

Return of Organization Exempt From Income Tax

2014

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning **07-01**, 2014, and ending **06-30**, 2015

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **UNITED WAY OF RUTHERFORD COUNTY**
 Doing business as **UNITED WAY OF RUTHERFORD AND CANNON**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3050 MEDICAL CENTER PARKWAY FLOOR 2 **200**
 City or town, state or province, country, and ZIP or foreign postal code
MURFREESBORO, TN 37129

D Employer identification no. **58-1341880**
E Telephone number **(615) 893-7303**
G Gross receipts \$ **3,509,885**

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? Yes No
 H(b) Are all subordinates included? Yes No
 H(c) Group exemption number ▶

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

J Website: ▶ **WWW.YOURLOCALUW.ORG**

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: **1956** **M** State of legal domicile: **TN**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE UNITED WAY OF RUTHERFORD AND CANNON COUNTIES MISSION IS TO IMPROVES LIVES BY ADVANCING OPPORTUNITIES FOR EDUCATION, HEALTH AND FINANCIAL STABILITY FOR ALL. ITS VISION IS TO BE THE PRIMARY COMMUNITY SOLUTIONS LEADER FOR HUMAN SERVICES.		
	2 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	40
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	40
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	250
	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)	3,084,192	2,786,053
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	123,149	104,403
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,499	2,009
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,236,840	2,892,465
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,183,500	2,145,780
	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)	498,353	520,513
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 119,894		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	248,925	289,229
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,930,778	2,955,522
19 Revenue less expenses. Subtract line 18 from line 12	306,062	(63,057)	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,900,803	End of Year 3,705,239
	21 Total liabilities (Part X, line 26)	2,204,880	2,168,714
	22 Net assets or fund balances. Subtract line 21 from line 20	1,695,923	1,536,525

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 *Meagan Flippin* **10-26-2015**
 Signature of officer Date

MEAGAN FLIPPIN, PRESIDENT/CEO
 Type or print name and title

Paid Preparer Use Only

Print preparer's name: **Bryan Blair** Preparer's signature: *Bryan Blair* Date: **10-26-2015** Check if PTIN self-employed **P00631975**

Firm's name ▶ **H A Beasley and Company PC** Firm's EIN ▶
 Firm's address ▶ **111 MTCS Drive** Phone no. **615-895-5675**
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 (2014)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE UNITED WAY OF RUTHERFORD AND CANNON COUNTIES' MISSION IS TO IMPROVES LIVES BY ADVANCING
OPPORTUNITIES FOR EDUCATION, HEALTH AND FINANCIAL STABILITY FOR ALL. ITS VISION IS TO BE THE
PRIMARY COMMUNITY SOLUTIONS LEADER FOR HUMAN SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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 \$ 2,531,018 including grants of \$ _____) (Revenue \$ _____)
See SERVICES page for a description of this program service.

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 **2,531,018**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line number, description, amount, and Yes/No checkboxes. Includes sections for backup withholding, employment tax returns, unrelated business income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Input box with 'X' checked

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9) and Yes/No columns. Contains questions about voting members, family relationships, and governance documents.

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

Table with columns for line numbers (10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b) and Yes/No columns. Contains questions about local chapters, conflict of interest policies, whistleblower policies, and compensation reviews.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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, address, and telephone number of the person who possesses the organization's books and records:

STAN JACKSON (615) 893-7303, 3050 MEDICAL CENTER PARKWAY FLOOR 2, MURFREESBORO, TN 37129

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TRACY TOY PAST BOARD CHAIR	1.00	X					0	0	0	
(2) HANNA WITHERSPOON MEMBER	1.00	X					0	0	0	
(3) ROSS WOMACK MEMBER	1.00	X					0	0	0	
(4) FELIX ALLEN MEMBER	1.00	X					0	0	0	
(5) RON FRYAR MEMBER	1.00	X					0	0	0	
(6) BOBBIKAY SOHOLT MEMBER	1.00	X					0	0	0	
(7) CHRIS MASSARO MEMBER	1.00	X					0	0	0	
(8) STEVE STEELE MEMBER	1.00	X					0	0	0	
(9) ANDY WOMACK VICE CAMPAIGN CHAIR	1.00	X					0	0	0	
(10) DEBBIE THOMPSON MEMBER	1.00	X					0	0	0	
(11) BARRY BUCKLEY MEMBER	1.00	X					0	0	0	
(12) CARL QUAKENBUSH MEMBER	1.00	X					0	0	0	
(13) MEAGAN FLIPPIN PRESIDENT/CEO	40.00			X	X		84,000	0	0	
(14)										

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 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			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							84,000	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 Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	2,786,053					
	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 ▶			2,786,053				
Program Service Revenue	2a _____ Business Code							
	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) ▶			36,629	36,629			
	4 Income from investment of tax-exempt bond proceeds ▶							
	5 Royalties ▶							
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		683,554	1,640					
		b Less: cost or other basis and sales expenses						
		616,131	1,289					
	c Gain or (loss)							
	67,423	351						
	d Net gain or (loss) ▶				67,774	67,774		
	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			2,009	2,009			
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d ▶				2,009				
12 Total revenue. See instructions ▶				2,892,465	106,412	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

		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .	2,145,780	2,145,780		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	84,000	36,960	47,040	
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	326,803	143,793	92,633	90,377
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .	8,562	3,767	2,911	1,884
9	Other employee benefits	69,302	30,493	23,562	15,247
10	Payroll taxes	31,846	14,012	10,828	7,006
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	12,211	5,373	6,838	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	34,935	18,228	16,707	
12	Advertising and promotion	3,687	1,488	1,259	940
13	Office expenses	35,837	14,948	18,340	2,549
14	Information technology				
15	Royalties				
16	Occupancy	32,294	14,209	18,085	
17	Travel	8,672	3,773	4,899	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	858	343		515
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,680	3,379	4,301	
23	Insurance	5,255	2,324	2,931	
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	752	752		
b	MEMBERSHIP DUES	60,236	39,908	20,251	77
c	EMPLOYEE DEVELOPMENT	3,021	1,480	1,441	100
d	EVENTS	80,474	49,193	30,119	1,162
e	All other expenses	3,317	815	2,465	37
25	Total functional expenses. Add lines 1 through 24e .	2,955,522	2,531,018	304,610	119,894
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 Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	1,472,700	1	1,370,189
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,471,441	3	1,215,347
	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	27,288	9	25,541
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 256,591		
	b	Less: accumulated depreciation	10b 54,476	9,195	10c 202,115
	11	Investments - publicly traded securities	857,808	11	829,118
	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	62,371	15	62,929
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,900,803	16	3,705,239	
Liabilities	17	Accounts payable and accrued expenses	2,163,655	17	2,120,518
	18	Grants payable		18	
	19	Deferred revenue	23,728	19	32,904
	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	17,497	25	15,292
	26	Total liabilities. Add lines 17 through 25	2,204,880	26	2,168,714
Net Assets or 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	308,831	27	406,712
	28	Temporarily restricted net assets	1,387,092	28	1,129,813
	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	1,695,923	33	1,536,525	
34	Total liabilities and net assets/fund balances	3,900,803	34	3,705,239	

Part XI Reconciliation of Net Assets

Check 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	2,892,465
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,955,522
3	Revenue less expenses. Subtract line 2 from line 1	3	(63,057)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,695,923
5	Net unrealized gains (losses) on investments	5	(96,341)
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	1,536,525

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual 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? Yes No
 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:
 Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant? Yes No
 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:
 Separate basis Consolidated basis Both consolidated and separate basis

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? Yes No
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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? Yes No

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

2014
Attachment
Sequence No. **179**

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return UNITED WAY OF RUTHERFORD COUNTY	Business or activity to which this form relates FORM 990 - 1	Identifying number 58-1341880
---	--	---

Part I Election To Expense Certain Property Under Section 179

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

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 2013 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 2015. 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 1,240

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 2014		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 2014 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	Statement #50					236
b 5-year property		33,208	7	MQ	SL	198
c 7-year property		163,737	10	MQ	SL	2,729
d 10-year property						
e 15-year property				25 yrs.		S/L
f 20-year property			27.5 yrs.	MM	S/L	
g 25-year property			27.5 yrs.	MM	S/L	
h Residential rental property			39 yrs.	MM	S/L	
i Nonresidential real property				MM	S/L	

Section C - Assets Placed in Service During 2014 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	2,923
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	7,326
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.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> 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 #51		%					2,923		
		%							
		%							
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	2,923	
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	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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?												
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).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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 2014 tax year (see instructions):					
43 Amortization of costs that began before your 2014 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)

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.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

	(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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

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

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) - 97.64%; 15 Public support percentage from 2013 Schedule A, Part II, line 14 - 97.44%; 16a 33 1/3% support test - 2014. 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 - [X]; 17a 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization - []; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions - [].

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2014

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

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

Name of the organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization UNITED WAY OF RUTHERFORD COUNTY	Employer identification number 58-1341880
--	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR. RUSS GALLOWAY 3014 ST. JAMES DR MURFREESBORO, TN 37129	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MAHLE FILTER SYSTEMS 906 BUTLER DRIVE MURFREESBORO, TN 37130	\$ 29,012	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BACKER-SPRINGFIELD 4700 JOHN BRAGG HWY MURFREESBORO, TN 37127	\$ 11,413	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	STATE FARM INSURANCE COMPANY P O BOX 8559 PRINCETON, NJ 08543	\$ 96,949	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FIRST TENNESSEE BANK 305 WEST NORTHFIELD BLVD MURFREESBORO, TN 37129	\$ 19,594	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	COMBINED FEDERAL CAMPAIGN P O BOX 280420 NASHVILLE, TN 37228-0420	\$ 12,509	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF RUTHERFORD COUNTY	Employer identification number 58-1341880
--	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SAINT THOMAS RUTHERFORD HOSPITAL 1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37129	\$ 10,806	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MIDDLE TN STATE UNIVERSITY COPE ADMINISTRATION BUILDING MURFREESBORO, TN 37132	\$ 56,846	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	RICH PRODUCTS 625 BUTLER DRIVE MURFREESBORO, TN 37127	\$ 20,140	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	YATES SERVICES 983 NISSAN DRIVE SMYRNA, TN 37167	\$ 307,869	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	TENNESSEE VALLEY AUTHORITY P O BOX 292409 NASHVILLE, TN 37229	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	PUBLIX P O BOX 407 LAKELAND, FL 33802	\$ 253,113	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF RUTHERFORD COUNTY	Employer identification number 58-1341880
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	UPS 801 COMMERCIAL CT MURFREESBORO, TN 37129	\$ 42,989	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	MR DON ALEXANDER 3451 BETTY FORD ROAD MURFREESBORO, TN 37130	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	GENERAL MILLS P O BOX 129 MURFREESBORO, TN 37133	\$ 781,236	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	TRACTOR SUPPLY COMPANY 320 PLUS PARK BLVD NASHVILLE, TN 37217	\$ 11,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	STUART C IRBY CO 1284 HEIL QUAKER BLVD LA VERGNE, TN 37086	\$ 16,103	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	HAYNES BROTHERS LUMBER 739 NORTHWEST BROAD STREET MURFREESBORO, TN 37129	\$ 6,079	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF RUTHERFORD COUNTY	Employer identification number 58-1341880
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SCHNEIDER ELECTRIC 300 WEAKLEY LANE SMYRNA, TN 37167	\$ 24,060	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	RUTHERFORD COUNTY SCHOOLS 2240 SOUTHPARK BLVD MURFREESBORO, TN 37128	\$ 141,832	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	COMMUNITY HEALTH SYSTEMS 155 FRANKLIN ROAD BRENTWOOD, TN 37027	\$ 13,990	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	SUSAN ANDREWS 910 HAZELWOOD STREET MURFREESBORO, TN 37130	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	ENTERPRISE - FRANKLIN 284 MALLORY STATION ROAD FRANKLIN, TN 37067	\$ 19,658	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	INGRAM CONTENT GROUP 1 INGRAM BLVD LA VERGNE, TN 37086	\$ 117,929	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF RUTHERFORD COUNTY	Employer identification number 58-1341880
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	NISSAN NORTH AMERICA 983 NISSAN DRIVE SMYRNA, TN 37167	\$ 194,577	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	AT&T 116 CANNON AVENUE MURFREESBORO, TN 37129	\$ 12,761	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	ATMOS ENERGY 334 WEST LOKEY MURFREESBORO, TN 37130	\$ 9,491	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	ANDY WOMACK, STATE FARM INSUR AGENT 1535 WEST NORTHFIELD BLVD SUITE 5 MURFREESBORO, TN 37129	\$ 12,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	BRIDGESTONE AMERICAS 1 BRIDGESTONE PARK NASHVILLE, TN 37214	\$ 71,152	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	CATERPILLAR FINANCIAL SERVICES 3322 WEST END AVENUE NASHVILLE, TN 37203	\$ 7,497	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF RUTHERFORD COUNTY	Employer identification number 58-1341880
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	CITY AUTO 1023 BRIDGE AVENUE MURFREESBORO, TN 37130	\$ 7,315	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	COMMUNITY CARE OF RUTHERFORD COUNTY 901 E COUNTY FARM ROAD MURFREESBORO, TN 37127	\$ 8,673	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	EMERGENCY PHYSICIANS OF ST THOMAS 1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37129	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	FIFTH THIRD BANK 2437 OLD FORT PKWY MURFREESBORO, TN 37128	\$ 15,034	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	FORD OF MURFREESBORO 1550 NW BROAD STREET MURFREESBORO, TN 37129	\$ 33,963	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	FRANKLIN SYNERGY BANK 722 COLUMBIA AVENUE FRANKLIN, TN 37064	\$ 8,964	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	GUARANTY TRUST COMPANY 316 ROBERT ROSE DRIVE MURFREESBORO, TN 37129	\$ 29,006	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	HERITAGE FARMS DAIRY 1100 NEW SALEM HIGHWAY MURFREESBORO, TN 37129	\$ 33,846	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	INTERNATIONAL PAPER 2220 NW BROAD STREET MURFREESBORO, TN 37129	\$ 7,768	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	JOHNSON CONTROLS 1501 MOLLOY LANE MURFREESBORO, TN 37129-3344	\$ 13,983	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	KROGER P O BOX 305103 NASHVILLE, TN 37230-5103	\$ 8,548	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	MURFREESBORO CITY SCHOOLS 2552 SOUTH CHURCH STREET MURFREESBORO, TN 37127	\$ 12,994	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF RUTHERFORD COUNTY	Employer identification number 58-1341880
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	MURFREESBORO ELECTRIC P O BOX 9 MURFREESBORO, TN 37133-0009	\$ 14,655	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	NATIONWIDE MUTUAL INSURANCE COMPANY ONE NATIONWIDE PLAZA COLUMBUS, OH 43085	\$ 9,113	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	PINNACLE NATIONAL BANK 214 WEST COLLEGE STREET MURFREESBORO, TN 37130-3504	\$ 11,505	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	RAYMOND JAMES 100 EAST VINE STREET SUITE 310 MURFREESBORO, TN 37130	\$ 8,363	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	RUTHERFORD COUNTY RUTHERFORD CO COURTHOUSE SUITE 202 MURFREESBORO, TN 37130	\$ 50,217	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	REGIONS BANK 100 EAST VINE STREET SUITE 200 MURFREESBORO, TN 37130	\$ 11,296	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	RUTHERFORD CO CHAMBER OF COMMERCE P O BOX 864 MURFREESBORO, TN 37133-0864	\$ 8,610	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	SUNTRUST BANKS P O BOX 100 MURFREESBORO, TN 37133-0100	\$ 8,260	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	TARGET NO 1126 1851 OLD FORT PARKWAY MURFREESBORO, TN 37129	\$ 15,920	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	TN EMPLOYEES CHARITABLE CAMPAIGN 505 DEADERICK STREET NASHVILLE, TN 37243-0635	\$ 9,296	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	THOMPSON SERVICES 8055 JACKSON RIDGE ROAD ROCKVALE, TN 37153-4234	\$ 11,453	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	TOWN OF SMYRNA 315 SOUTH LOWRY STREET SMYRNA, TN 37167	\$ 16,062	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	UNITED HEALTH GROUP GIVING CAMPAIGN 370 SELBY AVENUE SUITE 201 SAINT PAUL, MN 55102	\$ 10,388	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	WAL-MART SUPERCENTERS 2000 OLD FORT PARKWAY MURFREESBORO, TN 37129	\$ 13,178	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	MIDDLE TENNESSEE ELECTRIC 329 ST. ANDREWS DRIVE MURFREESBORO, TN 37133	\$ 13,513	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	DON WITHERSPOON 2127 SHANNON DRIVE MURFREESBORO, TN 37129	\$ 31,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	PFIZER FOUNDATION P O BOX 2072 PRINCETON, NJ 08543	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	SOUTHEASTERN TECHNOLOGY 905 INDUSTRIAL DRIVE MURFREESBORO, TN 37129	\$ 5,605	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF RUTHERFORD COUNTY	Employer identification number 58-1341880
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	COM P O BOX 1139 MURFREESBORO, TN 37133	\$ 32,002	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	COMDATA CORPORATION 5301 MARYLAND WAY BRENTWOOD, TN 37027	\$ 7,963	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	DEALER'S AUTO AUCTION 1815 OLD FORT PARKWAY MURFREESBORO, TN 37129	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	HCA STONECREST 200 STONECREST BOULEVARD SMYRNA, TN 37167	\$ 14,224	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	LAROCHE FAMILY FOUNDATION 2103 SHANNON DRIVE MURFREESBORO, TN 37129	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	MURFREESBORO YOUNG PROFESSIONALS 501 MEMORIAL BOULEVARD MURFREESBORO, TN 37129	\$ 12,549	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF RUTHERFORD COUNTY	Employer identification number 58-1341880
--	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	PINNACLE FINANCIAL PARTNERS 214 WEST COLLEGE MURFREESBORO, TN 37130	\$ 9,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	TRUSTPOINT HOSPITAL 1009 NORTH THOMPSON LANE MURFREESBORO, TN 37129	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2014

Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization: UNITED WAY OF RUTHERFORD COUNTY; Employer identification number: 58-1341880

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor advised funds.

Part II Conservation Easements.

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

Form for conservation easements including checkboxes for various purposes, a table for held at the end of the tax year (2a-2d), and several Yes/No questions regarding monitoring and reporting.

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.

Form for art and historical treasures including questions about reporting and amounts related to these items, with dollar sign indicators for revenue and assets.

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 1f.

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e, Total.

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	62,929
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	62,929

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	10,740
(3) COMMUNITY NEEDS ASSESSMENT	3,750
(4) PAYROLL LIABILITIES	323
(5) DEFERRED LEASE PAYABLE	479
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	15,292

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

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

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

Table with 5 main rows and sub-rows (a-e). Row 1: Total revenue, gains, and other support per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1. Row 5: Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Table with 5 main rows and sub-rows (a-e). Row 1: Total expenses and losses per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part IX, line 25, but not on line 1. Row 5: Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal lines provided for entering supplemental information.

Federal Supporting Statements

2014 PG01

Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

FORM 4562 - LINE 19B

Statement #50

BASIS	RP	CV	METHOD	DEDUCTION
1,278	5	MQ	SL	192
1,317	5	MQ	SL	44
TOTAL				<u>236</u>

Federal Supporting Statements

2014

PG01
Your Social Security Number
58-1341880

Name(s) as shown on return

UNITED WAY OF RUTHERFORD COUNTY

FORM 4562 - LINE 26

Statement #51

DESCRIPTION	DATE	\$EUS	COST	DEPR BASIS	RP	METHOD	DEDUCTION	179 DED
SAFE	07-23-2007	100	1,700	1,700	7	SL HY	20	
HP COMPUTER MISTY & BRIAN	12-01-2009	100	1,400	1,400	5	SL HY	140	
COMPUTERS	08-11-2010	100	1,012	1,012	5	SL HY	202	
COMPUTERS	08-11-2010	100	796	796	5	SL HY	159	
COMPUTERS	03-25-2011	100	4,495	4,495	5	SL HY	899	
COMPUTERS	03-25-2011	100	5,721	5,721	5	SL HY	1,144	
HESS-1021P HP SLIMLINE DESKTOP WORKSTATION	08-16-2011	100	1,200	1,200	5	SL HY	240	
BUFFALO LINKSTATION PRO NETWORK SERVER	06-19-2012	100	594	594	5	SL HY	119	

TOTAL

2,923

Statement of Program Service Accomplishments**2014 01**

Name(s) as shown on return

Your Social Security Number

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

FORM 990, PART III(A)

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$2531018
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$0

EXPLANATION

THE UNITED WAY TAKES PRIDE IN BEING AN ACCOUNTABLE, EFFICIENT AND TRANSPARENT COMMUNITY IMPACT ORGANIZATION. INVESTING IN THE UNITED WAY LEADS TO STRENGTHENING NEIGHBORHOODS, BOLSTERING THE HEALTH OF THE COMMUNITY, AND CREATING LONG-TERM CHANGE IN THE LIVES OF COMMUNITY MEMBERS EVERY DAY. EDUCATION IS THE CORNERSTONE FOR SUCCESS IN SCHOOL, WORK AND LIFE. LAST YEAR, THE UNITED WAY INVESTED \$643,002 INTO EDUCATIONAL PROGRAM PARTNERSHIPS, PROVIDED 1,500 STUDENTS WITH BACK TO SCHOOL KITS, AND INTEGRATED THE RUTHERFORD COUNTY BOOKS FROM BIRTH PROGRAM INTO ITS OPERATIONS. A DECENT INCOME IS NECESSARY FOR A LIFE THAT GUARANTEES MORE CHOICES, FREEDOM AND OPPORTUNITY. THE UNITED WAY INVESTED \$726,432 INTO PROGRAM PARTNERSHIPS FOCUSED ON INCOME IN 2014-15. THIS YEAR, THE UNITED WAY FILED NEARLY 730 TAX RETURNS THROUGH ITS VOLUNTEER INCOME TAX ASSISTANCE PROGRAM, RESULTING IN A \$1,011,650 RETURN INTO RUTHERFORD AND CANNON COUNTIES. IN THE AREAS OF HEALTH AND REBUILDING LIVES, UNITED WAY INVESTED \$859,289 INTO 2014-15 PROGRAM PARTNERSHIPS. THROUGH ITS PARTNERSHIP WITH THE FAMILYWISE PRESCRIPTION DISCOUNT PROGRAM, THE UNITED WAY SAVED RUTHERFORD AND CANNON COUNTY RESIDENTS \$621,000. LAST YEAR, 12 SCHOOL PLAYGROUNDS WERE REFURBISHED TO ENCOURAGE CHILDREN TO BE ACTIVE AND MAKE HEALTHY CHOICES.

**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.

OMB No. 1545-0047
2014
**Open to Public
Inspection**

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

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 Domestic Organizations and Domestic Governments. 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)	119,000				GENERAL SUPPORT
(2)	BOY SCOUTS OF AMERICA, MID 3414 HILLSBORO PK NASHVILLE, TN 37215		501(C)(3)	29,336				GENERAL SUPPORT
(3)	BOYS AND GIRLS CLUBS OF RUT 820 JONES BLVD MURFREESBORO, TN 37129		501(C)(3)	162,760				GENERAL SUPPORT
(4)	CANNON CO SENIOR CITIZENS C 609 LEHMAN ST WOODBURY, TN 37190		501(C)(3)	34,000				GENERAL SUPPORT
(5)	CASA OF RUTHERFORD COUNTY 447 N FRONT STREET MURFREESBORO, TN 37130		501(C)(3)	29,700				GENERAL SUPPORT
(6)	CHILD ADVOCACY CENTER OF RU 1040 SAMSONITE BLVD MURFREESBORO, TN 37129		501(C)(3)	88,434				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)	275,000				GENERAL SUPPORT
(9)	CRISIS INTERVENTION CENTER 201 23RD AVENUE N NASHVILLE, TN 37203		501(C)(3)	12,642				GENERAL SUPPORT
(10)	DISCOVERY CENTER OF MURFREE 502 SOUTHEAST BROAD STREET MURFREESBORO, TN 37130		501(C)(3)	15,745				GENERAL SUPPORT

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2014
**Open to Public
Inspection**

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

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 Domestic Organizations and Domestic Governments. 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, 826 MEMORIAL BLVD MURFREESBORO, TN 37129		501(C)(3)	54,418				GENERAL SUPPORT
(2)	EXCHANGE CLUB FAMILY CENTER 151 HERITAGE PARK DRIVE MURFREESBORO, TN 37129		501(C)(3)	30,150				GENERAL SUPPORT
(3)	GIRLS SCOUTS, CUMBERLAND VA P O BOX 40466 NASHVILLE, TN 37204-0466		501(C)(3)	29,520				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)	49,117				GENERAL SUPPORT
(6)	HOSPICE OF MURFREESBORO, MT 400 NORTH HIGHLAND AVENUE MURFREESBORO, TN 37130		501(C)(3)	44,130				GENERAL SUPPORT
(7)	KIDS ON THE BLOCK 1704 CHARLOTTE AVE, SUITE 200 NASHVILLE, TN 37203		501(C)(3)	65,000				GENERAL SUPPORT
(8)	LEGAL AID SOCIETY OF MIDDLE 300 DEADERICK STREET NASHVILLE, TN 37201		501(C)(3)	17,700				GENERAL SUPPORT
(9)	MCHRA-HOMEMAKER PROGRAM 1101 KERMIT DRIVE SUITE 300 NASHVILLE, TN 37217		501(C)(3)	71,190				GENERAL SUPPORT
(10)	MCHRA-MEALS ON WHEELS&SENIOR 1101 KERMIT DR, SUITE 300 NASHVILLE, TN 37217		501(C)(3)	47,700				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.

**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.

OMB No. 1545-0047
2014
**Open to Public
Inspection**

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

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 Domestic Organizations and Domestic Governments. 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)	104,500				GENERAL SUPPORT
(2)	MCHRA YOUTH CAN CAREER ACTI 204 UPTOWN SQUARE MURFREESBORO, Algeria		501(C)(3)	59,377				GENERAL SUPPORT
(3)	MCS-FRANKLIN HEIGHTS TUTORI 2552 S CHURCH STREET MURFREESBORO, TN 37127		501(C)(3)	18,856				GENERAL SUPPORT
(4)	ACE LEARNING CENTER MTSU BOX 413 MURFREESBORO, TN 37132		501(C)(3)	90,721				GENERAL SUPPORT
(5)	NURSES FOR NEWBORNS FOUNDAT 50 VANTAGE WAY, SUITE 101 NASHVILLE, TN 37228		501(C)(3)	15,000				GENERAL SUPPORT
(6)	CANNON COUNTY SAVE 301 W MAIN STREET SUITE 227 WOODBURY, TN 37190		501(C)(3)	6,000				GENERAL SUPPORT
(7)	RUTHERFORD CO EMERGENCY FOO 211 BRIDGE AVE MURFREESBORO, TN 37129		501(C)(3)	58,000				GENERAL SUPPORT
(8)	RUTH CO PRIMARY CARE & HOPE 1453 A HOPE WAY MURFREESBORO, TN 37129		501(C)(3)	70,000				GENERAL SUPPORT
(9)	RUTHERFORD CO SCHOOLS CHARI 2240 SOUTHPARK DRIVE MURFREESBORO, TN 37128		501(C)(3)	27,000				GENERAL SUPPORT
(10)	XMARI HOUSE P O BOX 1306 MURFREESBORO, TN 37129		501(C)(3)	7,000				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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF RUTHERFORD COUNTY

**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.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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

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. Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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)	THE SALVATION ARMY P O BOX 11468 MURFREESBORO, TN 37129		501(C)(3)	106,700				GENERAL SUPPORT
(2)	SEXUAL ASSAULT SERVICES OF D 826 MEMORIAL BLVD MURFREESBORO, TN 37129		501(C)(3)	10,500				GENERAL SUPPORT
(3)	SMYRNA-LAVERGNE FOOD BANK 130 RICHARDSON STREET SMYRNA, TN 37167		501(C)(3)	76,640				GENERAL SUPPORT
(4)	ST CLAIR STREET SENIOR CENT 325 ST CLAIR STREET MURFREESBORO, TN 37130		501(C)(3)	42,000				GENERAL SUPPORT
(5)	WOODBURY UNITED METHODIST C 502 WEST HIGHT STREET WOODBURY, TN 37190		501(C)(3)	7,000				GENERAL SUPPORT
(6)	TENNESSEE POISON CENTER DAR GIFT PROCESSING PMB 4077 NASHVILLE, TN 37240-7727		501(C)(3)	12,000				GENERAL SUPPORT
(7)	WEE CARE DAY CARE CENTER 510 HANCOCK STREET MURFREESBORO, TN 37130		501(C)(3)	27,790				GENERAL SUPPORT
(8)	WEST MAIN MISSION 1400 B WEST COLLEGE STREET MURFREESBORO, TN 37130		501(C)(3)	50,126				GENERAL SUPPORT
(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.

Part III Grants and Other Assistance to Domestic Individuals. 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

2014

**Open to Public
Inspection**

Employer identification number

58-1341880

UNITED WAY OF RUTHERFORD COUNTY

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

2014

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) 282,977

Name	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	(g) Excess contributions (col. (f) minus the 2% limit)
DR. RUSS GALLOWAY	26,000	27,000	28,000	35,000	30,000	146,000	
MR DON ALEXANDER	10,000	10,075	10,674	10,000	10,000	50,749	
SUSAN ANDREWS		5,000	5,000	5,000	5,000	20,000	
JOHN MCLAUGHLIN		10,000	10,000	10,000		20,000	
ADAMS FAMILY FOUNDATION I				7,500		7,500	
PUBLIX SUPER MARKETS CHARITIES			145,000	125,500		270,500	
RICHARD F LAROCHE JR			10,000	10,000		20,000	
STEVEN BOERRIGTER				7,200		7,200	
SUZANNE BOERRIGTER				6,960		6,960	
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	15,650		25,120		31,000	71,770	
PFIZER FOUNDATION	7,500		10,000		5,000	22,500	
MARK A PIRTLE	5,000					5,000	
JAMES M O'BRIAN	5,000					5,000	
STEVEN A DOTSON		6,000				6,000	
GINA ARWOOD		5,000				5,000	
LAROCHE FAMILY FOUNDATION					10,000	10,000	
TOTAL							

Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

ADVERTISING AND PROMOTION

Description	Amount
ADVERTISING	\$ 885
PROMOTIONAL ITEMS	603
Total:	\$ 1,488

ADVERTISING AND PROMOTION

Description	Amount
ADVERTISING	\$ 84
PROMOTIONAL ITEMS	1,175
Total:	\$ 1,259

OFFICE EXPENSES

Description	Amount
EQUIPMENT MAINTENANCE	\$ 2,677
OFFICE SUPPLIES	2,652
POSTAGE	2,011
PRINTING AND PUBLICATION	4,510
SOFTWARE	108
TELEPHONE	2,990
Total:	\$ 14,948

OFFICE EXPENSES

Description	Amount
EQUIPMENT MAINTENANCE/RENTAL	\$ 3,535
OFFICE SUPPLIES	3,376
POSTAGE	2,540
PRINTING AND PUBLICATION	4,749
SOFTWARE	137
TELEPHONE	4,003
Total:	\$ 18,340

Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

OFFICE EXPENSES

Description	Amount
OFFICE SUPPLIES	\$ 55
POSTAGE	6
PRINTING AND PUBLICATION	748
TELEPHONE	1,740
Total:	\$ 2,549

OTHER EXPENSES

Description	Amount
MISCELLANEOUS	\$ 114
SIGNAGE	100
TAXES	148
STAFF APPRECIATION	453
Total:	\$ 815

OTHER EXPENSES

Description	Amount
BANK SERVICE FEES	\$ 1,385
MISCELLANEOUS	216
SIGNAGE	128
TAXES	159
STAFF APPRECIATION	577
Total:	\$ 2,465

OTHER EXPENSES

Description	Amount
SIGNAGE	\$ 37
Total:	\$ 37

Depreciation Reconciliation for UNITED WAY OF RUTHERFORD COUNTY

	Cost	Basis	Current Depreciation	Accumulated Depreciation	Bonus Depreciatio
Beginning of Year	74,292	74,292	4,163	69,260	
Placed in Service in Current Year	201,664	201,664	3,163	3,163	
Removed from Service in Current Year	19,365	19,365	355	17,947	
End of Year	256,591	256,591	6,971	54,476	

* Item was disposed of during current year.

Depreciation Detail Listing

Management & General

2014

PAGE 2

Name(s) as shown on return

UNITED WAY OF RUTHERFORD COUNTY

Social security number/EIN

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		
2	42 BOARDROOM CHAIRS (07012005	13,200		100.00		13,200	7	SL	0		13,200					
8	OFFICE FURNITURE	05162007	1,200		100.00		1,200	7	SL	0		1,200					
17	DESKS, CHAIRS, BOOKSH	01222010	4,965		100.00		4,965	7	SL	14.28	355	3,547			355		
Totals													275,956	275,956	7,326	72,423	7,060

Land Amount
Net Depreciable Cost

275,956

275,956

7,326

72,423

7,060

ST. ADJ:

266

Next Year's Depreciation

2014

Name						FEIN	
UNITED WAY OF RUTHERFORD COUNTY						58-1341880	
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
MGT	1	TELEPHONE	05312001	217	SL	7	
MGT	1	BLACKBOX TELEPHONE SYSTE	03142007	3,796	SL	7	
MGT	1	3 DELL DESKTOP	11112005	2,544	SL	5	
MGT	1	ANDAR SOFTWARE	06302007	17,000	SL	3	
MGT	1	COMPUTER SYSTEM 1 OF 5	05102007	1,125	SL	5	
MGT	1	COMPUTER SYSTEM 2 OF 5	05102007	1,125	SL	5	
MGT	1	MULTIMEDIA PROJECTOR	06302004	1,148	SL	5	
MGT	1	COMPUTER	06272008	1,175	SL	5	
MGT	1	WORK STATION	09242007	1,175	SL	5	
MGT	1	SAFE	07232007	1,700	SL	7	
MGT	1	CC MACHINE	07032007	1,000	SL	5	
MGT	1	ANDAR/360 LIC UPGRADE- 3	08022007	3,500	SL	3	
MGT	1	STAPLES COMPUTER	07292008	900	SL	5	
MGT	1	HP COMPUTER MISTY & BRIA	12012009	1,400	SL	5	
MGT	1	COMPUTERS	08112010	1,012	SL	5	103
MGT	1	COMPUTERS	08112010	796	SL	5	79
MGT	1	COMPUTERS	03252011	4,495	SL	5	449
MGT	1	COMPUTERS	03252011	5,721	SL	5	571
MGT	1	HPS5-1021P HP SLIMLINE D	08162011	1,200	SL	5	240
MGT	1	BUFFALO LINKSTATION PRO	06192012	594	SL	5	119
MGT	1	PR2200LCDRT2U 2170VA/160	04022013	688	SL	5	138
MGT	1	QUICKBOOKS 2013	05022013	960	SL	3	267
MGT	1	IACCESS FROM HELIX	06172014	1,000	SL	3	333
MGT	1	BLACKBOX PHONE & JACK IN	06302014	656	SL	7	94
MGT	1	HP PAVILION LAPTOPS (2)	09262014	1,278	SL	5	256
MGT	1	2-DELL OPTIPLEX 7020 COM	04272015	1,317	SL	5	263
MGT	1	OFFICE SPACE BUILDOUT CH	05012015	163,737	SL	10	16,374
MGT	1	TV FOR CONFERENCE ROOM	06222015	2,124	SL	7	303
MGT	1	OFFICE FURNITURE FOR NEW	06302015	33,208	SL	7	4,744
		TOTAL					24,333

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning 07-01-2014, and ending 06-30-2015

2014

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Department of the Treasury
Internal Revenue Service

Name of exempt organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341890

Name and title of officer

MEAGAN FLIPPIN, PRESIDENT/CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>2,892,465</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Meagan Flippin

Date ▶ 10-26-2015

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

623220 88988

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

▶ Bryan Blair *Bryan Blair*

Date ▶ 10-26-2015

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.