter the number of voting members included in line 1a, above, who are independent (43); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Section C. Disclosure

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



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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		I nd i v i d u a l	T r u s t e e	O f f i c e r	K e y e m p l o y e e	H i g h e s t c o m p e n s a t e d	F o r m e r			
(1) ANDREW OPPMANN PAST BOARD CHAIR	1.00	X					0	0	0	
(2) ANDY WOMACK MEMBER	1.00	X					0	0	0	
(3) BARRY BUCKLEY MEMBER	1.00	X					0	0	0	
(4) BOBBIKAY SOHOLT MEMBER	1.00	X					0	0	0	
(5) BRAD BARTEL MEMBER	1.00	X					0	0	0	
(6) BRIAN SULLIVAN MEMBER	1.00	X					0	0	0	
(7) CASEY RAINEY MEMBER	1.00	X					0	0	0	
(8) CHARLES MYATT MEMBER	1.00	X					0	0	0	
(9) CHRIS MASSARO MEMBER	1.00	X					0	0	0	
(10) DAVID LEE MEMBER	1.00	X					0	0	0	
(11) DAVID SCOTT MEMBER	1.00	X					0	0	0	
(12) DEBBIE THOMPSON MEMBER	1.00	X					0	0	0	
(13) FELIX ALLEN MEMBER	1.00	X					0	0	0	
(14) GREG PERSINGER POLICY & NOMINATIONS CHAIR	1.00	X					0	0	0	

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		I n d i v i d u a l	T r u s t e e	O f f i c e r	K e y e m p l o y e e	H i g h e s t c o m p e n s a t e d	F o r m e r				
(1) HANNA WITHERSPOON MEMBER	1.00	X							0	0	0
(2) HOWARD WILSON MEMBER	1.00	X							0	0	0
(3) JAMES BEACH MEMBER	1.00	X							0	0	0
(4) JAMES EVANS SECRETARY/COMMUNICATIONS CHAIR	1.00	X			X				0	0	0
(5) JILL AUSTIN COMMUNITY IMPACT CHAIR	1.00	X							0	0	0
(6) JIM CRUMLEY COMMUNITY IMPACT VICE-CHAIR	1.00	X							0	0	0
(7) JIM THOMPSON CAMPAIGN CHAIR	1.00	X							0	0	0
(8) JOANNA COOPER MEMBER	1.00	X							0	0	0
(9) JOEY MONTELEONE MEMBER	1.00	X							0	0	0
(10) JOHN LEONARD MEMBER	1.00	X							0	0	0
(11) KATHY JONES CAMPAIGN VICE-CHAIR	1.00	X							0	0	0
(12) KRISTIN DEMOS MEMBER	1.00	X							0	0	0
(13) LIBBY LONG MEMBER	1.00	X							0	0	0
(14) LIZ RHEA MEMBER	1.00	X							0	0	0

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		I nd i v i d u a l	T r u s t e e	O f f i c e r	K e y e m p l o y e e	H i g h e s t c o m p e n s a t e d	F o r m e r			
(1) LORI SMITH MEMBER	1.00	X					0	0	0	
(2) MARTHA TOLBERT TREASURER/FINANCE CHAIR	1.00	X		X			0	0	0	
(3) MATT TAYLOR MEMBER	1.00	X					0	0	0	
(4) MICHELLE RUSSELL MEMBER	1.00	X					0	0	0	
(5) MIKE DINAPOLI MEMBER	1.00	X					0	0	0	
(6) PAT MURPHY PAST BOARD CHAIR	1.00	X					0	0	0	
(7) PETER TZIAHANAS MEMBER	1.00	X					0	0	0	
(8) PHIL HOLT BOARD CHAIR ELECT	1.00	X					0	0	0	
(9) ROBBIE SNAPP MEMBER	1.00	X					0	0	0	
(10) RON FRYAR MEMBER	1.00	X					0	0	0	
(11) ROSS WOMACK MEMBER	1.00	X					0	0	0	
(12) STEPHANIE BRACKMAN MEMBER	1.00	X					0	0	0	
(13) STEVE STEELE MEMBER	1.00	X					0	0	0	
(14) TIM MORRELL MEMBER	1.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		I n d u s t r i a l	L i t t e r a r y	O f f i c e	K e y e m p l o y e e	H i g h e s t c o m p e n s a t e d	F o r m e r			
(15) TRACY TOY BOARD CHAIR	1.00	X		X				0	0	0
(16) MEAGAN FLIPPIN PRESIDENT/CEO	40.00			X	X			58,549	0	0
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>58,549</b>	<b>0</b>	<b>0</b>

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 2,701,609					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b> 3,500					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . .		2,705,109				
<b>Program Service Revenue</b>	<b>2a</b> _____ Business Code						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . .						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		29,210	29,210			
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .					
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		368,065					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		321,064			
		<b>c</b> Gain or (loss) . . . . .		47,001			
	<b>d</b> Net gain or (loss) . . . . .		47,001	47,001			
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue		Business Code					
<b>11a OTHER INCOME</b> _____	900099		19,765	19,765			
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			19,765				
<b>12 Total revenue.</b> See instructions . . . . .			2,801,085	95,976	0	0	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,818,248	1,818,248		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	89,208	39,252	49,956	
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	296,114	130,814	91,763	73,537
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,975	3,558	3,031	1,386
9 Other employee benefits	59,575	28,028	31,547	
10 Payroll taxes	30,601	13,464	11,276	5,861
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	10,041	4,418	5,623	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	14,549	6,612	7,937	
12 Advertising and promotion	7,254	3,189	4,065	
13 Office expenses	32,816	12,954	14,970	4,892
14 Information technology				
15 Royalties				
16 Occupancy	30,600	13,464	17,136	
17 Travel	9,829	5,116		4,713
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,968	756	2,212	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,268	2,318	2,950	
23 Insurance	3,841	1,690	2,151	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>BANK SERVICE FEES</b>	914	362	552	
b <b>CAMPAIGN INCENTIVES</b>	6,269	1,646	399	4,224
c <b>EMPLOYEE DEVELOPMENT</b>	4,154	1,857	2,267	30
d <b>EVENTS</b>	44,734	22,340	16,185	6,209
e All other expenses	69,311	46,659	21,840	812
25 <b>Total functional expenses.</b> Add lines 1 through 24e	2,544,269	2,156,745	285,860	101,664
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	1,170,203	1	1,511,436
	<b>2</b> Savings and temporary cash investments		2	
	<b>3</b> Pledges and grants receivable, net	1,225,711	3	1,321,639
	<b>4</b> Accounts receivable, net		4	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4985(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). Complete Part II of Schedule L		6	
	<b>7</b> Notes and loans receivable, net		7	
	<b>8</b> Inventories for sale or use		8	
	<b>9</b> Prepaid expenses and deferred charges	21,809	9	26,480
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 72,636		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 60,105	16,152	<b>10c</b> 12,531
	<b>11</b> Investments - publicly traded securities	722,861	11	759,065
	<b>12</b> Investments - other securities. See Part IV, line 11		12	
	<b>13</b> Investments - program-related. See Part IV, line 11		13	
	<b>14</b> Intangible assets		14	
	<b>15</b> Other assets. See Part IV, line 11	48,361	15	54,546
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,205,097	16	3,685,697	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	2,030,182	17	2,235,329
	<b>18</b> Grants payable		18	
	<b>19</b> Deferred revenue	32,419	19	8,772
	<b>20</b> Tax-exempt bond liabilities		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		24	
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	17,040	25	55,367	
<b>26 Total liabilities.</b> Add lines 17 through 25	2,079,641	26	2,299,468	
<b>Net Assets of Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	(1,200)	27	207,444
	<b>28</b> Temporarily restricted net assets	1,126,656	28	1,178,785
	<b>29</b> Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		30	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		32	
<b>33</b> Total net assets or fund balances	1,125,456	33	1,386,229	
<b>34</b> Total liabilities and net assets/fund balances	3,205,097	34	3,685,697	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,801,085
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,544,269
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	256,816
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,125,456
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,957
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,386,229

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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	
<b>3a</b>	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>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . .		



# Depreciation and Amortization

## (Including Information on Listed Property)

**2012**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **179**

Name(s) shown on return  
**UNITED WAY OF RUTHERFORD COUNTY**

Business or activity to which this form relates  
**FORM 990 - 1**

Identifying number  
**58-1341880**

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

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

<b>1</b>	Maximum amount (see instructions) . . . . .	<b>1</b>	
<b>2</b>	Total cost of section 179 property placed in service (see instructions) . . . . .	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	
<b>5</b>	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	<b>5</b>	
<b>6</b>	<b>(a)</b> Description of property	<b>(b)</b> Cost (business use only)	<b>(c)</b> Elected cost
<b>7</b>	Listed property. Enter the amount from line 29 . . . . .	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2011 Form 4562 . . . . .	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	<b>11</b>	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 ▶ . . . . .	<b>13</b>	

**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.)**

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

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

**Section A**

<b>17</b>	MACRS deductions for assets placed in service in tax years beginning before 2012 . . . . .	<b>17</b>	
<b>18</b>	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

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

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

<b>21</b>	Listed property. Enter amount from line 28 . . . . .	<b>21</b>	4,290
<b>22</b>	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . .	<b>22</b>	5,179
<b>23</b>	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>23</b>	

**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	
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .							<b>25</b>		
<b>26</b> Property used more than 50% in a qualified business use:									
<b>Statement #50</b>		%					4,290		
		%							
		%							
<b>27</b> Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
		%				S/L-			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							<b>28</b>	4,290	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								<b>29</b>	

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

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

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

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

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

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

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

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2012 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2012 tax year . . . . .					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

**UNITED WAY OF RUTHERFORD COUNTY**

**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-Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (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)		

h Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 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); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 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.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2011 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus. under sec 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2012**

**Name of the organization**

**Employer identification number**

**UNITED WAY OF RUTHERFORD COUNTY**

**58-1341880**

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

<b>Name of organization</b> UNITED WAY OF RUTHERFORD COUNTY	<b>Employer identification number</b> 58-1341880
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>DR RUSS GALLOWAY</u>  <u>3014 ST JAMES DR</u>  <u>MURFREESBORO, TN 37129</u>	\$ 28,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>MAHLE FILTER SYSTEMS</u>  <u>906 BUTLER DRIVE</u>  <u>MURFREESBORO, TN 37130</u>	\$ 12,893	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>BACKER-SPRINGFIELD</u>  <u>4700 JOHN BRAGG HWY</u>  <u>MURFREESBORO, TN 37127</u>	\$ 6,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<u>BRIDGESTONE</u>  <u>1201 BRIDGESTONE PARKWAY</u>  <u>LA VERGNE, TN 37086</u>	\$ 26,008	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<u>STATE FARM INSURANCE COMPANY SOUTH</u>  <u>2500 MEMORIAL BLVD</u>  <u>MURFREESBORO, TN 37129</u>	\$ 128,667	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<u>FIRST TENNESSEE BANK</u>  <u>NORTHFIELD BLVD</u>  <u>MURFREESBORO, TN 37129</u>	\$ 6,510	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 <b>UNITED WAY OF RUTHERFORD COUNTY</b>	Employer identification number <b>58-1341880</b>
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	COMBINED FEDERAL CAMPAIGN  UNITED WAY OF AMERICA  ALEXANDRIA, VA 22314	\$ 19,867	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	SAINT THOMAS RUTHERFORD HOSPITAL  400 N HIGHLAND AVE  MURFREESBORO, TN 37130	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	MIDDLE TN STATE UNIVERSITY  TENNESSEE BLVD  MURFREESBORO, TN 37132	\$ 50,604	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	RICH'S PRODUCTS  625 BUTLER DRIVE  MURFREESBORO, TN 37127	\$ 13,599	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	YATES SERVICES  PO BOX 877  SMYRNA, TN 37167	\$ 197,571	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	TENNESSEE VALLEY AUTHORITY  PT BOX 292409  NASHVILLE, TN 37229	\$ 10,000	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 <b>UNITED WAY OF RUTHERFORD COUNTY</b>	Employer identification number <b>58-1341880</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	PUBLIX 991 PRESIDENT PLACE SMYRNA, TN 37167	\$ 143,126	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	UPS COMMERCIAL CT MURFREESBORO, TN 37129	\$ 14,523	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	MR DON ALEXANDER 1422 NW BROAD ST MURFREESBORO, TN 37130	\$ 10,674	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	GENERAL MILLS 2695 STEVENSON RD MURFREESBORO, TN 37127	\$ 693,294	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	TRACTOR SUPPLY COMPANY 320 PLUS PARK BLVD NASHVILLE, TN 37217	\$ 9,101	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	STUART C IRBY CO 1284 HEIL QUAKER BLVD LA VERGNE, TN 37086	\$ 5,821	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> UNITED WAY OF RUTHERFORD COUNTY	<b>Employer identification number</b> 58-1341880
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	HAYNES BROTHERS LUMBER  BROAD ST  MURFREESBORO, TN 37129	\$ 10,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	SCHNEIDER ELECTRIC  1010 AIRPARK CENTER DR  MURFREESBORO, TN 37127	\$ 17,117	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	RUTHERFORD COUNTY SCHOOLS  2240 SOUTHPARK  MURFREESBORO, TN 37128	\$ 55,752	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	COMMUNITY HEALTH SYSTEMS  155 FRANKLIN ROAD  BRENTWOOD, TN 37027	\$ 8,958	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	SUSAN ANDREWS  910 HAXELWOOD STREET  MURFREESBORO, TN 37130-2344	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	JOHN MCLAUGHLIN  1908 NIGHT HAWK COURT  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.)

<b>Name of organization</b> UNITED WAY OF RUTHERFORD COUNTY	<b>Employer identification number</b> 58-1341880
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<u>ENTERPRISE - FRANKLIN</u>  <u>284 MALLORY STATION ROAD</u>  <u>FRANKLIN, TN 37067</u>	\$ <u>5,012</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	<u>INGRAM CONTENT GROUP</u>  <u>1 INGRAM BLVD</u>  <u>LA VERGNE, TN 37086</u>	\$ <u>107,206</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	<u>NISSAN NORTH AMERICA</u>  <u>983 NISSAN DRIVE</u>  <u>SMYRNA, TN 37167</u>	\$ <u>127,087</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	<u>PFIZER FOUNDATION</u>  <u>P O BOX 2072</u>  <u>PRINCETON, NJ 08543</u>	\$ <u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	<u>PUBLIX SUPER MARKETS CHARITIES</u>  <u>P O BOX 407</u>  <u>LAKELAND, FL 33802</u>	\$ <u>145,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	<u>RUTHERFORD COUNTY SCHOOLS OFFICE</u>  <u>2240 SOUTPARK BLVD</u>  <u>MURFREESBORO, TN 37128</u>	\$ <u>5,110</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> UNITED WAY OF RUTHERFORD COUNTY	<b>Employer identification number</b> 58-1341880
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<u>WISER COMPANY</u>  <u>237 WEST NORTHFIELD BLVD</u>  <u>MURFREESBORO, TN 37129</u>	\$ <u>19,778</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	<u>RICHARD F LAROCHE JR</u>  <u>2103 SHANNON DRIVE</u>  <u>MURFREESBORO, TN 37129</u>	\$ <u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	<u>DON WITHERSPOON</u>  <u>2127 SHANNON DRIVE</u>  <u>MURFREESBORO, TN 37129</u>	\$ <u>25,120</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	<u>DAVID ANDY WOMACK</u>  <u>1706 WATERS EDGE COURT</u>  <u>MURFREESBORO, TN 37130</u>	\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements (checkboxes for land use, habitat, open space, historic area, historic structure), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 8/17/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 \$, (ii) Assets included in Form 990, Part X \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 \$, b Assets included in Form 990, Part X \$.

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		72,636	60,105	12,531
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>12,531</b>

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

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

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

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

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

(a) Description	(b) Book value
(1) <b>INVESTMENT IN ASSETS OF COMMUNITY F</b>	<b>54,396</b>
(2) <b>OTHER CURRENT ASSETS</b>	<b>150</b>
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>54,546</b>

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>ACCRUED PAID LEAVE</b>	<b>16,617</b>	
(3) <b>COMMUNITY NEEDS ASSESSMENT</b>	<b>38,750</b>	
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
(11) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>55,367</b>	

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

<b>Part XI</b>		<b>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>	
<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	<b>2,805,042</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	<b>3,957</b>
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	<b>3,957</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	<b>2,801,085</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	<b>2,801,085</b>

<b>Part XII</b>		<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>	
<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	<b>2,544,269</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	<b>2,544,269</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	<b>2,544,269</b>

**Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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# Federal Supporting Statements

**2012** PG01

Name(s) as shown on return

Your Social Security Number

**UNITED WAY OF RUTHERFORD COUNTY**

**58-1341880**

FORM 4562 - LINE 26

Statement #50-

<u>DESCRIPTION</u>	<u>DATE</u>	<u>%BUS</u>	<u>COST</u>	<u>DEPR BASIS</u>	<u>RP</u>	<u>METHOD</u>	<u>DEDUCTION</u>	<u>179 DED</u>
BLACKBOX TELEPHONE SYSTEM	2007-03-14	100	3,796	3,796	7	SL-MQ	542	
OFFICE FURNITURE	2007-05-16	100	1,200	1,200	7	SL-MQ	171	
COMPUTER	2008-06-27	100	1,175	1,175	5	SL-HY	235	
WORK STATION	2007-09-24	100	1,175	1,175	5	SL-HY	39	
SAFE	2007-07-23	100	1,700	1,700	7	SL-HY	243	
CC MACHINE	2007-07-03	100	1,000	1,000	5	SL-HY	17	
HP COMPUTER MISTY & BRIAN	2009-12-01	100	1,400	1,400	5	SL-HY	280	
COMPUTERS	2010-08-11	100	1,012	1,012	5	SL-HY	202	
COMPUTERS	2010-08-11	100	795	795	5	SL-HY	159	
COMPUTERS	2011-03-25	100	4,495	4,495	5	SL-HY	899	
COMPUTERS	2011-03-25	100	5,721	5,721	5	SL-HY	1,144	
HPS5-1021P HP SLIMLINE DESKTOP WORKSTATION	2011-08-16	100	1,200	1,200	5	SL-HY	240	
BUFFALO LINKSTATION PRO NETWORK SERVER	2012-06-19	100	594	594	5	SL-HY	119	
TOTALS							<u>4,290</u>	

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2012**

**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. 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	TN	501(C)(3)	135,000				GENERAL SUPP
(2)	BOY SCOUTS OF AMERICA MID TN 3414 HILLSBORO PK 37215		501(C)(3)	37,000				GENERAL SUPP
(3)	BOYS AND GIRLS CLUBS OF RUTH C 820 JONES BLVD 37129		501(C)(3)	150,000				GENERAL SUPP
(4)	CANNON CO SENIOR CITIZENS CENT 609 LEHMAN ST 37190		501(C)(3)	25,000				GENERAL SUPP
(5)	CASA OF RUTH COUNTY 447 N FRONT STREET 37130		501(C)(3)	30,000				GENERAL SUPP
(6)	CHILD ADVOCACY CENTER OF RUTH 1040 SAMSONITE BLVD 37129		501(C)(3)	39,500				GENERAL SUPP
(7)	COMMUNITY FOOD PARTNERS 331 GREAT CIRCLE RD 37228		501(C)(3)	23,000				GENERAL SUPP
(8)	COMMUNITY HELPERS OF RUTHERFOR 1453 B HOPE WAY 37129		501(C)(3)	227,000				GENERAL SUPP
(9)	CRISIS CENTER 201 23RD AVENUE N 37203		501(C)(3)	13,000				GENERAL SUPP
(10)	DISCOVERY CENTER OF MURFREE SP 502 SOUTHEAST BROAD 37130		501(C)(3)	29,000				GENERAL SUPP
(11)	DOMESTIC VIOLENCE PROGRAM INC 826 MEMORIAL BLVD, S 37130		501(C)(3)	59,000				GENERAL SUPP
(12)	EXCHANGE CLUB FAMILY CENTER 139 THOMPSON LN 37211		501(C)(3)	28,000				GENERAL SUPP

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ **36**
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2012**

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	GIRLS SCOUTS CUMBERLAND VALLE 4522 GRANNY WHITE PK 37204		501(C)(3)	32,000				GENERAL SUPP
(2)	THE GUIDANCE CENTER 118 N CHURCH STREET 37130		501(C)(3)	51,000				GENERAL SUPP
(3)	BIG BROTHERS BIG SISTERS 1704 CHARLOTTE AVENU 37203		501(C)(3)	25,000				GENERAL SUPP
(4)	HOSPICE OF MURFREESBORO MTMC 3821 WHITLAND AVE 37205		501(C)(3)	39,134				GENERAL SUPP
(5)	KIDS ON THE BLOCK 1704 CHARLOTTE AVE, 37203		501(C)(3)	15,000				GENERAL SUPP
(6)	LEGAL AID SOCIETY OF MID TN 300 DEADERICK STREET 37201		501(C)(3)	16,000				GENERAL SUPP
(7)	MCHRA HOMEMAKER PROGRAM 211 BRIDGE AVE 37130		501(C)(3)	47,000				GENERAL SUPP
(8)	MCHRA MEALS ON WHEELS&SENIOR D 1101 KERMIT DR, SUIT 37217		501(C)(3)	45,000				GENERAL SUPP
(9)	MCHRA YOUTH CAN CAREER ACTION 1101 KERMIT DR, SUIT 37217		501(C)(3)	29,000				GENERAL SUPP
(10)	MSC INDIGENT CHILDRENS FUND 2552 S CHURCH STREET 37127		501(C)(3)	15,000				GENERAL SUPP
(11)	NURSES FOR NEWBORNS FOUNDATION 50 VANTAGE WAY, SUIT 37216		501(C)(3)	13,000				GENERAL SUPP
(12)	PROJECT HELP- MTSU 206 N BAIRD LN 37132		501(C)(3)	106,000				GENERAL SUPP

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2012**

**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. 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)	RUTH CO ADULT ACTIVITY CENTER 1130 HALEY RD 37129		501(C)(3)	110,000				GENERAL SUPP
(2)	RC EMERGENCY FOOD BANK 211 BRIDGE AVE 37129		501(C)(3)	59,000				GENERAL SUPP
(3)	PRIMARY CARE AND HOPE CLINIC 1453 A HOPE WAY 37129		501(C)(3)	50,000				GENERAL SUPP
(4)	RUTHERFORD CO SCHOOLS CHARITY 2240 SOUTHPARK BLVD 37128		501(C)(3)	27,000				GENERAL SUPP
(5)	THE SALVATION ARMY FAMILY AND 1137 W MAIN STREET 37128		501(C)(3)	45,000				GENERAL SUPP
(6)	SEXUAL ASSALT SERVICES OF DOME 826 MEMORIAL BLVD, S 37133		501(C)(3)	8,500				GENERAL SUPP
(7)	SMYRNA LAVERGNE FOOD BANK 130 RICHARDSON STREE 37167		501(C)(3)	81,000				GENERAL SUPP
(8)	ST CLAIR STREET SENIOR CENTER 325 ST CLAIR STREET 37130		501(C)(3)	39,366				GENERAL SUPP
(9)	STARS NASHVILLE 1704 CHARLOTTE AVE, 37212		501(C)(3)	25,000				GENERAL SUPP
(10)	TENNESSEE POISON CENTER 501 OXFORD HOUSE, 11 37232		501(C)(3)	10,000				GENERAL SUPP
(11)	WEE CARE DAY CARE CENTER 510 S HANCOCK ST 37129		501(C)(3)	30,000				GENERAL SUPP
(12)	WEST MAIN MISSION 1400 B WEST COLLEGE 37130		501(C)(3)	55,000				GENERAL SUPP

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

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

Schedule I (Form 990) (2012)

**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, Part III, column (b), and any other additional information.

**1. Monitoring procedures (Part I, line 2)**

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

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

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

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

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

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

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

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

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

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

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

ANYONE MAY SEE DOCUMENTS UPON REQUEST.

**Form 990  
Worksheet**

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

**2012**

(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) ..... **253,013**

Name	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	(g) Excess contributions (col. (f) minus the 2% limit)
DR. RUSS GALLOWAY			26,000	27,000	28,000	81,000	
MAHLE FILTER SYSTEMS			15,650	22,909	12,893	51,452	
BACKER-SPRINGFIELD			18,475	17,583	6,000	42,058	
BRIDGESTONE			32,589	51,729	26,008	110,326	
STATE FARM INSURANCE COMPANY SOUTH			177,646	100,892	128,667	407,205	154,192
FIRST TENNESSEE BANK			18,713	17,442	6,510	42,665	
COMBINED FEDERAL CAMPAIGN			36,472	22,382	19,867	78,721	
SAINT THOMAS RUTHERFORD HOSPITAL			31,087	33,071	15,000	79,158	
MIDDLE TN STATE UNIVERSITY			53,791	72,068	50,604	176,463	
RICH'S PRODUCTS			9,739	22,564	13,599	45,902	
YATES SERVICES			68,999	117,716	197,571	384,286	131,273
TENNESSEE VALLEY AUTHORITY			10,000	10,000	10,000	30,000	
PUBLIX			211,951	216,461	143,126	571,538	318,525
UPS			26,088	23,875	14,523	64,486	
MR DON ALEXANDER			10,000	10,075	10,674	30,749	
GENERAL MILLS			547,655	627,477	693,294	1,868,426	1,615,413
TRACTOR SUPPLY COMPANY			5,000	7,108	9,101	21,209	
STUART C IRBY CO			15,641	15,125	5,821	36,587	
HAYNES BROTHERS LUMBER			7,381	5,167	10,000	22,548	
SCHNEIDER ELECTRIC			17,129	21,573	17,117	55,819	
RUTHERFORD COUNTY SCHOOLS			127,050	118,188	55,752	300,990	47,977
COMMUNITY HEALTH SYSTEMS			5,168	6,408	8,958	20,534	
SUSAN ANDREWS				5,000	5,000	10,000	
JOHN MCLAUGHLIN					10,000	10,000	
ENTERPRISE - FRANKLIN					5,012	5,012	
INGRAM CONTENT GROUP					107,206	107,206	
NISSAN NORTH AMERICA					127,087	127,087	
PFIZER FOUNDATION					10,000	10,000	
PUBLIX SUPER MARKETS CHARITIES					145,000	145,000	

**Form 990  
Worksheet**

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

**2012**

(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) . . . . . 253,013

Name	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	(g) Excess contributions (col. (f) minus the 2% limit)
RUTHERFORD COUNTY SCHOOLS OFFICE					5,110	5,110	
WISER COMPANY					19,778	19,778	
RICHARD F LAROCHE JR					10,000	10,000	
DON WITHERSPOON					25,120	25,120	
DAVID ANDY WOMACK					5,000	5,000	
<b>TOTAL</b>							<u><u><b>2,267,380</b></u></u>



Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

OFFICE EXPENSES

Description	Amount
EQUIPMENT MAINTENANCE	\$ 2,399
OFFICE SUPPLIES	2,817
POSTAGE	1,942
PRINTING AND PUBLICATION	3,065
SOFTWARE	51
TELEPHONE	2,680
<b>Total:</b>	<b>\$ 12,954</b>

OFFICE EXPENSES

Description	Amount
EQUIPMENT MAINTENANCE/RENTAL	\$ 3,063
OFFICE SUPPLIES	3,543
POSTAGE	2,498
PRINTING AND PUBLICATION	2,217
SOFTWARE	66
TELEPHONE	3,583
<b>Total:</b>	<b>\$ 14,970</b>

OFFICE EXPENSES

Description	Amount
OFFICE SUPPLIES	\$ 39
POSTAGE	54
PRINTING AND PUBLICATION	3,449
TELEPHONE	1,350
<b>Total:</b>	<b>\$ 4,892</b>

OTHER EXPENSES

Description	Amount
MEMBERSHIP DUES	\$ 37,970
MISCELLANEOUS	5,126
SIGNAGE	1,810
TAXES	208
VOLUNTEER APPRECIATION	509
MEETINGS	1,036
<b>Total:</b>	<b>\$ 46,659</b>

Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

OTHER EXPENSES

Description	Amount
MEMBERSHIP DUES	\$ 17,876
SIGNAGE	2,304
TAXES	1,014
VOLUNTEER APPRECIATION	646
<b>Total:</b>	<b>\$ 21,840</b>

OTHER EXPENSES

Description	Amount
MISCELLANEOUS	\$ 121
MEETINGS	691
<b>Total:</b>	<b>\$ 812</b>

**TAX COMPUTATION WORKSHEET FOR TAX EXEMPT UBI**

**2012**

Name(s) shown on return  
 UNITED WAY OF RUTHERFORD COUNTY

Identifying Number  
 58-1341880

LOWER END OF BRACKET	UPPER END OF BRACKET	TAX RATE	INCOME IN BRACKET	INCOME TAX BY BRACKET
0	50,000	15 %		
50,000	75,000	25 %		
75,000	100,000	34 %		
100,000	335,000	39 %		
335,000	10,000,000	34 %		
10,000,000	15,000,000	35 %		
15,000,000	18,333,333	38 %		
18,333,333	AND UP	35 %		
<b>TOTALS</b>				

**TAX COMPUTATION FOR CONTROLLED GROUPS**

50,000 BRACKET	15 %		
25,000 BRACKET	25 %		
9,925,000 BRACKET	34 %		
ADD'L 5% TAX AMOUNT	100 %		
ADD'L 3% TAX AMOUNT	100 %		
10,000,000 + BRACKET	35 %		
<b>TOTALS</b>			

**TAX COMPUTATION FOR TRUST**

Lower End	Upper End	Tax Rate	Income in Bracket	Income Tax by Bracket
0	2,400	15%		
2,400	5,600	25%		
5,600	8,500	28%		
8,500	11,650	33%		
11,650	AND UP	35%		
<b>TOTALS</b>				

\* Item was disposed  
of during current year.

# Depreciation Detail Listing

2012

Management & General  
For your records only

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		217	7	SL HY	0		217			
2	42 BOARDROOM CHAIRS (	20050701	13,200		100.00		13,200	7	SL HY	14.285		13,200			
3	BLACKBOX TELEPHONE SY	20070314	3,796		100.00		3,796	7	SL MQ	14.285	542	3,433			542
4	3 DELL DESKTOP	20051111	2,544		100.00		2,544	5	SL HY	0		2,544			
5	ANDAR SOFTWARE	20070630	17,000		100.00		17,000	3	SL HY	0		17,000			
6	COMPUTER SYSTEM 1 OF	20070510	1,125		100.00		1,125	5	SL HY	0		1,125			
7	COMPUTER SYSTEM 2 OF	20070510	1,125		100.00		1,125	5	SL HY	0		1,125			
8	OFFICE FURNITURE	20070516	1,200		100.00		1,200	7	SL MQ	14.285	171	1,041			171
9	MULTIMEDIA PROJECTOR	20040630	1,148		100.00		1,148	5	SL HY	0		1,148			
10	COMPUTER	20080627	1,175		100.00		1,175	5	SL HY	20	235	1,175			235
11	WORK STATION	20070924	1,175		100.00		1,175	5	SL HY	20	39	1,175			39
12	SAFE	20070723	1,700		100.00		1,700	7	SL HY	14.285	243	1,437			243
13	CC MACHINE	20070703	1,000		100.00		1,000	5	SL HY	20	17	1,000			17
14	ANDAR/360 LIC UPGRADE	20070802	3,500		100.00		3,500	3	SL HY	0		3,500			
15	STAPLES COMPUTER	20080729	900		100.00		900	5	SL HY	20	180	883			180
16	HP COMPUTER MISTY & B	20091201	1,400		100.00		1,400	5	SL HY	20	280	980			280
17	DESKS, CHAIRS, BOOKSH	20100122	4,965		100.00		4,965	7	SL HY	14.285	709	2,482			709
18	COMPUTERS	20100811	1,012		100.00		1,012	5	SL HY	20	202	505			202
19	COMPUTERS	20100811	795		100.00		795	5	SL HY	20	159	398			159
20	COMPUTERS	20110325	4,495		100.00		4,495	5	SL HY	20	899	2,248			899
21	COMPUTERS	20110325	5,721		100.00		5,721	5	SL HY	20	1,144	2,862			1,144
22	HPS5-1021P HP SLIMLIN	20110816	1,200		100.00		1,200	5	SL HY	20	240	360			240
23	BUFFALO LINKSTATION P	20120619	594		100.00		594	5	SL HY	20	119	178			119
<b>Totals</b>			<b>70,987</b>				<b>70,987</b>				<b>5,179</b>	<b>60,016</b>			<b>5,179</b>

Land Amount  
Net Depreciable Cost

70,987

ST ADJ:

Next Year's Depreciation

2012

Name							FEIN	
UNITED WAY OF RUTHERFORD COUNTY							58-1341880	
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction	
MGT	1	TELEPHONE	20010531	217	SL	7		
MGT	1	42 BOARDROOM CHAIRS (DON	20050701	13,200	SL	7		
MGT	1	BLACKBOX TELEPHONE SYSTE	20070314	3,796	SL	7	363	
MGT	1	3 DELL DESKTOP	20051111	2,544	SL	5		
MGT	1	ANDAR SOFTWARE	20070630	17,000	SL	3		
MGT	1	COMPUTER SYSTEM 1 OF 5	20070510	1,125	SL	5		
MGT	1	COMPUTER SYSTEM 2 OF 5	20070510	1,125	SL	5		
MGT	1	OFFICE FURNITURE	20070516	1,200	SL	7	159	
MGT	1	MULTIMEDIA PROJECTOR	20040630	1,148	SL	5		
MGT	1	COMPUTER	20080627	1,175	SL	5		
MGT	1	WORK STATION	20070924	1,175	SL	5		
MGT	1	SAFE	20070723	1,700	SL	7	243	
MGT	1	CC MACHINE	20070703	1,000	SL	5		
MGT	1	ANDAR/360 LIC UPGRADE- 3	20070802	3,500	SL	3		
MGT	1	STAPLES COMPUTER	20080729	900	SL	5	17	
MGT	1	HP COMPUTER MISTY & BRIA	20091201	1,400	SL	5	280	
MGT	1	DESKS, CHAIRS, BOOKSHELV	20100122	4,965	SL	7	709	
MGT	1	COMPUTERS	20100811	1,012	SL	5	202	
MGT	1	COMPUTERS	20100811	795	SL	5	159	
MGT	1	COMPUTERS	20110325	4,495	SL	5	899	
MGT	1	COMPUTERS	20110325	5,721	SL	5	1,144	
MGT	1	HPS5-1021P HP SLIMLINE D	20110816	1,200	SL	5	240	
MGT	1	BUFFALO LINKSTATION PRO	20120619	594	SL	5	119	
		TOTAL					4,534	