

UNITED WAY OF RUTHERFORD COUNTY

990 Federal Return

FOR TAX YEAR ENDED JUNE 30, 2014

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

H A Beasley and Company PC

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

October 03, 2014

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

United Way Of Rutherford County:

Enclosed is the 2013 federal return for a tax-exempt organization, prepared for United Way Of Rutherford County from the information provided. This return will be electronically filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects a refund of \$3,296.

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

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

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

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

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

Sincerely,

Bryan Blair

H A Beasley and Company PC

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

October 03, 2014

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

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

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

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

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

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

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

Sincerely,

Bryan Blair
H A Beasley and Company PC

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 07-01, 2013, and ending 06-30, 2014			
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF RUTHERFORD COUNTY		D Employer identification no. 58-1341880
	Doing Business As UNITED WAY OF RUTHERFORD AND CANNON		
	Number and street (or P.O. box if mail is not delivered to street address) 615 MEMORIAL BLVD	Room/suite 200	E Telephone number (615) 893-7303
	City or town, state or province, country, and ZIP or foreign postal code MURFREESBORO, TN 37129		G Gross receipts \$ 3,289,501
	F Name and address of principal officer: PHIL HOLT 2715 CROWNE POINT DRIVE, MURFREESBORO, TN 37130-6654		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.UWRUTHERFORD.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1956	M State of legal domicile: TN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HUMAN SERVICE NEEDS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	41
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	41
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,705,109	Current Year 3,084,192
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	76,211	123,149
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,765	29,499
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,801,085	3,236,840
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,818,248	2,183,500
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	483,473	498,353
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	101,835	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	242,548	248,925
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,544,269	2,930,778
19 Revenue less expenses. Subtract line 18 from line 12	256,816	306,062	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,685,697	End of Year 3,900,803
	21 Total liabilities (Part X, line 26)	2,299,468	2,204,880
	22 Net assets or fund balances. Subtract line 21 from line 20	1,386,229	1,695,923

Part II Signature Block

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

Sign Here	MEAGAN FLIPPIN Signature of officer	10-03-2014 Date				
	MEAGAN FLIPPIN, PRESIDENT/CEO Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name Bryan Blair	Preparer's signature Bryan Blair	Date 10-03-2014	Check <input type="checkbox"/> if self-employed	PTIN P00631975	
	Firm's name H A Beasley and Company PC	Firm's EIN 615-895-5675		Phone no.		
	Firm's address 111 MTCS Drive					
	Murfreesboro TN 37129					

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:**HUMAN SERVICE NEEDS****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 2,526,513 including grants of \$) (Revenue \$)**TO DEPLOY FINANCIAL SUPPORT TO AGENCIES TO MAXIMIZE THE RESOURCES AVAILABLE FOR SERVICES
AIMED AT THE MOST URGENT NEEDS OF THE COMMUNITY AND TO MUSTER COMMUNITY SUPPORT AND
COMMITMENT.****4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services. (Describe in Schedule O.)

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

4e Total program service expenses **2,526,513**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 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 Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	13
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
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 in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have 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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
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	
b	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?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
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.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in the Part VI ☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 41		
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 in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 41		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 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?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ **TN**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)
available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and
financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
STAN JACKSON (615)893-7303, 615 MEMORIAL BLVD, MURFREESBORO, TN 37129

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JILL AUSTIN COMMUNITY IMPACT CHAIR	1.00	X						0	0	0
(2) AMY PAINTER MYP DELEGATE/NON-VOTING	1.00	X						0	0	0
(3) CHARLIE BAUM MEMBER	1.00	X						0	0	0
(4) JAMES BEACH MEMBER	1.00	X						0	0	0
(5) ERNET BURGESS MEMBER	1.00	X						0	0	0
(6) JAMES EVANS SECRETARY/COMMUNICATIONS CHAIR	1.00	X		X				0	0	0
(7) PHIL HOLT BOARD CHAIR	1.00	X		X				0	0	0
(8) GORDON FERGUSON MEMBER	1.00	X						0	0	0
(9) KATHY JONES CAMPAIGN CHAIR	1.00	X						0	0	0
(10) JOANNA COOPER MEMBER	1.00	X						0	0	0
(11) RUSS GALLOWAY MEMBER	1.00	X						0	0	0
(12) MIKE DINAPOLI MEMBER	1.00	X						0	0	0
(13) DAVID LEE MEMBER	1.00	X						0	0	0
(14) RETTA GARDNER MEMBER	1.00	X						0	0	0

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KIRK GARRETT MEMBER	1.00	X						0	0	0
(2) SEAN KELLEY MEMBER	1.00	X						0	0	0
(3) PAUL LATTURE MEMBER	1.00	X						0	0	0
(4) JAMES MCCARROLL MEMBER	1.00	X						0	0	0
(5) LORI SMITH MEMBER	1.00	X						0	0	0
(6) CHARLIE MYATT MEMBER	1.00	X						0	0	0
(7) BRIAN SULLIVAN MEMBER	1.00	X						0	0	0
(8) JIM THOMPSON CHAIR ELECT	1.00	X						0	0	0
(9) BEN WEATHERFORD MEMBER	1.00	X						0	0	0
(10) MATT TAYLOR MEMBER	1.00	X						0	0	0
(11) GREG PERSINGER POLICY & NOMINATIONS CHAIR	1.00	X						0	0	0
(12) HOWARD WILSON MEMBER	1.00	X						0	0	0
(13) DAVID SCOTT MEMBER	1.00	X						0	0	0
(14) CASEY RAINEY TREASURER/FINANCE CHAIR	1.00	X		X				0	0	0

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <u>TRACY TOY</u> PAST BOARD CHAIR	<u>1.00</u>	X						0	0	0
(2) <u>HANNA WITHERSPOON</u> MEMBER	<u>1.00</u>	X						0	0	0
(3) <u>ROSS WOMACK</u> MEMBER	<u>1.00</u>	X						0	0	0
(4) <u>FELIX ALLEN</u> MEMBER	<u>1.00</u>	X						0	0	0
(5) <u>JIM CRUMLEY</u> COMMUNITY IMPACT VICE-CHAIR	<u>1.00</u>	X						0	0	0
(6) <u>RON FRYAR</u> MEMBER	<u>1.00</u>	X						0	0	0
(7) <u>BOBBIKAY SOHOLT</u> MEMBER	<u>1.00</u>	X						0	0	0
(8) <u>JOHN LEONARD</u> MEMBER	<u>1.00</u>	X						0	0	0
(9) <u>CHRIS MASSARO</u> MEMBER	<u>1.00</u>	X						0	0	0
(10) <u>STEVE STEELE</u> MEMBER	<u>1.00</u>	X						0	0	0
(11) <u>ANDY WOMACK</u> VICE CAMPAIGN CHAIR	<u>1.00</u>	X						0	0	0
(12) <u>DEBBIE THOMPSON</u> MEMBER	<u>1.00</u>	X						0	0	0
(13) <u>BARRY BUCKLEY</u> MEMBER	<u>1.00</u>	X						0	0	0
(14) <u>CARL QUAKENBUSH</u> MEMBER	<u>1.00</u>	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MEAGAN FLIPPIN PRESIDENT/CEO	40.00			X	X			74,000	0	0
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								74,000	0	0
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								74,000	0	0

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	3,084,192				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		3,084,192				
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		32,311	32,311			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	(i) Real						
		(ii) Personal						
		Gross rents						
		Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities						
		(ii) Other						
		Gross amount from sales of assets other than inventory		143,499				
		Less: cost or other basis and sales expenses		52,661				
	c	Gain or (loss)		90,838				
	d	Net gain or (loss)		90,838	90,838			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
		b	Less: direct expenses		b			
		c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19		a				
		b	Less: direct expenses		b			
c		Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances		a					
	b	Less: cost of goods sold		b				
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code						
11a	OTHER INCOME		900099	29,499	29,499			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			29,499				
12	Total revenue. See instructions			3,236,840	152,648	0	0	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	2,183,500	2,183,500		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	74,000	32,560	41,440	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	323,981	131,246	127,846	64,889
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .	8,710	3,543	3,808	1,359
9 Other employee benefits	61,054	27,389	33,731	(66)
10 Payroll taxes	30,608	12,597	12,958	5,053
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17 .				
f Investment management fees	11,218	4,936	6,282	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	24,306	12,241	12,065	
12 Advertising and promotion	5,306	2,095	2,552	659
13 Office expenses	34,745	13,738	17,212	3,795
14 Information technology				
15 Royalties				
16 Occupancy	30,600	13,464	17,136	
17 Travel	8,244	4,508	(1,778)	5,514
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	250	250		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,992	2,197	2,795	
23 Insurance	4,234	1,863	2,371	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEETINGS	1,591	517	637	437
b MEMBERSHIP DUES	61,031	41,650	19,381	
c EMPLOYEE DEVELOPMENT	2,229	984	1,125	120
d EVENTS	56,885	36,392	418	20,075
e All other expenses	3,294	843	2,451	
25 Total functional expenses. Add lines 1 through 24e .	2,930,778	2,526,513	302,430	101,835
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,511,436	1	1,472,700
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,321,639	3	1,471,441
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	26,480	9	27,288
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 74,292		
	b Less: accumulated depreciation	10b 65,097	10c 12,531	9,195
	11 Investments - publicly traded securities	759,065	11	857,808
	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	54,546	15	62,371
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,685,697	16	3,900,803	
Liabilities	17 Accounts payable and accrued expenses	2,235,329	17	2,163,655
	18 Grants payable		18	
	19 Deferred revenue	8,772	19	23,728
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	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 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	55,367	25	17,497
	26 Total liabilities. Add lines 17 through 25	2,299,468	26	2,204,880
Net Assets of Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	207,444	27	308,831
	28 Temporarily restricted net assets	1,178,785	28	1,387,092
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,386,229	33	1,695,923
34 Total liabilities and net assets/fund balances	3,685,697	34	3,900,803	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,236,840
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,930,778
3	Revenue less expenses. Subtract line 2 from line 1	3	306,062
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,386,229
5	Net unrealized gains (losses) on investments	5	3,632
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,695,923

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2013Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

UNITED WAY OF RUTHERFORD COUNTY

FORM 990 - 1

58-1341880

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,184

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

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	3,808
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	4,992
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.Form **4562** (2013)

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

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

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

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25								
26 Property used more than 50% in a qualified business use:								
Statement #50		%					3,808	
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28							3,808	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29								

Section B - Information on Use of Vehicles

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

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions):					
43 Amortization of costs that began before your 2013 tax year 43					
44 Total. Add amounts in column (f). See the instructions for where to report 44					

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,208,630	2,448,065	2,791,906	2,705,109	3,084,192	13,237,902
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,208,630	2,448,065	2,791,906	2,705,109	3,084,192	13,237,902
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						13,237,902

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,208,630	2,448,065	2,791,906	2,705,109	3,084,192	13,237,902
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,791	17,719	26,960	80,168	126,781	269,419
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	5,597	2,393	20,500	19,765	29,499	77,754
11 Total support. Add lines 7 through 10						13,585,075
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	97.44	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	80.21	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

- b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Temporarily restricted endowment ▶ _____ %
 The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		74,292	65,097	9,195
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				9,195

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Supplemental Information

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Federal Supporting Statements

2013

PG01

Name(s) as shown on return

Your Social Security Number

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

FORM 4562 - LINE 26

Statement #50

DESCRIPTION	DATE	%BUS	COST	DEPR BASIS	RP	METHOD	DEDUCTION	179 DED
BLACKBOX TELEPHONE SYSTEM	2007-03-14	100	3,796	3,796	7	SL MQ	363	
OFFICE FURNITURE	2007-05-16	100	1,200	1,200	7	SL MQ	159	
SAFE	2007-07-23	100	1,700	1,700	7	SL HY	243	
HP COMPUTER MISTY & BRIAN	2009-12-01	100	1,400	1,400	5	SL HY	280	
COMPUTERS	2010-08-11	100	1,012	1,012	5	SL HY	202	
COMPUTERS	2010-08-11	100	796	796	5	SL HY	159	
COMPUTERS	2011-03-25	100	4,495	4,495	5	SL HY	899	
COMPUTERS	2011-03-25	100	5,721	5,721	5	SL HY	1,144	
HP55-1021P HP SLIMLINE DESKTOP WORKSTATION	2011-08-16	100	1,200	1,200	5	SL HY	240	
BUFFALO LINKSTATION PRO NETWORK SERVER	2012-06-19	100	594	594	5	SL HY	119	
TOTAL							3,808	

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013**Open to Public
Inspection**

Name of the organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	AMERICAN RED CROSS-HEART OF 501 MEMORIAL BOULEVARD MURFREESBORO, TN 37129-8218		501(C)(3)	118,020				GENERAL SUPPORT
(2)	BOY SCOUTS OF AMERICA, MID 3414 HILLSBORO PK NASHVILLE, TN 37215		501(C)(3)	30,000				GENERAL SUPPORT
(3)	BOYS AND GIRLS CLUBS OF RUT 820 JONES BLVD MURFREESBORO, TN 37129		501(C)(3)	140,000				GENERAL SUPPORT
(4)	CANNON CO SENIOR CITIZENS C 609 LEHMAN ST WOODBURY, TN 37190		501(C)(3)	30,500				GENERAL SUPPORT
(5)	CASA OF RUTHERFORD COUNTY 447 N FRONT STREET MURFREESBORO, TN 37130		501(C)(3)	30,000				GENERAL SUPPORT
(6)	CHILD ADVOCACY CENTER OF RU 1040 SAMSONITE BLVD MURFREESBORO, TN 37129		501(C)(3)	50,869				GENERAL SUPPORT
(7)	COMMUNITY FOOD PARTNERS-2ND 331 GREAT CIRCLE RD NASHVILLE, TN 37228		501(C)(3)	23,000				GENERAL SUPPORT
(8)	COMMUNITY HELPERS OF RUTHER 1453 B HOPE WAY MURFREESBORO, TN 37129		501(C)(3)	222,000				GENERAL SUPPORT
(9)	CRISIS INTERVENTION CENTER 201 23RD AVENUE N NASHVILLE, TN 37203		501(C)(3)	15,000				GENERAL SUPPORT
(10)	DISCOVERY CENTER OF MURFREE 502 SOUTHEAST BROAD STREET MURFREESBORO, TN 37130		501(C)(3)	22,000				GENERAL SUPPORT

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

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

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

EEA

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013**Open to Public
Inspection**

Name of the organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	DOMESTIC VIOLENCE PROGRAM, 2106 E MAIN STREET MURFREESBORO, TN 37130		501(C)(3)	56,000				GENERAL SUPPORT
(2)	EXCHANGE CLUB FAMILY CENTER 139 THOMPSON LN NASHVILLE, TN 37211		501(C)(3)	28,000				GENERAL SUPPORT
(3)	GIRLS SCOUTS, CUMBERLAND VA 4522 GRANNY WHITE PIKE NASHVILLE, TN 37204		501(C)(3)	30,000				GENERAL SUPPORT
(4)	THE GUIDANCE CENTER 118 N CHURCH STREET MURFREESBORO, TN 37130		501(C)(3)	50,000				GENERAL SUPPORT
(5)	BIG BROTHERS BIG SISTERS 1704 CHARLOTTE AVENUE NASHVILLE, TN 37203		501(C)(3)	30,000				GENERAL SUPPORT
(6)	HOSPICE OF MURFREESBORO, MT 1639 MEDICAL CENTER PARKWAY ST MURFREESBORO, TN 37129		501(C)(3)	29,539				GENERAL SUPPORT
(7)	KIDS ON THE BLOCK 1704 CHARLOTTE AVE, SUITE 200 NASHVILLE, TN 37203		501(C)(3)	15,000				GENERAL SUPPORT
(8)	LEGAL AID SOCIETY OF MIDDLE 300 DEADERICK STREET NASHVILLE, TN 37201		501(C)(3)	16,000				GENERAL SUPPORT
(9)	MCHRA-HOMEMAKER PROGRAM 1101 KERMIT DRIVE SUITE 300 NASHVILLE, TN 37217		501(C)(3)	50,000				GENERAL SUPPORT
(10)	MCHRA-MEALS ON WHEELS&SENIO 1101 KERMIT DR, SUITE 300 NASHVILLE, TN 37217		501(C)(3)	45,000				GENERAL SUPPORT

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

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

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

EEA

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013**Open to Public
Inspection**

Name of the organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	JOURNEYS IN COMMUNITY LIVIN 1130 HALEY ROAD MURFREESBORO, TN 37129		501(C)(3)	102,378				GENERAL SUPPORT
(2)	MCHRA YOUTH CAN CAREER ACTI 1101 KERMIT DR, SUITE 300 NASHVILLE, TN 37217		501(C)(3)	40,000				GENERAL SUPPORT
(3)	MCS-FRANKLIN HEIGHTS TUTORI 2552 S CHURCH STREET MURFREESBORO, TN 37127		501(C)(3)	22,500				GENERAL SUPPORT
(4)	NURSES FOR NEWBORNS FOUNDAT 50 VANTAGE WAY, SUITE 101 NASHVILLE, TN 37228		501(C)(3)	13,000				GENERAL SUPPORT
(5)	PROJECT HELP - MTSU 206 N BAIRD LN MURFREESBORO, TN 37132		501(C)(3)	100,000				GENERAL SUPPORT
(6)	RURHERFORD CO EMERGENCY FOO 211 BRIDGE AVE MURFREESBORO, TN 37129		501(C)(3)	59,000				GENERAL SUPPORT
(7)	RUTH CO PRIMARY CARE & HOPE 1453 A HOPE WAY MURFREESBORO, TN 37129		501(C)(3)	60,000				GENERAL SUPPORT
(8)	RUTHERFORD CO SCHOOLS CHARI 2240 SOUTHPARK BLVD MURFREESBORO, TN 37128		501(C)(3)	20,000				GENERAL SUPPORT
(9)	THE SALVATION ARMY 1137 W MAIN STREET MURFREESBORO, TN 37128		501(C)(3)	90,500				GENERAL SUPPORT
(10)	SEXUAL ASSALT SERVICES OF D 2106 E MAIN STREET MURFREESBORO, TN 37130		501(C)(3)	11,500				GENERAL SUPPORT

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

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

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

EEA

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SMYRNA-LAVERGNE FOOD BANK 130 RICHARDSON STREET SMYRNA, TN 37167		501(C)(3)	73,545				GENERAL SUPPORT
(2)	ST CLAIR STREET SENIOR CENT 325 ST CLAIR STREET MURFREESBORO, TN 37130		501(C)(3)	36,000				GENERAL SUPPORT
(3)	STARS NASHVILLE 1704 CHARLOTTE AVE, SUITE 200 NASHVILLE, TN 37212		501(C)(3)	35,000				GENERAL SUPPORT
(4)	TENNESSEE POISON CENTER 501 OXFORD HOUSE, 1161 21ST AV NASHVILLE, TN 37232		501(C)(3)	12,000				GENERAL SUPPORT
(5)	WEE CARE DAY CARE CENTER 510 S HANCOCK ST MURFREESBORO, TN 37129		501(C)(3)	30,000				GENERAL SUPPORT
(6)	WEST MAIN MISSION 1400 B WEST COLLEGE STREET MURFREESBORO, TN 37130		501(C)(3)	52,897				GENERAL SUPPORT
(7)								
(8)								
(9)								
(10)								

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

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

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

EEA

Schedule I (Form 990) (2013)

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

Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.**01. Monitoring procedures (Part I, line 2)**

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

PAYOUTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

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

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

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

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

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

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

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

ANYONE MAY SEE DOCUMENTS UPON REQUEST.

**Form 990
Worksheet**

Schedule A, Line 5 - Excess 2% Limitation Contributors

2013

(Keep for your records)

Name of the organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

2% of the amount on Schedule A, part II, line 11, column (f) 271,702

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

TOTAL

=====

Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

ADVERTISING AND PROMOTION

Description	Amount
ADVERTISING	\$ 310
PROMOTIONAL ITEMS	1,785
Total:	\$ 2,095

ADVERTISING AND PROMOTION

Description	Amount
ADVERTISING	\$ 380
PROMOTIONAL ITEMS	2,172
Total:	\$ 2,552

OFFICE EXPENSES

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

OFFICE EXPENSES

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

990**Overflow Statement****2013**
Page 2

Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

OFFICE EXPENSES

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

OTHER EXPENSES

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

OTHER EXPENSES

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

* Item was disposed
of during current year.

Depreciation Detail Listing

Management & General

For your records only

2013

PAGE 1

Name(s) as shown on return

Social security number/EIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	TELEPHONE	20010531	217		100.00		217	7	SL HY	0		217			
2	42 BOARDROOM CHAIRS (20050701	13,200		100.00		13,200	7	SL HY	0		13,200			
3	BLACKBOX TELEPHONE SY	20070314	3,796		100.00		3,796	7	SL MQ	14.285	363	3,796			363
4	3 DELL DESKTOP	20051111	2,544		100.00		2,544	5	SL HY	0		2,544			
5	ANDAR SOFTWARE	20070630	17,000		100.00		17,000	3	SL HY	0		17,000			
6	COMPUTER SYSTEM 1 OF	20070510	1,125		100.00		1,125	5	SL HY	0		1,125			
7	COMPUTER SYSTEM 2 OF	20070510	1,125		100.00		1,125	5	SL HY	0		1,125			
8	OFFICE FURNITURE	20070516	1,200		100.00		1,200	7	SL MQ	14.285	159	1,200			159
9	MULTIMEDIA PROJECTOR	20040630	1,148		100.00		1,148	5	SL HY	0		1,148			
10	COMPUTER	20080627	1,175		100.00		1,175	5	SL HY	0		1,175			
11	WORK STATION	20070924	1,175		100.00		1,175	5	SL HY	0		1,175			
12	SAFE	20070723	1,700		100.00		1,700	7	SL HY	14.285	243	1,680			243
13	CC MACHINE	20070703	1,000		100.00		1,000	5	SL HY	0		1,000			
14	ANDAR/360 LIC UPGRADE	20070802	3,500		100.00		3,500	3	SL HY	0		3,500			
15	STAPLES COMPUTER	20080729	900		100.00		900	5	SL HY	20	17	900			17
16	HP COMPUTER MISTY & B	20091201	1,400		100.00		1,400	5	SL HY	20	280	1,260			280
17	DESKS, CHAIRS, BOOKSH	20100122	4,965		100.00		4,965	7	SL HY	14.285	709	3,192			709
18	COMPUTERS	20100811	1,012		100.00		1,012	5	SL HY	20	202	707			202
19	COMPUTERS	20100811	796		100.00		796	5	SL HY	20	159	558			159
20	COMPUTERS	20110325	4,495		100.00		4,495	5	SL HY	20	899	3,147			899
21	COMPUTERS	20110325	5,721		100.00		5,721	5	SL HY	20	1,144	4,006			1,144
22	HPS5-1021P HP SLIMLIN	20110816	1,200		100.00		1,200	5	SL HY	20	240	600			240
23	BUFFALO LINKSTATION P	20120619	594		100.00		594	5	SL HY	20	119	297			119
24	PR220OLCDRT2U 2170VA/	20130402	688		100.00		688	5	SL MQ	20	138	172			138
25	QUICKBOOKS 2013	20130502	960		100.00		960	3	SL MQ	33.333	320	373			320
26	IACCESS FROM HELIX	20140617	1,000		100.00		1,000	3	SL MQ	4.167					
27	BLACKBOX PHONE & JACK	20140630	656		100.00		656	7	SL MQ	1.786					
Totals			74,292				74,292				4,992	65,097			4,992

Land Amount
Net Depreciable Cost

74,292

ST ADJ:

Next Year's Depreciation

2013

Name						FEIN	
UNITED WAY OF RUTHERFORD COUNTY						58-1341880	
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
MGT	1	TELEPHONE	20010531	217	SL	7	
MGT	1	42 BOARDROOM CHAIRS (DON	20050701	13,200	SL	7	
MGT	1	BLACKBOX TELEPHONE SYSTE	20070314	3,796	SL	7	
MGT	1	3 DELL DESKTOP	20051111	2,544	SL	5	
MGT	1	ANDAR SOFTWARE	20070630	17,000	SL	3	
MGT	1	COMPUTER SYSTEM 1 OF 5	20070510	1,125	SL	5	
MGT	1	COMPUTER SYSTEM 2 OF 5	20070510	1,125	SL	5	
MGT	1	OFFICE FURNITURE	20070516	1,200	SL	7	
MGT	1	MULTIMEDIA PROJECTOR	20040630	1,148	SL	5	
MGT	1	COMPUTER	20080627	1,175	SL	5	
MGT	1	WORK STATION	20070924	1,175	SL	5	
MGT	1	SAFE	20070723	1,700	SL	7	20
MGT	1	CC MACHINE	20070703	1,000	SL	5	
MGT	1	ANDAR/360 LIC UPGRADE- 3	20070802	3,500	SL	3	
MGT	1	STAPLES COMPUTER	20080729	900	SL	5	
MGT	1	HP COMPUTER MISTY & BRIA	20091201	1,400	SL	5	140
MGT	1	DESKS, CHAIRS, BOOKSHELV	20100122	4,965	SL	7	709
MGT	1	COMPUTERS	20100811	1,012	SL	5	202
MGT	1	COMPUTERS	20100811	796	SL	5	159
MGT	1	COMPUTERS	20110325	4,495	SL	5	899
MGT	1	COMPUTERS	20110325	5,721	SL	5	1,144
MGT	1	HPS5-1021P HP SLIMLINE D	20110816	1,200	SL	5	240
MGT	1	BUFFALO LINKSTATION PRO	20120619	594	SL	5	119
MGT	1	PR2200LCDRT2U 2170VA/160	20130402	688	SL	5	138
MGT	1	QUICKBOOKS 2013	20130502	960	SL	3	320
MGT	1	IACCESS FROM HELIX	20140617	1,000	SL	3	333
MGT	1	BLACKBOX PHONE & JACK IN	20140630	656	SL	7	94
		TOTAL					4,517