IRS e-file Signature Authorization for an Exempt Organization For calendar year 2020, or fiscal year beginning JUL 1 , 2020, and ending JUN 30 , 20 21 Do not send to the IRS. Keep for your records.

Department of the Treasury Internal Revenue Service	▶ Gn	to www.irs.gov/Form887	9EO for the lai	est information.		
Name of exempt organization		o www.ioigevii cimico.			Taxpayer ident	ification number
UNITED WAY OF	RUTHERFORD	COUNTY			58-134	1880
Name and title of officer or pe						
MEAGAN FLIPPI						
PRESIDENT AND						
		Information (Whole I	Dollars Only)			
Check the box for the retu	rn for which you are usir	ng this Form 8879-EO and	enter the appli	cable amount, if any, fr	om the return. I	f you
check the box on line 1a, a	2a, 3a, 4a, 5a, 6a, or 7a	below, and the amount or	n that line for th	e return being filed with	this form was	
blank, then leave line 1b, 2					ered -0- on the	
return, then enter -0- on th	e applicable line below. I	Do not complete more that	in one line in Pa	art I.		
1a Form 990 check here	▶ X b Total rev	enue, if any (Form 990, Pa	art VIII, column	(A), line 12)	1b	2,685,974.
2a Form 990-EZ check h						
3a Form 1120-POL chec		otal tax (Form 1120-POL,				
4a Form 990-PF check h	ere ▶ 🔲 b Taxt	pased on investment inc	ome (Form 990	PF, Part VI, line 5)	4b	
5a Form 8868 check here	b Balar	nce due (Form 8868, line :	3c)		5b	
6a Form 990-T check he	re D D Total	tax (Form 990-T, Part III,	line 4)		6b	
7a Form 4720 check here	b Total	tax (Form 4720, Part III, I	ine 1)		7b	
Part II Declarat	ion and Signature	Authorization of Of	ficer or Per	son Subject to Ta	iX .	
Under penalties of perjury,	I declare that X I am	an officer of the above or	ganization or	I am a person sub	oject to tax with	respect to
(name of organization)				(EIN)	and that	I have examined a cop
a payment, I must contact (settlement) date. I also au confidential information ne identification number (PIN) PIN: check one box only	thorize the financial inst cessary to answer inqui as my signature for the	itutions involved in the pro- ries and resolve issues rel- electronic return and, if a	ocessing of the ated to the pay oplicable, the c	electronic payment of ment. I have selected a onsent to electronic ful	taxes to receive a personal nds withdrawal	
X I authorize DE	MPSEY VANTRE	ASE & FOLLIS	PLLC		to enter my PII	
		ERO firm name				Enter five numbers, but do not enter all zeros
a state agency(is PIN on the return As an officer or p	es) regulating charities a n's disclosure consent s person subject to tax wit	ctronically filed return. If I is part of the IRS Fed/Staticreen. In respect to the organizated within this return that it	e program, I als	o authorize the aforem my PIN as my signatur	entioned ERO t	o enter my ar 2020
		d/State program, I will ent				103)
Signature of officer or person subje	me	man f	gips	in_		09/09/2021
	tion and Authentic	cation)	00			
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filir	ng identification				
number (EFIN) followed by	your five-digit self-selec	ted PIN.		Do not enter all zeros		
I certify that the above nur						
that I am submitting this re		the requirements of Pub.	4163 , Moderni	zed e-File (MeF) Informa	ation for Author	ized
IRS e-file Providers for Bell	10000	Whi				
ERO's signature ► MARK	E. FOLLIS!	CPA X		Date >	08/21	
		Must Retain This F			So	
111A B D	untion Act Notice see					rm 8879-FO (2020)

023051 11-03-20

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

and ending JUN 30, 2021 A For the 2020 calendar year, or tax year beginning JUL 1, 2020 D Employer identification number Check if C Name of organization Address change UNITED WAY OF RUTHERFORD COUNTY Name change **-***1880 UNITED WAY OF RUTHERFORD AND CAN Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number (615)893-7303 Final return/ 3050 MEDICAL CENTER PKWY 2,958,676. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended MURFREESBORO, TN 37129 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MEAGAN FLIPPIN for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? ____ Yes ____ No Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or If "No." attach a list. See instructions J Website: ➤ WWW.YOURLOCALUW.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1956 M State of legal domicile: TN Part I Summary Briefly describe the organization's mission or most significant activities: IMPROVE LIVES BY ADVANCING Activities & Governance OPPORTUNITIES FOR EDUCATION, HEALTH AND FINANCIAL STABILITY FOR ALL. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 32 Number of voting members of the governing body (Part VI, line 1a) 32 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year Prior Year** 2,284,298. 2,028,713. Contributions and grants (Part VIII, line 1h) 301,490. 343,164. Program service revenue (Part VIII, line 2g) 31,589. 56,891. Investment income (Part VIII, column (A), lines 3, 4, and 7d) -6,338. 1,621. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,355,454. 2,685,974. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 968,051. 1,066,653. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 648,658. 682,993. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 607,300. 572,248. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,321,894. 2,224,009. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 364,080. 131,445. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 2,595,276. 3,385,255. 20 Total assets (Part X, line 16) 1,327,325. 1,503,146. 21 Total liabilities (Part X, line 26) 1,882,109. 1,267,951. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign MEAGAN FLIPPIN, PRESIDENT AND CEO Here Type or print name and title Date Print/Type preparer's name Preparer's signature MARK E. FOLLIS, CPA 09/08/21 self-employed P01283359 MARK E. FOLLIS, CPA Paid Firm's name DEMPSEY VANTREASE & FOLLIS PLLC Firm's EIN Preparer Firm's address 630 S CHURCH ST, STE 300 Use Only MURFREESBORO, TN 37130-9409 Phone no. (615)893-6666 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

2020.04020 UNITED WAY OF RUTHERFORD CO 19024__1

-*1880 UNITED WAY OF RUTHERFORD COUNTY Page 3 Form 990 (2020) Part IV | Checklist of Required Schedules No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X or in quasi endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X 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 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

032003 12-23-20

Form 990 (2020)

20b

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

Form 990 (2020)				RUTHERFORD	COUNTY
Part IV	Checklist o	f Required Sc	hedule	s (co	ntinued)	

		-		No
	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
242	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	_	X
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		_
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
h	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
:6	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
-	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
7	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
_	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
8	Was the organization a party to a business transaction with one of the following particle (see desirable appelitions):			10
	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	28a		X
	"Yes," complete Schedule L, Part IV	28b		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200	_	
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	28c		x
	"Yes," complete Schedule L, Part IV	29	-	X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	23	_	
D-	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
	contributions? If "Yes," complete Schedule M	30	-	X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes, " complete Schedule N, Part I	31	-	
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
	sections 301 7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33	_	X
4	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		x
\# _	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
52	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
6	If "Yes," complete Schedule R, Part V, line 2	36		X
_	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	and that is treated as a partnership for rederal income tax purposes? If Yes, complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
18	Did the organization complete Schedule O and provide explanations in schedule O for Part VI, lines 110 and 101	38	x	1
Davi	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	1 00		
Pai	Statements Regarding Other INS Filings and Tax Compilance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	The state of the s	·	165	140
1a	Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable		100	
b	Enter the number of Forms W-2G included in line 1a. Enter -U- if not applicable	1	1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1c		1
C		1 16	_	
С	(gambling) winnings to prize winners?		990	10000

Form 990 (2020) UNITED WAY OF RUTHERFORD COUNTY

[Part V] Statements Regarding Other IRS Filings and Tax Compliance (continued)

28 Effect the number of employees reported on Form WS, Transmittal of Wage and Tax Statements. 29 13 5 16 16 Feb. 18 16 16 16 16 16 16 16 16 16 16 16 16 16					Yes	No
b If a least one is reported on line 2a, did the organization file all required to 6-file (see instructions) Note if the sum of lines it and 2a is greater than 250, you may be required to 6-file (see instructions) 30 ID the organization have unrelieded business goes income of \$1,000 or more during the year? 31 If Yes, 'has it filed a from 990-7 for this year?' If No' 10 line 30, provide an explanation on Schedule 0 32 At any time during the calendary year, did the organization have an interest in, or a significance or other authority over, a financial account in a foreign country year, did the organization have an interest in, or a significance or other authority over, a financial account in a foreign country year. The financial account is financial account in a foreign country year or year. The financial account of the financial Accounts (FBAR). 32 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 33 If If Yes is one is a cry 5, did the organization that it was or is a party to a prohibited tax shelter transaction? 34 If Yes, 'did the organization in exploration that it was or is a party to a prohibited tax shelter transaction? 35 If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible an entirable contributions? 35 If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible an entirable contributions? 36 If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible an entirable contributions? 36 If Yes, 'reduce the number of Forms 8882 If and during the year of the forms 8882 If Yes, If Yes, If the organization shall were the entire that such contribution or qualified intellectual property of the visit of the year of	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1	tr ball	4
b It all teast one is reported on line 24, did the organization file all required federal employment tax returns? Note: If the sum of lines 14 and 28 is greater than 250, you may be required to fellies per instructions) 3a Did the organization have unrelated husiness gross income of \$1,000 or more during the year? 4b If **Yea*, I shall the 3 feel 7 feel		filed for the calendar year ending with or within the year covered by this return	2a 13	4	1353	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b Did 11 **Ces*, Test filed a Form 9807 for this year? 1 **Not * file #80, your owide an explanation on Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5c In **Yeas* in other the name of the foreign country is suitable transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization election any combination state were not tax deductible as cheritable contributions? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization election any combinations that were not tax deductible as cheritable contributions? 6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any combinations that may receive deductible as cheritable contributions? 6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any combination shall are supported to the payor? 6c Was the organization receive any tent of the surface of the payor of Organizations that may receive deductible contributions under section 170(c). a bill the organization receive any tent of the value of the goods or services provided? bill "Yes," inclicate the number of forms 8922 fled during the year c Did the organization neceive any tunds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d Was the organization received a contribution of qualified intellectual property, did the cryanization file Form 1908 of the organization file Form 8909 are required? 1 bill the organiza	b		rs?	2b	X	
b if "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? A b if "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts? 5b if "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAF). 5c Was the organization a party to a prohibited tax shalter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shalter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization aclicit any contributions that were not tax deductibles a charitable contributions? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization aclicit any contributions that were not tax deductibles a charitable contributions? 5c Was the comparization shalt may receive deductible contributions an express statement that such contributions or gifts were not tax deductible as charitable contributions or any the such contributions or gifts were not tax deductible as charitable contribution and party for goods and services provided to the payor? 7c Varganizations that may receive deductible contributions under section 170(c). 8d Was the organization notity the donor of the value of the goods or services provided? 7c Did the organization notity the donor of the value of the goods or services provided? 7d If "Yes," inclicate the number of Forms 8282 fleed during the year 7d If Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If Was, "enter		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		- C	1	
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b If Yea, "indicate the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c Was the organization have profitly the organization file from 8807 at the foreign country of the organization and the organization file from 8808 7. 6c If Yea's 10 lies 5a or 5b, did the organization file from 8808 7. 6d a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any combitions that was not tax deductible? 6c If Yea's 10 lies 5a or 5b, did the organization include with every solicitation an express statement that such contributions certain any combinions that may receive deductible contributions under section 170(c). 8d If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Organizations that may receive deductible contributions under section 170(c). a bill the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). b If Yes, "indicate the number of Forms 8822 fled during the year 1 Did the organization received an contribution of qualified intellectual property, did the organization flee Form 8999 as required? 1 If the organization received an contribution of qualified intellectual property, did the organization flee Form 1908 C? 1 If the organization received an contribution of qualified intellectual property, did the organization flee Form 1908 C? 1 If the organization received an contribution of qualified intellectual property, did the organization flee Form 1908 C? 1 If the organization received	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	(3a		X
trancial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b IDI dary taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I"Yes" to line 5a or 5b, did the organization file Form 8886:7? 6b Dees the organization are annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions at the were not tax deductible as charitable contributions? 6c I"Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or sendess provided? 9 If "Yes," did the organization notify the donor of the value of the goods or sendess provided? 10 If "Yes," indicate the number of Forms 8282 filed during the year 11 If "Yes," indicate the number of Forms 8282 filed during the year 12 If "Yes," indicate the number of Forms 8282 filed during the year 12 If I "Yes," indicate the number of Forms 8282 filed during the year 13 If the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file Form 899 as required? 14 If the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 15 Section 501(c)(12) organizations Enter: a initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 15 Section 501(c)(12) organizations included on Part VIII, line 12, for public use of club facilities 16 Gross receipts, included	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	oj	3b		
b if "Yes," enter the name of the foreign country ▶ 58 Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 59 Was the organization of party to a prohibited in the romanization flow of the organization of the organization flow of the organization flow of the organization of the organization flow of the value of the organization flow of the organization of the value of the organization flow of the organization of the value of the organization flow of the organization of the value of the organization flow of the or	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
See Instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? See Does the organization and annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? By If Yes, "did the organization include with every solicitation an express statement that such contributions or gills were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization include with every solicitation an express statement that such contributions or gills were not tax deductible? Thes," did the organization include with every solicitation and party for goods and services provided to the payor? Thes," did the organization notify the donor of the value of the goods or services provided? To Clid the organization notify the donor of the value of the goods or services provided? To Clid the organization notify the donor of the value of the goods or services provided? To Clid the organization neceived a contribution of care, to the contribution of the payor and the payo		financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 15 Gross income from other sources (Do not net amounts due or paid to other sources against 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 1041? 12b 16 "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: 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 10b 13c 12b 12c 12b 12c			100			. 60
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excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	b			14b		
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If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?		15		X
If "Yes," complete Form 4720, Schedule O.						
	16	•	income?	16		X
	_	If "Yes," complete Form 4720, Schedule O.			055	11

Form 990 (2020)

UNITED WAY OF RUTHERFORD COUNTY 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 Section A. Governing Body and Management Yes No 32 1a Enter the number of voting members of the governing body at the end of the tax year 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. 32 **b** Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 8b **b** Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 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? X 15a a The organization's CEO, Executive Director, or top management official 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►TN 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) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) ___ Another's website X Upon request X Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

032006 12-23-20

Form 990 (2020)

State the name, address, and telephone number of the person who possesses the organization's books and records

3050 MEDICAL CENTER PKWY FLOOR 2, MURFREESBORO,

37129

statements available to the public during the tax year.

STAN JACKSON - (615)893-7303

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

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

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

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

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more) than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MEAGAN FLIPPIN	40.00							444 474		
PRESIDENT AND CEO	40.00	X	L	X	_	_	_	110,854.	0.	9,594.
(2) STAN JACKSON	40.00	١						75 400		10 250
VP FINANCE AND ADMINISTRATION	1 00	X	L	X		_		76,400.	0.	10,370.
(3) DR. RUSS GALLOWAY	1.00									
BOARD CHAIR	1 00	X	_	X	_	_	_	0.	0.	0.
(4) RETTA GARDNER	1.00			.,		1		0.	ا م	0
BOARD CHAIR ELECT/SECRETARY (5) DON CLAYTON	1.00	X		X		-	_	0.	0.	0.
(5) DON CLAYTON FINANCE CHAIR	1.00	x		x				0.	o.	0
(6) JASON KING	1.00	1	Н	_	H	-	_	U .	U .	0.
1 1	1.00	x						0.	0.	0
POLICY & NOMINATION CHAIR (7) DR. JILL AUSTIN	1.00	₽	H	_	H	⊢	_	U .	0.	0.
COMMUNITY IMPACT CHAIR	1.00	x				ŀ		0.	0.	0.
(8) BILLY BRUCE	1.00	A	H	=	-	┝	-	0.		· ·
DEVELOPMENT CHAIR	1.00	x						0.	o.	0.
(9) DON WITHERSPOON	1.00	A	H	-	-	-	-	0.	0.	
ENDOWMENT AND TOCOUEVILLE CHAIR	1.00	x						0.	o.	0.
(10) DAVID URBAN	1.00	^	-	_		-	\vdash	0.	0.	
IMMEDIATE PAST BOARD CHAIR	1.00	x						0.	0.	0.
(11) DR. GLORIA BONNER	1.00	-		-	_	┢	\vdash	0.		
MEMBER	1.00	x						0.	0.	0.
(12) JAMES CALDER	1.00	-		-	_	\vdash	\vdash			
MEMBER		x						0.	0.	0.
(13) PATRICK CAMMACK	1.00	-				Н				
MEMBER		x						0.	0.	0.
(14) LOUIS CAPUTO	1.00									
MEMBER		x						0.	0.	0.
(15) COURTNEY CHAVEZ	1.00									
MEMBER		х						0.	0.	0.
(16) ANGIE DRAKE	1.00									
MEMBER		Х						0.	0.	0.
(17) VICKI EASTHAM	1.00									,
MEMBER		X						0.	0.	0.

032007 12-23-20

Form 990 (2020)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)			-	C)			(D)	(E)		(F)	
Name and title	Average	(do	not c	Pos	more	than	one	Reportable	Reportable		stimate	
	hours per					is bot or/trus		compensation	compensation from related	ar	nount o other	DΓ
i	week (list any	_			_	Г	m	from the	organizations	СОП	pensa	tion
	hours for	dreck	1					organization	(W-2/1099-MISC)		rom the	
	related	20 8	stee			nsate		(W-2/1099-MISC)	(org	janizat	ion
	organizations	TT TT	al tru		yee	mpe		,		an	d relat	ed
	below	Individual trustee or director	Institutional trustee	ia ei	Кеу етріоуее	Highest compensated employee	Je.			org	anizati	ons
	line)	ig i	Inst	Officer	Key	E G	휸					
(18) JAMES EVANS	1.00		l									0.
MEMBER		X	_	_		_		0.	0.	_		<u> </u>
(19) BETH GOODNER	1.00							0.	0.	l		0.
MEMBER	1 00	X	-	_	_	-	_	0.	0.	-		<u> </u>
(20) BRIAN HERCULES	1.00	Į.,	l		ı			0.	0.			0.
MEMBER	1 00	X	-	_	-	\vdash	H	0.		_		
(21) CASEY RAINEY	1.00	x	1		1			0.	0.			0.
MEMBER	1.00		┝	-	⊢	\vdash	-	0.	· ·	_		
(22) CHASE SALAS	1.00	x	1		l			0.	0.			0.
MEMBER	1.00	A	-	-	\vdash	\vdash	\vdash					
(23) TERRY SCHNEIDER	1.00	x						0.	0.			0.
MEMBER (24) ROBIN SEAY	1.00	Ĥ	┢	Н	\vdash					_		
MEMBER	1100	x	1		1			0.	0.			0.
(25) TIM SLATE	1.00	1	\vdash		\vdash	\vdash						
MEMBER		x						0.	0.			0.
(26) DR. ELLEN SLICKER	1.00	\vdash			\vdash	\vdash						
MEMBER		x						0.	0.			0.
1b Subtotal						57653		187,254.	0.	1	9,9	
c Total from continuation sheets to Part VI	I, Section A							0.	0.			0
d Total (add lines 1b and 1c)					0.00		\triangleright	187,254.	0.	1	9,9	64.
2 Total number of individuals (including but n	ot limited to th	1056	list	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportable			_
compensation from the organization												1
8											Yes	No
3 Did the organization list any former officer,	director, trust	ee, l	key	emp	loye	e, o	r hig	phest compensated emp	oloyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual	***								3	-	X
4 For any individual listed on line 1a, is the su	ım of reportab	le c	omp	ensa	atio	n and	d ot	her compensation from	the organization			
and related organizations greater than \$150	0,000? If "Yes,	" cc	mpl	ete S	Sch	edul	e J i	for such individual		4		X
5 Did any person listed on line 1a receive or a										_ ا		x
rendered to the organization? If "Yes," com	plete Schedul	e J	for s	uch	per:	son		***************************************		5		
Section B. Independent Contractors				-	-	-			0400 000 of	notion	from	
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	cont	racto	ors 1	that received more than	\$ 100,000 or compens	sauon	HOITI	
the organization. Report compensation for	the calendar y	ear	ena	ing v	Mith	or w	/itmir	(B)	year.		C)	
(A) Name and business	address	N	ON:	R:				Description of s	services (ensatic	חכ
That is directly and obtained			011.	_			\neg					
							- 1					
		_										
							\neg					
							1					
					_							_
2 Total number of independent contractors (i		ot li	imite	ed to			stec	d above) who received r	nore than			
\$100,000 of compensation from the organi	zation >	nr	ATT T	y m.	-	0	CIT	PPMC	l	Ec.	990	(2020)
SEE PART VII, SECTION	N A CON	ТТ	NO.	AI.	LU	LW	on.	PP19		LOUIT	, JJU (رددد

Form 990 UNITED W.									**-**	1000
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee			ligh	est			
(A) Name and title	(B) Average	/al		(C Posi	ition	арр	h A	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	hours per week (list any hours for related organizations below line)	Ė	П		Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) RICK SMITH MEMBER	1.00	x						0.	0.	0
(28) ASHLEY STEARNS MEMBER	1.00	x						0.	0.	0
(29) RICHARD STONE	1.00	x						0.	0.	0
(30) MATTHEW STUMP MEMBER	1.00	x						0.	0.	0
(31) KASEY TALBOTT MEMBER	1.00	X						0.	0.	0
(32) DAVID TINCHER	1.00	X						0.	0.	0
MEMBER (33) MARTHA TOLBERT	1.00	Π	-				-	0.	0.	0
MEMBER (34) DIANE TURNHAM MEMBER	1.00	x						0.	0.	0

Par	t VI	II							
		_	Check if Schedule O contains a respon	nse c	or note to any line	e in this Part VIII	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue		Revenue excluded from tax under sections 512 - 514
s, Grants Amounts	t	3	Federated campaigns 1a Membership dues 1b Fundraising events 1c	1,	47,000.	Fe rep 1	log skin		
Contributions, Gifts, Grants and Other Similar Amounts	E	•	Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and		176,184. 217,989.		aparest I Internal Top your		payment (
ontrib nd Oth		3	similar amounts not included above 1f Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f		6,171.	2,284,298.	1 1000	E MI MINUS	acabest 6
$\stackrel{\smile}{-}$	'		Total. Add lines (a-1)	T	Business Code	THE RESERVE			
	_		BOOKS FROM BIRTH	ł	611710	182,421.	182,421.		
ervice ue	t	b	OTHER PROGRAM REVENUE		900099	160,743.			
Program Service Revenue	(c d		_					
Pro	1		All other program service revenue Total. Add lines 2a-2f	0.7	•	343,164.			
-	_	g	Investment income (including dividends, in	tere	st and				
	3		other similar amounts) Income from investment of tax-exempt bo			22,136.			22,136.
	5		Royalties(i) Real		(ii) Personal	EL I			
	6 :	_	Gross rents 6a Less: rental expenses 6b	_			La compa		
		С	Rental income or (loss) 6c			1/1/2			
		d	Net rental income or (loss)		▶				
		а	Gross amount from sales of assets other than inventory 7a 282, 37		(ii) Other		Links Commit		
en		b Less: cost or other basis		3.				The state of the s	CONTRACT IN
- je	١,	С	Gain or (loss) 7c 34,75	5.					24 855
E E		d	Net gain or (loss)		>	34,755.			34,755
Other Revenue	8		Gross income from fundraising events (not including \$ 47,000 • of contributions reported on line 1c). See			ar, i	-		and it
			Part IV, line 18	8a	26,700.				
		b	Less: direct expenses	8b	25,079.				1 601
		С	Net income or (loss) from fundraising ever	nts	▶	1,621.			1,621
			Gross income from gaming activities. See				040	-	-
		h	Part IV, line 19 Less: direct expenses	9a 9b					
			Net income or (loss) from garning activities	s					
			Gross sales of inventory, less returns and allowances	10a		- Problem	ASISTE	HEAT ROOM	Exocal .
		b	Less: cost of goods sold	10b		11 77		ALTHUA DE L	
			Net income or (loss) from sales of invento	ry					
-		_			Business Code			DEPOSITE FOR	III A CT
Miscellaneous Revenue	11			-					
Me Ve		b		_					
25.8		q	All other revenue	_					
Ž	0		Total. Add lines 11a-11d				HIDITED		
-	12	-	Total revenue. See instructions			2,685,974.	343,164	. 0.	
_	12	_	TOTAL (OTCHES, OCO INSUBSTICIO						Form 990 (2020

		se or note to any line in			
Do not include amounts reported on 7b, 8b, 9b, and 10b of Part VIII.	lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to dom	A STATE OF THE PARTY OF THE PAR	1 055 553	1 066 653	- Andrews	
and domestic governments. See Pa		1,066,653.	1,066,653.	48,6	
2 Grants and other assistance to				- Decouple	
individuals. See Part IV, line 22					MEMILY NE
3 Grants and other assistance to				THE RESERVE THE PERSON NAMED IN	
organizations, foreign governme	101/20200 0 000			A SOLOUENO	
individuals. See Part IV, lines 15					
4 Benefits paid to or for members					10.3
5 Compensation of current office trustees, and key employees		207,218.	82,887.	70,454.	53,877
6 Compensation not included above t		207,2101	02,007.	7072520	33/01/1
persons (as defined under section 4		1			
persons described in section 4958(TC.	2
7 Other salaries and wages		377,596.	151,038.	128,383.	98,175.
Pension plan accruals and contribu		5,555.			
section 401(k) and 403(b) employe					
9 Other employee benefits		55,506.	22,202.	18,872.	14,432
10 Payroll taxes		42,673.	17,069.	14,509.	11,095.
11 Fees for services (nonemployee	es):				
a Management		}			
b Legal					
c Accounting		8,250.		8,250.	
d Lobbying					
e Professional fundralsing services. S	See Part IV, line 17				
f Investment management fees	E	6,017.		6,017.	
g Other. (If line 11g amount exceeds					
column (A) amount, list line 11g ex	penses on Sch O.)	9,761.	672.	2,571.	6,518.
12 Advertising and promotion		3,145.	1,258.	1,069.	818.
13 Office expenses		48,474.	24,043.	14,341.	10,090.
14 Information technology		50,389.	26,447.	23,942.	
15 Royalties					0.600
16 Occupancy		33,112.	13,245.	11,258.	8,609
17 Travel		4,367.	1,747.	1,485.	1,135.
18 Payments of travel or entertain					
for any federal, state, or local p				050	101
19 Conferences, conventions, and	meetings	735.	294.	250.	191.
20 Interest		40 202	10 221	16 422	12 550
21 Payments to affiliates		48,303. 27,950.	19,321. 11,180.	16,423. 9,503.	12,559. 7,267.
22 Depreciation, depletion, and an		5,358.	2,143.	1,822.	1,393
23 Insurance		3,336.	2,143.	1,022.	1,333
24 Other expenses. Itemize expenses r above (List miscellaneous expenses line 24e amount exceeds 10% of lir amount, list line 24e expenses on S	s on line 24e. If ne 25, column (A)				
a BOOKS FROM BIRTH		200,854.	200,854.		
b COMMUNITY BUILD		61,141.	61,141.		
c DUES AND SUBSCRI		53,702.	41,258.	1,541.	10,903
d OTHER EXPENSES		10,690.	4,985.	3,161.	2,544
e All other expenses		-			974
25 Total functional expenses. Add lin-	es 1 through 24e	2,321,894.	1,748,437.	333,851.	239,606
26 Joint costs. Complete this line only			***		
reported in column (B) joint costs fi	- 1	Į.			
educational campaign and fundrais					
Check here if following SOP 9	98-2 (ASC 958-720)				

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	456,923.	1	674,835.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	890,882.	3	983,341.
4	Accounts receivable, net		4	
5	Loans and other receivables from 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		5	
6	Loans and other receivables from other disqualified persons (as defined			
•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	9,712.	9	9,240
	Land, buildings, and equipment: cost or other			
"	basis. Complete Part VI of Schedule D 10a 274, 135.			No. of Contract Laboratory
١,	Less: accumulated depreciation 10b 190,658.	104,225.	10c	83,477
111	Investments - publicly traded securities	1,022,607.	11	1,501,580
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	110,927.	15	132,782
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,595,276.	16	3,385,255
17	Accounts payable and accrued expenses	62,775.	17	62,712
18	Grants payable	1,058,992.	18	1,209,312
19	Deferred revenue	73,316.	19	98,880
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
1 .	Loans and other payables to any current or former officer, director,	THE PERSON NAMED IN	in Solo	or any desirable all and
-	trustee, key employee, creator or founder, substantial contributor, or 35%		-	
22	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
1	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	132,242.	25	132,242
26	Total liabilities. Add lines 17 through 25	1,327,325.	26	1,503,146
	Organizations that follow FASB ASC 958, check here ▶ X			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	316,819.	27	901,707
28	Net assets with donor restrictions	951,132.	28	980,402
140	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
27 28 29 30 31 32	Total net assets or fund balances	1,267,951.	32	1,882,109
33	Total liabilities and net assets/fund balances	2,595,276.	33	3,385,255

SCHEDULE A (Form 990 or 990-EZ)

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.

2020

Open to Public Inspection

Employer identification number

Name of the organization

UNITED WAY OF RUTHERFORD COUNTY

-*1880

Reason for Public Charity Status. (All organizations must complete this part.) See Instructions.

tion is not a private foundation because it is: (For lines 1 through 12, check only one box.)

church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

'ne	organi	zation is not a private founda	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)								
1		A church, convention of chu	ırches, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).							
2		A school described in section	on 170(b)(1)(A)(ii). (A	Attach Schedule E (Form	1990 or 99	90-EZ).)								
3		A hospital or a cooperative l	hospital service orga	inization described in se	ction 170	(b)(1)(A)(ii	i).							
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
		city, and state:												
5		An organization operated fo	r the benefit of a col	lege or university owner	or operat	ted by a go	overnmental unit describ	ed in						
-		section 170(b)(1)(A)(iv). (C												
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	X	ti professional multiple decorption in												
•		section 170(b)(1)(A)(vi). (Co												
0		A community trust describe		1)(A)(vi), (Complete Part	: 11.)									
0	Ħ	An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	nction with a land-grant	college						
9		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or						
			Marit College of agric	altaro (oco il loti dollo ilo)										
40		university: An organization that normal	lly receives (1) more:	than 33 1/3% of its supp	oort from o	contributio	ns, membership fees, ar	nd gross receipts from						
10		activities related to its exem	not functions subjec	t to certain exceptions:	and (2) no	more than	33 1/3% of its support	from gross investment						
		income and unrelated busin	oce tavable income	(less section 511 tax) fro	om busine	sses acqu	ired by the organization	after June 30, 1975.						
		See section 509(a)(2). (Cor		(ICSS SCOTION O 11 125) III	J 200									
		An organization organized a		ively to test for public sa	fetv. See :	section 50	09(a)(4).							
11	一	An organization organized a	and operated exclusi	ively for the benefit of to	perform 1	the functio	ons of, or to carry out the	purposes of one or						
12	ш	more publicly supported org	annizatione describe	d in section 509(a)(1) o	r section :	509(a)(2)	See section 509(a)(3). C	heck the box in						
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and coπ	plete lines	s 12e. 12f. and 12g.							
		Type I. A supporting orga	uescribes the type o	uponised or controlled	by its sun	ported ord	panization(s), typically by	aivina						
2	<u>ـــا</u>	the supported organization	nization operated, s	autarly appoint or elect :	maiority i	of the dire	ctors or trustees of the s	supporting						
					I TRAJOTILY	or the direc								
_		organization. You must c Type II. A supporting organization	omplete Part IV, 36	l or controlled in connec	tion with it	e eunoorti	ed organization(s), by ha	vina						
Ľ	· L	control or management of	anization supervised	noization vested in the s	ame ners	one that or	ontrol or manage the sur	ported						
					arrie perse),13 ti idi 0t	Silio o manago - o o o							
	_	organization(s). You mus Type III functionally inte	complete Part IV,	a organization operated	in connec	tion with a	and functionally integrate	ed with.						
•	Ļ	its supported organization	grated. A supporting	y Organization operated	Part IV Se	ections A	D. and E.	,						
		Type III non-functionally	n(s) (see instructions	o, fuu must complete i	ated in co	nnection v	with its supported organi	zation(s)						
•	L	that is not functionally int	/ Integrated. A supp	rotion concrelly must set	tiefy a diet	ribution re	quirement and an attent	iveness						
		that is not functionally int	egrated. The organiz	lete Dort IV Costions	. A and D	and Dart	V							
		requirement (see instructi	ions). You must con	npiete Part IV, Sections	m the IDS	that it is s	Type I Type II Type III							
•	• 🗀	Check this box if the orga	anization received a		ina oraspi	antion	1 Type I, Type II, Type III							
		functionally integrated, or				Zation.								
- 1		er the number of supported of		d accordantion(s)										
		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other						
	0.	organization	(-,	(described on lines 1-10	Yes	No No	support (see instructions)	support (see instructions)						
_				above (see instructions))	1,55									
_														
_														
_														
_	_													
Tot	-1													
101	al													

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF RUTHERFORD COUNTY

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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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,409,385.	2,103,722.	1,887,835.	2,028,713.	2,134,298.	10,563,953.
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	2,409,385.	2,103,722.	1,887,835.	2,028,713.	2,134,298.	10,563,953.
5	The portion of total contributions	WAY THERE			of the continues	AND RESIDEN	
	by each person (other than a				Charles and	to the rockets	
	governmental unit or publicly				Draft (mg/n/)	ALIXAVACE III	
	supported organization) included		and deep	7.6	N 100 100 100 100 100 100 100 100 100 10		
	on line 1 that exceeds 2% of the		A IS VILLERY	Deliver Wind			
	amount shown on line 11,	the state of the same of	THE RESERVE		A SHOW THE RESIDENCE		
	column (f)						808,150.
6	Public support. Subtract line 5 from line 4.	100000000000000000000000000000000000000				BILL VI	9,755,803.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	2,409,385.	2,103,722.	1,887,835.	2,028,713.	2,134,298,	10,563,953.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			1			
	and income from similar sources	30,065.	26,598.	21,184.	21,398.	22,136.	121,381.
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			4.			
	assets (Explain in Part VI.)		1				
11	Total support. Add lines 7 through 10	STATE AND ADDRESS.	West X Minny 2		3-2 141 220		10,685,334.
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for th	•		ourth, or fifth tax v	ear as a section 5		
	organization, check this box and stop	•					▶□
Se	ction C. Computation of Publ		the state of the s				
_	Public support percentage for 2020 (I			column (f))		14	91.30 %
	Public support percentage from 2019		-			15	93.46 %
	33 1/3% support test - 2020. If the d			line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies						A00 37
ь	33 1/3% support test - 2019. If the c	organization did no	ot check a box on li	ne 13 or 16a, and l	line 15 is 33 1/3%	or more, check th	ils box
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te		•	*			2
b	10% -facts-and-circumstances tes	•	•			***************************************	
	more, and if the organization meets the						
	organization meets the facts-and-circle						
18	Private foundation. If the organization		• .				s
						dule A (Form 990	

(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.)

Se	ction A. Public Support						
_	ndar year (or tiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not				Ł:		
2	include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that					İ	
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- 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:	Amounts included on lines 1, 2, and			1			
١	3 received from disqualified persons 3 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						
	Public support. (Subtract line 7c from line 6.)		The Same Seattle Sea				
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10:	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
-	Unrelated business taxable income					1	
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>	L	5047.7(0)	
14	First 5 years. If the Form 990 is for the						ration,
	check this box and stop here				***************************************		PU
Se	ction C. Computation of Pub	ic Support Pe	rcentage			TF	0/
15	Public support percentage for 2020 (column (f))	********	15	%
16		Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve					12-1	
17						17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17		******************************	18	% - 17 is not
19	a 33 1/3% support tests - 2020. If the	e organization did r	not check the box	on line 14, and lin	e 15 is more than	೨೨ 7/3%, and lin 	
	more than 33 1/3%, check this box a	ind stop here. The	organization qual	ifies as a publicly	supported organiz	ation	
	o 33 1/3% support tests - 2019. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/39	o, and
	line 18 is not more than 33 1/3%, che	eck this box andst	op here. The orga	nization qualifies	as a publicly supp	orted organization	on
20	Private foundation. If the organization	on did not check a	box on line 14, 19	la, or 19b, check t	his box and see in	structions	
0320	23 01-25-21				Sch	edule A (Form 9	990 or 990-EZ) 2020

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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	tign:	
2	No.	
3a		
3b	(ECAP)	
3c		
4a	Library	
4b	8-4-1	
4c		
	Heli Heli Pa W	
5a		
5b 5c		
6		
7		
8	Paring ,	
9a	Lines:	70-
9b		-
9c	L/ U	-
10a		
10b	90-EZ	20

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

Schedule A (Form 990 or 990-EZ) 2020

3b

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

1	Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mus			Part VI). See instruction
iect	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			1
	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		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		Recognition of the	7.65
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
_	Total (add lines 1a, 1b, and 1c)	1d		
_	Discount claimed for blockage or other factors	1000		
	(explain in detail in Part VI):			Print Street, St.
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6		6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	The street of	
2	Enter 0.85 of line 1.	2	the field with public proofs	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	magazini Karaman	
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		THE RESERVE	
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2020

	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	ied)	
	on D - Distributions		Toorning		Current Year
	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
1	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
2	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	vide 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			
Ŭ	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
-		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-			- 1	
	able cause required - explain in Part VI). See instructions.			_	
3	Excess distributions carryover, if any, to 2020			_	
а	From 2015				
b	From 2016			_	
С	From 2017			-	
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e			-	
g	Applied to underdistributions of prior years			_	
	Applied to 2020 distributable amount			-	
i	Carryover from 2015 not applied (see instructions)			-	
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			-	
4	Distributions for 2020 from Section D,				
	line 7: \$			-	
а	Applied to underdistributions of prior years			-	
	Applied to 2020 distributable amount			-	
c	Remainder, Subtract lines 4a and 4b from line 4.				
5					
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			-	
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			-	
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c. Breakdown of line 7:			-	
	Excess from 2016				
_	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
_	Excess from 2020				
	LAUGO HOIN EVEV				

Schedule A	(Form 990 or 990-E	Z) 2020	UNITEL	WAY	OF	RUTHE	RFORD	COUNTY	**-***1880 Page
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	Inform lines 1, 2 tion D, lin 6, and 8	ation. Proceeds 45 and 3: 45 and 3	ovide the o, 4c, 5a, Part IV.	explai 6, 9a, Sectio	nations requ 9b, 9c, 11a, n E. lines 1c	ired by Pa 11b, and 2a. 2b. 3a	rt II, line 10; P 11c; Part IV, S a. and 3b; Par	art II, line 17a or 17b; Part III, line 12; lection B, lines 1 and 2; Part IV, Section C, t V, line 1; Part V, Section B, line 1e; Part V, t for any additional information.
	(See instructions.)				_				
-					-				
							- 11		
-									
-									
									<u> </u>
					_				
-									
·									
-							_		
-									

Schedule A

Identification of Unusual Grants

2020

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Description of Grant	Date of Grant	Amount
TOTAL OF THE TRANSPORT PARTY	BEQUEST	12/31/20	150,000.
ESTATE OL ELIZABETH RHEA	DEQUEST .	12/31/20	130,000
			V-1
initia.			
		×	
Total Unusual Grants			150,000

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ENERAL MILLS	698,828.	485,121
PUBLIX SUPER MARKETS	403,649.	189,942
ANNA WITHERSPOON	221,170.	7,463
NGRAM CONTENT GROUP	339,331.	125,624
		-
		Wi- Solania Labora
otal Excess Contributions to Schedule A, Part II, Line 5		808,150

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

INITED WAY OF RUTHERFORD COUNTY

Employer identification number **-***1880

Par		er Similar Fund	ds or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line 6.	uined funds	(b) Funds and other accounts	
		Viseu iutius	(b) I dilds and other decesing	
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		de ed Suedo	
5	Did the organization inform all donors and donor advisors in writing that the asset	is neid in donor adv	vised furios	□ No
	are the organization's property, subject to the organization's exclusive legal contra	'Ol?	***************************************	140
6	Did the organization inform all grantees, donors, and donor advisors in writing that	it grant funds can i	be used only	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for			No
-	impermissible private benefit?	"Ves" on Form OD		110
Pai		Tes on Form 990	J, Fait IV, inje 7.	
1	Purpose(s) of conservation easements held by the organization (check all that ap	Dranen (etion	of a historically important land area	
	Preservation of land for public use (for example, recreation or education)		of a certified historic structure	
	Protection of natural habitat	Preservation	of a certified historic structure	
	Preservation of open space		e of a consequentian assembnt on the	lact
2	Complete lines 2a through 2d if the organization held a qualified conservation con	ntribution in the for	Held at the End of the T	ax Year
	day of the tax year.			
а	Total number of conservation easements			
þ				
C	Number of conservation easements on a certified historic structure included in (a) o biotorio otar	Letturo ZC	
d	Number of conservation easements included in (c) acquired after 7/25/06, and no			
	listed in the National Register	Lasterplated by		
3	Number of conservation easements modified, transferred, released, extinguished	i, or terminated by	the organization during the tax	
	year >			
4	Number of states where property subject to conservation easement is located	mostlen bandling	_ of	
5	Does the organization have a written policy regarding the periodic monitoring, ins			No
	violations, and enforcement of the conservation easements it holds?	e and enforcing of		ır
6	Staff and volunteer nours devoted to monitoring, inspecting, narrowing or violation	is, and emoroning or	onicon varion december 2	
_	Amount of expenses incurred in monitoring, inspecting, handling of violations, an	d enforcing conser	rvation easements during the year	
7			,	
	Does each conservation easement reported on line 2(d) above satisfy the require	ments of section 1	70(h)(4)(B)(i)	
8	and section 170(h)(4)(B)(ii)?			No
	In Part XIII, describe how the organization reports conservation easements in its	revenue and exper	ise statement and	
9	balance sheet, and include, if applicable, the text of the footnote to the organization	ion's financial state	ements that describes the	
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of Art, Historical	Treasures, or	Other Similar Assets.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.			
12	If the organization elected, as permitted under FASB ASC 958, not to report in its	s revenue statemer	nt and balance sheet works	
10	of art, historical treasures, or other similar assets held for public exhibition, educa-	ation, or research in	n furtherance of public	
	service, provide in Part XIII the text of the footnote to its financial statements that	t describes these it	tems.	
h	If the organization elected, as permitted under FASB ASC 958, to report in its rev	venue statement ar	nd balance sheet works of	
	art, historical treasures, or other similar assets held for public exhibition, education	on, or research in fu	urtherance 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 treasures, or other sim	ilar assets for finan	cial gain, provide	
~	the following amounts required to be reported under FASB ASC 958 relating to t	hese items:	-	
_	Revenue included on Form 990, Part VIII, line 1		> \$	
d	Assets included in Form 990, Part X		▶ \$	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 99	90) 2020

	ddio 0 1 01111 000/ 2020	WAY OF RUT								Page 2
Pai	t III Organizations Maintaining C	collections of A	rt, Histo	rical Tre	easures, c	or Othe	er Simila	ar Asse	ts/contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check a	ny of the	following tha	t make s	ignificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d	ı 🖳 Lo	an or excl	hange progra	ım				
b	Scholarly research	e	ot L	her						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they	y further th	ne organizatio	on's exe	mpt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, histo	orical treas	sures, or othe	er simila	r assets	_	_	
	to be sold to raise funds rather than to be ma	aintained as part of t	the organiz	ation's co	llection?				Yes	No_
Pai	t IV Escrow and Custodial Arran	- '	ete if the o	rganizatio	n answered "	'Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod								7	
	on Form 990, Part X?								Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	ole:						
									Amount	
	Beginning balance									
d	Additions during the year									
e	Distributions during the year									
f	Ending balance					***********	1f			
	Did the organization include an amount on F								Yes	⊢ No
_	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete								UANTED -	versus .
		(a) Current year	(b) Pric	or year	(c) Two year	s back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses				-				_	
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		_	column (a	i)) held as:					
a	Board designated or quasi-endowment		_%							
Ь	Permanent endowment	%								
С		%								
_	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that a	are neid a	nd administe	red for t	ne organiz	ation	ſ	v. Tai
	by:								0-61	Yes No
	(i) Unrelated organizations		*********					(********	3a(i)	
	(ii) Related organizations				************	*********	*********		3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza				********	**********	*****		3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment fur	105.						
r di	Complete if the organization answere		Dort IV	ino 11a S	co Form 000	Dort V	line 10			
_		(a) Cost or o						d I	(d) Roo	k wakio
	Description of property	basis (investr		(b) Cost basis	1		ccumulate preciation	:u	(d) Bool	K Value
4-	Lond		noni,	Dasis	(OLI IOI)	ue	o colation			
	Land							-		
	Buildings		-	16	4,412.		114,3	47	5	0,065.
	Leasehold improvements				9,723.	-	76,3			3,412.
	Equipment			10	J, 12J.		, , , ,			
T-4	Other		V 20'	(D) line 1	001				9	3 477

Schedule D	(Form 990) 2020			OF	RUTHERFORI)_
Part VII	Investments -	 Other Securi 	ties.			
	Complete if the or	rganization answer	ed "Yes	on F	orm 990, Part IV, line	
(a) Descript	tion of security or cat	egory (including name o	f security)		(b) Book value	1

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		and any and the fact of the second state

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	(B) Book value	
(1) (2) (3)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
ntal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (a) Description (1) (2) (3)(4) (5) (6) (7) (8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

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. (b) Book value (a) Description of liability (1) Federal income taxes 132,242. PAYCHECK PROTECTION PROGRAM (3) (4) (5) (6)(7)(8) 132,242. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2020

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

Schedule D (Form 990) 2020 UNITED WAY OF RUTHERFORD COUNTY **-*

[Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1 [2,955,117.
1	Total revenue, gains, and other support per audited financial statements			-`+	2,333,111.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	- 1	250,080.		
a	Net unrealized gains (losses) on investments	2a	250,000.		
b	Donated services and use of facilities	2b		-	
C .	Recoveries of prior year grants	2c	25,080.	-	
d	Other (Describe in Part XIII.)	2d	25,000.	- 1	275 160
е	Add lines 2a through 2d			2e	275,160.
3	Subtract line 2e from line 1		***************************************	3	2,679,957.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		6 017		
а	Investment expenses not included on Form 990, Part VIII, line 7b		6,017.		
þ	Other (Describe in Part XIII.)	4b		_	6 045
C	Add lines 4a and 4b			4c	6,017.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,685,974.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts Wit	h Expenses per	Retu	rn.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements			1	2,340,956.
					2,340,330.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	- 1			
a	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b		-	
C	Other losses	2c	25 070	-	
d	Other (Describe in Part XIII.)	2d	25,079.	-	25 070
е	Add lines 2a through 2d			2e	25,079. 2,315,877.
3	Subtract line 2e from line 1		***********	3	2,313,877.
4	Amounts Included on Form 990, Part IX, line 25, but not on line 1:	1	C 017		
	Investment expenses not included on Form 990, Part VIII, line 7b		6,017.	_	
	Other (Describe in Part XIII.)	4b			6 01 5
	Add lines 4a and 4b			4c	6,017.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			5	2,321,894.
PAI	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition of the				
	C 740-10 PRESCRIBES A COMPREHENSIVE MODEL FO	OR TH	ie financia	L S'	PATEMENT
MEZ	ASUREMENT, PRESENTATION AND DISCLOSURE OF U	NCERT	TAIN TAX PO	SIT	IONS TAKEN
OR	EXPECTED TO BE TAKEN IN INCOME TAX RETURNS	. ASC	740-10 RE	QUII	RES THAT
THI	TAX EFFECTS OF A POSITION BE RECOGNIZED OF	NLY 3	F IT IS		
"M(ORE-LIKELY-THAN-NOT" TO BE SUSTAINED BY THE	TAX	ING AUTHORI	TY Z	AS OF THE
REI	PORTING DATE. IF THE TAX POSITION IS NOT CON	NSIDE	ERED		
"M(DRE-LIKELY-THAN-NOT" TO BE SUSTAINED, THEN I	NO BI	ENEFITS OF	THE	POSITION
ARI	TO BE RECOGNIZED. THE ORGANIZATION HAS EST	rimar	TED THAT TH	ERE	ARE NO
UNI	RECOGNIZED TAX POSITIONS AS OF JUNE 30, 2021	l ani	2020. AT	JUN	E 30, 2021,
THE	ORGANIZATION'S TAX RETURNS RELATED TO FISC	CAL Y	EARS ENDED	JUI	NE 30, 2018
03205	4 12-01-20			Sched	lule D (Form 990) 2020

SCHEDULE G

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization	WAY OF RUTHERFORD	COL	איזיע			Employer ide	ntification number 880
	Complete if the organization answer				line 1		
Indicate whether the organization rai	sed funds through any of the following e Solicitates s f Solicitates g Special or oral agreement with any individual Part VII) or entity in connection with prividuals or entities (fundralsers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional 1	overnment grants mment grants events fficers, directors, tru fundraising services?	stees?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			>			· · · · · · · · · · · · · · · · · · ·	
List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	outions	s or has been notified	titis	exempt from re	egistration
					_		
8 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2							
·					_		
· · · · · · · · · · · · · · · · · · ·							

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

Schedule G (Form 990 or 990-EZ) 2020

Sch	edul	e G (Form 990 or 990-EZ) 2020 UNITED	WAY OF RUTHE	RFORD COUNTY		***1880 Page 2
Pa	rt i	Fundraising Events, Complete if the	ne organization answered	l "Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gr			events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				COMMUNITY	NONE	(add col. (a) through
				CELEBRATION		col. (c))
a			(event type)	(event type)	(total number)	
Revenue			52,200.	21,500.		73,700.
æ	1	Gross receipts	32,2001	,		
	2	Less: Contributions	34,000.	13,000.		47,000.
	3	Gross income (line 1 minus line 2)	18,200.	8,500.		26,700.
- 8	4	Cash prizes				
				2 641		2 6/1
	5	Noncash prizes		3,641.		3,641.
SeS				500.		500.
be	6	Rent/facility costs		500.		300.
Direct Expenses				3,438.		3,438.
<u>red</u>	7	Food and beverages		3,430.		
Ճ			16,000.			16,000.
	8	Entertainment	7 500			1,500.
	9	Other direct expenses Direct expense summary. Add lines 4 throug			•	25,079.
		Net income summary. Subtract line 10 from				1,621.
P	rt		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Dines	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Ę	1		(a) Bingo	bingo/progressive bingo	(o) Out of guitting	col. (a) through col. (c)
Revenue						
<u> </u>	1	Gross revenue				
ģ	2	Cash prizes				
Sus						
Direct Expenses	3	Noncash prizes				
벙						
ë	4	Rent/facility costs				
_	_	O. P. Constanting	l .			
_	5	Other direct expenses	☐ Yes %	Yes %	Yes %	THE RESERVE
	_	Valuation labor	No No	No No	No	
	6	Volunteer labor	140	110		
	7	Direct expense summary. Add lines 2 throug	nh 5 in column (d)			
	Ι΄	Direct expense summary. Ned into 1 amos				
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		<u>></u>	
	-	The garming most of the control of t				
9	En	ter the state(s) in which the organization cond	lucts gaming activities:			
a		the organization licensed to conduct gaming a	activities in each of these	states?		Yes L_No
k		No," explain:				
t						
	If "	'No," explain:			- Consu	Von N-
10:	o If "			erminated during the tax	year?	Yes No

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Sch	edule G (Form 990 or 990-EZ) 2020 UNITED WAY OF RUTHERFORD COUNTY **-*	***1880	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ 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?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	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	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
		**	
ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
_	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
Ī			
	Name		
	THAT IS A STATE OF THE STATE OF		
	Address >		
	ridurosa p		
16	Gaming manager information:		
	Calling Harager anothiators		
	Name		
	Name P		
	Gaming manager compensation > \$		
	Canting manager compensation > 4		
	Description of services provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
	El dipoyee El independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
a	- '	Yes	□ No
	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	103	140
U	organization's own exempt activities during the tax year > \$		
Da	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	at III lines O	0h 10h
- 4	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III ICO O	, 30, 100,
_	150, 15c, 16, and 170, as applicable. Also provide any additional information. See instructions.		
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_			
_			
_			
_			
_			
03208	Schedule G (Form	n 990 or 990)-EZ) 2020

Schodule G	(Form 990 or 990-F7)	UNITED	WAY	OF	RUTHERFORD	COUNTY	#*-**1880	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (cont	inued)					
1 4111	ouppientental inte							
				_				
	-							
,								
-								
		11	8					

SCHEDULE I (Form 990)

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization UNITED WA	Y OF RUTH	HERFORD COUN)TY				Employer Identification number **-**1880
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro	stance?		()			sistance, and the selec	TT Van T Na
Part II Grants and Other Assistance to	The state of the s			V	anization answered	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than \$ 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ANN CAMPBELL EARLY LEARNING CENTER 206 BAIRD LANE MURFREESBORO, IN 37130	**_***5794	501(C)3	100,000,	0,			ann Campbell Early Learning Center
BIG BROTHERS & BIG SISTERS OF AMERICA - 415 NORTH MAPLE STREET - MURFREESBORO, IN 37130	**-***6024	501(C)3	20,000.	σ.			ONE ON ONE MENTORING
BOYS & GIRLS CLUB OF RUTHERFORD COUNTY - 820 JONES BOULEVARD - MURFREESBORO, TN 37129	**-***3332	501(C)3	40,000.	0,			PROJECT LEARN AND TRIPLE PLAY PROGRAM
CANNON COUNTY SENIOR CENTER 609 LEHMAN STREET WOODBURY, TN 37190	**-***6864	501(C)3	4,000.	0.			ELDERLY PRODUCTIVE LIVING PROGRAM AND WELLNESS PROGRAM
CHILD ADVOCACY CENTER OF RUTHERFORD COUNTY, INC 1640 SAMSONITE BOULEVARD - MURPREESBORO, TN 37129	**-***6865	501(C)3	110,000.	0.			CHILD ABUSE, COMMUNITY ED AND DRUG ENDANGERED CHILDREN PROGRAMS
CHILDREN'S MUSEUM CORPORATION OF RUTHERFORD COUNTY - 502 SOUTH EAST BROAD STREET - MURFREESBORG, TN 37130	**-***3308	501(c)3	5,000.	0.			EXPLOYERS CLUB, MOBILE DUTREACH, SPARK AND FIELD STUDY SCHOLARSHIPS
2 Enter total number of section 501(c)(3) a	-	-	he line 1 table				

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

Schedule 1 (Form 990) 2020

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HELPERS OF RUTHERFORD COUNTY - 1453 B HOPE WAY - KURPREESBORG, IN 37129	**_***3422	501(C)3	80,000.	0.			RENT AND UTILITY ASSISTANCE FOR NEEDY
CASA OF RUTHERFORD COUNTY 147 N FRONT STREET SURPREESBORO, IN 37130	**_***9459	5 01 (C)3	5,000,	0.			CHILDREN ADVOCACY
DOMESTIC VIOLENCE PROGRAM, INC. OF RUTHERFORD COUNTY - 826 MEMORIAL BOULEVARD - MURFREESBORO, TN 37129	**-**3874	501(C)3	10,000,	0.			EMERGENCY SHELTER AND SEXUAL ASSAULT PROGRAMS
GIRL SCOUTS OF MIDDLE TENNESSEE PO BOX 40466 NASHVILLE, IN 37204	**_***9380	501(C)3	5,000.	0.			TROOP PROGRAM
INSIGHT COUNSELING 200 EAST MAIN STREET MURPREESBORO, IN 37130	**~***1899	501(C)3	25,000.	0.			COMMUNITY ACCESS PROGRAM
INTERFAITH DENTAL CLINIC 210 ROBERT ROSE DRIVE MURFRESSBORO, TN 37130	**-***76 1 5	501(C)3	20,000.	0,			TEETH FOR LIFE PROGRAM
JOURNEYS IN COMMUNITY LIVING 1130 HALEY ROAD MURFREESBORO, IN 37129	**-***0251	501(C)3	20,000.	0.			HEALTHCARE OVERSIGHT PROGRAM
KYMARI HOUSE, INC. PO BOX 1306 MURPREESBORO, TN 37129	**-***2986	501(C)3	10,000.	ô.			SUPERVISED VISITATION
LEGAL AID SOCIETY OF MIDDLE TN AND THE COMBERLANDS - 300 DEADERICK STREET - NASHVILLE, TN 37201	**_***0756	501(C)3	10,000.	0,			FREE LEGAL SERVICES

P		

Part II Continuation of Grants and Other		mestic Organizations		overnments (Sch	edule I (Form 990), Pa	rt II.)	Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID-CUMBERLAND HUMAN RESOURCE AGENCY - 1101 KERMIT DRIVE - NASHVILLE, TN 37217	**_***3487	501(C)3	45,000.	0.			YOUTH CAN
MURFREESBORO CITY SCHOOL FOUNDATION - 2552 SOUTH CHURCH STREET - MURFREESBORO, TN 37127	**_***9749	501(C)3	5,000.	0.			AFTER SCHOOL TUTORING ANI
NURSES FOR NEWBORNS OF TN 50 VANTAGE WAY #101 NASEVILLE, TN 37228	**-***1329	501(C)3	15,000.	0,			IN HOME NURSE VISITS
PROJECT TRANSFORMATION TENNESSEE INC 1008 19TH AVENUE SOUTH - NASHVILLE, TN 37212	**-***5261	501(C)3	17,460.	0.			SUMMER LITERACY
READ TO SUCCEED 415 NORTH MAPLE STREET MURFRESSBORO, IN 37130	**-***5948	501(C)3	35,000.	0,			ADULT LITERACY
RUTHERFORD COUNTY HABITAT FOR HUMANITY - 850 MERCURY BOULEVARD - MURFREESBORO, TN 37130	**-***9406	5 0 1(C)3	18,000.	0.			COMMUNITY BUILDING
NOURISH FOOD BANK 211 BRIDGE AVE MURFREESBORO, TN 37130	**-***5567	501(C)3	50,000.	0.			FOOD BANK
RUTHERFORD COUNTY PRIMARY CARE & HOPE CLINIC - 1453 HOPE WAY - MURFREESBORO, TN 37129	**_***2091	501(C)3	40,000.	0.			MEDICAL CARE FOR UNINSURED AND POOR
RUTHERFORD COUNTY SCHOOLS 2240 SOUTHPARK DRIVE MURFREESBORO, TN 37128	**-***7922	5 01 (C)3	6,000.	0.			CLOTHING FUND FOR SCHOOLS

(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
-*5699	5 01 (C)3	150,000.	0.			ENHANCED STUDENT ASSISTANCE, STUDENT ASSISTANCE AND RIDS ON THE BLOCK
_*7360	501(C)3	32,000,	0.			POSITIVE PARENTING
-*0607	\$01(C)3	70,000.	0.			SRD SHIFT SHELTER AND LIFE RECOVERY PROGRAM
_*9440	5 0 1(C)3	20,000,	0.			PATH PROGRAM
_*1718	501(C)3	20,000,	0.			CHILDREN DAY CARE
_*0690	501(C)3	8,000.	0.			FINANCIAL ASSISTANCE
_*3681	501(C)3	10,000,	0,			HALF WAY HOUSE
_*6110	501(C)3	30,000.	0.			LONG TERM REHABILITATION
	*5699 *****7360 **_***0607 **_***9440 **_***1718 **_***3881	#*_***5699 501(C)3 **_***0607 501(C)3 **_***9440 501(C)3 **_***1718 501(C)3 **_***3881 501(C)3	**_***5699 501(C)3 150,000, **_***0607 501(C)3 70,000, **_***9440 501(C)3 20,000, **_***1718 501(C)3 20,000, **_***3881 501(C)3 8,000,	**_***5699 501(C)3 150,000, 0. **_***7360 501(C)3 32,000, 0. **_***0607 501(C)3 70,000, 0. **_***9440 501(C)3 20,000, 0. **_***1718 501(C)3 20,000, 0. **_***3881 501(C)3 8,000, 0.	##_***5699 501(C)3 150,000, 0. **_***0607 501(C)3 70,000, 0. **_***9440 501(C)3 20,000, 0. **_***1718 501(C)3 20,000, 0. **_***1718 501(C)3 8,000, 0.	(b) EN (s) frapplicable (ash grant non-cash assistance) **-***5699 501(C)3 150,000, 0, **-***7360 501(C)3 32,000, 0, **-***9640 501(C)3 20,000, 0, **-***9640 501(C)3 20,000, 0, **-***1718 501(C)3 20,000, 0, **-***3881 501(C)3 8,000, 0,

chedule I (Form 990) 2020 UNITED WAY	OF RUTHERFOR	D COUNTY			**-**1880 Page
Part III Grants and Other Assistance to Domestic Ind Part III can be duplicated if additional space is n	lividuals. Complete if the eeded.	organization ansv	vered "Yes" on Form	990, Part IV, line 22.	
(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	tion required in Part I lin	a 2: Part III colum	on (h): and any other a	dditional information	
Supportional information. Florage the another	autrequies at Part I, in	ez, rat III, coluit	artoj, aro my orier a	Conords mornaudi.	

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2020 Open to Public Inspection

Name of the organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number **-***1880

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ASSURING 80% OF HOUSEHOLDS PAY LESS THAN 30% OF INCOME ON HOUSING,
\$50,000.00 TO DECREASE DRUG RELATED OVERDOSE DEATHS AND SUICIDES BY
25%, \$370,000.00 INVESTED IN IMPROVING MENTAL HEALTH 25% OR MORE. AN
ADDITIONAL \$50,000.00 WAS AWARDED FOR OTHER COMMUNITY ISSUES. OUR
VOLUNTEER INCOME TAX PROGRAM RETURNED \$2.3 MILLION DOLLARS BACK TO
LOCAL CITIZENS INCLUDING TAX PREP SAVING, \$1.1 MILLION WERE SAVED BY
THE COMMUNITY INDIVIDUALS THROUGH THE SINGLE CARE PRESCRIPTION DRUG
PROGRAM. CHARITY TRACKER GENERATED AN IMPACT OF \$1 MILLION IN
ASSISTANCE TO COUNTY RESIDENTS.
ADDIDITATED TO COUNTY INCOME.
FORM 990, PART VI, SECTION B, LINE 11B:
THE DRAFT OF THE 990 WAS REVIEWED WITH THE BOARD PRIOR TO FILING.
THE DRAFT OF THE 950 WAS REVIEWED WITH THE
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.
IF THERE ARE POSSIBLE CONFIDENCES. THIS IS THEN HORITORED DE DELLE
TORK COA DARM MT CROMION B IINE 15A.
FORM 990, PART VI, SECTION B, LINE 15A:
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.

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Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20