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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2011 calendar year, or tax year beginning **July 1**, 2011, and ending **June 30**, 20 **12**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: **RutherfordCABLE**  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite: **223 S. Spring Street**  
 City or town, state or country, and ZIP + 4: **Murfreesboro, TN 37130-3745**

**D** Employer identification number: **27-2460637**

**E** Telephone number: **615-893-7721**

**F** Group Exemption Number: **▶**

**G** Accounting Method:  Cash  Accrual Other (specify) **▶**

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: **www.rutherfordcable.org**

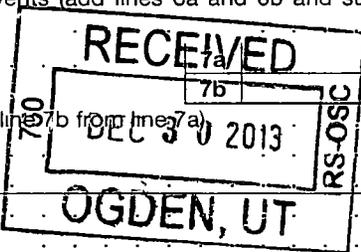
**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( 6 ) ◀ (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 62,392**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)  
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3		20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4		21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
b	Less cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Gaming and fundraising events				
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
c	Less direct expenses from gaming and fundraising events	6c			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a	845		
b	Less cost of goods sold	7b	1,037		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	8			
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9			
10	Grants and similar amounts paid (list in Schedule O)	10			
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12			
13	Professional fees and other payments to independent contractors	13			
14	Occupancy, rent, utilities, and maintenance	14			
15	Printing, publications, postage, and shipping	15			
16	Other expenses (describe in Schedule O)	16			
17	<b>Total expenses.</b> Add lines 10 through 16	17			
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18			
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19			
20	Other changes in net assets or fund balances (explain in Schedule O)	20			
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21			



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**Part II Balance Sheets.** (see the instructions for Part II.)  
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments		<b>22</b> 63,255
<b>23</b> Land and buildings		<b>23</b> 0
<b>24</b> Other assets (describe in Schedule O)		<b>24</b> 0
<b>25</b> Total assets		<b>25</b> 63,255
<b>26</b> Total liabilities (describe in Schedule O)		<b>26</b> 0
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)		<b>27</b> 63,255

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)  
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? <u>To promote women business professionals</u>		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
<b>28</b> The organization hosts a monthly breakfast meeting plus various additional networking events to educate members and introduce them to professional and civic opportunities			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>		<b>30,311</b>
<b>29</b> _____			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>		
<b>30</b> _____			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>		
<b>31</b> Other program services (describe in Schedule O)			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>		
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b>		<b>30,311</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)  
 Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Janice Smith 495 Swindell Hollow Rd Lebanon, TN 37090	President 3.00	0	0	0
Kathy Jones 2806 Windsong Place Murfreesboro, TN 37129	Pres-Elect 2.00	0	0	0
Kim Eischeid 319 W. McKnight Dr. Murfreesboro, TN 37129	Secretary 1.00	0	0	0
Mary Meisenbach 5449 Cavendish Dr Murfreesboro, TN 37128	Treasurer 3.00	0	0	0
Mary Jo Cherney 1411 John Hood Drive Rockvale, TN 37153	Civic Outreach 2 00	0	0	0
Anne Davis 2255 Middle Tennessee Blvd Murfreesboro, TN 37130	Development 2 00	0	0	0
Tammy McCoy 725 Cool Springs Blvd Franklin, TN 37067	Technology 1.00	0	0	0
Dawn Nasoori 1722 Ironwood Ct Murfreesboro, TN 37129	Programming 3.00	0	0	0
Tammy Neal 1188 Park Ave Murfreesboro, TN 37129	Member Services 3.00	0	0	0
Cheri Parnham 3723 Chippewa Place Murfreesboro, TN 37128	Networking 4.00	0	0	0
Lindsey Fournier 4418 Scottish Dr Murfreesboro, TN 37128	Marketing 2.00	0	0	0
Anne Henslee 2707 Howell Dr Murfreesboro, TN 37130	Recruitment 3.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 ▶ 39a		
b	Gross receipts, included on line 9, for public use of club facilities ▶ 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
41	List the states with which a copy of this return is filed. ▶		
42a	The organization's books are in care of ▶ Mary Meisenbach Telephone no. ▶ 615-893-7721 Located at ▶ 223 S. Spring St Murfreesboro, TN ZIP + 4 ▶ 37130		
b	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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . If "Yes," enter the name of the foreign country: ▶		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
c	Did the organization receive any payments for indoor tanning services during the year?		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶  Yes  No

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

<b>Sign Here</b>	Signature of officer: <u>Mary Meisenbach</u> Type or print name and title: <u>Mary Meisenbach - Treasurer</u>	Date: <u>12/16/2013</u>
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>Jennifer Seratt</u>	Preparer's signature <u>Jennifer Seratt</u>	Date 11-18-2013	Check <input type="checkbox"/> if self-employed	PTIN <u>P01610410</u>
	Firm's name ▶ <u>Provident Consulting, Inc</u>	Firm's EIN ▶ <u>45-5379352</u>		Phone no <u>615-953-9507</u>	
	Firm's address ▶ <u>611 Pearl Court Smyrna, TN 37167</u>				

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization  
**RutherfordCABLE**

Employer identification number  
**27-2460637**

Amendments. Form 990-EZ amended to include information for the period July 1 - December 31, 2011 originally reported on Form 990 under the parent organization, Cable (62-1851832)

Part & Line	Description	Original	Amended
Line L	Gross receipt test	82,342	62,392
Part I. Line 1	Contribution, gifts, grants	62,116	29,640
Part I. Line 2	Program service revenue	5,787	10,982
Part I. Line 3	Membership dues	13,650	20,925
Part I. Line 7a	Gross sales of inventory	773	845
Part I. Line 7c	Gross profit (loss) from sales of inventory	-264	-192
Part I. Line 8	Other revenue	16	0
Part I. Line 9	Total revenue	81,305	61,355
Part I. Line 15	Printing, publications, postage, shipping	259	789
Part I. Line 16	Other expenses	17,791	41,979
Part I. Line 17	Total expenses	18,050	42,768
Part I. Line 18	Excess or (deficit) for the year	63,255	18,587
Part I. Line 19	Net assets at beginning of year	0	44,668
Part III. Line 28	Program service expenses	10,241	30,311
Part III. Line 32	Total program service expenses	10,241	30,311

Form 990-EZ Part I. Line 1 Supporting Statement

Form 990-EZ Part I Line 2 Supporting Statement

Board Contributions	1,225	Breakfast Meetings	10,201
Breakfast Sponsorships	3,235	Networking Events	781
Member Donation	165		
Corporate Contributions	24,500		
Nashville Cable transfer	515		

Name of the organization <b>RutherfordCABLE</b>	Employer identification number <b>27-2460637</b>
----------------------------------------------------	-----------------------------------------------------

Form 990-EZ Part I. Line 16 Other Expenses	Form 990-EZ Part I. Line 15 Supporting Statement
Licenses & Permits 100	Postage 70
CABLE Franchise Fees 14,850	Printing 664
Insurance 1,000	Copies 55
Office Supplies 1,724	
Marketing Expense 6,652	
Civic Outreach Expense 674	
Event/Meeting Expense 15,788	
Honorarium Donations 500	
Awards 691	
<b>TOTAL 41,979</b>	

Part IV. List of Officers & Directors

Noreen Cohen-White 4022 Sells Drive Hermitage, TN 37076

Special Events; 1.0 hrs/week; 0 compensation & benefits

Julie King 722 S. Church St Murfreesboro, TN 37130

Legal Advisor; 1 5 hrs/week; 0 compensation & benefits

Paula Mansfield 305 W Northfield Blvd Murfreesboro, TN 37129

Past President; 2 0 hrs/week; 0 compensation & benefits