

**UNITED WAY OF RUTHERFORD COUNTY**

990 Federal Return

FOR TAX YEAR ENDED JUNE 30, 2014

**H A Beasley & Company PC**  
*Certified Public Accountants*  
Murfreesboro, Tennessee

# H A Beasley and Company PC

111 MTCS Drive  
Murfreesboro, TN 37129  
ha@habeasley.com  
Phone: (615)895-5675 | Fax: (615)895-5660

October 03, 2014

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 2013 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 \$3,296.

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  
ha@habeasley.com  
Phone: (615)895-5675 | Fax: (615)895-5660

October 03, 2014

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

2013

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

- Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details: Name (UNITED WAY OF RUTHERFORD COUNTY), EIN (58-1341880), Address (615 MEMORIAL BLVD, MURFREESBORO, TN 37129), and Principal Officer (PHIL HOLT).

Part I Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and asset/liability totals.

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.

Signature area for MEAGAN FLIPPIN, President/CEO, dated 10-03-2014.

Paid Preparer Use Only section for Bryan Blair, H A Beasley and Company PC, dated 10-03-2014.

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line 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 \$ 2,526,513 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 **2,526,513**

**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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding financial reporting, compensation, and organizational structure.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, Form W-3, unrelated business income, foreign accounts, prohibited tax shelter transactions, 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 or note to any line in the Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 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?; 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; 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," 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 [X] 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 or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JILL AUSTIN COMMUNITY IMPACT CHAIR	1.00	X					0	0	0	
(2) AMY PAINTER MYP DELEGATE/NON-VOTING	1.00	X					0	0	0	
(3) CHARLIE BAUM MEMBER	1.00	X					0	0	0	
(4) JAMES BEACH MEMBER	1.00	X					0	0	0	
(5) ERNET BURGESS MEMBER	1.00	X					0	0	0	
(6) JAMES EVANS SECRETARY/COMMUNICATIONS CHAIR	1.00	X		X			0	0	0	
(7) PHIL HOLT BOARD CHAIR	1.00	X		X			0	0	0	
(8) GORDON FERGUSON MEMBER	1.00	X					0	0	0	
(9) KATHY JONES CAMPAIGN CHAIR	1.00	X					0	0	0	
(10) JOANNA COOPER MEMBER	1.00	X					0	0	0	
(11) RUSS GALLOWAY MEMBER	1.00	X					0	0	0	
(12) MIKE DINAPOLI MEMBER	1.00	X					0	0	0	
(13) DAVID LEE MEMBER	1.00	X					0	0	0	
(14) RETTA GARDNER 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 or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KIRK GARRETT MEMBER	1.00	X					0	0	0	
(2) SEAN KELLEY MEMBER	1.00	X					0	0	0	
(3) PAUL LATTURE MEMBER	1.00	X					0	0	0	
(4) JAMES MCCARROLL MEMBER	1.00	X					0	0	0	
(5) LORI SMITH MEMBER	1.00	X					0	0	0	
(6) CHARLIE MYATT MEMBER	1.00	X					0	0	0	
(7) BRIAN SULLIVAN MEMBER	1.00	X					0	0	0	
(8) JIM THOMPSON CHAIR ELECT	1.00	X					0	0	0	
(9) BEN WEATHERFORD MEMBER	1.00	X					0	0	0	
(10) MATT TAYLOR MEMBER	1.00	X					0	0	0	
(11) GREG PERSINGER POLICY & NOMINATIONS CHAIR	1.00	X					0	0	0	
(12) HOWARD WILSON MEMBER	1.00	X					0	0	0	
(13) DAVID SCOTT MEMBER	1.00	X					0	0	0	
(14) CASEY RAINEY TREASURER/FINANCE CHAIR	1.00	X		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 or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <u>TRACY TOY</u> PAST BOARD CHAIR	1.00	X					0	0	0	
(2) <u>HANNA WITHERSPOON</u> MEMBER	1.00	X					0	0	0	
(3) <u>ROSS WOMACK</u> MEMBER	1.00	X					0	0	0	
(4) <u>FELIX ALLEN</u> MEMBER	1.00	X					0	0	0	
(5) <u>JIM CRUMLEY</u> COMMUNITY IMPACT VICE-CHAIR	1.00	X					0	0	0	
(6) <u>RON FRYAR</u> MEMBER	1.00	X					0	0	0	
(7) <u>BOBBIKAY SOHOLT</u> MEMBER	1.00	X					0	0	0	
(8) <u>JOHN LEONARD</u> MEMBER	1.00	X					0	0	0	
(9) <u>CHRIS MASSARO</u> MEMBER	1.00	X					0	0	0	
(10) <u>STEVE STEELE</u> MEMBER	1.00	X					0	0	0	
(11) <u>ANDY WOMACK</u> VICE CAMPAIGN CHAIR	1.00	X					0	0	0	
(12) <u>DEBBIE THOMPSON</u> MEMBER	1.00	X					0	0	0	
(13) <u>BARRY BUCKLEY</u> MEMBER	1.00	X					0	0	0	
(14) <u>CARL QUAKENBUSH</u> 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) <u>MEAGAN FLIPPIN</u> <u>PRESIDENT/CEO</u>	<u>40.00</u>			X	X			74,000	0	0
(16) -----	-----									
(17) -----	-----									
(18) -----	-----									
(19) -----	-----									
(20) -----	-----									
(21) -----	-----									
(22) -----	-----									
(23) -----	-----									
(24) -----	-----									
(25) -----	-----									
<b>1b Sub-total</b> .....								74,000	0	0
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								74,000	0	0

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
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....	5	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 or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 3,084,192					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . .		<b>3,084,192</b>				
<b>Program Service Revenue</b>	<b>2a</b> _____ <b>Business Code</b>						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . .						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		32,311	32,311			
	<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				
		143,499					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	52,661				
		<b>c</b> Gain or (loss) . . . . .	90,838				
	<b>d</b> Net gain or (loss) . . . . .			90,838	90,838		
	<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		<b>Business Code</b>					
<b>11a OTHER INCOME</b> _____	900099		29,499	29,499			
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			29,499				
<b>12 Total revenue.</b> See instructions . . . . .			3,236,840	152,648	0	0	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	2,183,500	2,183,500		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	74,000	32,560	41,440	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	323,981	131,246	127,846	64,889
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	8,710	3,543	3,808	1,359
<b>9</b> Other employee benefits . . . . .	61,054	27,389	33,731	(66)
<b>10</b> Payroll taxes . . . . .	30,608	12,597	12,958	5,053
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .	11,218	4,936	6,282	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	24,306	12,241	12,065	
<b>12</b> Advertising and promotion . . . . .	5,306	2,095	2,552	659
<b>13</b> Office expenses . . . . .	34,745	13,738	17,212	3,795
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	30,600	13,464	17,136	
<b>17</b> Travel . . . . .	8,244	4,508	(1,778)	5,514
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	250	250		
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	4,992	2,197	2,795	
<b>23</b> Insurance . . . . .	4,234	1,863	2,371	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>MEETINGS</u> . . . . .	1,591	517	637	437
<b>b</b> <u>MEMBERSHIP DUES</u> . . . . .	61,031	41,650	19,381	
<b>c</b> <u>EMPLOYEE DEVELOPMENT</u> . . . . .	2,229	984	1,125	120
<b>d</b> <u>EVENTS</u> . . . . .	56,885	36,392	418	20,075
<b>e</b> All other expenses . . . . .	3,294	843	2,451	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	2,930,778	2,526,513	302,430	101,835
<b>26</b> <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 or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	1,511,436	1	1,472,700
	<b>2</b> Savings and temporary cash investments		2	
	<b>3</b> Pledges and grants receivable, net	1,321,639	3	1,471,441
	<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 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 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	26,480	9	27,288
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 74,292		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 65,097	12,531	<b>10c</b> 9,195
	<b>11</b> Investments - publicly traded securities	759,065	11	857,808
	<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	54,546	15	62,371
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,685,697	16	3,900,803	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	2,235,329	17	2,163,655
	<b>18</b> Grants payable		18	
	<b>19</b> Deferred revenue	8,772	19	23,728
	<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	55,367	25	17,497
	<b>26 Total liabilities.</b> Add lines 17 through 25	2,299,468	26	2,204,880
<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	207,444	27	308,831
	<b>28</b> Temporarily restricted net assets	1,178,785	28	1,387,092
	<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	1,386,229	33	1,695,923	
<b>34</b> Total liabilities and net assets/fund balances	3,685,697	34	3,900,803	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,236,840
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,930,778
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	306,062
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,386,229
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,632
<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>	1,695,923

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line 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 a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>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)

**2013**

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) Description of property</b>	<b>(b) Cost (business use only)</b>	<b>(c) Elected cost</b>
<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 2012 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 2014. 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>	1,184

**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 2013 . . . . .	<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 2013 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 2013 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>	3,808
<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>	4,992
<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>		%					3,808		
		%							
		%							
<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>	3,808	
<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 2013 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2013 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

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

**2013**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

Name of the organization

**UNITED WAY OF RUTHERFORD COUNTY**

Employer identification number

**58-1341880**

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	11g(i)	
(ii) A family member of a person described in (i) above? . . . . .	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	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) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (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) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (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 2013 (line 6, column (f) divided by line 11, column (f)) 97.44%; 15 Public support percentage from 2012 Schedule A, Part II, line 14 80.21%; 16a 33 1/3% support test - 2013. 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; 16b 33 1/3% support test - 2012. 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 - 2013. 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; 17b 10%-facts-and-circumstances test - 2012. 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

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or bus. under sec 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; b Amounts included on lines 2 and 3 received from other than disqualified persons; c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2012 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

OMB No. 1545-0047

**2013**

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

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

**Name of the organization**

**UNITED WAY OF RUTHERFORD COUNTY**

**Employer identification number**

**58-1341880**

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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
1	DR. RUSS GALLOWAY  3014 ST. JAMES DR  MURFREESBORO, TN 37129	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MAHLE FILTER SYSTEMS  906 BUTLER DRIVE  MURFREESBORO, TN 37130	\$ 44,197	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BACKER-SPRINGFIELD  4700 JOHN BRAGG HWY  MURFREESBORO, TN 37127	\$ 13,838	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BRIDGESTONE - LAVERGNE PLANT  1201 BRIDGESTONE PARKWAY  LA VERGNE, TN 37086	\$ 50,543	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	STATE FARM INSURANCE COMPANY SOUTH  2500 MEMORIAL BLVD  MURFREESBORO, TN 37129	\$ 58,435	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	FIRST TENNESSEE BANK  305 WEST NORTHFIELD BLVD  MURFREESBORO, TN 37129	\$ 20,829	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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  P O BOX 280420  NASHVILLE, TN 37228-0420	\$ 17,535	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	SAINT THOMAS RUTHERFORD HOSPITAL  1700 MEDICAL CENTER PARKWAY  MURFREESBORO, TN 37129	\$ 15,950	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	MIDDLE TN STATE UNIVERSITY  COPE ADMINISTRATION BUILDING  MURFREESBORO, TN 37132	\$ 66,096	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	RICH PRODUCTS  625 BUTLER DRIVE  MURFREESBORO, TN 37127	\$ 20,703	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	YATES SERVICES  983 NISSAN DRIVE  SMYRNA, TN 37167	\$ 310,052	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	TENNESSEE VALLEY AUTHORITY  P O BOX 292409  NASHVILLE, TN 37229	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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  P O BOX 407  LAKELAND, FL 33802	\$ 126,737	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	UPS  801 COMMERCIAL CT  MURFREESBORO, TN 37129	\$ 32,985	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	MR DON ALEXANDER  3451 BETTY FORD ROAD  MURFREESBORO, TN 37130	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	GENERAL MILLS  P O BOX 129  MURFREESBORO, TN 37133	\$ 629,398	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	TRACTOR SUPPLY COMPANY  320 PLUS PARK BLVD  NASHVILLE, TN 37217	\$ 7,602	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	STUART C IRBY CO  1284 HEIL QUAKER BLVD  LA VERGNE, TN 37086	\$ 19,828	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
19	HAYNES BROTHERS LUMBER  739 NORTHWEST BROAD STREET  MURFREESBORO, TN 37129	\$ 5,522	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	SCHNEIDER ELECTRIC  300 WEAKLEY LANE  SMYRNA, TN 37167	\$ 16,844	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	RUTHERFORD COUNTY SCHOOLS  2240 SOUTHPARK BLVD  MURFREESBORO, TN 37128	\$ 96,751	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	COMMUNITY HEALTH SYSTEMS  155 FRANKLIN ROAD  BRENTWOOD, TN 37027	\$ 10,056	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	SUSAN ANDREWS  910 HAZELWOOD STREET  MURFREESBORO, TN 37130	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
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 for noncash contributions.)

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
25	ENTERPRISE - FRANKLIN  284 MALLORY STATION ROAD  FRANKLIN, TN 37067	\$ 21,882	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	INGRAM CONTENT GROUP  1 INGRAM BLVD  LA VERGNE, TN 37086	\$ 116,601	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	NISSAN NORTH AMERICA  983 NISSAN DRIVE  SMYRNA, TN 37167	\$ 205,581	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	ADAMS FAMILY FOUNDATION I  2217 BATTLEGROUND DRIVE  MURFREESBORO, TN 37129-6006	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	PUBLIX SUPER MARKETS CHARITIES  P O BOX 407  LAKELAND, FL 33802	\$ 125,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	AT&T  116 CANNON AVENUE  MURFREESBORO, TN 37129	\$ 8,878	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
31	ATMOS ENERGY  334 WEST LOKEY  MURFREESBORO, TN 37130	\$ 6,058	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	RICHARD F LAROCHE JR  2103 SHANNON DRIVE  MOUNT JULIET, TN 37121-1334	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	STEVEN BOERRIGTER  210 BLACK BEAR TRAIL  MURFREESBORO, TN 37127	\$ 7,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	ANDY WOMACK, STATE FARM INSUR AGENT  1535 WEST NORTHFIELD BLVD SUITE 5  MURFREESBORO, TN 37129	\$ 18,770	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	SUZANNE BOERRIGTER  210 BLACK BEAR TRAIL  MURFREESBORO, TN 37127	\$ 6,960	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	BOYS & GIRLS CLUB OF RUTHERFORD CO  P O BOX 3343  MURFREESBORO, TN 37133-3343	\$ 5,087	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
37	BRIDGESTONE AMERICAS  1 BRIDGESTONE PARK  NASHVILLE, TN 37214	\$ 21,617	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	CATERPILLAR FINANCIAL SERVICES  3322 WEST END AVENUE  NASHVILLE, TN 37203	\$ 8,187	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	CERIDIAN  3311 E OLD SHAKOPEE ROAD  BLOOMINGTON, MN 55425	\$ 5,024	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	CITY AUTO  1023 BRIDGE AVENUE  MURFREESBORO, TN 37130	\$ 5,150	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	CITY OF MURFREESBORO  111 WEST VINE STREET  MURFREESBORO, TN 37130	\$ 26,026	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	COMMUNITY CARE OF RUTHERFORD COUNTY  901 E COUNTY FARM ROAD  MURFREESBORO, TN 37127	\$ 11,082	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
43	EMERGENCY PHYSICIANS OF ST THOMAS  1700 MEDICAL CENTER PARKWAY  MURFREESBORO, TN 37129	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	ENTERPRISE HOLDINGS  420 WEST MAIN STREET  MURFREESBORO, TN 37130	\$ 7,109	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	FIFTH THIRD BANK  2437 OLD FORT PKWY  MURFREESBORO, TN 37128	\$ 13,498	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	FIRST COMMUNITY MORTGAGE  275 ROBERT ROSE DRIVE  MURFREESBORO, TN 37129	\$ 9,149	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	FLUOR COMPANY  200 BUTLER DRIVE  MURFREESBORO, TN 37133	\$ 8,811	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	FORD OF MURFREESBORO  1550 NW BROAD STREET  MURFREESBORO, TN 37129	\$ 16,306	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
49	FRANKLIN SYNERGY BANK 1 EAST COLLEGE STREET MURFREESBORO, TN 37130	\$ 9,609	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	GUARANTY TRUST COMPANY 316 ROBERT ROSE DRIVE MURFREESBORO, TN 37129	\$ 28,732	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	HCA COMMUNITY RELATIONS P O BOX 8809 PRINCETON, NJ 08543-8809	\$ 8,706	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	HERITAGE FARMS DAIRY 1100 NEW SALEM HIGHWAY MURFREESBORO, TN 37129	\$ 36,236	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	GEORGE HUDDLESTON SR 1810 RIVERVIEW DRIVE MURFREESBORO, TN 37129	\$ 6,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	INTERMETRO INDUSTRIES 3263 ELAM FARMS ROAD MURFREESBORO, TN 37127	\$ 14,249	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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
55	INTERNATIONAL PAPER  2220 NW BROAD STREET  MURFREESBORO, TN 37129	\$ 15,132	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	JOHNSON CONTROLS  1501 MOLLOY LANE  MURFREESBORO, TN 37129-3344	\$ 12,257	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	KROGER  P O BOX 305103  NASHVILLE, TN 37230-5103	\$ 10,092	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	MURFREESBORO CITY SCHOOLS  2552 SOUTH CHURCH STREET  MURFREESBORO, TN 37127	\$ 11,287	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	MURFREESBORO ELECTRIC  P O BOX 9  MURFREESBORO, TN 37133-0009	\$ 14,798	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	NATIONWIDE MUTUAL INSURANCE COMPANY  ONE NATIONWIDE PLAZA  COLUMBUS, OH 43215	\$ 7,828	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
61	PINNACLE NATIONAL BANK  214 WEST COLLEGE STREET  MURFREESBORO, TN 37130-3504	\$ 17,141	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	RAYMOND JAMES  100 EAST VINE STREET SUITE 310  MURFREESBORO, TN 37130	\$ 5,244	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	RUTHERFORD COUNTY  RUTHERFORD CO COURTHOUSE SUITE 202  MURFREESBORO, TN 37130	\$ 41,729	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	BLACKMAN HIGH SCHOOL  3956 BLAZE DRIVE  MURFREESBORO, TN 37128	\$ 6,226	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	REGIONS BANK  100 EAST VINE STREET SUITE 200  MURFREESBORO, TN 37130	\$ 14,008	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	ROCKTENN COMPANY  370 SOUTH RUTHERFORD BLVD  MURFREESBORO, TN 37130	\$ 9,882	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
67	RUTHERFORD CO CHAMBER OF COMMERCE  P O BOX 864  MURFREESBORO, TN 37133-0864	\$ 8,023	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	SEC  850 MIDDLE TENNESSEE BLVD  MURFREESBORO, TN 37129	\$ 5,294	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	STATE FARM COMMUNITIES FOUNDATION  P O BOX 8559  PRINCETON, NJ 08543-8559	\$ 42,586	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	SUNTRUST BANKS  P O BOX 100  MURFREESBORO, TN 37133-0100	\$ 5,671	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	TARGET NO 1126  1851 OLD FORT PARKWAY  MURFREESBORO, TN 37129	\$ 5,199	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	TARGET NO 2360  803 INDUSTRIAL BLVD  SMYRNA, TN 37167	\$ 7,159	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
73	TN EMPLOYEES CHARITABLE CAMPAIGN  505 DEADERICK STREET  NASHVILLE, TN 37243-0635	\$ 12,826	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	THOMPSON SERVICES  8055 JACKSON RIDGE ROAD  ROCKVALE, TN 37153-4234	\$ 7,382	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	TOWN OF SMYRNA  315 SOUTH LOWRY STREET  SMYRNA, TN 37167	\$ 16,356	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	UW OF RUTHERFORD & CANNON COUNTIES  615 MEMORIAL BLVD  MURFREESBORO, TN 37129	\$ 6,988	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	UNITED HEALTH GROUP GIVING CAMPAIGN  370 SELBY AVENUE SUITE 201  SAINT PAUL, MN 55102	\$ 13,965	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	WAL-MART SUPERCENTERS  2000 OLD FORT PARKWAY  MURFREESBORO, TN 37129	\$ 14,115	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<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
79	<u>ANDY WOMACK</u>  <u>1706 WATERS EDGE COURT</u>  <u>MURFREESBORO, TN 37130</u>	\$ <u>6,500</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<u>FIFTH THIRD FOUNDATION</u>  <u>38 FOUNTAIN SQUARE PLAZA</u>  <u>CINCINNATI, OH 45263</u>	\$ <u>5,000</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<u>MIDDLE TENNESSEE ELECTRIC</u>  <u>329 ST. ANDREWS</u>  <u>MURFREESBORO, TN 37133</u>	\$ <u>10,405</u>	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input checked="" type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2013

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 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 held by the organization (check all that apply), 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 included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 \$, (ii) Assets included in Form 990, Part X \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 \$, b Assets included in Form 990, Part X \$.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount    |
|---------------------------------|-----------|
| 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.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		74,292	65,097	9,195
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ **9,195**

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) <b>INVESTMENT IN ASSETS OF COMMUNITY F</b>	<b>62,371</b>
(2) <b>P</b>	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>62,371</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>ACCRUED PAID LEAVE</b>	<b>13,949</b>
(3) <b>COMMUNITY NEEDS ASSESSMENT</b>	<b>3,750</b>
(4) <b>PAYROLL LIABILITIES OVERPAYMENT</b>	<b>(202)</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>17,497</b>

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





# Federal Supporting Statements

**2013** 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	363	
OFFICE FURNITURE	2007-05-16	100	1,200	1,200	7	SL MQ	159	
SAFE	2007-07-23	100	1,700	1,700	7	SL HY	243	
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	796	796	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	
<b>TOTAL</b>							<u><u>3,808</u></u>	

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF 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 501 MEMORIAL BOULEVARD MURFREESBORO, TN 37129-8218		501(C)(3)	118,020				GENERAL SUPPORT
(2)	BOY SCOUTS OF AMERICA, MID 3414 HILLSBORO PK NASHVILLE, TN 37215		501(C)(3)	30,000				GENERAL SUPPORT
(3)	BOYS AND GIRLS CLUBS OF RUT 820 JONES BLVD MURFREESBORO, TN 37129		501(C)(3)	140,000				GENERAL SUPPORT
(4)	CANNON CO SENIOR CITIZENS C 609 LEHMAN ST WOODBURY, TN 37190		501(C)(3)	30,500				GENERAL SUPPORT
(5)	CASA OF RUTHERFORD COUNTY 447 N FRONT STREET MURFREESBORO, TN 37130		501(C)(3)	30,000				GENERAL SUPPORT
(6)	CHILD ADVOCACY CENTER OF RU 1040 SAMSONITE BLVD MURFREESBORO, TN 37129		501(C)(3)	50,869				GENERAL SUPPORT
(7)	COMMUNITY FOOD PARTNERS-2ND 331 GREAT CIRCLE RD NASHVILLE, TN 37228		501(C)(3)	23,000				GENERAL SUPPORT
(8)	COMMUNITY HELPERS OF RUTHER 1453 B HOPE WAY MURFREESBORO, TN 37129		501(C)(3)	222,000				GENERAL SUPPORT
(9)	CRISIS INTERVENTION CENTER 201 23RD AVENUE N NASHVILLE, TN 37203		501(C)(3)	15,000				GENERAL SUPPORT
(10)	DISCOVERY CENTER OF MURFREE 502 SOUTHEAST BROAD STREET MURFREESBORO, TN 37130		501(C)(3)	22,000				GENERAL SUPPORT

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF 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)	DOMESTIC VIOLENCE PROGRAM, 2106 E MAIN STREET MURFREESBORO, TN 37130		501(C)(3)	56,000				GENERAL SUPPORT
(2)	EXCHANGE CLUB FAMILY CENTER 139 THOMPSON LN NASHVILLE, TN 37211		501(C)(3)	28,000				GENERAL SUPPORT
(3)	GIRLS SCOUTS, CUMBERLAND VA 4522 GRANNY WHITE PIKE NASHVILLE, TN 37204		501(C)(3)	30,000				GENERAL SUPPORT
(4)	THE GUIDANCE CENTER 118 N CHURCH STREET MURFREESBORO, TN 37130		501(C)(3)	50,000				GENERAL SUPPORT
(5)	BIG BROTHERS BIG SISTERS 1704 CHARLOTTE AVENUE NASHVILLE, TN 37203		501(C)(3)	30,000				GENERAL SUPPORT
(6)	HOSPICE OF MURFREESBORO, MT 1639 MEDICAL CENTER PARKWAY ST MURFREESBORO, TN 37129		501(C)(3)	29,539				GENERAL SUPPORT
(7)	KIDS ON THE BLOCK 1704 CHARLOTTE AVE, SUITE 200 NASHVILLE, TN 37203		501(C)(3)	15,000				GENERAL SUPPORT
(8)	LEGAL AID SOCIETY OF MIDDLE 300 DEADERICK STREET NASHVILLE, TN 37201		501(C)(3)	16,000				GENERAL SUPPORT
(9)	MCHRA-HOMEMAKER PROGRAM 1101 KERMIT DRIVE SUITE 300 NASHVILLE, TN 37217		501(C)(3)	50,000				GENERAL SUPPORT
(10)	MCHRA-MEALS ON WHEELS&SENIOR 1101 KERMIT DR, SUITE 300 NASHVILLE, TN 37217		501(C)(3)	45,000				GENERAL SUPPORT

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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)	JOURNEYS IN COMMUNITY LIVIN 1130 HALEY ROAD MURFREESBORO, TN 37129		501(C)(3)	102,378				GENERAL SUPPORT
(2)	MCHRA YOUTH CAN CAREER ACTI 1101 KERMIT DR, SUITE 300 NASHVILLE, TN 37217		501(C)(3)	40,000				GENERAL SUPPORT
(3)	MCS-FRANKLIN HEIGHTS TUTORI 2552 S CHURCH STREET MURFREESBORO, TN 37127		501(C)(3)	22,500				GENERAL SUPPORT
(4)	NURSES FOR NEWBORNS FOUNDAT 50 VANTAGE WAY, SUITE 101 NASHVILLE, TN 37228		501(C)(3)	13,000				GENERAL SUPPORT
(5)	PROJECT HELP - MTSU 206 N BAIRD LN MURFREESBORO, TN 37132		501(C)(3)	100,000				GENERAL SUPPORT
(6)	RURHERFORD CO EMERGENCY FOO 211 BRIDGE AVE MURFREESBORO, TN 37129		501(C)(3)	59,000				GENERAL SUPPORT
(7)	RUTH CO PRIMARY CARE & HOPE 1453 A HOPE WAY MURFREESBORO, TN 37129		501(C)(3)	60,000				GENERAL SUPPORT
(8)	RUTHERFORD CO SCHOOLS CHARI 2240 SOUTHPARK BLVD MURFREESBORO, TN 37128		501(C)(3)	20,000				GENERAL SUPPORT
(9)	THE SALVATION ARMY 1137 W MAIN STREET MURFREESBORO, TN 37128		501(C)(3)	90,500				GENERAL SUPPORT
(10)	SEXUAL ASSALT SERVICES OF D 2106 E MAIN STREET MURFREESBORO, TN 37130		501(C)(3)	11,500				GENERAL SUPPORT

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

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF 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)	<b>SMYRNA-LAVERGNE FOOD BANK 130 RICHARDSON STREET SMYRNA, TN 37167</b>		501(C)(3)	73,545				GENERAL SUPPORT
(2)	<b>ST CLAIR STREET SENIOR CENT 325 ST CLAIR STREET MURFREESBORO, TN 37130</b>		501(C)(3)	36,000				GENERAL SUPPORT
(3)	<b>STARS NASHVILLE 1704 CHARLOTTE AVE, SUITE 200 NASHVILLE, TN 37212</b>		501(C)(3)	35,000				GENERAL SUPPORT
(4)	<b>TENNESSEE POISON CENTER 501 OXFORD HOUSE, 1161 21ST AV NASHVILLE, TN 37232</b>		501(C)(3)	12,000				GENERAL SUPPORT
(5)	<b>WEE CARE DAY CARE CENTER 510 S HANCOCK ST MURFREESBORO, TN 37129</b>		501(C)(3)	30,000				GENERAL SUPPORT
(6)	<b>WEST MAIN MISSION 1400 B WEST COLLEGE STREET MURFREESBORO, TN 37130</b>		501(C)(3)	52,897				GENERAL SUPPORT
(7)								
(8)								
(9)								
(10)								

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

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

Part III can be duplicated if additional space is needed.

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

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

**01. 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)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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**

**2013**

(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) . . . . . 271,702

Name	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	(g) Excess contributions (col. (f) minus the 2% limit)
DR. RUSS GALLOWAY	25,000	26,000	27,000	28,000	35,000	141,000	
MR DON ALEXANDER	10,000	10,000	10,075	10,674	10,000	50,749	
SUSAN ANDREWS	5,000		5,000	5,000	5,000	20,000	
JOHN MCLAUGHLIN				10,000	10,000	20,000	
ADAMS FAMILY FOUNDATION I					7,500	7,500	
RICHARD F LAROCHE JR	6,000			10,000	10,000	26,000	
STEVEN BOERRIGTER					7,200	7,200	
SUZANNE BOERRIGTER					6,960	6,960	
EMERGENCY PHYSICIANS OF ST THOMAS					40,000	40,000	
GEORGE HUDDLESTON SR					6,100	6,100	
STATE FARM COMMUNITIES FOUNDATION					42,586	42,586	
ANDY WOMACK				5,000	6,500	11,500	
FIFTH THIRD FOUNDATION					5,000	5,000	
DON WITHERSPOON	16,290	15,650		25,120		57,060	
PFIZER FOUNDATION		7,500		10,000		17,500	
MARK A PIRTLE		5,000				5,000	
JAMES M O'BRIAN		5,000				5,000	
STEVEN A DOTSON	17,500		6,000			23,500	
GINA ARWOOD			5,000			5,000	

TOTAL

=====

Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

ADVERTISING AND PROMOTION

Description	Amount
ADVERTISING	\$ 310
PROMOTIONAL ITEMS	1,785
<b>Total:</b>	<b>\$ 2,095</b>

ADVERTISING AND PROMOTION

Description	Amount
ADVERTISING	\$ 380
PROMOTIONAL ITEMS	2,172
<b>Total:</b>	<b>\$ 2,552</b>

OFFICE EXPENSES

Description	Amount
EQUIPMENT MAINTENANCE	\$ 2,828
OFFICE SUPPLIES	2,331
POSTAGE	1,852
PRINTING AND PUBLICATION	3,707
SOFTWARE	300
TELEPHONE	2,720
<b>Total:</b>	<b>\$ 13,738</b>

OFFICE EXPENSES

Description	Amount
EQUIPMENT MAINTENANCE/RENTAL	\$ 3,600
OFFICE SUPPLIES	2,981
POSTAGE	2,239
PRINTING AND PUBLICATION	4,588
SOFTWARE	351
TELEPHONE	3,453
<b>Total:</b>	<b>\$ 17,212</b>

Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

OFFICE EXPENSES

Description	Amount
POSTAGE	\$ 102
PRINTING AND PUBLICATION	1,793
TELEPHONE	1,900
<b>Total:</b>	<b>\$ 3,795</b>

OTHER EXPENSES

Description	Amount
MISCELLANEOUS	\$ 89
SIGNAGE	117
TAXES	84
STAFF APPRECIATION	553
<b>Total:</b>	<b>\$ 843</b>

OTHER EXPENSES

Description	Amount
BANK SERVICE FEES	\$ 1,158
MISCELLANEOUS	119
SIGNAGE	38
TAXES	433
STAFF APPRECIATION	703
<b>Total:</b>	<b>\$ 2,451</b>

\* Item was disposed  
of during current year.

## Depreciation Detail Listing

Management & General

For your records only

2013

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	0	13,200			
3	BLACKBOX TELEPHONE SY	20070314	3,796		100.00		3,796	7	SL	MQ	14.286	363	3,796		363
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	14.286	159	1,200		159
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	0		1,175		
11	WORK STATION	20070924	1,175		100.00		1,175	5	SL	HY	0		1,175		
12	SAFE	20070723	1,700		100.00		1,700	7	SL	HY	14.286	243	1,680		243
13	CC MACHINE	20070703	1,000		100.00		1,000	5	SL	HY	0		1,000		
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	17	900		17
16	HP COMPUTER MISTY & B	20091201	1,400		100.00		1,400	5	SL	HY	20	280	1,260		280
17	DESKS, CHAIRS, BOOKSH	20100122	4,965		100.00		4,965	7	SL	HY	14.286	709	3,192		709
18	COMPUTERS	20100811	1,012		100.00		1,012	5	SL	HY	20	202	707		202
19	COMPUTERS	20100811	796		100.00		796	5	SL	HY	20	159	558		159
20	COMPUTERS	20110325	4,495		100.00		4,495	5	SL	HY	20	899	3,147		899
21	COMPUTERS	20110325	5,721		100.00		5,721	5	SL	HY	20	1,144	4,006		1,144
22	HPS5-1021P HP SLIMLIN	20110816	1,200		100.00		1,200	5	SL	HY	20	240	600		240
23	BUFFALO LINKSTATION P	20120619	594		100.00		594	5	SL	HY	20	119	297		119
24	PR2200LCDRT2U 2170VA/	20130402	688		100.00		688	5	SL	MQ	20	138	172		138
25	QUICKBOOKS 2013	20130502	960		100.00		960	3	SL	MQ	33.333	320	373		320
26	IACCESS FROM HELIX	20140617	1,000		100.00		1,000	3	SL	MQ	4.167				
27	BLACKBOX PHONE & JACK	20140630	656		100.00		656	7	SL	MQ	1.786				
<b>Totals</b>			<b>74,292</b>				<b>74,292</b>				<b>4,992</b>	<b>65,097</b>			<b>4,992</b>

Land Amount  
Net Depreciable Cost

74,292

ST ADJ:

Next Year's Depreciation

2013

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	
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	
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	20
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	
MGT	1	HP COMPUTER MISTY & BRIA	20091201	1,400	SL	5	140
MGT	1	DESKS, CHAIRS, BOOKSHELV	20100122	4,965	SL	7	709
MGT	1	COMPUTERS	20100811	1,012	SL	5	202
MGT	1	COMPUTERS	20100811	796	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
MGT	1	PR220OLCDRT2U 2170VA/160	20130402	688	SL	5	138
MGT	1	QUICKBOOKS 2013	20130502	960	SL	3	320
MGT	1	IACCESS FROM HELIX	20140617	1,000	SL	3	333
MGT	1	BLACKBOX PHONE & JACK IN	20140630	656	SL	7	94
		TOTAL					4,517