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CLIENT'S COPY

# **Return of Organization Exempt From Income Tax**

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.

and ending JUN 30,

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning

Go to www.irs.gov/Form990 for instructions and the latest information.

JUL 1, 2023

<b>3</b> C	heck if	C Name of organization		D Employer identifi	cation number
	Addre chang				
	_chang _Name _chang		CAN	58-13418	80
	cnang _Initial _return		$\overline{}$	E Telephone number	
$\vdash$	Final	3050 MEDICAL CENTED DEWY	ii/Suite	(615)893	
	⊐return. termin ated			G Gross receipts \$	2,904,505.
	Amen	MURFREESBORO, TN 37129	t	H(a) Is this a group r	
	Application	F Name and address of principal officer: KRISTEN SWANN		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	····· — —
ΙT	ax-ex	empt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or	527		list. See instructions
	Vebsi			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year o	of formation: $1956$	<b>v</b> State of legal domicile: ${f TN}$
Pa	rt I	Summary			
بو	1	Briefly describe the organization's mission or most significant activities: IMPROVE	LI	VES BY ADVA	NCING
Activities & Governance		OPPORTUNITIES FOR EDUCATION, HEALTH AND FIN	IANC	IAL STABILI	TY FOR ALL.
ern		Check this box if the organization discontinued its operations or disposed o	of more	than 25% of its net a	
ઠ્ઠા		Number of voting members of the governing body (Part VI, line 1a)			29
ĕ ∣		Number of independent voting members of the governing body (Part VI, line 1b)			29 19
ties		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			820
≩		Total number of volunteers (estimate if necessary)			0.
۶		Total unrelated business revenue from Part VIII, column (C), line 12			0.
$\dashv$	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>	7b Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,232,400.	2,341,625.
Revenue		Program service revenue (Part VIII, line 2g)		376,073.	218,452.
è		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		45,277.	53,375.
ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-16,961.	-24,709.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,636,789.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,040,250.	837,400.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		820,018.	1,015,149.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă		Total fundraising expenses (Part IX, column (D), line 25) 320,800.			
۳ ا		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		763,619.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,623,887.	
_ ഗ	19	Revenue less expenses. Subtract line 18 from line 12	Boo	12,902. Jinning of Current Year	-98,513.
Net Assets or Fund Balances		T. ( ) ( ( ) ( ) ( ) ( ) ( ) ( )		3,608,385.	End of Year 3,508,108.
Bala		Total assets (Part X, line 16)	· —	1,538,183.	1,388,075.
nud		Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		2,070,202.	2,120,033.
	rt II	Signature Block		2,010,202	2,120,0334
		alties of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	nts, and to the best of m	v knowledge and belief, it is
	-	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pr			,
			-		
Sigr	1	Signature of officer		Date	
Here	е	KRISTEN SWANN, PRESIDENT AND CEO			
		Type or print name and title			11 07111
		Print/Type preparer's name Preparer's signature			X PTIN
Paid		MARK E. FOLLIS, CPA MARK E. FOLLIS, CP	'A  1		
	arer	Firm's name DEMPSEY VANTREASE & FOLLIS PLLC		Firm's EIN 6	2-1736974
use	Only	Firm's address 630 S CHURCH ST, STE 300		S. 16	15\002 6666
		MURFREESBORO, TN 37130-9409		Phone no. ( 6	15)893-6666
viay	tne II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	Statement of Program Service Accomplishments	7
	Check if Schedule O contains a response or note to any line in this Part III	ᆚ
1	Briefly describe the organization's mission:  THE UNITED WAY OF RUTHERFORD AND CANNON COUNTIES' MISSION IS TO	
		_
	IMPROVE LIVES BY ADVANCING OPPORTUNITIES FOR EDUCATION, HEALTH, AND FINANCIAL STABILITY FOR ALL. ITS VISION IS TO BE THE PRIMARY COMMUNITY	_
	SOLUTIONS LEADER FOR HUMAN SERVICES.	_
_		—
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
		)
•	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No.	_
3		)
	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 \$ 1,999,133. including grants of \$ 837,400.) (Revenue \$ 218,452.	_
ти	THE UNITED WAY TAKES PRIDE IN BEING AN ACCOUNTABLE, EFFICIENT AND	. /
	TRANSPARENT COMMUNITY IMPACT ORGANIZATION. INVESTING IN THE UNITED WAY	_
	LEADS TO STRENGTHENING NEIGHBORHOODS, BOLSTERING THE HEALTH OF THE	_
	COMMUNITY AND CREATING LONG-TERM CHANGE IN THE LIVES OF COMMUNITY	_
	MEMBERS EVERY DAY. UNITED WAY OF RUTHERFORD AND CANNON COUNTIES HAS	_
	COMBINED THE SIX BOLD GOALS ADOPTED IN 2020 INTO OUR COMMUNITY IMPACT	_
	STRATEGY FOR THE 2023/2024 FISCAL YEAR. INVESTMENT GRANTS OF \$837,400	_
	WERE GIVEN IN AREAS OF EDUCATION, INCOME AND HEALTH TO IMPROVE LIVES IN	<u> </u>
	BEDFORD, CANNON, LINCOLN AND RUTHERFORD COUNTIES. FROM JULY 1, 2023, TO	_
	JUNE 30, 2024, UNITED WAY OF RUTHERFORD AND CANNON COUNTIES WAS ABLE TO	<i></i>
	SEE A \$13 RETURN FOR EVERY ONE DOLLAR INVESTED IN UNITED WAY.	
4b	(Code:) (Expenses \$	)
		_
		_
		_
		—
		—
		—
		_
4c	(Code:) (Expenses \$) (Revenue \$	_
+0	(Code:	. '
		_
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
_4e	Total program service expenses 1,999,133.	_
	Form <b>990</b> (202	23)

UNITED WAY OF RUTHERFORD COUNTY

## 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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			$ _{\mathbf{x}}$
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	э		122
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	_		
Ŭ	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	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	11b		X
С	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	11c		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	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
_	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			- V
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	14b		х
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	טדו		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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	16		х
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	17		х
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	18	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	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IV	Checklist of Rec	uired Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			<b> </b> ₩
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	00-		x
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		22
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del>  • • • • • • • • • • • • • • • • • • •</del>		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u></u>		
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule 0  It V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			$\perp \perp$
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1a 4  Enter the number of Forms W 2G included on line 1a. Enter 0 if not applicable.			
b	Litter the humber of Forms wize included of line 1a. Litter 10-11 not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

## UNITED WAY OF RUTHERFORD COUNTY Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110			
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

332005 12-21-23

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 29			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on 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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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?	16a		X
b	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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	ıd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	STAN JACKSON - (615)893-7303			
	3050 MEDICAL CENTER PKWY FLOOR 2, MURFREESBORO, TN 37129			

3000 MEDICAL CENTER FRWT FLOOR 2, MORFREESBORO, IN 3712

# 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per	(do box,	not c	Posi heck ss pe	ition more rson i		one h an	(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer a		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MEAGAN FLIPPIN	40.00			х				100 760	0	F 646
(2) STAN JACKSON	40.00			Λ				123,760.	0.	5,646.
VP FINANCE AND ADMINISTRAT	40.00			Х				88,531.	0.	9,025.
(3) KRISTEN SWANN	40.00							00,331.	<u>.</u>	3,023.
PRESIDENT AND CEO	1000			х				62,335.	0.	8,397.
(4) BUFFY BUNDSHUH	1.00							,,,,,,,,		, , , , ,
MEMBER		х						0.	0.	0.
(5) DON CLAYTON	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(6) LAUREN HERALD	1.00									
MEMBER		Х						0.	0.	0.
(7) ELLEN SLICKER	1.00							_	_	_
MEMBER		Х						0.	0.	0.
(8) KASEY TALBOTT	1.00									•
MEMBER	1 00	Х						0.	0.	0.
(9) RONALD ROBERTS	1.00	,,							_	0
MEMBER	1 00	Х						0.	0.	0.
(10) MATTHEW STUMP	1.00	7,						0.	0	0
MEMBER (411) PER THOUSEON	1.00	Х						0.	0.	0.
(11) DEB THOMPSON	1.00	х						0.	0.	0.
MEMBER (12) JASON SCHMITT	1.00	Δ						0.	0.	0.
MEMBER	1.00	х						0.	0.	0.
(13) JAMES EVANS	1.00							0.	•	
MEMBER	<u> </u>	х						0.	0.	0.
(14) ROBIN SEAY	1.00							•	•	
MEMBER		х						0.	0.	0.
(15) GLORIA BONNER	1.00									
MEMBER		Х						0.	0.	0.
(16) PATRICK CAMMACK	1.00									
MEMBER		Х						0.	0.	0.
(17) FRED HALFPAP	1.00									
MEMBER		Х						0.	0.	0.

332007 12-21-23

(A) Name and title	(B) Average	(do		Pos		ገ e than	one	<b>(D)</b> Reportable	<b>(E)</b> Reportable	E	( <b>F</b> ) Estimate	ed
	hours per	box	, unle	ss pe	rson	is bot	th an	'	compensation	a	amount	of
	week (list any	_		<u> </u>	T	1	1	from	from related		other	tion
	hours for	or director				-		the organization	organizations (W-2/1099-MISC/		mpensa from th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	- 1	rganizat	
	organizations	trust	ıal tru		yee	ompe		1099-NEC)	,	1	nd relat	
	below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	mer			or	ganizati	ons
(18) GERNELL JENKINS	1.00	р П	lns	#0	Ke	ji ii	훈					
MEMBER		Х						0.	0	•		0.
(19) JAMES CALDER	1.00											
MEMBER	1 00	Х					┡	0.	0	•		0.
(20) RICK SMITH	1.00	,,						0.	0			0
MEMBER	1.00	Х				-	<u> </u>	0.	U	<del>- </del> -		0.
(21) ASHLEY STEARNS MEMBER	1.00	X						0.	0			0.
(22) FRANCELA SALAS	1.00						┢		0	+		0.
MEMBER		x						0.	0			0.
(23) DEB INSELL	1.00											
MEMBER		Х						0.	0			0.
(24) THOMAS RODDY	1.00											
FINANCE CHAIR		Х		Х				0.	0	•		0.
(25) TREY DUKE	1.00								_			•
MEMBER	1 00	Х				_		0.	0	•		0.
(26) STACY WILDER	1.00	X						0.	0			0.
MEMBER 4h Cubadal								274,626.	0		23,0	
1b Subtotal								0.	0		23,0	0.
d Total (add lines 1b and 1c)								274,626.	0		23,0	
2 Total number of individuals (including but n								· · · · · · · · · · · · · · · · · · ·	0,000 of reportable			
compensation from the organization						,						1
											Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,												
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su												Х
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>										4		
rendered to the organization? If "Yes," com								ted organization or indiv		5		х
Section B. Independent Contractors	piete conedar	001	01 00	2011	perc	3011						
Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of compe	nsatior	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithi	n the organization's tax	year.			
(A)								(B)			(C)	
Name and business	address	N	INC	3				Description of s	services	Comp	ensatio	n
							-					
2 Total number of independent contractors (i	_	ot li	mite	d to		_	stec	d above) who received n	nore than			
\$100,000 of compensation from the organi		ידק	TTT2	νт.		0 N .	СH	EETS		Fare	n <b>990</b> (2	2022)
DEE TAKE VIE, DECITOR	. 12 COM.	1	0.2	<b>11</b>	- 01	-4 )	U 11.			rorn	コンプリ ()	<b>2023</b> )

(A)  (B)  Average  hours  per  week (list any hours for related  page   Position   Compensation   Position   P	Form 990 UNITED WA	AY OF RU	J.T.F	151	(F)	JKI	<u> </u>	200	N.I. X	58-134	1880
Name and title	Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mplo	yee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)	
Name and title											(F)
Nours   Per   Week							ı				Estimated
Per   Week   W	Tame and the	1	(cl					lv)	•	·	amount of
Week (list any by by low or related organizations below line)   Week (list any by by line)   Week (list any by line)   Week			(5.	T				,,, 	1	•	other
Company   Comp							ee ee				compensation
1.00			ctor				oldr		1		from the
1.00			direc				e en			,	organization
1.00		related	ee or	stee			en sate				and related
1.00		organizations	trust	lal tru		) yee	e duc				organizations
1.00		below	idua	tution	ь Б	mple	esto	ler.			
MEMBER       X       0.       0.         (28) JAMES MCCARROLL       1.00       0.       0.         MEMBER       X       0.       0.         (29) BRANDON DOYLE       1.00       0.       0.         MEMBER       X       0.       0.         (30) SHAY MAUPIN       1.00       0.       0.         MEMBER       X       0.       0.         (31) DIANE TURNHAM       1.00       0.       0.         MEMBER       X       0.       0.         (32) CASEY RAINEY       X       0.       0.         BOARD CHAIR ELECT/SECRETARY       X       X       0.       0.         (33) YOLANDA GREENE       1.00       X       0.       0.         (34) TY WILLIAMS       1.00       0.       0.       0.         MEMBER       X       0.       0.       0.         (35) CHRIS JONES       1.00       0.       0.       0.         (36) KAYLA HILLIARD       1.00       0.       0.       0.		line)	Indiv	Instit	Office	Keye	High	Form			
1.00	(27) CAROLYN COX	1.00									
MEMBER       X       0.       0.         (29) BRANDON DOYLE       1.00       0.       0.         MEMBER       X       0.       0.         (30) SHAY MAUPIN       1.00       0.       0.         MEMBER       X       0.       0.         (31) DIANE TURNHAM       1.00       0.       0.         MEMBER       X       0.       0.         (32) CASEY RAINEY       1.00       0.       0.         BOARD CHAIR ELECT/SECRETARY       X       X       0.       0.         (33) YOLANDA GREENE       1.00       0.       0.       0.         (34) TY WILLIAMS       1.00       0.       0.       0.         (35) CHRIS JONES       1.00       0.       0.       0.         MEMBER       X       0.       0.       0.         (36) KAYLA HILLIARD       1.00       0.       0.       0.	MEMBER		Х						0.	0.	0.
MEMBER       X       0.       0.         (29) BRANDON DOYLE       1.00       0.       0.         MEMBER       X       0.       0.         (30) SHAY MAUPIN       1.00       0.       0.         MEMBER       X       0.       0.         (31) DIANE TURNHAM       1.00       0.       0.         MEMBER       X       0.       0.         (32) CASEY RAINEY       1.00       0.       0.         BOARD CHAIR ELECT/SECRETARY       X       X       0.       0.         (33) YOLANDA GREENE       1.00       0.       0.       0.         (34) TY WILLIAMS       1.00       0.       0.       0.         (35) CHRIS JONES       1.00       0.       0.       0.         MEMBER       X       0.       0.       0.         (36) KAYLA HILLIARD       1.00       0.       0.       0.	(28) JAMES MCCARROLL	1.00									
MEMBER       X       0.       0.         (30) SHAY MAUPIN       1.00       0.       0.         MEMBER       X       0.       0.         (31) DIANE TURNHAM       1.00       0.       0.         MEMBER       X       0.       0.         (32) CASEY RAINEY       1.00       0.       0.         BOARD CHAIR ELECT/SECRETARY       X       0.       0.         (33) YOLANDA GREENE       1.00       0.       0.         (34) TY WILLIAMS       1.00       0.       0.         (34) TY WILLIAMS       1.00       0.       0.         (35) CHRIS JONES       1.00       0.       0.         MEMBER       X       0.       0.         (36) KAYLA HILLIARD       1.00       0.       0.	MEMBER		Х						0.	0.	0.
1.00   MEMBER	(29) BRANDON DOYLE	1.00									
MEMBER       X       0.       0.         (31) DIANE TURNHAM       1.00       0.       0.         MEMBER       X       0.       0.         (32) CASEY RAINEY       1.00       0.       0.         BOARD CHAIR ELECT/SECRETARY       X       X       0.       0.         (33) YOLANDA GREENE       1.00       0.       0.       0.         (34) TY WILLIAMS       1.00       0.       0.       0.         (35) CHRIS JONES       1.00       0.       0.       0.         (36) KAYLA HILLIARD       1.00       0.       0.       0.	MEMBER		Х						0.	0.	0.
MEMBER       X       0.       0.         (31) DIANE TURNHAM       1.00       0.       0.         MEMBER       X       0.       0.         (32) CASEY RAINEY       1.00       0.       0.         BOARD CHAIR ELECT/SECRETARY       X       X       0.       0.         (33) YOLANDA GREENE       1.00       0.       0.       0.         (34) TY WILLIAMS       1.00       0.       0.       0.         (35) CHRIS JONES       1.00       0.       0.       0.         (36) KAYLA HILLIARD       1.00       0.       0.       0.	(30) SHAY MAUPIN	1.00									
State			Х						0.	0.	0.
(32) CASEY RAINEY       1.00         BOARD CHAIR ELECT/SECRETARY       X       X       0.       0.         (33) YOLANDA GREENE       1.00       0.       0.       0.         (34) TY WILLIAMS       1.00       0.       0.       0.         MEMBER       X       0.       0.       0.         (35) CHRIS JONES       1.00       X       0.       0.         (36) KAYLA HILLIARD       1.00       0.       0.	(31) DIANE TURNHAM	1.00									
BOARD CHAIR ELECT/SECRETARY	MEMBER		Х						0.	0.	0.
(33) YOLANDA GREENE       1.00         MEMBER       X         (34) TY WILLIAMS       1.00         MEMBER       X         (35) CHRIS JONES       1.00         MEMBER       X         (36) KAYLA HILLIARD       1.00	(32) CASEY RAINEY	1.00									
MEMBER         X         0.         0.           (34) TY WILLIAMS         1.00         0.         0.           MEMBER         X         0.         0.           (35) CHRIS JONES         1.00         0.         0.           MEMBER         X         0.         0.           (36) KAYLA HILLIARD         1.00         0.         0.	BOARD CHAIR ELECT/SECRETARY		Х		Х				0.	0.	0.
(34) TY WILLIAMS	(33) YOLANDA GREENE	1.00									
MEMBER         X         0.         0.           (35) CHRIS JONES         1.00         0.         0.           MEMBER         X         0.         0.           (36) KAYLA HILLIARD         1.00         0.         0.	MEMBER		Х						0.	0.	0.
(35) CHRIS JONES	(34) TY WILLIAMS	1.00									
MEMBER X 0. 0. (36) KAYLA HILLIARD 1.00	MEMBER		Х						0.	0.	0.
(36) KAYLA HILLIARD 1.00	(35) CHRIS JONES	1.00									
	MEMBER		Х						0.	0.	0.
MEMBER X 0. 0.	(36) KAYLA HILLIARD	1.00									
	MEMBER		Х						0.	0.	0.
			1								
			1								
			1								
			1								
			1								
Total to Part VII, Section A, line 1c	Total to Part VII, Section A. line 1c										

Part VIII Statement of Revenue

			Check if Schedule O contains a respons	e or note to any lir	ne in this Part VIII			
			'	<u> </u>	(A)	(B)	(C)	_ (D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
S so				7/12 252				30000013 0 12 0 14
			. •	,742,352.				
اج ق			Membership dues 1b					
An An	(	С	Fundraising events 1c	35,000.				
盲		d	Related organizations 1d					
S,		е	Government grants (contributions) 1e	395,584.				
ÖÖ			All other contributions, gifts, grants, and					
토		•	similar amounts not included above <b>1f</b>	168,689.				
를 하		_	··· <del>                                   </del>	9,324.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in lines 1a-1f		2,341,625.			
9 0		n	Total. Add lines 1a-1f		2,341,023.			
			DOOMS EDOM DIDEN	Business Code	110 021	110 021		
<u>8</u>	2 8		BOOKS FROM BIRTH	611710	112,031.	112,031.		
او ≦َ	- 1	b	OTHER PROGRAM REVENUE	900099	106,421.	106,421.		
S E	(	С						
eve		d						
Program Service Revenue		е						
<u>r</u>	1	f	All other program service revenue					
			Total. Add lines 2a-2f	-	218,452.			
	3	9	Investment income (including dividends, inte					
	3				54,509.			54,509.
			other similar amounts)		34,307.			34,303.
	4		Income from investment of tax-exempt bond	•				
	5		Royalties					
			(i) Real	(ii) Personal				
	6 :	а	Gross rents 6a					
	- 1	b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
			Gross amount from sales of (i) Securities					
	•	_	assets other than inventory 7a 269,085					
		h	Less: cost or other basis					
ø	'	D						
Ĭ.			and sales expenses $7b$ $270$ , $219$ $37$ $37$ $31$ $31$ $31$ $31$ $31$ $31$ $31$ $31$	•				
Other Revenue			. ,	_	1 1 2 4			1 1 2 4
r.			Net gain or (loss)		-1,134.			-1,134.
je	8 8	а	Gross income from fundraising events (not					
δ			including \$ 35,000 • of					
			contributions reported on line 1c). See					
			Part IV, line 18	a  20,834.				
	1		Less: direct expenses 8	ь 45,543.				
			Net income or (loss) from fundraising events	•	-24,709.			-24,709.
			Gross income from gaming activities. See		,			
			Part IV, line 19	_ ا				
				D				
			Net income or (loss) from gaming activities	·····				
	10 a	а	Gross sales of inventory, less returns					
			and allowances10	)a				
	ı	b	Less: cost of goods sold10	)b				
		С	Net income or (loss) from sales of inventory					
S				Business Code				
ñ "	11 :	а						
nue a		ь b						
Miscellaneous Revenue		C						_
Re			All other revenue					
Σ			All other revenue					
		e	Total. Add lines 11a-11d		2 500 742	210 452	0	20 666
	12		Total revenue. See instructions	<u></u>	2,588,743.	218,452.	0.	28,666.

332009 12-21-23

## 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).

Do	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	005 400	005 400		
	and domestic governments. See Part IV, line 21	837,400.	837,400.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	288,471.	150,784.	69,579.	68,108
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	589,032.	307,887.	142,075.	139,070
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4,964.	2,595.	1,197.	1,172
9	Other employee benefits	68,299.	35,699.	16,474.	16,126
10	Payroll taxes	64,383.	33,653.	15,529.	15,201
11	Fees for services (nonemployees):				
а	Management	60,932.	60,932.		
		,	•		
	Accounting	9,750.		9,750.	
	Lobbying	,		,	
e	D ( ' 1( 1 ' ' ' O D ' N' ' ' 47				
f	Investment management fees	7,595.		7,595.	
	Other. (If line 11g amount exceeds 10% of line 25,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7,000	
9	column (A), amount, list line 11g expenses on Sch 0.)	12,536.		12,536.	
12	Advertising and promotion	3,802.	1,987.	917.	898
		21,740.	11,364.	5,243.	5,133
13	Office expenses	79,058.	41,324.	19,069.	18,665
14	Information technology	73,030.	11,521.	15,005.	10,003
15	Royalties	33,113.	17,308.	7,987.	7,818
16	Occupancy	63,839.	33,369.	15,398.	15,072
17	Travel	03,033.	33,309.	13,390.	15,072
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	29,556.	15 //0	7,129.	6,978
21	Payments to affiliates	21,430.	15,449. 11,201.	5,169.	5,060
22	Depreciation, depletion, and amortization	17,878.	9,345.	4,312.	
23	Insurance	1/,0/0.	9,343.	4,312.	4,221
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	202 514	222 514		
а	BOOKS FROM BIRTH PROGRA	222,514.	222,514.		
b	COMMUNITY BUILDING EXPE	94,961.	94,961.	00.007	10.000
С	OTHER EXPENSES	84,797.	52,874.	20,937.	10,986
d	DUES AND SUBSCRIPTIONS	53,935.	49,459.	2,262.	2,214
е	All other expenses	17,271.	9,028.	4,165.	4,078
25	<b>Total functional expenses</b> . Add lines 1 through 24e	2,687,256.	1,999,133.	367,323.	320,800
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			326,600.	1	307,157
	2	Savings and temporary cash investments			259,738.	2	268,741
	3	Pledges and grants receivable, net			969,472.	3	702,155
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9				27,562.	9	15,608
	10a	Land, buildings, and equipment: cost or othe	r	l [			
		basis. Complete Part VI of Schedule D	10a	287,357.			
	b	Less: accumulated depreciation	10b	262,080.	40,498.	10c	25,277
	11	Investments - publicly traded securities			1,449,980.	11	1,634,892
	12	Investments - other securities. See Part IV, lir	e 11			12	
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			534,535.	15	554,278
	16	Total assets. Add lines 1 through 15 (must e	qual line :	33)	3,608,385.	16	3,508,108
	17	Accounts payable and accrued expenses			78,589.	17	99,667
	18	Grants payable			1,119,266.	18	994,528
	19	Deferred revenue		125,833.	19	106,828	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	ormer offi	cer, director,			
≣		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t		Г		22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela		Г		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24	). Complete Part X	214 405		107 050
	l	of Schedule D			214,495.		187,052
	26	Total liabilities. Add lines 17 through 25			1,538,183.	26	1,388,075
S		Organizations that follow FASB ASC 958, o	heck he	re X			
ũ		and complete lines 27, 28, 32, and 33.			1 1/6 07/		1 160 055
ala	27	Net assets without donor restrictions			1,146,874.	27	1,468,955 651,078
<u> </u>	28	Net assets with donor restrictions			343,340.	28	031,076
ΞĒ		Organizations that do not follow FASB ASC	3 958, cn	eck nere			
<u></u>		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current fun				29	
YSS.	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			2,070,202.	31	2,120,033
Ž	32	Total net assets or fund balances			3,608,385.	32	
	33	Total liabilities and net assets/fund balances			3,000,303.	33	3,508,108

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

review, or compilation of its financial statements and selection of an independent accountant?

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

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Consolidated basis

Both consolidated and separate basis

1

2 3

4

5

6 7

8

10

consolidated basis, or both: X Separate basis

Part XI Reconciliation of Net Assets

rm	990 (2023) UNITED WAY OF RUTHERFORD COUNTY	58-1	341880	Pag	ge <b>12</b>
aı	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
l	Total revenue (must equal Part VIII, column (A), line 12)	1	2,58		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,68		
3	Revenue less expenses. Subtract line 2 from line 1	3			13.
Ļ	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,07		
,	Net unrealized gains (losses) on investments	5	14	ე,7	49.
6	Donated services and use of facilities	6			
•	Investment expenses	7	•	7,5	95.
3	Prior period adjustments	8			
)	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
)	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,12	0,0	33.
aı	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	

Lorm	aan	(2023
⊢orm	330	1/11/.3

Х

Х

2c

За

3b

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

UNITED WAY OF RUTHERFORD COUNTY 58-1341880 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

## 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.)

Sec	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	` ′	` ,	·	. ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	2,028,713.	2,134,298.	2,551,629.	2,232,400.	2,341,625.	11,288,665.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,028,713.	2,134,298.	2,551,629.	2,232,400.	2,341,625.	11,288,665.
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)						698,040.
	Public support. Subtract line 5 from line 4.						10,590,625.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2,028,713.	2,134,298.	2,551,629.	2,232,400.	2,341,625.	11,288,665.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	01 200	22 126	06 407	25 250	F4 F00	150 000
	and income from similar sources	21,398.	22,136.	26,487.	35,358.	54,509.	159,888.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						11 440 552
	<b>Total support.</b> Add lines 7 through 10	-1- ( !1				40	11,448,553.
12	•					12	
13	First 5 years. If the Form 990 is for the					50 I(C)(3)	
Sec	organization, check this box and storection C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2023 (			olumn (f))		14	92.51 %
	Public support percentage from 2022					15	96.55 %
	33 1/3% support test - 2023. If the o						
		•		•		•	
b	stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2022. 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 <b>stop here.</b> The organization qualifies as a publicly supported organization						
17a	7a 10% -facts-and-circumstances test - 2023. 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 fact	_					
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances tes	-			-		
	more, and if the organization meets the	ne facts-and-circun	nstances test, ched	ck this box and <b>sto</b>	<b>op here.</b> Explain in	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instruction	s
							(Earm 000) 2022

Schedule A (Form 990) 2023

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	elow, please com	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and			,	` '		,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
	are not an unrelated trade or bus-						
1	Tax revenues levied for the organ-						
4							
	ization's benefit and either paid to or expended on its behalf						
_			+				
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	ne organization's f	I first second third	fourth or fifth tax	vear as a section	 501(c)(3) organizat	ion
•	check this box and <b>stop here</b>	•		•			
Sec	tion C. Computation of Publ						
	Public support percentage for 2023 (I			column (fl)		15	9
	Public support percentage from 2022					16	9
	tion D. Computation of Invest					1 10 1	
	Investment income percentage for 20		<u>~</u> _			17	Ç
	Investment income percentage from 2					18	Ç
	33 1/3% support tests - 2023. If the						
198	more than 33 1/3%, check this box a						., 13 1101
L	33 1/3% support tests - 2022. If the						└── and
i.	• •	•			*	•	
20	line 18 is not more than 33 1/3%, che						
ZU	Private foundation. If the organization	ar dia not check 2	A DUX UH IME 14, IS	oa, or 190, check t	ins dux and see i	กรถนบเบกรี	

332023 12-21-23

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
- Gu		
3b		
3с		
4a		
4b		
4c		
40		
5a		
- Gu		
5b		
5c		
_		
6		
7		
c		
8		
9a		
9b		
30		
9с		
10a		
10b		

Par	t IV   Supporting Organizations (continued)			
	, territoria, terr		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	,		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	_		
	tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ne)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	113).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

330225 12-21-23 Schedule A (Form 990) 2023

(explain in detail in Part VI):

Subtract line 2 from line 1d.

Multiply line 5 by 0.035.

instructions).

Recoveries of prior-year distributions

see instructions).

Acquisition indebtedness applicable to non-exempt-use assets

Net value of non-exempt-use assets (subtract line 4 from line 3)

Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,

Sche	edule A (Form 990) 2023 UNITED WAY OF RUTHERF	ORD COU	NTY	58-1341880 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Suppo	rting Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qual	lifying trust on I	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations r	must complete	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			

8	Minimum Asset Amount (add line 7 to line 6)	8	
Sec	tion C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		
	emergency temporary reduction (see instructions).	6	

\_\_\_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

2

3

4

5

6 7

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	IS	3		
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
_9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				

Schedule A (Form 990) 2023

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

7 Excess distributions carryover to 2024. Add lines 3j

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2023

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
GENERAL MILLS	347,219.	118,248.
PUBLIX SUPER MARKETS	292,552.	63,581.
NISSAN NORTH AMERICA, INC.	598,349.	369,378.
INGRAM CONTENT GROUP	375,804.	146,833.
Total Excess Contributions to Schedule A, Part II, Line 5		698,040.

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

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

UNITED WAY OF RUTHERFORD COUNTY

**Employer identification number** 58-1341880

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other S	Similar Funds or A	Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advise	d funds	<b>b)</b> Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets he	eld in donor advised fur	nds		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	ant funds can be used	only		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for ar	y other purpose confe	rring		
_	impermissible private benefit?					
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes	s" on Form 990, Part IV	, line 7.		
1	Purpose(s) of conservation easements held by the organizat		ı			
	Preservation of land for public use (for example, recreated	ation or education)	Preservation of a histo	orically important land area		
	Protection of natural habitat		Preservation of a cert	ified historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contrib	ution in the form of a co			
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b				2b		
С	Number of conservation easements on a certified historic str			2c		
d	Number of conservation easements included on line 2c acqu					
_	on a historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	erminated by the organ	nization during the tax		
_	year					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the pe			□ v <sub>aa</sub> □ Na		
6	violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the					
6	Stair and volunteer rours devoted to monitoring, inspecting	, nandling of violations, ar	id emorcing conservati	on easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation ex	esements during the year		
'	Amount of expenses incurred in monitoring, inspecting, name	diling of violations, and en	Torcing conservation ea	asements during the year		
8	Does each conservation easement reported on line 2d above	e satisfy the requirements	s of section 170(h)(4)(B)	(i)		
Ŭ	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservat					
_	balance sheet, and include, if applicable, the text of the foot		•			
	organization's accounting for conservation easements.	J				
Par	t III Organizations Maintaining Collections o	of Art, Historical Tre	asures, or Other	Similar Assets.		
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement and ba	lance sheet works		
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education	, or research in furthera	nce of public		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
	art, historical treasures, or other similar assets held for public	c exhibition, education, o	research in furtherand	e of public service,		
	provide the following amounts relating to these items.					
	(i) Revenue included on 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 treatments			· · · · · · · · · · · · · · · · · · ·		
	the following amounts required to be reported under FASB A	ASC 958 relating to these	items:			
а	Revenue included on Form 990, Part VIII, line 1					
<u>b</u>	Assets included in Form 990, Part X			\$		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2023		

332051 09-28-23

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	or Other	Similar As	sets(continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	at make sigr	nificant use of	its	
	collection items (check all that apply).								
а	Public exhibition	c	i 🗌	Loan or exc	hange progra	am			
b	Scholarly research	e	, .	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	the organizati	on's exemp	ot purpose in F	Part XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	asures, or oth	er similar a	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's c	ollection?			Yes	☐ No
Pai	t IV Escrow and Custodial Arran	<b>gements</b> Comple	te if the	organizatio	n answered "	Yes" on Fo	rm 990, Part I	V, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an, or other interme	diary for	contributio	ns or other a	ssets not in	cluded		
	on Form 990, Part X?							Yes	O No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fo						?	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	on has beer	n provided in	Part XIII			
Pai	t V Endowment Funds Complete if	the organization an	swered '	'Yes" on Fo	rm 990, Part	IV, line 10.			
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d)	Three years ba	ck (e) Four ye	ars back
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curr	rent vear end baland	ce (line 1	a. column (	a)) held as:	<b>I</b>			
	Board designated or quasi-endowment		%	3,	,,				
b	Permanent endowment	%							
		<u></u> , -							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	•	ation tha	at are held a	and administe	ered for the			
	organization by:							Ye	es No
	(i) Unrelated organizations?								
	(m) m							la (113)	
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
	t VI Land, Buildings, and Equipm		- Transfer	idiido.					
	Complete if the organization answered		0. Part I\	/. line 11a. \$	See Form 990	). Part X. lin	ie 10.		
	Description of property	(a) Cost or o			t or other		umulated	(d) Book v	alue
	bescription of property	basis (investr			(other)		ciation	(d) Book v	aide
12	Land	`	1		/				
	Buildings								
	Leasehold improvements			16	4,412.	1.3	9,135.	25	,277.
	Equipment				22,945.		2,945.		0.
	Other				_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,		
	. Add lines 1a through 1e. (Column (d) must e		X line 1	Oc colum	n (B))			25.	,277.
. J.a	in the miles the throught to look thin to must be	g==: 0,,,, 000, , art	, i	JJ, JOIGITH	· (=//	<u> </u>		/	. –

Schedule D (Form 990) 2023

(E) (F) (G)

1	Part VII	Investments - Other Securities

Complete if the organization answered "Yes" on 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)						

(H)
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))

### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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)		
Total (Col (h) must equal Form 990 Part X line 13 col (B))		

### Part IX Other Assets

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

(a) Description	(b) Book value
(1) LIFE INSURANCE CASH VALUE	265,737.
(2) RIGHT OF USE ASSET, NET	187,052.
(3) BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY	
(4) FOUNDATION	101,489.
(5)	
<u>(6)</u>	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	554,278.

### Part X Other Liabilities

Complete if the organization answered "Yes" on 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) LEASE LIABILITY	187,052.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	187,052.

<sup>2.</sup> 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 UNITED WAY OF RUTHERFORD C	OUNTY		58-2	1341880 Page
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per F	eturn	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				0 885 005
1	Total revenue, gains, and other support per audited financial statements			1	2,775,035
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		440 044		
а	Net unrealized gains (losses) on investments	•	148,344.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d	45,543.		
е	Add lines 2a through 2d			2e	193,887
3	Subtract line 2e from line 1			3	2,581,148
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	7,595.		
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	7,595 2,588,743
5				5	2,588,743
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	nents Wit	h Expenses per	Retu	rn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total expenses and losses per audited financial statements			1	2,725,204
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)		45,543.		
е	Add lines 2a through 2d			2e	45,543
3	Subtract line 2e from line 1			3	2,679,661
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,595.		
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	7,595
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5	2,687,256
Pa	t XIII Supplemental Information				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional infor	mation.		
PAI	RT X, LINE 2:				
AS	C 740-10 PRESCRIBES A COMPREHENSIVE MODEL	FOR TH	E FINANCIA	L S	FATEMENT

RECOGNITION,

MEASUREMENT, PRESENTATION AND DISCLOSURE OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN INCOME TAX RETURNS. ASC 740-10 REQUIRES THAT

THE TAX EFFECTS OF A POSITION BE RECOGNIZED ONLY IF IT IS

"MORE-LIKELY-THAN-NOT" TO BE SUSTAINED BY THE TAXING AUTHORITY AS OF THE

REPORTING DATE. IF THE TAX POSITION IS NOT CONSIDERED

"MORE-LIKELY-THAN-NOT" TO BE SUSTAINED, THEN NO BENEFITS OF THE POSITION ARE TO BE RECOGNIZED. THE ORGANIZATION HAS ESTIMATED THAT THERE ARE NO UNRECOGNIZED TAX POSITIONS AS OF JUNE 30, 2024 AND 2023. AT JUNE 30, 2024,

THE ORGANIZATION'S TAX RETURNS RELATED TO FISCAL YEARS ENDED JUNE 30, 2022

332054 09-28-23

Part XIII Supplemental Information (continued)	- c c c c c c c c c c c c c c c c c c c
THROUGH JUNE 30, 2024 REMAIN OPEN TO EXAMINATION BY THE TAX AUTHOR:	TIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING DIRECT EXPENSES	45,543.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING DIRECT EXPENSES	45,543.

## SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Schedule G (Form 990) 2023

Name of the organization	•						ntification number
UNITED WAY OF RUTHERFORD COUNTY					58-1341		
<b>Part I</b> Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
Indicate whether the organization rais	e Solicitat f Solicitat g Special  or oral agreement with any individual tart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			1				
Total  3 List all states in which the organization or licensing.	on is registered or licensed to solicit		outions	l s or has been notified	L d it is	exempt from re	<u> </u> egistration

LHA 332081 09-13-23

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, IIII es T and ob. List	events with gross receip	ots greater than \$5,000.
				(b) Event #2 RED WHITE & BAYOU	(c) Other events NONE 0	(d) Total events (add col. (a) through
4)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	18,425.			55,834.
_	2	Less: Contributions	10,000.	25,000.		35,000.
	3	Gross income (line 1 minus line 2)	8,425.	12,409.		20,834.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs	4,960.	3,450.		8,410.
Direct Expenses	7	Food and beverages	14,024.	10,325.		24,349.
	_	Entertainment	^ ^ -			4,009.
	9	- · · · · · · · · · · · · · · · · · · ·	2: ( )			8,775. 45,543.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				-24,709.
Pa	rt I	<b>Gaming.</b> Complete if the organization is				21,703
		\$15,000 on Form 990-EZ, line 6a.				
		,	(a) Dings	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
anue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
	_					
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes % No	
				I NO	I NO	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu	· · · · -	atata a 2		Voc. No.
		the organization licensed to conduct gaming a No," explain:			<u> </u>	Yes No
		ere any of the organization's gaming licenses re			year?	Yes No
i.	11	Yes," explain:				

Schedule G (Form 990) 2023

332082 09-13-23

Sch	nedule G (Form 990) 2023 UNITED WAY OF RUTHERFORD COUNTY 58-1	3418	80 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	es No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	☐ Ye	es No
13	Indicate the percentage of gaming activity conducted in:		
á	a The organization's facility	13a	%
k	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	es No
k	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
(	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Mana		
	Name		
	Gaming manager compensation \$		
	Gaming manager compensation \$		
	Description of services provided		
	· · · · · · · · · · · · · · · · · · ·		
	<u> </u>		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	. L Ye	es LINo
ľ	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year \$ INTERMITED Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	rt III. line	s 9 9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, III IO	3 3, 35, 105,
	iou, ros, ro, and rru, at approach ruce provide any additional montaneous montaneous		

### SCHEDULE I (Form 990)

Part I

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

X Yes

Name of the organization

**Employer identification number** 58-1341880 UNITED WAY OF RUTHERFORD COUNTY **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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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

criteria used to award the grants or assistance?

recipient that received more than s	\$5,000. Part II car	n be duplicated if addit	ional space is need	dea.			
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ANN CAMPBELL EARLY LEARNING CENTER							
206 BAIRD LANE							ANN CAMPBELL EARLY
MURFREESBORO, TN 37130	62-6005794	501(C)3	48,000.	0.			LEARNING CENTER
BIG BROTHERS & BIG SISTERS OF							
AMERICA - 415 NORTH MAPLE STREET -							
MURFREESBORO, TN 37130	23-7056024	501(C)3	13,500.	0.			ONE ON ONE MENTORING
			,				
BOYS & GIRLS CLUB OF RUTHERFORD							
COUNTY - 820 JONES BOULEVARD -							PROJECT LEARN AND TRIPLE
MURFREESBORO, TN 37129	62-1583332	501(C)3	21,500.	0.			PLAY PROGRAM
CHILD ADVOCACY CENTER OF							
RUTHERFORD COUNTY AND CANNON							CHILD ABUSE, COMMUNITY ED
COUNTY, INC 1040 SAMSONITE							AND DRUG ENDANGERED
BOULEVARD - MURFREESBORO, TN 37129	62-1786865	501(C)3	65,000.	0.			CHILDREN PROGRAMS
DOMESTIC VIOLENCE PROGRAM, INC. OF							
RUTHERFORD COUNTY - 826 MEMORIAL							EMERGENCY SHELTER AND
BOULEVARD - MURFREESBORO, TN 37129	62-1303874	501(C)3	6,500.	0.			SEXUAL ASSAULT PROGRAMS
INSIGHT COUNSELING							
200 EAST MAIN STREET							
MURFREESBORO, TN 37130	58-1731899	501(C)3	13,000.	0.			COMMUNITY ACCESS PROGRAM
		1	, , ,		l .	1	

<sup>2</sup> Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

<sup>3</sup> Enter total number of other organizations listed in the line 1 table

58-1341880 UNITED WAY OF RUTHERFORD COUNTY Schedule I (Form 990) Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) KYMARI HOUSE INC. PO BOX 1306 MURFREESBORO, TN 37129 46-1742986 501(C)3 30,000 0 SUPERVISED VISITATION LEGAL AID SOCIETY OF MIDDLE TN AND THE CUMBERLANDS - 300 DEADERICK STREET - NASHVILLE, TN 37201 62-0800756 501(C)3 10,500 0 FREE LEGAL SERVICES MURFREESBORO CITY SCHOOL FOUNDATION - 2552 SOUTH CHURCH AFTER SCHOOL TUTORING AND STREET - MURFREESBORO, TN 37127 61-1509749 501(C)3 85,000 0 INDIGENT CARE FUND NURSES FOR NEWBORNS OF TN 50 VANTAGE WAY #101 NASHVILLE, TN 37228 43-1601329 501(C)3 22,500 0 IN HOME NURSE VISITS READ TO SUCCEED 415 NORTH MAPLE STREET MURFREESBORO, TN 37130 501(C)3 0 ADULT LITERACY 20-0175948 17,000 RUTHERFORD COUNTY HABITAT FOR HUMANITY - 850 MERCURY BOULEVARD MURFREESBORO, TN 37130 94-3099406 501(C)3 COMMUNITY BUILDING 8 000 0 RUTHERFORD COUNTY PRIMARY CARE & HOPE CLINIC - 1453 HOPE WAY -MEDICAL CARE FOR MURFREESBORO, TN 37129 UNINSURED AND POOR 62-1482091 501(C)3 19 000 0 ENHANCED STUDENT STARS ASSISTANCE, STUDENT ASSISTANCE AND KIDS ON 1704 CHARLOTTE AVENUE SUITE 200 NASHVILLE, TN 37203 62-1285699 501(C)3 68,000 0 THE BLOCK THE FAMILY CENTER 115 HERITAGE PARK DRIVE

Schedule I (Form 990)

POSITIVE PARENTING

MURFREESBORO, TN 37129

62-1237360

501(C)3

34 000

0

58-1341880 UNITED WAY OF RUTHERFORD COUNTY Schedule I (Form 990) Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) THE SALVATION ARMY 1137 WEST MAIN STREET 3RD SHIFT SHELTER AND MURFREESBORO, TN 37128 58-0660607 501(C)3 34,000 0 LIFE RECOVERY CENTER DOORS OF HOPE, INC, 5227 HOLMES ST PITTSBURGH, PA 15201 25-1126110 501(C)3 35,000 0 LONG TERM REHABILITATION RENEWED LIFE MINISTRIES OUTREACH 7228 JOHNSON ST CHRISITANA, TN 37037 62-1668374 501(C)3 14,000 0 ADDICTION CENTER NURTURE THE NEXT 600 HILL AVE #202 TO HELP CREATE A FUTURE NASHVILLE, TN 37120 58-1567835 501(C)3 6,000 0 FOR CHILDREN AND FAMILIES MURFREESBORO COLD PATROL HOMELESSNESS OUTREACH. 800 PARK AVE N ADVOCACY, AND RESOURCE SUPPORT MURFREESBORO, TN 37129 81-5412804 501(C)3 0 81,500 SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE - 331 GREAT CIRCLE RD -NASHVILLE, TN 37228 62-1049447 501(C)3 FOOD BANK 52,500 0 SEEDS OF P.R.A.I.S.E. 3611 WATERLILY WAY YOUTH MENTORING AND MURFREESBORO, TN 37129 ADVOCACY 84-2699197 501(C)3 8 000 0 CENTERSTONE OF TENNESSEE 44 VANTAGE WAY STE NASHVILLE, TN 37228 62-1674308 501(C)3 57,000 0 MENTAL HEALTH PROGRAM THE COMMUNITY HELPERS OF RUTHERFORD COUNTY, INC. - 1809

Schedule I (Form 990)

EDUCATION PROGRAM

37129

MEMORIAL BLVD - MURFREESBORO, TN

58-1483422

501(C)3

35 000

0

(b) EIN

20-5605975

JOURNEY HOME, INC. 308 W CASTLE ST

MURFREESBORO, TN 37129

(a) Name and address of

organization or government

58-1341880 Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (h) Purpose of grant (d) Amount of (e) Amount of (f) Method of if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV, assistance appraisal, other) 501(C)3 15,500. 0 HOUSING ASSISTANCE

Part III	Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance
Part IV	Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	

## **SCHEDULE 0** (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number 58-1341880

UNITED WAI OF RUTHERFORD COUNTY 30-1341000
FORM 990, PART VI, SECTION B, LINE 11B:
THE DRAFT OF THE 990 WAS REVIEWED WITH THE BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
A FORM IS SIGNED ANNUALLY STATING THERE ARE NO CURRENT CONFLICTS OR STATING
IF THERE ARE POSSIBLE CONFLICTS. THIS IS THEN MONITORED BY STAFF.
FORM 990, PART VI, SECTION B, LINE 15:
THE PRESIDENT'S SALARY IS REVIEWED AND VOTED ON BY THE EXECUTIVE COMMITTEE
WHO CONSIDERS COMPENSATION FOR OTHER COMPARABLE NON PROFITS.
FORM 990, PART VI, SECTION C, LINE 19:
ANYONE MAY SEE DOCUMENTS UPON REQUEST AND/OR ONLINE IF AVAILABLE.