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Form **990-EZ**

**Short Form
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 1545-1150

2013

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning Jul 1, 2013, and ending Jun 30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Rutherford CABLE</u>		D Employer identification number <u>27-2460637</u>
	Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>223 Spring Street</u>		E Telephone number <u>(615) 893-7721</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>Murfreesboro TN 37130-3745</u>		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: ▶ N/A

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

K Form of organization: Corporation Trust Association Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 127,928.

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 **X**

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	<u>21,925.</u>
	2 Program service revenue including government fees and contracts	2	<u>65,040.</u>
	3 Membership dues and assessments	3	<u>40,963.</u>
	4 Investment income	4	<u>0.</u>
	5a Gross amount from sale of assets other than inventory	5a	<u>0.</u>
	b Less: cost or other basis and sales expenses	5b	<u>0.</u>
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<u>0.</u>
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	<u>0.</u>
	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	<u>0.</u>
c Less: direct expenses from gaming and fundraising events	6c	<u>0.</u>	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<u>0.</u>	
7a Gross sales of inventory, less returns and allowances	7a	<u>0.</u>	
b Less: cost of goods sold	7b	<u>0.</u>	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>0.</u>	
8 Other revenue (describe in Schedule O)	8	<u>0.</u>	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<u>127,928.</u>	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	<u>1,265.</u>
	11 Benefits paid to or for members	11	<u>0.</u>
	12 Salaries, other compensation, and employee benefits	12	<u>0.</u>
	13 Professional fees and other payments to independent contractors	13	<u>1,500.</u>
	14 Occupancy, rent, utilities, and maintenance	14	<u>0.</u>
	15 Printing, publications, postage, and shipping	15	<u>209.</u>
	16 Other expenses (describe in Schedule O)	16	<u>77,243.</u>
	17 Total expenses. Add lines 10 through 16	17	<u>80,217.</u>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>47,711.</u>	
ASSETS	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	<u>105,521.</u>
	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	<u>153,232.</u>

RECEIVED
See Form 990-EZ, Part I, Line 8 Other Revenue
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2014 NOV 22 2014

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)

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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
22 Cash, savings, and investments	105,521.	22 153,232.
23 Land and buildings	0.	23 0.
24 Other assets (describe in Schedule O)	0.	24 0.
25 Total assets	105,521.	25 153,232.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	105,521.	27 153,232.

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? To promote opportunities for professional women
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.

28 <u>Monthly breakfast meeting promoting business networking and professional development</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	18,553.
29 <u>Athena International Award</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	19,106.
30 <u>Center for Executive Leadership</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	18,761.
31 Other program services (describe in Schedule O). (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	1,910.
32 Total program service expenses (add lines 28a through 31a)	32	58,330.

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 Title	(b) 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
<u>Kathy Jones</u> President	3.00	0.	0.	0.
<u>Anne Davis</u> President-Elect	2.00	0.	0.	0.
<u>Mary Meisenbach</u> Treasurer	3.00	0.	0.	0.
<u>Carolyn Tumbleson</u> Secretary	1.00	0.	0.	0.
<u>Tara MacDougal</u> Development Chair	3.00	0.	0.	0.
<u>Mary Jo Cherney</u> Civic Outreach Chair	1.00	0.	0.	0.
<u>Lindsey Fournier</u> Programs Chair	4.00	0.	0.	0.
<u>Julie Lewis</u> Technology Chair	1.00	0.	0.	0.
<u>Carol Bragdon</u> Member Services	2.00	0.	0.	0.
<u>Jill Spry</u> Networking Chair	4.00	0.	0.	0.
<u>Amelia Bozeman</u> Marketing Chair	3.00	0.	0.	0.
<u>Anne Henslee</u> Member Recruitment Chair	2.00	0.	0.	0.
<u>Veronica Terrell</u> Special Events Chair	2.00	0.	0.	0.
<u>Julie King</u> Legal Advisor	1.00	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

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35 b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
37 b Did the organization file Form 1120-POL for this year?
38 a 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?
38 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39 a Initiation fees and capital contributions included on line 9
39 b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40 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?
40 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.
40 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed Tennessee

42 a The organization's books are in care of Lori Williams Telephone no (615) 494-0415
Located at 205 N Walnut Street 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)?
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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	Yes	No
		46	X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

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

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 title of each employee	(b) 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 business address of each independent contractor	(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

Sign Here

Signature of officer: Lori J. Williams Date: 11/13/2014

Type or print name and title: Lori J. Williams Treasurer

Paid Preparer Use Only

Pnnt/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Jennifer Seratt	Jennifer Seratt	11/11/2014		P01610410
Firm's name ▶	Firm's address ▶		Firm's EIN ▶	Phone no
Provident Consulting	608 Campbell Street Lebanon TN 37087		45-5379352	(615) 953-9507

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
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

None	0.
<hr/>	
Total	<u>0.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

Depreciation	0.
Amortization	0.
Board Meeting Expenses	434.
Board Training Supplies	119.
Business Licenses and Permits	279.
Cable Franchise Fee	10,700.
Credit Card Fees	2,627.
Insurance Expense	1,000.
Athena Application	50.
Office Supplies	274.
Program Services	58,330.
Technology	545.
Marketing	2,885.
<hr/>	
Total	<u>77,243.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment Donation for mobile mammogram unit

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Operational	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>	None	1,265.
	St. Thomas Rutherford		
	1700 Medical Center Parkway Murfreesboro TN 37129		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Supporting Statement of:

Form 990-EZ/Line 1

Description	Amount
Board Cont	675.
Athena	14,250.
Other Sponsorships	7,000.
Total	<u>21,925.</u>

Supporting Statement of:

Form 990-EZ/Line 2

Description	Amount
Breakfast Meeting	24,490.
CEL Tuition	13,710.
Business Promotion	26,840.
Total	<u>65,040.</u>

Supporting Statement of:

Form 990-EZ/Line 3

Description	Amount
Dual Memberships	420.
Basic Membership	39,343.
Business Membership	1,200.
Total	<u>40,963.</u>

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
Accounting Services	1,500.
Total	<u>1,500.</u>

Supporting Statement of:

Form 990-EZ/Line 16, Amount-11

Description	Amount
Civic Outreach Program	194.
Member Recruitment Expense	1,064.
Member Services Expense	180.
Networking Expenses	603.
Member Programs Expense	18,553.
Member Special Events Expense	37,736.
Total	58,330.

Supporting Statement of:

Form 990-EZ/Line 31, Total

Description	Amount
Mentor Program & Other Networking Programs	1,910.
Total	1,910.