Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. and ending JUN 30, 2018 A For the 2017 calendar year, or tax year beginning JUL 1, 2017

B c	heck if pplicable	C Name of organization		D Employer identifi	cation number
_	Addres				
=	_}change ∃Name	UNITED WAI OF KUINEKPORD COUNTI	CAN	58-1	341880
\vdash	_ change ∏Initial	Don's Data in the Land	-	E Telephone numbe	
\vdash	_ return Final	3050 MEDICAL CENTER PKWY	Olif/Suite	(615)893-7303
_	√return/ termin- ated		a	G Gross receipts \$	3,390,516.
	Amend			H(a) Is this a group re	
\vdash	⊒return ∏Applica			for subordinates	
	⊥tion pending	SAME AS C ABOVE		H(b) Are all subordinates in	
1.7	27.070	mpt status: X 501(c)(3)	527		list. (see instructions)
.1 V	Voheit	e: ► WWW. YOURLOCALUW. ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year o		A State of legal domicile: TN
	art I	Summary	J. I. C.	***	
	1 6	Briefly describe the organization's mission or most significant activities: IMPROV	E LI	VES BY ADVA	NCING
Activities & Governance	(OPPORTUNITIES FOR EDUCATION, HEALTH AND FI	NANC	IAL STABILI	TY FOR ALL.
r.		Check this box 🕨 🔲 if the organization discontinued its operations or disposed			ssets.
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)			43
S	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	43
es	5 7	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			18
Viti	6 7	Total number of volunteers (estimate if necessary)		6	1365
Acti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	1 d	Net unrelated business taxable income from Form 990-T, line 34			0.
			-	Prior Year	2,103,722.
e		Contributions and grants (Part VIII, line 1h)		2,409,385.	270,952.
Revenue		Program service revenue (Part VIII, line 2g)		42,408.	140,184.
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-9,626.	-4,553.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,655,581.	2,510,305.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,732,411.	1,602,137.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	- Carrier	676,634.	634,690.
ses				0,0,0320	0.
Expenses	loa i	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 245,660). 		
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		485,337.	504,728.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,894,382.	2,741,555.
		Revenue less expenses. Subtract line 18 from line 12		-238,801.	-231,250.
es	13 ,	Heveride less experises, custine to horitimo 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		3,497,888.	3,079,796.
Ass	21	Total liabilities (Part X, line 26)		2,153,012.	2,005,876.
E E	22	Net assets or fund balances. Subtract line 21 from line 20		1,344,876.	1,073,920.
Pa	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules ar			y knowledge and belief, it is
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.	1
		meadan Flygon		11/12	118
Sig	n	Signature of officer /		Date /	
Her	e	MEAGAN FLIPPIN, PRESIDENT AND CEO			
_		Type or print name and title	16.11	into I a T	X II PTIN
		Print/Type preparer's name Prophle/ Scientific 2	this	Ollow	1 (20)5/4/5
Paid	1		PA"	1/12/18 if self-employ	P01283359 62-1736974
		Firm's name DEMPSEY VANTREASE & FOLLIS PLLC		Firm's EIN	02-1130314
Use	Only	Firm's address 630 S. CHURCH ST., STE 300		Dhans no 16	15)893-6666
-	7/29 ar	MURFREESBORO, TN 37130		Phone no. (6	
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	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
	IMPROVE LIVES BY ADVANCING OPPORTUNITIES FOR EDUCATION, HEALTH, AND
	FINANCIAL STABILITY FOR ALL. ITS VISION IS TO BE THE PRIMARY COMMUNITY
_	SOLUTIONS LEADER FOR HUMAN SERVICES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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 \$ 2,186,985. including grants of \$ 1,602,137.) (Revenue \$ 270,952.)
	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. FOR THE FISCAL YEAR ENDING JUNE 30, 2018, UNITED WAY
	INVESTED \$452,526 INTO 16 PROGRAMS WITHIN EDUCATION AND PROVIDED
	\$67,275+ WORTH OF SCHOOL SUPPLIES FOR AT-RISK CHILDREN DURING UNITED
	WAY'S STUFF THE BUS. A DECENT INCOME IS NECESSARY FOR A LIFE THAT
	GUARANTEES MORE CHOICES, FREEDOM AND OPPORTUNITY. THE UNITED WAY
	INVESTED \$542,109 INTO 14 PROGRAMS WITHIN FINANCIAL STABILITY, AND
	FILED 1,400 TAX RETURNS DURING ITS VOLUNTEER INCOME TAX ASSISTANCE
4b	(Code:) (Expenses \$ including grants of \$)) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
70	(Code:) (Expenses \$
4-	Other program contines (Deposite in Calada) (A.)
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 2,186,985.
4e	
	Form 990 (2017)

Part IV Checklist of Required Schedules

2 211			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			w
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			77
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	ARRES		
	as applicable.	in a	1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110	_	
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	11d		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
_	Did the organization report an amount for other liabilities in Part X, life 23? If Yes, complete schools 2, 1 at X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
14a	then \$10,000 from grantmaking fundraising business			
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ v
_	complete Schedule G, Part III	19	000	(2017)
		r-orm	フラリ	IZUI/I

Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20	_	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
b		24a	-	X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	_	-
Ū	any tax-exempt bonds?	040		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		_
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258	_	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	2.00		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	HIST		
	instructions for applicable filing thresholds, conditions, and exceptions):	or ign	PAG.	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	ll		
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
00	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	bid the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
33	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	_	<u> </u>
•		ا 🚛 ا		v
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		$\frac{x}{x}$
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	JOD	-	
	If "Yes," complete Schedule R, Part V, line 2	26		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	\rightarrow	-41
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3/	\rightarrow	
	Note. All Form 990 filers are required to complete Schedule O	38	x	
			200	

	990 (2017) UNITED WAY OF RUTHERFORD COUNTY 58-134.	1880	P	age 5
Par				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V			ᆜ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		uno	-8
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4	11	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	es mili	nema i	100
	(gambling) winnings to prize winners?	10		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Hode	9.1/100	72.4
	filed for the calendar year ending with or within the year covered by this return	-	37	180
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			77
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			,,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	_	X
b	If "Yes," enter the name of the foreign country:	mó s	(1,535)	. 0
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	n in d	197010	45
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		_
7	Organizations that may receive deductible contributions under section 170(c).	-		4
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor		X	-
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			٠,
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	To m	of table	.,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	_	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	part is	(1125/12)	Α.
	sponsoring organization have excess business holdings at any time during the year?	8	-	-
9	Sponsoring organizations maintaining donor advised funds.		ill sen	CY
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	_
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	(m.Corr	Del St.	
а	Initiation fees and capital contributions included on Part VIII, line 12	1000	100	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1000		
11	Section 501(c)(12) organizations. Enter:	100	1957	
а	Gross income from members or shareholders	100	1000	1407
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	-	100	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	100	+-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		100	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	15		1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
	Note. See the instructions for additional information the organization must report on Schedule O.	1127	100	65
b	Enter the amount of reserves the organization is required to maintain by the states in which the		0.27	
	organization is licensed to issue qualified health plans	17110	1	
	Enter the amount of reserves on hand	100		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	- A

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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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 Q. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			-
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 43	Land of	4181	
	If there are material differences in voting rights among members of the governing body, or if the governing		ara jir	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			100
b	Enter the number of voting members included in line 1a, above, who are independent 1b 43		650	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	d Yes	on b	4
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	400	on A	10
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	0.00	D-L	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	150.40	n i	0 -
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	OT Ho	100	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X,Th	14,2	28
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	eri i	FID.	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	a umi	ichipi	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	Kac	h	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoons$			
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) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	STAN JACKSON - (615)893-7303			
	3050 MEDICAL CENTER PKWY FLOOR 2, MURFREESBORO, TN 37129			

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.

Color Colo	Check this box if neither the organiza (A)	(B)			(C	C)			(D)	(E)	(F)
Dours per week (list arry hours for related organizations hours	Name and Title	Average	(do	not c	Posi heck	ition more	than	one		l ·	
Week			box	, unle	ss pe	rson	is bot	h an	'		· ·
Nours for related organizations Nours for for related organizations Nours for related organizations			-					100,	I .		
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Delow Fee Delow Delow			10 99	stee			nsate		-	(** 2 * * * * * * * * * * * * * * * *	organization
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Color Colo			idual	Intion	ъ	om plc	est co	盲			organizations
Case			Indi	ınsti	₩	Key	High emp	F			
Carrell	(1) FELIX ALLEN	1.00							_		
MEMBER	MEMBER		X						0.	0.	0.
MEMBER	(2) SUSAN ANDREWS	1.00									
MEMBER	MEMBER		X						0.	0.	0.
(4) JIM CALDER	(3) BILLY BRUCE	1.00									
MEMBER	MEMBER		X		_			_	0.	0.	0.
Color Caputo Caputo Color Caputo Caputo	(4) JIM CALDER	1.00	1_							_	
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1.00	(5) LOUIS CAPUTO	1.00	1								_
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		1 00	↑	-	\vdash	-	-	-	· · · · · ·	· ·	
		1.00	Y.						n.	n.	0

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orm **990** (2017

(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	_{(de}			sition	n e than	one	Reportable	Reportable		Estima	ted
	hours per	box	, unle	ess pe	erson	is bo	th an		compensation		amoun	t of
	week	-	cer ar	no a c	Tirect	or/trus	tee)	from	from related		othe	r
	(list any hours for	recto		1			1	the	organizations	CO	mpens	
	related	or di	98		ı	sated		organization	(W-2/1099-MISC)		from t	
	organizations	rustee	trust	l	8	преп	l	(W-2/1099-MISC)			rganiza and rela	
	below	individual trustee or director	tiona	١.	를 S	St CO	_				ganiza	
	line)	ndivi	nstitu	E E	Key employee	Highest compensated employee	j j			"	gui iiru	
(18) CHRIS MASSARO	1.00		m		Ť		-			\vdash		
MEMBER		X			П			0.	0.	,		0.
(19) JAMES MCCARROLL	1.00						Г					
MEMBER		X						0.	0.			0.
(20) I'ASHEA MYLES-DIHIGO	1.00											
MEMBER		X						0.	0.			0.
(21) CASEY RAINEY	1.00											
FINANCE CHAIR		X		X			L	0.	0.			0.
(22) LIZ RHEA	1.00								_			
MEMBER	1.00	X	Щ			_		0.	0.	_		0.
(23) CHASE SALAS	1.00											_
MEMBER	1 00	X	L	_	_	<u> </u>	_	0.	0 .	ـــ		0.
(24) TERRY SCHNEIDER	1.00	.,								1		•
MEMBER (25) TIM SLATE	1 00	X	-		H	-	_	0.	0.	▙		0.
MEMBER	1.00	x						0	0			^
(26) LORI SAIN SMITH	1.00	_				₩		0.	0.	₩		0.
MEMBER	1.00	x						0.	0.			0
		_				1_		0.	0.	\vdash		0.
1b Sub-total c Total from continuation sheets to Pa								98,205.	0.	\vdash	7 -	745.
d Total (add lines 1b and 1c)								98,205.	0.	⊢		745.
Total (add lines ib and ic) Total number of individuals (including b											','	43.
compensation from the organization		1030	i iiate	su a	DOV	C) W	101	eceived more than \$100	,000 or reportable			0
											Yes	
3 Did the organization list any former offi	cer, director, or tru	uste	e. ke	ev er	npla	ovee	. or	highest compensated er	mplovee on		E /KIIIU	Tim
line 1a? If "Yes," complete Schedule J										3		X
4 For any individual listed on line 1a, is th											100	137
and related organizations greater than	\$150,000? If "Yes,	" co	mple	ete S	Sch	edul	e <i>J</i> 1	for such individual		4		Х
5 Did any person listed on line 1a receive	or accrue compe	nsat	ion f	rom	any	y uni	elat	ted organization or indivi	dual for services	1117	e gala	
rendered to the organization? If "Yes,"										5		X
Section B. Independent Contractors												
1 Complete this table for your five highes										sation	n from	
the organization. Report compensation	for the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax y	ear.			
(A)				_			- 1	(B)			(C)	
Name and busin	ess address	N	INC	<u> </u>		_	_	Description of se	ervices (comp	ensatio	on
					_	-	\dashv					
					_	-	\dashv					
							\dashv					
i.							\dashv					
							_					
2 Total number of independent contractor		ot li	mite	d to	tho	se lis	stec	above) who received m	ore than		_ #	U. LOT
\$100,000 of compensation from the org	ganization >				(0			16.1	11.0	miles.	ETT.
SEE PART VII, SECT	ON A CONT	II'	NU.	T	101	NS	H	EETS		Forn	990	(2017)

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	Average hours per week (list any hours for related organizations below line) 1.00 1.00 1.00 1.00	stee or director		(C Posi all t	;) tion			Compensated Employ (D) Reportable compensation from the organization (W-2/1099-MISC)	ees (continued) (E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and title Or (27) MATT TAYLOR MEMBER (28) DEBBIE THOMPSON MEMBER (29) DAVID TINCHER MEMBER (30) DAVID URBAN RESOURCE DEVELOPMENT CHAIR (31) BEN WEATHERFORD MEMBER	(B) Average hours per week (list any hours for related organizations below line) 1.00 1.00 1.00	X Individual trustee or director	neck	(C) Position all t	tion hat	арр	ly)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Name and title Or (27) MATT TAYLOR MEMBER (28) DEBBIE THOMPSON MEMBER (29) DAVID TINCHER MEMBER (30) DAVID URBAN RESOURCE DEVELOPMENT CHAIR (31) BEN WEATHERFORD MEMBER	Average hours per week (list any hours for related organizations below line) 1.00 1.00 1.00	X X Individual trustee or director	neck	Posi all t	tion hat	app		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
OF (27) MATT TAYLOR MEMBER (28) DEBBIE THOMPSON MEMBER (29) DAVID TINCHER MEMBER (30) DAVID URBAN RESOURCE DEVELOPMENT CHAIR (31) BEN WEATHERFORD MEMBER	per week (list any hours for related organizations below line) 1.00 1.00 1.00	X X Individual trustee or director	-					from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
OF (27) MATT TAYLOR MEMBER (28) DEBBIE THOMPSON MEMBER (29) DAVID TINCHER MEMBER (30) DAVID URBAN RESOURCE DEVELOPMENT CHAIR (31) BEN WEATHERFORD MEMBER	week (list any hours for related organizations below line) 1.00 1.00 1.00	x x	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
OF (27) MATT TAYLOR MEMBER (28) DEBBIE THOMPSON MEMBER (29) DAVID TINCHER MEMBER (30) DAVID URBAN RESOURCE DEVELOPMENT CHAIR (31) BEN WEATHERFORD MEMBER	(list any hours for related organizations below line) 1.00 1.00 1.00	x x	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
OF (27) MATT TAYLOR MEMBER (28) DEBBIE THOMPSON MEMBER (29) DAVID TINCHER MEMBER (30) DAVID URBAN RESOURCE DEVELOPMENT CHAIR (31) BEN WEATHERFORD MEMBER	hours for related organizations below line) 1.00 1.00 1.00 1.00	x x	Institutional trustee	Officer	Key employee	Highest compensated empl	Former	(W-2/1099-MISC)		organization and related organizations
OF (27) MATT TAYLOR MEMBER (28) DEBBIE THOMPSON MEMBER (29) DAVID TINCHER MEMBER (30) DAVID URBAN RESOURCE DEVELOPMENT CHAIR (31) BEN WEATHERFORD MEMBER	related organizations below line) 1.00 1.00 1.00 1.00	x x	Institutional trustee	Officer	Key employee	Highest compensated	Former		0.	and related organizations
(27) MATT TAYLOR MEMBER (28) DEBBIE THOMPSON MEMBER (29) DAVID TINCHER MEMBER (30) DAVID URBAN RESOURCE DEVELOPMENT CHAIR (31) BEN WEATHERFORD	rganizations below line) 1.00 1.00 1.00 1.00	x x	Institutional trust	Officer	Key employee	Highest compen	Former	0.	0.	organizations
(27) MATT TAYLOR MEMBER (28) DEBBIE THOMPSON MEMBER (29) DAVID TINCHER MEMBER (30) DAVID URBAN RESOURCE DEVELOPMENT CHAIR (31) BEN WEATHERFORD	below line) 1.00 1.00 1.00 1.00	x x	Institutiona	Officer	Кеу етрю	Highest co	Former	0.	0.	
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MEMBER (28) DEBBIE THOMPSON MEMBER (29) DAVID TINCHER MEMBER (30) DAVID URBAN RESOURCE DEVELOPMENT CHAIR (31) BEN WEATHERFORD MEMBER	1.00 1.00 1.00	x						0.	0.	0 .
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(29) DAVID TINCHER MEMBER (30) DAVID URBAN RESOURCE DEVELOPMENT CHAIR (31) BEN WEATHERFORD MEMBER	1.00	х				· I				
MEMBER (30) DAVID URBAN RESOURCE DEVELOPMENT CHAIR (31) BEN WEATHERFORD MEMBER	1.00							0.	0.	0
(30) DAVID URBAN RESOURCE DEVELOPMENT CHAIR (31) BEN WEATHERFORD MEMBER	1.00									
RESOURCE DEVELOPMENT CHAIR (31) BEN WEATHERFORD MEMBER	1.00	X						0.	0.	0
(31) BEN WEATHERFORD MEMBER		X								
MEMBER								0.	0.	0
	1.00									
(32) DON WITHERSPOON	1.00	X						0.	0.	0
										0
MEMBER	4 00	X			_			0.	0.	0
(33) ANDY WOMACK	1.00	.,		,,				0.	0.	0
CHAIR	1 00	X		Х			_	0.	0.	0
(34) JEFFREY WOODS	1.00	x						o.	0.	0
MEMBER	40.00	_		-	-		_	0.	- 0.	
(35) MEAGAN FLIPPIN	40.00	x		$ \mathbf{x} $				98,205.	0.	7,745
PRESIDENT AND CEO	1.00	₽	\vdash		-			70,2031		7,715
(36) DR. JILL AUSTIN MEMBER	1.00	x						0.	0.	0
(37) COURTNEY CHAVEZ	1.00	<u> </u>			-					
MEMBER	1.00	x						0.	0.	0
(38) JEFF CLARK	1.00		_	\dashv	-		_		-	
MEMBER	1100	x						0.	0.	0
(39) DON CLAYTON	1.00	-								
MEMBER		X						0.	0.	0
(40) SHERRIFF MIKE FITZUGH	1.00									
MEMBER		Х						0.	0.	0
(41) JENNIFER MOODY	1.00									
MEMBER		X						0.	0.	0
(42) KIM SNELL	1.00									_
MEMBER		X				Ш		0.	0 .	0
(43) MARTHA TOLBERT	1.00									_
MEMBER		X						0.	0.	0
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		_				ш	_			
Total to Part VII, Section A, line 1c										

		Check if Schedule O con	tains a response	or note to any lin				
				10000	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a 2	052,339.				
ara our		Membership dues	Victoria Victoria de la composición della compos		1 4 1 1 1 1			I Washin
S, C		Fundraising events		50,211.	14141 108			
ar	d	Related organizations	1d		THE PROPERTY OF	per la		
S,E		Government grants (contribu				19 5 6 1 1		
rion		All other contributions, gifts, gran						
the liber		similar amounts not included abo		1,172.	1000			to sport on
ÖĒ	g							THE RESIDENCE
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			2,103,722.			expensed a
				Business Code				100000
g.	2 a	OTHER PROGRAM I	REVENUE	900099	141,622.	141,622.		
ا کج	b	DOOME EDOM DED		611710	129,330.	129,330.		
Sel	c	-		-				
e a	d	-						
Program Service Revenue	e	-						
Ŗ	f	All other program service rev	enue					
	q				270,952.		BEAGING:	PETER MAN LUXU
\neg	3	Investment income (including						
	-	other similar amounts)			26,598.			26,598.
	4	Income from investment of ta			20,0301			20,350.
	5	Royalties		68		+		
	•	noyanio	(i) Real	(ii) Personal	1-18/1			
	6 2	Gross rents		(ii) i eisoriai	T TEO.			(II con II con
	h	Less: rental expenses			W X			the second second
		Rental income or (loss)	-					Bir and
		Niet westelling and a discol	L					
		Gross amount from sales of	(i) Securities	(ii) Other	1.1.1.1.0.			The state of the s
	/ u	assets other than inventory	978,978					The same of
	h	Less: cost or other basis	370,370	-				AN SURE THE
- 1		and sales expenses	865,392	1	1			
	_	Gain or (loss)	113 586		100.			
	ا	Mot gain or (loss)	113,300	<u> </u>	113,586.			113,586.
		Net gain or (loss) Gross income from fundraisir			113,300.		100	113,300.
=	Оа	including \$ 50,2			21 277			No.
Ş		-						GREEN PASS
Other Revenu		contributions reported on line	•	10,266.				
<u>ا</u> ۋ	.	Part IV, line 18	b			·		201 075 777
ŏ		Net income or (loss) from fun-			-4,553.			-4,553.
		Gross income from gaming a	-	····· >	4,555.			-4,555.
- 1	9 4							
	h	Part IV, line 19 Less: direct expenses	a					
		Net income or (loss) from gan						
- 1		. ,	-					
	IU a	Gross sales of inventory, less						6 5 115
		and allowances	a					
		Less: cost of goods sold			فسنتا المالي			
ŀ	C	Net income or (loss) from sale						
ŀ	11 a	Miscellaneous Revenu	76	Business Code				
	ii a b	·						-
		-						
-	q	All other revenue						
	a a	All other revenue	***************************************					
	12 12	Total. Add lines 11a-11d		[2,510,305.	270,952.	0.	135,631.
	14-	i otali i o toliato. Oct ili sti utili 0113.		·····	a, J _ U , J U J •	410,234	0.	TOO, COT.

Form 990 (2017) UNITED WAY OF Part IX Statement of Functional Expenses

1000	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons	se or note to any line in t	his Part IX	•••••	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	4 600 107	1 600 107	Margarity - Foreign	
	and domestic governments. See Part IV, line 21	1,602,137.	1,602,137.		NAME OF TAXABLE
2	Grants and other assistance to domestic			- Land of the Million of the Williams	
	individuals. See Part IV, line 22				and the same
3	Grants and other assistance to foreign			etain brus, micyclighter, ad	
	organizations, foreign governments, and foreign			T. June 1	
	individuals. See Part IV, lines 15 and 16				IL AND THE REAL PROPERTY.
4	Benefits paid to or for members				II, in-lineage
5	Compensation of current officers, directors,	105 050	48,255.	7,620.	50,075
	trustees, and key employees	105,950.	40,255.	7,020.	30,073
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	407,836.	135,012.	162,135.	110,689
7	Other salaries and wages	407,030.	133,012.	102,133	110,000
8	Pension plan accruals and contributions (include	10,116.	3,451.	3,440.	3,225
	section 401(k) and 403(b) employer contributions)	70,266.	25,071.	23,198.	21,997
9	Other employee benefits	40,522.	14,601.	13,311.	12,610
10	Payroll taxes	40,322.	14,001.	13,3111	
11	Fees for services (non-employees):				
	Management				
	Legal	7,250.		7,250.	
	Accounting	1,250.		7,2501	
d	Lobbying			7.5	
е	Professional fundraising services. See Part IV, line 17	8,735.	3,739.	3,126.	1,870
f	Investment management fees	0,755.	5,755.	3,1201	-/
g	Other. (If line 11g amount exceeds 10% of line 25,	12,534.	5,396.	4,578.	2.560
	column (A) amount, list line 11g expenses on Sch 0.)	11,185.	4,922.	3,940.	2,560 2,323
12	Advertising and promotion	22,643.	7,645.	10,900.	4,098
13	Office expenses	22,815.	10,008.	8,176.	4,631
14	Information technology	22,013.	10,0001	0/2/01	
15	Royalties	33,113.	12,412.	14,570.	6,131
16	Occupancy	13,890.	4,670.	6,270.	2,950
17	Travel	13,050.	1,0701		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2,627.	870.	1,320.	437
19	Conferences, conventions, and meetings	2,027.	0.00		
20	Interest Payments to affiliates	35,785.	12,167.	15,745.	7,873
21	Payments to affiliates Depreciation, depletion, and amortization	27,822.	11,727.	9,460.	6,635
22		5,757.	1,957.	2,533.	1,267
23	Other expenses. Itemize expenses not covered	37.37.			
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	I de marine	SEE SHAPET SAW	model to (its last and	
	amount, list line 24e expenses on Schedule O.)	120 100	128,109.		- I-11
а	BOOKS FROM BIRTH	128,109.	113,028.		
b	SPECIAL EVENT EXPENSE	113,028. 28,726.	26,833.	1,266.	627
C	DUES AND SUBSCRIPTIONS	16,001.	6,510.	7,416.	2,075
d	POSTAGE AND PRINTING	14,708.	8,465.	2,656.	3,587
е		2,741,555.	2,186,985.	308,910.	245,660
25	Total functional expenses. Add lines 1 through 24e	4,141,555.	4,100,303.	300,710.	220,000
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 if following SOP 98-2 (ASC 958-720)				= 000 (oo4)

Form 990 (2017) Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X		т	<u>L</u>
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	986,623	1	567,343
2	Savings and temporary cash investments	220	2	
3	Pledges and grants receivable, net	1,172,709	3	1,108,464
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,		1,911	Property of the Park
	trustees, key employees, and highest compensated employees. Complete	The street of the street	100	
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined und	er Edward Hardward	- William	PINE MILESTON
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribute	ing	10 0	
	employers and sponsoring organizations of section 501(c)(9) voluntary	bobini mizi	Jean C	
2	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Slassin 7	Notes and loans receivable, net		7	
⁴ 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	76 107	9	26,111
10a	Land, buildings, and equipment: cost or other			ten afreignamt 1
	basis. Complete Part VI of Schedule D 10a 278,63		REPUBLIS	
Ь	Less: accumulated depreciation 10b 136,35			142,274
11	Investments - publicly traded securities	1,096,389.	11	1,167,145
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	48,427.	15	68,459
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,497,888.	16	3,079,796
17	Accounts payable and accrued expenses	57,445.	17	51,619
18	Grants payable	2,024,457.	18	1,876,197
19	Deferred revenue	67,360.	19	74,310
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	(4)	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	3,750.		3,750
26	Total liabilities. Add lines 17 through 25	2,153,012.	26	2,005,876
.	Organizations that follow SFAS 117 (ASC 958), check here X and			
27 28 29 30 31 32 31 32 32 32 32 32 32 32 32 32 32 32 32 32	complete lines 27 through 29, and lines 33 and 34.	222 070		22.045
27	Unrestricted net assets	222,878.		-33,045
28	Temporarily restricted net assets		_	1,106,965
29	Permanently restricted net assets	1	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here		11.53	
20	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	
33	Retained earnings, endowment, accumulated income, or other funds	1,344,876.	32	1 072 020
34	Total net assets or fund balances Total liabilities and net assets/fund balances		33	1,073,920.
	Total replicted and fiet assets/fully paldfices	J, 431,000.	34	3,079,796. Form 990 (2017

Form **990** (2017)

Form	1990 (2017) UNITED WAY OF RUTHERFORD COUNTY	20-	1241000	Pag	<u>je 12</u>
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
			O F1	1 2	Λ.E.
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,51		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,743		
3	Revenue less expenses. Subtract line 2 from line 1	3	-23		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,34		
5	Net unrealized gains (losses) on investments	5	- 3	9,1	06.
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,		1 07		20
	column (B))	10	1,07	3,9	<u> 40.</u>
Pa	rt XII Financial Statements and Reporting				
_	Check if Schedule O contains a response or note to any line in this Part XII	*********		Yes	No
			1	169	140
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_		1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		0.0		х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	Aug to		
	separate basis, consolidated basis, or both:		1-1-1		
	Separate basis Consolidated basis Both consolidated and separate basis		9-0.714	х	(EXIII)
b	Were the organization's financial statements audited by an independent accountant?			A	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	moon	ш	
	consolidated basis, or both:			-	
	X Separate basis		The sale	300	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			х	1000000
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			-	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		3a		х
	Act and OMB Circular A-133?	irod ava	0.000.000		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	*********	*******	990	(2017)
			I-OHH		(-011)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number 58-1341880

Pa	irt I	Reason for Public	Charity Status (All organizations must c	omplete th	is part.) S	ee instructions.	
The	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in sect						
3		A hospital or a cooperative					ii).	
4		A medical research organiz						the hospital's name.
		city, and state:						
5		An organization operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a c	overnmental unit descri	ped in
		section 170(b)(1)(A)(iv). (C		,		,		
6		A federal, state, or local go		mental unit described in	section 1	70(b)(1)(A	l(v)	
7	\mathbf{X}	An organization that norma						public described in
		section 170(b)(1)(A)(vi). (C					and or horn the gonera	pablic decembed in
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in coni	inction with a land-grant	college
	()	or university or a non-land-g						
		university:	grant conogo or agric	, antai o (000 ii 101) dotioi 13/	. Lintoi tiio	riarrio, oit	y, and state of the coneg	Je 01
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sur	aport from	contributi	one membership fees	and gross receipts from
		activities related to its exen						
		income and unrelated busin						
		See section 509(a)(2). (Cor		(1000 bookleft of 1 tably if	OITI DUSITIC	,5505 6041	aned by the organization	arter durie 30, 1973.
11		An organization organized	•	ively to test for public sa	afety See	section 5	09(a)(4)	
12		An organization organized						nurnoses of one or
		more publicly supported or						
		lines 12a through 12d that						SHOOK THE BOX III
а		Type I. A supporting orga					=	, aivina
		the supported organization						
		organization. You must o			απαιοπιγ	or the dire	olors of trastees of the t	заррогинд
b		Type II. A supporting org			tion with it	te eunnort	ed organization(s), by he	avina
_		control or management o						
		organization(s). You mus			arne perse	JIIS LIILL O	ontrol of manage the sup	pported
С		Type III functionally inte			in connec	tion with	and functionally integrat	ed with
		its supported organization						od with,
d		Type III non-functionally						ization(s)
		that is not functionally int						
		requirement (see instruct						
е		Check this box if the orga						
		functionally integrated, or					2 1 1 po 1, 1 1 po 11, 1 1 po 111	
f	Ente	r the number of supported o			-			
g	Prov	ride the following information	about the supporte	ed organization(s).	**************			vii le
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				asovo (aso instruoriorio)				
	_							
Tota	<u> </u>							

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

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

Sec	ction A. Public Support						
_	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(a) Lo 10	3-7			And and an arrangement of the second	
•	membership fees received. (Do not						
	include any "unusual grants.")	3,084,192.	2,786,053.	3,142,152.	2,409,385.	2,103,722.	13,525,504.
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,084,192.	2,786,053.	3,142,152.	2,409,385.	2,103,722.	13,525,504.
	The portion of total contributions					outstand broken	
	by each person (other than a				4	no estimam in	
	governmental unit or publicly					Tires 11/2	
	supported organization) included					THE RESERVE	
	on line 1 that exceeds 2% of the	11 1 1 1 1 1 1 1 1			21.74	And Preference of the	
	amount shown on line 11,					rem Elizabeth	540 460
	column (f)				بالثال بعد عدد	the same of the same	518,468.
6	Public support. Subtract line 5 from line 4.					A similar trans	13,007,036,
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	3,084,192.	2,786,053.	3,142,152.	2,409,385.	2,103,722.	13,525,504.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			24 405	20 065	26 500	222 502
	and income from similar sources	126,781.	7,711.	31,427.	30,065.	26,598.	222,582.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						31,508.
	assets (Explain in Part VI.)	29,499.	2,009.				13,779,594.
11	Total support. Add lines 7 through 10						13,119,334.
12	Gross receipts from related activities	, etc. (see instructio	ns)			12 501()(0)	
13	First five years. If the Form 990 is fo						► □
~	organization, check this box and stor	p here	contage	*********************	***************************************		
				- Lumper (f))		14	94.39 %
14						15	93.33 %
15	Public support percentage from 2016 a 33 1/3% support test - 2017. If the	o Schedule A, Part I	, line 14	line 12 and line 1	/ ie 33 1/3% or r		
168	a 33 1/3% support test - 2017. If the 0	organization did not	ted organization	illie 15, and line i	14 13 00 17070 01 1	noro, or look trilo by	▶ X
	stop here. The organization qualifies 33 1/3% support test - 2016. If the	as a publicly suppo	chock a box on li	ne 13 or 16a and	line 15 is 33 1/3%	or more, check the	
k	and stop here. The organization qua						
	and stop nere. The organization qua 10% -facts-and-circumstances tes	illies as a publicly s	upported organiza	heck a boy on line	13 16a or 16h	and line 14 is 10%	or more.
178	a 10% -facts-and-circumstances tes and if the organization meets the "fac	st - 2017. II the orga	anization did not c	ie boy and eton h e	ere Evolain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	cts-and-circumstant	ies lest, check th	sublick supported	organization	it timovi alio oliga.	D
-	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes	test. The organizat	noi quaiilles as a paissina	heck a hov on line	13 16a 16b or	17a, and line 15 is	10% or
t	10% -facts-and-circumstances tes more, and if the organization meets t	be "feets and sire; in	metanope" toet ob	ock this hav and a	ston here. Explain	in Part VI how the	•
	more, and if the organization meets to organization meets the "facts-and-cir	roumetaneos" tost 7	The organization o	ualifies as a nublic	oly supported organic	anization	>
40	Private foundation. If the organization	on did not check a	nov on line 13 16s	16b 17a or 17b	. check this box	and see instruction	s
18	Private foundation. If the organization	OIT GIG TIOL CHECK & L	JOA OIT III IC TO, TOO	, , , , , , , , , , , , , , , , , , , ,	Sch	edule A (Form 990	or 990-EZ) 2017

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

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

Se	ction A. Public Support		piaco i ale iii)				
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and		1		1-7	19/2011	(1) 1014
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the		1				
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities					<u> </u>	
3							
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					_	
	n Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						*
	ndar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for						
Sec	check this box and stop here tion C. Computation of Public	Support Do	roontogo	•••••			▶∟
						T I	
16	Public support percentage for 2017 (lir	ne 8, column (1) al	227 227-007-07-22			15	%
Sec	Public support percentage from 2016 stion D. Computation of Inves	tment Incom	Percentage			16	%
17	Investment income percentage for 201	(line 10c, colum	nn (f) divided by lin	e 13, column (f))		17	%
10	Investment income percentage from 2	Schedule A, I	rant III, line 17			18	<u>%</u>
	33 1/3% support tests - 2017. If the c						
_	more than 33 1/3%, check this box an	d stop here. The	organization quali	fies as a publicly s	supported organiz	ation	▶└
	33 1/3% support tests - 2016. If the c						
	line 18 is not more than 33 1/3%, chec	k this box and sto	op here. The orgar	nization qualifies a	s a publicly supp	orted organization .	▶□
20	Private foundation. If the organization	did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see in	structions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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	edule A (Form 990 or 990-EZ) 2017 UNITED WAY OF RUTHERFORD COUNTY 5	8-134188	0 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	80.0	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	- 1		33
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	 	_
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			18
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		995	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	HIGHS O	2.00	700
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	2 March	100	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		_
2	Did the organization operate for the benefit of any supported organization other than the supported	1000		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		I WALL	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	Hardwood III	120	
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	tion of Type is supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	135 U	Tes	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	10 1000		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
		1734	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		-Up-up	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	Marie 1	1315	118.
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	September 1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	To the same		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1971	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1 September		
	significant voice in the organization's investment policies and in directing the use of the organization's	HALLING.	-011	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1000	2	-8
500	supported organizations played in this regard.	3		
1	tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru			
· a	The organization satisfied the Activities Test, Complete line 2 below.	cuons).		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	e)	
2	Activities Test. Answer (a) and (b) below.	Jee man delient	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Sec. 354	100	0
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	month.	ersi.	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	teilme	No.	in.
	how the organization was responsive to those supported organizations, and how the organization determined	y Name		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20 M 40	- # Q-	0
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	A Common	V Sell	
	reasons for the organization's position that its supported organization(s) would have engaged in these	Desce	KING.	4
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	lara fin	THE ST	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		DE.	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		JUST	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	r = = =
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
_	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	0.40	Digital and Vince	fricon ellercont
1120	instructions for short tax year or assets held for part of year):	Control 5	or for week ming to 2011	C. Horsekerholten II.
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			Normal a
	factors (explain in detail in Part VI):	115		and had a
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
•	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
<u> </u>	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	orniA Cambridge	
4	Enter greater of line 2 or line 3	4	and serviced by the	1
5	Income tax imposed in prior year	5	white times make	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		on half many	V.
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting org	ganization (see
•	washing a min or and the second secon			

Schedule A (Form 990 or 990-EZ) 2017

	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI), See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		Elizabeta Sam	
2	Underdistributions, if any, for years prior to 2017 (reason-	Later than		Tare of Alleganian .
	able cause required- explain in Part VI). See instructions.			and a street quarters and
3	Excess distributions carryover, if any, to 2017		the manufacture of the contraction of the contracti	Sec of the Committee of the
а			The Spring of	a female talignment of
b	From 2013		Torities.	a street that said to
С	From 2014		La della	a Discould Hamel for
d	From 2015		- UN 1967L()	Continue sales
е	From 2016	The state of the s	THE PROPERTY OF THE PARTY OF	the Build of the Board of the
f	Total of lines 3a through e			Dept Card foodson in
g	Applied to underdistributions of prior years	PARTY NEW YORK THE WAY		With the state of
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)		mit tomother mingrament	managed his mines and the
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			TOTAL CONTRACTOR
4	Distributions for 2017 from Section D,		secondada y	e-seculosismes . T
	line 7: \$		Declary of States	and resident and fact of
а	Applied to underdistributions of prior years			and the second second
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.		THE RESIDENCE OF THE PARTY OF T	ermisol by parentists or
5	Remaining underdistributions for years prior to 2017, if			of your man will be
	any. Subtract lines 3g and 4a from line 2. For result greater	Trimble and it is		production registration p.
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in	The state of the s	Carry and Start Starting	
	Part VI. See instructions.		Market and heart and	
7	Excess distributions carryover to 2018. Add lines 3j			PROPERTY LET T
	and 4c.			sumiforities 22
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

1

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2017

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
GENERAL MILLS	673,894.	398,302
PUBLIX SUPER MARKETS	395,758.	120,166
otal Excess Contributions to Schedule A, Part II, Line 5		518,468

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; line 1. Complete Parts I and II.
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
but it m u	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BRIDGESTONE LAVERGNE PLANT 1201 BRIDGESTONE PKWY LAVERGNE, TN 37086	\$69,458.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GENERAL MILLS		Person X Payroll
	MURFREESBORO, TN 37127	\$163,064.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GUARANTY TRUST COMPANY 316 ROBERT ROSE DRIVE MURFREESBORO, TN 37129	\$48,118.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MIDDLE TENNESSEE STATE UNIVERSITY 1301 EAST MAIN STREET MURFREESBORO, TN 37132	\$70,608.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PUBLIX SUPER MARKETS PO BOX 407 LAKELAND, FL 33802	\$173,618 .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	RUTHERFORD COUNTY SCHOOLS 2240 SOUTHPARK DRIVE MURFREESBORO, TN 37128	\$133,468.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	INGRAM 250 VENTURE CIRCLE NASHVILLE, TN 37228	\$127,003.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	UNITED PARCEL SERVICE 45 TELEDYNE PLACE LAVERGNE, TN 37086	\$48,313.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	HANNA WITHERSPOON 2127 SHANNON DRIVE MURFREESBORO, TN 37129	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	YATES SERVICES 983 NISSAN DRIVE SMYRNA, TN 37167	\$\$241,753.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	PUBLIX SUPER MARKETS PO BOX 407 LAKELAND, FL 33802	\$125,042.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	NISSAN 250 VENTURE CIRCLE	\$355,520.	Person X Payroll X Noncash
	NASHVILLE, TN 37228	Schedule R /Form	(Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017

Name of organization

Employer identification number

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
200450 41 04		_ _ _ \$	

Employer identification number

	Use duplicate copies of Part III if addition	is, charitable, etc., contributions of \$1,000 or less al space is needed.	W 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- =			
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
-			
No.			
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. om rt I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
No. om art I	(b) Purpose of gift Transferee's name, address, a	(e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
No. om art I		(e) Transfer of gift	
No.	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
No.	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

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

Name of the organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number 58-1341880

Total number at end of year Aggregate value of parts from (during year) During from the part of the parts of the		organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line 6		A Accounts. Complete if the
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in form all organizations are the organization in form all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization enswered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements with the preservation of open space 2 complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements of the day of the tax year. 2 Total number of conservation easements 3 Total area gerestricted by conservation easements 4 Number of conservation easements included in (c) acquired after 7725/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is lookde? 5 Dese the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 7 Yes 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(II) and section 170(h)(4)(B)(II) and section 170(h)(4)(B)(III) and section 170(h)(4)(B)(III) and section 17				(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all organizes, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements — Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements. 2 Total number of conservation easements. 3 Total number of conservation easements are a calcified historic structure included in (a). 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 2 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is lookle? 5 Dese the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements. It holds? 5 Dese	1	Total number at end of year		77. 12
A Aggregate value of grants from (during year) A Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization nanswered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Preservation of a tractile historic structure □ Preservation of natural habitat □ Preservation of preservation assement on the day of the tax year. 2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year. 3 Total number of conservation easements is 2a □ Total acreage restricted by conservation easements is 2a □ Total acreage restricted by conservation easements is louded in (a) □ 2a □	2	Aggregate value of contributions to (during year)		
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and section 170(h)(4)(B)(ii)?			, , ,	
and section 170(h)(4)(B)(ii)?	8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170(h)	(4)(B)(i)
 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, ar include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of a historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in P the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, he treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following a relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Revenue included on Form 990, Part VIII, line 1 Revenue included on Form 990, Part VIII, line 1 Revenue included on Form 990, Part VIII, line 1 Revenue included on Form 990, Part VIII, line 1 Revenue included on Form 990, Part VIII, line 1 				
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the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, he treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following a relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1				
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2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1				
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1	2	***************************************		
a Revenue included on Form 990, Part VIII, line 1				and brosido
h. Assets included in Form 990. Part Y	а			\$
■ Z NOON INTIMUM IN FORM ONLY FOR A SECURIOR OF THE SECURIOR	b	Assets included in Form 990, Part X		> \$
IIIA FB I D. I d. A.M. d				Schedule D (Form 990) 2017

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-	dule D (Form 990) 2017 UNITED 1	WAY OF RU	Inerr	DED CO	ONII	Other			
	t III Organizations Maintaining C	ollections of	Art, misi	orical	reasures, or	Other .	finest upp of its	- collection i	tome
3	Using the organization's acquisition, accession	on, and other reco	rds, checi	cany of the	e tollowing that a	are a signi	Ticant use of its	Collection	rems
	(check all that apply):								
а	Public exhibition				change program				
b	Scholarly research		e 🗀 '	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and exp	ain how th	ey further	the organizatior	ı's exemp	t purpose in Pa	ırt XIII.	
5	During the year, did the organization solicit or							7	
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arran	gements. Com	plete if the	organizati	on answered "Y	es" on Fo	rm 990, Part IV	, line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	ian or other interm	ediary for	contributio	ns or other asse	ets not inc	luded		
	on Form 990, Part X?							Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the	following t	table:					
_								Amount	
С	Beginning balance	- 1000000					1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
	Did the organization include an amount on Fo						L	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.								
Par									
	2 Zindowii o ii i a ii a o o o o impioso	(a) Current year		rior year	(c) Two years	back (d)	Three years bac	(e) Four y	ears back
	Danishing of year bolongs	(a) Current year	(5).	nor your	(0)	- 1			
	Beginning of year balance		_						
	Contributions		+						
	Net investment earnings, gains, and losses		_		<u> </u>	_		-	
	Grants or scholarships							+	
е	Other expenditures for facilities								
	and programs		-						
	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur		nce (line 1	g, column	(a)) held as:				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
C	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posses	ession of the organ	nization the	at are held	and administere	ed for the	organization	-	
	by:								es No
	(i) unrelated organizations								_
	(ii) related organizations							3a(ii)	_
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as rec	uired on S	Schedule R	?			3b	
4	Describe in Part XIII the intended uses of the	e organization's en	dowment	funds.					
Pai	rt VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere		990, Part I	V, line 11a.	See Form 990,	Part X, lin	e 10.		
-	Description of property	(a) Cost o			st or other		ımulated	(d) Book	value
	becomplient of property	basis (inve			s (other)	depre	ciation		
10	Land								
	Land								
b	Buildings Leasehold improvements			1	64,412.	5	1,850.	112	,562.
C .					14,218.		4,506.		,712.
d	Equipment								
e	Other	agual Form 990 D	art X. colu	nn (R) line	10c.)			142	,274.
Tota	. Add lines 1a through 1e. (Column (d) must e	quai FUIII 330, Fe	ar Lay COIGI	un (D), mic		******			-

Schedule D (Form 990) 2017

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value		iz. ost or end-of-year market value
4) Chamalal destruit	(b) Dook value	(c) Method of Valuation. Co	ost or end-or-year market value
* ** **********************************			
2) Closely-held equity interests		-	
(A)			
(B)			
in the second se			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line	13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		D. 1. Track	oper throat medical D
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line	15. (b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a)		e 11d. See Form 990, Part X, line	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		e 11d. See Form 990, Part X, line	
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tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		e 11d. See Form 990, Part X, line	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, line	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		e 11d. See Form 990, Part X, line	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	Description	e 11d. See Form 990, Part X, line	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line part X Other Liabilities.	Description		(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line and a complete if the organization answered "Yes" Complete if the organization answered "Yes"	Description	e 11e or 11f. See Form 990, Part >	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See Form 990, Part >	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	e 15.) on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part >	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) COMMUNITY NEEDS ASSESSMENT	e 15.) on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part >	(b) Book value
art IX Other Assets. Complete if the organization answered "Yes" (a) ! (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) COMMUNITY NEEDS ASSESSMEN' (3)	e 15.) on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part >	(b) Book value
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art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) COMMUNITY NEEDS ASSESSMEN' (3) (4) (5)	e 15.) on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part >	(b) Book value
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tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	e 15.) on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part >	(b) Book value
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otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) COMMUNITY NEEDS ASSESSMEN' (3) (4) (5) (6) (7)	Description 9 15.) on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part >	(b) Book value

732053 10-09-17

Schedule D (Form 990) 2017

Par	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		nevenue per K	eturn	
1	Total revenue, gains, and other support per audited financial statements			1	2,485,418.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments	2a	-39,706.		
	Donated services and use of facilities				
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	1 1			20 526
е	Add lines 2a through 2d			2e	-39,706.
3	Subtract line 2e from line 1			3	2,525,124.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	t a			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	44.040		
b	Other (Describe in Part XIII.)	4b	-14,819.	1	14 010
	Add lines 4a and 4b			4c	-14,819.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		- Francisco	Dot:	2,510,305.
Par	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Witi	1 Expenses per	Hetu	rn.
_	Total expenses and losses per audited financial statements			1	2,756,374.
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
2	Donated services and use of facilities	2a		10	
a	Prior year adjustments			16	
	Other losses				
d	Other (Describe in Part XIII.)		14,819.		
	Add lines 2a through 2d			2e	14,819.
3	Subtract line 2e from line 1			3	2,741,555.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,741,555.
Par	t XIII Supplemental Information.				
Provi lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	IV, lines 1b litional infori	and 2b; Part V, line nation.	4; Part	X, line 2; Part XI,
PAI	RT X, LINE 2:				
	2 740-10 PRESCRIBES A COMPREHENSIVE MODEL	FOR TH	E FINANCIA	L S'	TATEMENT
	COGNITION,				
-	ASUREMENT, PRESENTATION AND DISCLOSURE OF	UNCERT	AIN TAX PC	SIT	IONS TAKEN
	EXPECTED TO BE TAKEN IN INCOME TAX RETURN				
				QUI.	
	TAX EFFECTS OF A POSITION BE RECOGNIZED				
"M(RE-LIKELY-THAN-NOT" TO BE SUSTAINED BY TH	E TAXI	NG AUTHORI	TY	AS OF THE
REI	PORTING DATE. IF THE TAX POSITION IS NOT C	ONSIDE	RED		
"M(RE-LIKELY-THAN-NOT" TO BE SUSTAINED, THEN	NO BE	NEFITS OF	THE	POSITION
ARI	TO BE RECOGNIZED. THE ORGANIZATION HAS E	STIMAT	ED THAT TH	ERE	ARE NO
UNI	RECOGNIZED TAX POSITIONS AS OF JUNE 30, 20	18 AND	2017. AT	JUN	E 30, 2018,
	OPCANIZATION'S TAX RETURNS RELATED TO FI				

732054 10-09-17

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest instructions. Inspection

ame of the organization	p do to					1.5	ntification number
	WAY OF RUTHERFORD	COU	NTY			58-1341	880
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Policitations b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	ed funds through any of the following solicitates of the solicitates o	tion of tion of fundra (includerofess	non-ge govern ising e ding of ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contrib	istody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			•				
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notifie	d it is	exempt from r	egistration
Ç. 115 c.							
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Schedule G (Form 990 or 990-EZ) 2017

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events RED WHITE & NONE (add col. (a) through BAYOU DINNER col. (c)) (event type) (event type) (total number) Revenue 60,477. 1 Gross receipts 60,477. 50,211. 2 Less: Contributions 50,211. 3 Gross income (line 1 minus line 2) 10,266. 10,266. 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 14,819. 9 Other direct expenses 14,819 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary, Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: 732082 09-13-17 Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 UNITED WAY OF RUTHERFORD COUNTY 58	13410	OU Page	<u> 3</u>
11 Does the organization conduct gaming activities with nonmembers?	. Ш	'es 🔲 l	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable gaming?	\	'es 🔲 I	No
13 Indicate the percentage of gaming activity conducted in:			
	13a		%
a The organization's facility	401		%
b An outside facility	IOD		70
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶			_
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆 ነ	es I	No
The second			
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name Name			_
Address			_
16 Gaming manager information:			
Name			
Gaming manager compensation > \$			
Description of services provided			
Bookington of curticos provided and			
			_
			_
Director/officer Employee Independent contractor			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	г,		NI -
retain the state gaming license?	10077	res LI	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year ▶ \$			_
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	, lines 9, 9	b, 10b, 15b	Э,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
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Schedule G	(Form 990 or 990-EZ)	UNITED WAY	OF	RUTHERFORD	COUNTY	58-1341880 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)				

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SCHEDULE 1 (Form 990) Department of the Treasury

internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Open to Public OMB No. 1545-0047 Inspection

> Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

2 **Employer identification number** 58-1341880 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any VARIOUS USE VARIOUS USE VARIOUS USE VARIOUS USE VARIOUS USE VARIOUS USE 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ö 0 ö Ö ö 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. o 1,396, (d) Amount of cash grant 666 129,905, 87,688 33,335 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 55, UNITED WAY OF RUTHERFORD COUNTY For Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section (if applicable) 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 Enter total number of other organizations listed in the line 1 table 20-1115704 23-7056024 53-0196605 62-6005794 62-1583332 62-0983550 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? BOULEVARD - MURFREESBORO, TN 37129 ANN CAMPBELL EARLY LEARNING CENTER 1 (a) Name and address of organization CANNON COUNTY IMAGINATION LIBRARY AMERICA - 415 NORTH MAPLE STREET TENNESSEE CHAPTER - 501 MEMORIAL BOYS & GIRLS CLUB OF RUTHERFORD BIG BROTHERS & BIG SISTERS OF COUNTY - 820 JONES BOULEVARD AMERICAN RED CROSS HEART OF or government MURFREESBORO, TN 37130 MURFREESBORO, TN 37130 MURFREESBORO, TN 37130 MURFREESBORO, TN 37129 MURFREESBORO, TN 37129 1629 WILLIAMS DRIVE Name of the organization 105 W VINE STREET 206 BAIRD LANE ALIVE HOSPICE Part ¥

Schedule I (Form 990) (2017)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	ction (d) Amount of non-cash cash grant assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANNON COUNTY SENIOR CENTER 609 LEHMAN STREET WOODBURY, IN 37190	62-1036864	501(C)3	12,745.	0			VARIOUS USE
CHILD ADVOCACY CENTER OF RUTHERFORD COUNTY, INC 1040 SAMSONITE BOULEVARD - MURFREESBORO, TN 37129	62-1786865	501(C)3	138,199.	.0			ARIOUS USE
CHILDREN'S MUSEUM CORPORATION OF RUTHERFORD COUNTY - 502 SOUTH EAST BROAD STREET - MURFREESBORO, TN 37130	62-1273308	501(C)3	17,763.	.0		2	ARIOUS USE
COMMUNITY HELPERS OF RUTHERFORD COUNTY - 1453 B HOPE WAY - MURFREESBORO, IN 37129	58-1483422	501(C)3	122,057.	.0		>	VARIOUS USE
CASA OF RUTHERFORD COUNTY 447 N FRONT STREET MURFREESBORO, IN 37130	62-1209459	501(C)3	16,316.	0.			ARIOUS USE
DOMESTIC VIOLENCE PROGRAM, INC. OF RUTHERFORD COUNTY - 826 MEMORIAL BOULEVARD - MURFREESBORO, IN 37129	62-1303874	501(C)3	32,584.	.0		8	VARIOUS USE
GIRL SCOUTS OF MIDDLE TENNESSEE PO BOX 40466 NASHVILLE, TN 37204	62-0589380	501(C)3	12,201.	0		D.	VARIOUS USE
INSIGHT COUNSELING 200 EAST MAIN STREET MURFREESBORO, TN 37130	58-1731899	501(C)3	7,378.	0.		Α	ARIOUS USE
INTERFAITH DENTAL CLINIC 210 ROBERT ROSE DRIVE MURFREESBORO, TN 37130	62-1567615	501(C)3	26,752.	.0		δ.	VARIOUS USE
							Schedule I (Form 990)

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Schedule I (Form 990) UNITED WAY OF RUTHERFORD COUNTY | Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) UNITED WAY OF RUTHERFORD COUNTY

(a) Name and address of (b) EIN (c) IRC section or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	on (d) Amount of (e) Amount of (f) Method of (cash grant non-cash assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOURNEYS IN COMMUNITY LIVING 1130 HALEY ROAD MURFREESBORO, TN 37129	62-0980251	501(C)3	75,717.	• 0			VARIOUS USE
KYMARI HOUSE, INC. PO BOX 1306 MURFREESBORO, TN 37129	46-1742986	501(C)3	16,957.	.0			VARIOUS USE
LEGAL AID SOCIETY OF MIDDLE TN AND THE CUMBERLANDS - 300 DEADERICK STREET - NASHVILLE, TN 37201	62-0800756	501(C)3	12,271.	0			VARIOUS USE
MID-CUMBERLAND HUMAN RESOURCE AGENCY - 1101 KERMIT DRIVE - NASHVILLE, TN 37217	62-0923487	501(C)3	124,100.	.0			VARIOUS USE
MIDDLE TENNESSEE COUNCIL BOY SCOUTS OF AMERICA - 3414 HILLSBORO PIKE - NASHVILLE, TN 37215	62-0477729	501(C)3	7,352.	.0			VARIOUS USE
MURFREESBORO CITY SCHOOL FOUNDATION - 2552 SOUTH CHURCH STREET - MURFREESBORO, TN 37127	61-1509749	\$01(C)3	14,115,	.0			VARIOUS USE
NURSES FOR NEWBORNS OF TN 50 VANTAGE WAY #101 NASHVILLE, TN 37228	43-1601329	501(C)3	8,433,	0.			VARIOUS USE
PORTICO/THE PREGNANCY SUPPORT CENTER - 745 SOUTH CHURCH STREET #801 - MURFREESBORO, IN 37130	62-1262109	501(c)3	.0	0.			VARIOUS USE
PROJECT TRANSFORMATION TENNESSEE INC 1008 19TH AVENUE SOUTH - NASHVILLE, TN 37212	45-3265261	501(C)3	27,125.	.0			VARIOUS USE
							Schedule I (Form 990)

(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
READ TO SUCCEED 415 NORTH MAPLE STREET MURFREESBORO, TN 37130	20-0175948	501(C)3	17,137.	.0			ARIOUS USE
RUTHERFORD COUNTY HABITAT FOR HUMANITY - 850 MERCURY BOULEVARD - MURFREESBORO, TN 37130	94-3099406	501(C)3	14,450.	0.			VARIOUS USE
RUTHERFORD COUNTY EMERGENCY FOOD BANK - 211 BRIDGE AVENUE - MURFREESBORO, TN 37129	58-1379470	501(C)3	9,000.	.0			WARIOUS USE
RUTHERPORD COUNTY PRIMARY CARE & HOPE CLINIC - 1453 HOPE WAY - MURFREESBORO, TN 37129	62-1482091	501(C)3	80,522.	.0			VARIOUS USE
RUTHERFORD COUNTY SCHOOLS 2240 SOUTHPARK DRIVE MURFREESBORO, TN 37128	62-6017922	501(C)3	18,952.	.0			VARIOUS USE
SECOND HARVEST FOOD BANK 331 GREAT CIRCLE ROAD NASHVILLE, TN 37228	62-1049447	501(C)3	.0	.0			WARIOUS USE
SMYRNA/LAVERGNE FOOD BANK 130 RICHARDSON STREET SMYRNA, TN 37167	58-1565567	501(C)3	57,323.	.0		2	WARIOUS USE
SPECIAL KIDS 2208 EAST MAIN STREET MURFREESBORO, TN 37130	62-1718638	501(C)3	.0	0			WARIOUS USE
ST. CLAIR SENIOR CENTER 325 ST. CLAIR STREET MURPREESBORO, TN 37130	62-6000374	501(C)3	20,400.	0.		>	VARIOUS USE
							Schedule I (Form 990)

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	nizations in the United States (Schedule I (Form 990), Part II.
COUNTY	d Organizations in the Unite
UNITED WAY OF RUTHERFORD COUNTY	ice to Governments and
딩	sistan
WAY	ther Assistance to
UNITED	ition of Grants and Other
e I (Form 990)	Continuation
Scheduk	Part II

(a) Name and address of coganization or government or government (b) EIN (c) IRC section or ganization or government (b) EIN (c) IRC section or ganization or government (d) Amount of cash grant or ganization or government (e) EIN (f) Method of (f) Method	(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
STARS 1704 CHARLOTTE AVENUE SUITE 200 NASHVILLE, TN 37203	62-1285699	501(C)3	137,061.	0 *0		·	VARIOUS USE
TENNESSEE POISION CENTER 1161 21ST AVENUE SOUTH NASHVILLE, TN 37232	62-0476822	501(C)3	10,696.	.0			VARIOUS USE
THE FAMILY CENTER 115 HERITAGE PARK DRIVE MURFREESBORO, TN 37129	62-1237360	501(C)3	28,613.	.0			VARIOUS USE
THE SALVATION ARMY 1137 WEST MAIN STREET MURFREESBORO, TN 37128	58-0660607	501(C)3	108,472.	*0			VARIOUS USE
TUCKERS HOUSE PO BOX 968 SPRING HILL, IN 37174	27-0896877	501(C)3	4,060.	*0			VARIOUS USE
VOLUNTEER BEHAVIORAL HEALTH - THE GUIDANCE CENTER - 118 NORTH CHURCH STREET - MURFREESBORO, TN 37130	62-1589440	\$01(C)3	41,943,	0,			VARIOUS USE
WEE CARE DAY CARE CENTER 510 SOUTH HANCOCK STREET MURFREESBORO, TN 37129	62-1091718	501(C)3	24,064,	.0			VARIOUS USE
ELDER FIRST P.O. BOX 332966 WURPREESBORO, TN 37133	20-3236671	\$01(C)3	0.	0.			VARIOUS USE
ENDURE ATHLETICS 107 W LYTLE STREET MURPREESBORO, TN 37130	47-4777106	501(C)3	2,000.	0.			VARIOUS USE
							Schedule I (Form 990)

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(a) Name and address of cash grant or government (b) EIN (c) IRC section or government assistance (book, FMV, appraisal, other)	(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
TN KIDNEY FOUNDATION 37 PEABODY STREET SUITE 206 NASHVILLE, TN 37210	27-0812507	501(C)3	2,107.	• 0	i i		VARIOUS USE
							Schedule I (Form 990)

Schedule I (Form 990) (2017)

58-1341880

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

tion (f) Description of noncash assistance other)								
(book, FMV, appraisal, other)			dditional information.					
(d) Amount of non- cash assistance			in (b); and any other a			FUNDING.		
(c) Amount of cash grant			ine 2; Part III, colum	- 1	INC.	RECEIVE GRANT		
(b) Number of recipients			uired in Part I, I	LINE 2)	N COUNT			
(a) Type of grant or assistance			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	UNITED WAY OF RUTHERFORD AND CANNON COUNTIES,	CONTRACTS WITH THE ORGANIZATIONS THAT		

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

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

Name of the organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number 58-1341880

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
PROGRAM, RESULTING IN \$2.2 MILLION SAVED BY TAXPAYERS IN RUTHERFORD AND
CANNON COUNTIES. IN THE AREA OF HEALTH, UNITED WAY INVESTED \$1,068,877
INTO 34 PROGRAMS, AND SAVED RUTHERFORD AND CANNON COUNTY RESIDENTS MORE
THAN \$700,000 THROUGH THE FAMILYWIZE PRESCRIPTION DISCOUNT PROGRAM. THE
UNITED WAY OF RUTHERFORD AND CANNON COUNTIES FIGHTS FOR THE HEALTH,
EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON IN RUTHERFORD AND
CANNON COUNTIES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE DRAFT OF THE 990 WAS REVIEWED WITH THE BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
A FORM IS SIGNED ANNUALLY STATING THERE ARE NO CURRENT CONFLICTS OR STATING
IF THERE ARE POSSIBLE CONFLICTS. THIS IS THEN MONITORED BY STAFF.
FORM 990, PART VI, SECTION B, LINE 15A:
THE PRESIDENT'S SALARY IS REVIEWED AND VOTED ON BY THE EXECUTIVE COMMITTEE
WHO CONSIDERS COMPENSATION FOR OTHER COMPARABLE NON PROFITS.
FORM 990, PART VI, SECTION C, LINE 19:
ANYONE MAY SEE DOCUMENTS UPON REQUEST AND/OR ONLINE IF AVAILABLE.