

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

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning 07-01, 2007, and ending 06-30, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: UNITED WAY OF RUTHERFORD COUNTY
Number and street (for P.O. box if mail is not delivered to street address): P O BOX 330056
City or town, state or country, and ZIP + 4: MURFREESBORO TN 37133-0056

D Employer identification number: 58-1341880
E Telephone number: (615) 893-7303
F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? No
H(d) Is this a separate return filed by an organization covered by a group ruling? No
I Group Exemption Number
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website:
J Organization type: 501(c)(3)
K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 2,458,979

Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22 b	Other grants and allocations (attach schedule) (cash \$ <u>1,725,182</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	STM124 1,725,182	1,725,182		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A				
25 b	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
25 c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	305,313	131,952	99,332	74,029
27	Pension plan contributions not included on lines 25a, b, and c	4,468	2,404	1,274	790
28	Employee benefits not included on lines 25a - 27	30,071	11,562	13,960	4,549
29	Payroll taxes	24,148	10,665	7,177	6,306
30	Professional fundraising fees				
31	Accounting fees	8,505		8,505	
32	Legal fees				
33	Supplies	16,484	3,530	8,980	3,974
34	Telephone	5,640	332	5,308	
35	Postage and shipping	3,027	292	2,735	
36	Occupancy	19,800	4,960	10,880	3,960
37	Equipment rental and maintenance	7,460		7,370	90
38	Printing and publications	14,825	5,357	1,851	7,617
39	Travel	12,010	1,720	7,601	2,689
40	Conferences, conventions, and meetings	5,445	505	4,940	
41	Interest				
42	Depreciation, depletion, etc. (attach schedule) STM108	20,331		20,331	
43	Other expenses not covered above (itemize): STM167	50,949	16,113	31,025	3,811
a	ADVERTISING	2,823	310	864	1,649
b	BANK SERVICE FEES	4,158		4,158	
c	CONSULTING AND CONTRACT	19,983		19,860	123
d	EMPLOYEE DEVELOPMENT	745		745	
e	FUNDRAISER EVENTS EXP	55,506		4,134	51,372
f	GENERAL INSURANCE	4,884		4,884	
g	INCENTIVE	2,635		453	2,182
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,344,392	1,914,884	266,367	163,141

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► HUMAN SERVICE NEEDS

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a See SERVICES

(Grants and allocations \$ 1,725,182) If this amount includes foreign grants, check here ►

1,914,884

b

(Grants and allocations \$) If this amount includes foreign grants, check here ►

c

(Grants and allocations \$) If this amount includes foreign grants, check here ►

d

(Grants and allocations \$) If this amount includes foreign grants, check here ►

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ►

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►

1,914,884

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
A s s e t s	45 Cash - non-interest-bearing	17,189	45	46,079
	46 Savings and temporary cash investments	1,158,273	46	1,485,585
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts	5,819	47c	
	48 a Pledges receivable	910,839		
	b Less: allowance for doubtful accounts	930,638	48c	910,839
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51 a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	42,193	53	26,312
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	35,720	54a	32,344
	b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation (attach schedule)		55c		
56 Investments - other (attach schedule)		56		
57 a Land, buildings, and equipment: basis	79,172			
b Less: accumulated depreciation (attach schedule) STM116	32,568	57c	46,604	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STM117)	54,420	58	52,235	
59 Total assets (must equal line 74). Add lines 45 through 58	2,302,637	59	2,599,998	
L i a b i l i t i e s	60 Accounts payable and accrued expenses	1,612,004	60	1,796,452
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities. Add lines 60 through 65	1,612,004	66	1,796,452	
N F u n d A s s e t s o r B a l a n c e s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	(366,047)	67	(59,680)
	68 Temporarily restricted	1,056,680	68	863,226
	69 Permanently restricted	0	69	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	690,633	73	803,546	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,302,637	74	2,599,998	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with columns for revenue reconciliation. Rows include: a Total revenue, gains, and other support per audited financial statements (2,336,123); b Amounts included on line a but not on Part I, line 12; c Subtract line b from line a (2,337,797); d Amounts included on Part I, line 12, but not on line a; e Total revenue (Part I, line 12). Add lines c and d (2,458,979).

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with columns for expense reconciliation. Rows include: a Total expenses and losses per audited financial statements (2,223,210); b Amounts included on line a but not on Part I, line 17; c Subtract line b from line a (2,223,210); d Amounts included on Part I, line 17, but not on line a; e Total expenses (Part I, line 17). Add lines c and d (2,344,392).

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (If not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'See 990_OFOV' in column A.

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, 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?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed	TN	
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	8	
91a	The books are in care of	% MISTY PATTON	Telephone no. 615-893-7303
	Located at	615 MEMORIAL BLVD MURFREESBORO TN	ZIP + 4 37129
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		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?
If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See the instructions.)

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Membership dues and assessments, Interest on savings & temporary cash investments, Dividends and interest from securities, Net rental income, Other investment income, etc.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

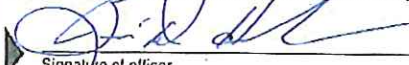
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

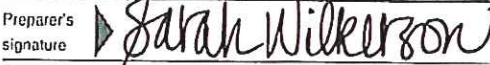
Yes	No
	X

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.

Please Sign Here


 Signature of officer Date 11/16/09
 Brian D. Hercules President / CEO
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature		Date	11-16-2009	Check if self-employed	<input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)	P00897979
Firm's name (or yours if self-employed), address, and ZIP + 4	H A BEASLEY & COMPANY CPAS PC 237 W NORTHFIELD, SUITE 102 MURFREESBORO, TN 37129			EIN			
				Phone no.	6158955675		

Part X Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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.

Please Sign Here

Signature of officer: *[Handwritten Signature]* Date: *11/16/09*

Type or print name and title: *Brian D. Hercules President/CEO*

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 11-16-2009

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. X):

Firm's name (or yours if self-employed), address, and ZIP + 4: H A BEASLEY & COMPANY CPAS PC
237 W NORTHFIELD, SUITE 102
MURFREESBORO, TN 37129

EIN: Phone no.: 6158955675

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information -- (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

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

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MISTY PATTON 110 GRITTON CT MURFREESB TN 37129	DIR OF FIN 0	53,167	0	0
RACHEL HOLDER 836 COMMERCIAL MURFREESB TN 37128	PRES/CEO 0	76,050	0	0

Total number of other employees paid over \$50,000 ▶	
--	--

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶	
--	--

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶	
--	--

Part III Statements About Activities (See page 2 of the instructions.)

Table with 3 columns: Question, Yes, No. Row 1: 'During the year, has the organization attempted to influence national, state, or local legislation...' Yes: blank, No: X. Row 2: 'During the year, has the organization, either directly or indirectly, engaged in any of the following acts...' Row 2a: 'Sale, exchange, or leasing of property?' Yes: blank, No: X. Row 2b: 'Lending of money or other extension of credit?' Yes: blank, No: X. Row 2c: 'Furnishing of goods, services, or facilities?' Yes: blank, No: X. Row 2d: 'Payment of compensation...' Yes: blank, No: X. Row 2e: 'Transfer of any part of its income or assets?' Yes: blank, No: X. Row 3a: 'Did the organization make grants for scholarships...' Yes: blank, No: X. Row 3b: 'Did the organization have a section 403(b) annuity plan...' Yes: blank, No: blank. Row 3c: 'Did the organization receive or hold an easement for conservation purposes...' Yes: blank, No: X. Row 3d: 'Did the organization provide credit counseling...' Yes: blank, No: X. Row 4a: 'Did the organization maintain any donor advised funds...' Yes: blank, No: X. Row 4b: 'Did the organization make any taxable distributions under section 4966?' Yes: blank, No: X. Row 4c: 'Did the organization make a distribution to a donor...' Yes: blank, No: X. Row d: 'Enter the total number of donor advised funds owned at the end of the tax year' Yes: blank, No: blank. Row e: 'Enter the aggregate value of assets held in all donor advised funds...' Yes: blank, No: blank. Row f: 'Enter the total number of separate funds or accounts owned at the end of the tax year...' Yes: blank, No: blank. Row g: 'Enter the aggregate value of assets held in all funds or accounts included on line 4f...' Yes: blank, No: blank.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,528,034	2,017,413	2,250,679	2,267,475	9,063,601
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	0	0	0	0	0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	45,500	21,741	1,342	3,991	72,574
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	2,442	445	1,342	(185)	4,044
23 Total of lines 15 through 22	2,575,976	2,039,599	2,253,363	2,271,281	9,140,219
24 Line 23 minus line 17	2,575,976	2,039,599	2,253,363	2,271,281	9,140,219
25 Enter 1% of line 23	25,760	20,396	22,534	22,713	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	182,804
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	9,140,219
d Add: Amounts from column (e) for lines: 18 72,574 19 _____	26d	76,618
22 4,044 26b _____	26e	9,063,601
e Public support (line 26c minus line 26d total)	26f	99.16%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____	27c	
17 _____ 20 _____ 21 _____	27d	
d Add: Line 27a total and line 27b total	27e	
e Public support (line 27c total minus line 27d total)	27f	0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27g	%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ALEXANDER FORD, LINCOLN 1422 NW BROAD ST. MURFREESBORO TN 37130	\$ 18,644	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DR SUSAN ANDREWS 910 HAZELWOOD ST MURFREESBORO TN 37130	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ASURION 648 GRASSMERE DRIVE NASHVILLE TN 37211	\$ 27,736	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ATandT 221 N CHURCH ST. MURFREESBORO TN 37130	\$ 10,607	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ATMOS ENERGY P O BOX 650205 DALLAS TX 75265	\$ 7,496	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BELK, INC 2615 MEDICAL CENTER PKW MURFREESBORO TN 37129	\$ 5,548	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
UNITED WAY OF RUTHERFORD COUNTY

Employer identification number
58-1341880

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	BRIDGESTONE/FIRESTONE 1301 BRIDGESTONE PARKWA LA VERGNE TN 37086	\$ 113,062	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	CARDINAL HEALTH P O BOX 5860 BETHESDA MD 20824	\$ 6,847	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	CERIDIAN 3311 E OLD SHAKOPEE RD MINNEAPOLIS MN 55425	\$ 8,219	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	CITY OF LAVERGNE 5093 MURFREESBORO RD LA VERGNE TN 37086	\$ 5,935	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	CITY OF MURFREESBORO 111 W VINE ST MURFREESBORO TN 37133	\$ 41,443	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	COMMUNITY CARE OF RUTH COUNTY FARM ROAD MURFREESBORO TN 37127	\$ 13,026	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	DAILY NEWS JOURNAL 224 N WALNUT ST. MURFREESBORO TN 37130	\$ 9,948	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	STEVEN A DOTSON PO BOX 11349 MURFREESBORO TN 37129	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	EMERSON HEATING PRODUCT 4700 JOHN BRAGG HWY. MURFREESBORO TN 37127	\$ 17,412	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	FIRST BANK 615 MEMORIAL BLVD MURFREESBORO TN 37129	\$ 6,609	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	FIRST TENNESSEE BANK NORTHFIELD BLVD MURFREESBORO TN 37129	\$ 20,450	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	JOHN D FLOYD 2637 SEQUOYA TRACE MURFREESBORO TN 37127	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	RUSS GALLOWAY 3014 ST. JAMES DRIVE MURFREESBORO TN 37129	\$ 33,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	GENERAL MILLS 2695 STEVENSON DR MURFREESBORO TN 37127	\$ 433,450	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	GUARANTY TRUST COMPANY 640 BROADMOOR BLVD MURFREESBORO TN 37130	\$ 13,507	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	MARK F HARDISON 3469 SULPHUR SPRINGS RD MURFREESBORO TN 37129	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	ESTATE OF S.T. HAYDEN P O BOX 198888 NASHVILLE TN 37219	\$ 25,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	HAYNES BROTHERS LUMBER BROAD ST. MURFREESBORO TN 37129	\$ 12,257	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	TERRY G HAYNES 1707 RIVERVIEW DR MURFREESBORO TN 37129	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	HERITAGE FARMS DAIRY SALEM HWY MURFREESBORO TN 37128	\$ 36,638	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	HOLLAND GROUP 237 W NORTHFIELD BLVD MURFREESBORO TN 37129	\$ 11,615	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	J C PENNY STORE 2906 1720 OLD FORT PKWY MURFREESBORO TN 37129	\$ 6,983	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	VINTEC/JOHNSON CONTROL 1501 MOLLOY LANE MURFREESBORO TN 37129	\$ 34,032	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	KROGER 2175 PARKLAKE DR, NE ATLANTA GA 30345	\$ 5,904	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
UNITED WAY OF RUTHERFORD COUNTY

Employer identification number
58-1341880

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	RICHARD F LAROCHE 2103 SHANNON DRIVE MURFREESBORO TN 37129	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	MAHLE FILTER SYSTEMS 906 BUTLER DRIVE MURFREESBORO TN 37127	\$ 27,769	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	MURFREESBORO CITY SCHOO 2552 S CHURCH ST MURFREESBORO TN 37127	\$ 18,164	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	MURFREESBORO ELECTRIC 205 N WALNUT MURFREESBORO TN 37130	\$ 16,933	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	MIDDLE TN MEDICAL CENTE 400 N HIGHLAND AVENUE MURFREESBORO TN 37130	\$ 28,087	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	MIDDLE TN STATE UNIVERS TENNESSEE BLVD. MURFREESBORO TN 37132	\$ 52,420	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
UNITED WAY OF RUTHERFORD COUNTY

Employer identification number
58-1341880

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	MIDSOUTH BANK ONE EAST COLLEGE ST. MURFREESBORO TN 37130	\$ 12,259	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	MIDDLE TN ELECTRIC 555 NEW SALEM ROAD MURFREESBORO TN 37129	\$ 5,128	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	PFIZER FOUNDATION 235 EAST 42ND ST NEW YORK NY 10017	\$ 5,259	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	PINNACLE NATIONAL BANK MAPLE ST. MURFREESBORO TN 37130	\$ 17,285	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	PUBLIX 661 PRESIDENT PLACE SMYRNA TN 37167	\$ 116,176	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	RUTHERFORD COUNTY ROOM 101 COURTHOUSE MURFREESBORO TN 37130	\$ 36,978	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	RUTHERFORD CO SCHOOL 2240 SOUTHPARK MURFREESBORO TN 37128	\$ 66,068	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	REGIONS BANK 100 E VINE ST MURFREESBORO TN 37130	\$ 17,205	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	RICH PRODUCTS CORP 625 BUTLER DRIVE MURFREESBORO TN 37127	\$ 10,891	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	STATE OF TENNESSEE DEADERICK ST. NASHVILLE TN 37203	\$ 15,019	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	SQUARE D 330 WEAKLEY LANE SMYRNA TN 37167	\$ 13,812	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	STATE FARM INSURANCE 2500 MEMORIAL BLVD. MURFREESBORO TN 37129	\$ 86,684	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	SUNTRUST 100 MAIN ST. MURFREESBORO TN 37130	\$ 14,194	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	TARGET 1851 OLD FORT PKWY MURFREESBORO TN 37129	\$ 5,042	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	TASTE OF STONES RIVER P O BOX 330056 MURFREESBORO TN 37133	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	TENNESSEE VALLEY AUTHOR P O BOX 292409 NASHVILLE TN 37229	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	TOOT'S RESTAURANT 1119 NW BROAD ST. MURFREESBORO TN 37129	\$ 9,703	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	TOWN OF SMYRNA 315 S LOWRY ST SMYRNA TN 37167	\$ 16,030	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

UNITED WAY OF RUTHERFORD COUNTY

Employer identification number

58-1341880

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	UPS COMMERCIAL CT MURFREESBORO TN 37129	\$ 15,634	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	UW OF METRO NASHVILLE 250 VENTURE CIRCLE NASHVILLE TN 37228	\$ 338,437	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	UW OF WILLIAMSON COUNTY MAIN STREET FRANKLIN TN 37064	\$ 24,377	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	VI-JON, INC ONE SWAN DRIVE SMYRNA TN 37167	\$ 14,990	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	WAL-MART 2000 OLD FORT PKWY MURFREESBORO TN 37129	\$ 16,752	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	DON WITHERSPOON 2127 SHANNON DRIVE MURFREESBORO TN 37129	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
 UNITED WAY OF RUTHERFORD COUNTY

Employer identification number
 58-1341880

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61	YATES SERVICES P O BOX 877 SMYRNA TN 37167	\$ 89,671	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Current Officers, Directors, Trustees, and Key Employees**1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans deferred compensation	(e) Expense account, other allowances
ANDREW OPPMAN	BOARD MEMBER			
5425 CAVENDISH DR MURFREESBORO TN 37130	0	0	0	0
ARVIND PATEL	BOARD MEMBER			
9563 SUNNYBROOK DR BRENTWOOD TN 37027	0	0	0	0
BARRY HUBER	BOARD MEMBER			
3085 SCHOOLSIDE ST MURFREESBORO TN 37128	0	0	0	0
BILL TAYLOR	BOARD MEMBER			
1820 NW BROAD STREET MURFREESBORO TN 37129	0	0	0	0
BRIAN HERCULES	BOARD MEMBER			
810 CRESCENT CENTRE FRANKLIN TN 37067	0	0	0	0
CATHI ROWLISON	PRESIDENT			
2914 CHAUCER DR MURFREESBORO TN 37129	0	0	0	0
CHRIS SAVAGE	BOARD MEMBER			
983 NISSAN DR SMYRNA TN 37167	0	0	0	0
CHUCK LEWIS	BOARD MEMBER			
615 MEMORIAL BLVD MURFREESBORO TN 37129	0	0	0	0
DARWIN COLSTON	BOARD MEMBER			
PO BOX 1336 MURFREESBORO TN 37133	0	0	0	0
DEBBIE MORGAN	BOARD MEMBER			
114 WEST COLLEGE STR MURFREESBORO TN 37130	0	0	0	0
DON ALEXANDER	BOARD MEMBER			
1550 NW BROAD STREET MURFREESBORO TN 37129	0	0	0	0
DON CLAYTON	BOARD MEMBER			
1 INGRAM BLVD LAVERGNE TN 37086	0	0	0	0
GORDON FERGUSON	BOARD MEMBER			
3438 AUTUMN OAKS CT MURFREESBORO TN 37129	0	0	0	0
GREG PERSINGER	BOARD MEMBER			
P O BOX 877 SMYRNA TN 37167	0	0	0	0
HERMAN NELSON	BOARD MEMBER			
316 W LYTTLE ST MURFREESBORO TN 37130	0	0	0	0
JOE BOWMAN	BOARD MEMBER			
200 STONECREST PKY SMYRNA TN 37167	0	0	0	0
JOHN MCLAUGHLIN	BOARD MEMBER			
1201 BRIDGESTONE PKY LAVERGNE TN 37086	0	0	0	0
KEN HALLIBURTON	BOARD MEMBER			
P O BOX 7001 MURFREESBORO TN 37133	0	0	0	0
KEVIN SMITH	BOARD MEMBER			
1703 C FIRST PLACE MURFREESBORO TN 37129	0	0	0	0
KIM HARRIS MULLINS	SECRETARY			
305 W MAIN ST MURFREESBORO TN 37133	0	0	0	0
LIZ RHEA	BOARD MEMBER			
1547 GEORGETOWN LN MURFREESBORO TN 37129	0	0	0	0
LORI GLAZE	BOARD MEMBER			
2108 WINTHORNE LN MURFREESBORO TN 37129	0	0	0	0
MADELINE HARRIS	BOARD MEMBER			
318 E STATE ST MURFREESBORO TN 37130	0	0	0	0
MARK HARDISON	BOARD MEMBER			
1725 MEDICAL CENTER MURFREESBORO TN 37129	0	0	0	0
MARK MOSHEA	BOARD MEMBER			
5093 MURFREESBORO RD LAVERGNE TN 37086	0	0	0	0
MAURA CAMPBELL	BOARD MEMBER			
300 STONECREST BLVE, SMYRNA TN 37167	0	0	0	0
MELANIE ALEXANDER	BOARD MEMBER			
P O BOX 1518 MURFREESBORO TN 37133	0	0	0	0

Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

FORM 990, SCH FOR PART II, LINE 42
DEPRECIATION AND DEPLETION SCHEDULE

Statement #108

<u>Description</u>	<u>Total</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
DEPRECIATION	20,331	_____	20,331	_____
TOTAL	<u>20,331</u>	<u>_____</u>	<u>20,331</u>	<u>_____</u>

PG 02

FORM 990, SCH FOR PART IV-B, LINE d(2)
OTHER EXPENSES NOT INCLUDED SCHEDULE

Statement #109

<u>Description</u>	<u>Amount</u>
DESIGNATED DONATION	121,182
TOTAL	<u>121,182</u>

PG 01

FORM 990, SCH FOR PART IV, LINE 57
LAND ETC. SCHEDULE

Statement #116

<u>Category or Item</u>	<u>Basis</u>	<u>Accumulated Depreciation</u>	<u>End of Year</u>
FURNITURE AND FIXTUR	79,172	32,568	46,604
TOTAL	<u>79,172</u>	<u>32,568</u>	<u>46,604</u>

Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

FORM 990, SCH FOR PART IV, LINE 58
OTHER ASSETS SCHEDULE 2

Statement #117

<u>Description</u>	<u>Beginning of year</u>	<u>End of year</u>
ACCRUED INTREST RECE	6,579	6,230
INVESTMENT IN COMMUN	47,841	46,005
TOTAL	54,420	52,235

Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

**FORM 990, PART II, LINE 22b
CASH GRANTS PAID SCHEDULE**

Statement #124

		<u>Amount</u>	<u>Relationship</u>
Activity	AGENCY	155,338	NONE
Recipient	AMERICAN RED CROSS		
Address	836 COMMERCIAL CT		
City,St Zip	MURFREESBORO TN 37129		
Activity	AGENCY	136,612	NONE
Recipient	BOYS AND GIRLS CLUB OF RUTH CO		
Address	PO BOX 3343		
City,St Zip	MURFREESBORO TN 37215		
Activity	AGENCY	8,500	NONE
Recipient	BRADLEY NURSERY		
Address	211 BRIDGE AVE		
City,St Zip	MURFREESBORO TN 37130		
Activity	AGENCY	1,881	NONE
Recipient	CANNON CO 4-H		
Address	LEHMAN ST		
City,St Zip	WOODBURY TN 37190		
Activity	AGENCY	16,864	NONE
Recipient	CANNON COUNTY REACH PROGRAM		
Address	612 LEHMAN ST		
City,St Zip	WOODBURY TN 37190		
Activity	AGENCY	13,915	NONE
Recipient	CANNON COUNTY SENIOR CITIZEN CENTER		
Address	P O BOX 336		
City,St Zip	WOODBURY TN 37190		
		<u>TOTAL</u>	
		<u>333,110</u>	

Federal Supporting Statements

2007 PG 02

Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

**FORM 990, PART II, LINE 22b
CASH GRANTS PAID SCHEDULE**

Statement #124

		<u>Amount</u>	<u>Relationship</u>
Activity	AGENCY	21,000	NONE
Recipient	CASA OF RUTHERFORD COUNTY		
Address	PO BOX 3135		
City, St Zip	MURFREESBORO TN 37133		
Activity	AGENCY	23,000	NONE
Recipient	CHILD ADVOCACY CENTER		
Address	1040 SAMSONITE BLVD		
City, St Zip	MURFREESBORO TN 37129		
Activity	AGENCY	1,318	NONE
Recipient	COMMUNITY FOOD PARTNERS- 2ND HARVES		
Address	331 GREAT CIRCLE RD		
City, St Zip	NASHVILLE TN 37228		
Activity	AGENCY	200,000	NONE
Recipient	COMMUNITY HELPERS OF RUTH CO		
Address	814 S CHURCH ST		
City, St Zip	MURFREESBORO TN 37130		
Activity	AGENCY	13,000	NONE
Recipient	CRISIS INTERVENTION CENTER		
Address	PO BOX 40752		
City, St Zip	MURFREESBORO TN 37130		
Activity	AGENCY	20,000	NONE
Recipient	DISCOVERY CENTER		
Address	502 SE BROAD ST		
City, St Zip	MURFREESBORO TN 37130		
	TOTAL	<u>278,318</u>	

Federal Supporting Statements

2007 PG 03

Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

**FORM 990, PART II, LINE 22b
CASH GRANTS PAID SCHEDULE**

Statement #124

		<u>Amount</u>	<u>Relationship</u>
Activity	AGENCY	55,000	
Recipient	DOMESTIC VIOLENCE PROGRAM OF RUTH C		
Address	PO BOX 2652		
City,St Zip	MURFREESBORO TN 37133		
Activity	AGENCY	24,868	
Recipient	EXCHANGE CLUB		
Address	115 HERITAGE PARK DR		
City,St Zip	MURFREESBORO TN 37133		
Activity	AGENCY	63,000	
Recipient	GIRL SCOUTS OF RUTH COUNTY		
Address	PO BOX 40466		
City,St Zip	NASHVILLE TN 37204		
Activity	AGENCY	36,000	
Recipient	THE GUIDANCE CENTER		
Address	PO BOX 1559		
City,St Zip	MURFREESBORO TN 37133		
Activity	AGENCY	4,500	
Recipient	HOLLOWAY HARBOR CHILD CARE PROGRAM		
Address	619 S HIGHLAND AVE		
City,St Zip	MURFREESBORO TN 37130		
Activity	AGENCY	42,991	
Recipient	HOSPICE OF MURFREESBORO		
Address	726 S CHURCH ST		
City,St Zip	MURFREESBORO TN 37130		
	TOTAL	<u>226,359</u>	

Federal Supporting Statements

2007 PG 04

Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

**FORM 990, PART II, LINE 22b
CASH GRANTS PAID SCHEDULE**

Statement #124

		<u>Amount</u>	<u>Relationship</u>
Activity	AGENCY	10,500	
Recipient	KIDS ON THE BLOCK OF MIDD TENNESSEE		
Address	3600 TROUSDALE DR		
City,St Zip	NASHVILLE TN 37204		
Activity	AGENCY	15,000	
Recipient	LEGAL AID SOCIETY OF MIDD TENNESSEE		
Address	300 DEADERICK ST		
City,St Zip	NASHVILLE TN 37201		
Activity	AGENCY	47,500	
Recipient	MCHRA HOMEMAKER PROGRAM		
Address	PO BOX 17385		
City,St Zip	NASHVILLE TN 37217		
Activity	AGENCY	52,100	
Recipient	MCHRA MEALS ON WHEELS PROGRAM		
Address	PO BOX 17385		
City,St Zip	NASHVILLE TN 37127		
Activity	AGENCY	3,500	
Recipient	MCHRA OMBUDSMAN PROGRAM		
Address	PO BOX 17385		
City,St Zip	NASHVILLE TN 37127		
Activity	AGENCY	500	
Recipient	MCHRA YOUTH CAN		
Address	PO BOX 17385		
City,St Zip	NASHVILLE TN 37217		
		<u>TOTAL</u>	
		<u>129,100</u>	

Federal Supporting Statements

2007 PG 05

Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

**FORM 990, PART II, LINE 22b
CASH GRANTS PAID SCHEDULE**

Statement #124

		<u>Amount</u>	<u>Relationship</u>
Activity	AGENCY	14,618	
Recipient	MURFREESBORO SCHOOLS CHILDRENS FUND		
Address	2552 S CHURCH ST		
City,St Zip	MURFREESBORO TN 37127		
Activity	AGENCY	10,000	
Recipient	NASHVILLE'S TABLE		
Address	331 GREAT CIRCLE RD		
City,St Zip	NASHVILLE TN 37228		
Activity	AGENCY	71,000	
Recipient	RUTHERFORD CO EMERGENCY FOOD BANK		
Address	211 BRIDGE AVE		
City,St Zip	MURFREESBORO TN 37129		
Activity	AGENCY	79,975	
Recipient	SMYRNA/LAVERGNE FOOD BANK		
Address	130 RICHARDSON ST		
City,St Zip	SMYRNA TN 37167		
Activity	AGENCY	2,949	
Recipient	SEXUAL ASSALT SERVICES		
Address	P O BOX 2652		
City,St Zip	MURFREESBORO TN 37133		
Activity	AGENCY	36,814	
Recipient	RUTH CO PRIMARY & HOPE CARE		
Address	745 S CHURCH ST		
City,St Zip	MURFREESBORO TN 37130		
	TOTAL	<u>215,356</u>	

Federal Supporting Statements

2007 PG 06

Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

**FORM 990, PART II, LINE 22b
CASH GRANTS PAID SCHEDULE**

Statement #124

		<u>Amount</u>	<u>Relationship</u>
Activity	AGENCY	24,000	
Recipient	RC SCHOOL CHARITY FUND		
Address	2240 SOUTHPARK BLVD		
City, St Zip	MURFREESBORO TN 37128		
Activity	AGENCY	121,182	NONE KNOWN
Recipient	VARIOUS DONOR DESIG ORGANIZATIONS		
Address	MURFREESBORO		
City, St Zip	MURFREESBORO TN 37130		
Activity	AGENCY	55,000	
Recipient	WEST MAIN MISSION		
Address	315 N FRONT STREET		
City, St Zip	MURFREESBORO TN 37130		
Activity	AGENCY	94,775	
Recipient	RC ADULT ACTIVITY CENTER		
Address	1130 HALEY RD		
City, St Zip	MURFREESBORO TN 37129		
Activity	AGENCY	41,000	
Recipient	ST CLAIR SENIOR CENTER		
Address	325 ST CLAIR ST		
City, St Zip	MURFREESBORO TN 37130		
Activity	AGENCY	90,000	
Recipient	PROJECT HELP AT MTSU		
Address	MTSU BOX 473		
City, St Zip	MURFREESBORO TN 37132		
	TOTAL	<u>425,957</u>	

Federal Supporting Statements

2007 PG 07

Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

**FORM 990, PART II, LINE 22b
CASH GRANTS PAID SCHEDULE**

Statement #124

		<u>Amount</u>	<u>Relationship</u>
Activity	AGENCY	4,791	
Recipient	NURSES FOR NEWBORNS		
Address	50 VANTAGE WAY		
City,St Zip	NASHVILLE TN 37228		
Activity	AGENCY	18,000	
Recipient	WEE CARE DAY CARE		
Address	510 S HANCOCK ST		
City,St Zip	MURFREESBORO TN 37130		
Activity	AGENCY	13,500	
Recipient	STARS		
Address	2416 HILLSBORO RD, STE 200		
City,St Zip	NASHVILLE TN 37212		
Activity	AGENCY	12,000	
Recipient	TN POISON CONTROL		
Address	1161 21ST AVE SOUTH		
City,St Zip	NASHVILLE TN 37232		
Activity	AGENCY	4,000	
Recipient	VANDY BILL WILKERSON CENTER		
Address	1114 19TH AVE SOUTH		
City,St Zip	NASHVILLE TN 37212		
Activity	AGENCY	1,752	
Recipient	UCHRA NUTRITION PROGRAM		
Address	3111 ENTERPRISE DR		
City,St Zip	COOKEVILLE TN 38506		
	TOTAL	<u>54,043</u>	

Federal Supporting Statements

2007 PG 08

Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

**FORM 990, PART II, LINE 22b
CASH GRANTS PAID SCHEDULE**

Statement #124

		<u>Amount</u>	<u>Relationship</u>
Activity	AGENCY	524	
Recipient	TEEN PEACE		
Address	1608 WOODMONT BLVD		
City, St Zip	NASHVILLE TN 37215		
Activity	AGENCY	22,415	
Recipient	SALVATION ARMY		
Address	P O BOX 791		
City, St Zip	MURFREESBORO TN 37133		
Activity	AGENCY	40,000	
Recipient	BOY SCOUTS OF RUTHERFORD COUNTY		
Address	P O BOX 150409		
City, St Zip	NASHVILLE TN 37215		
		TOTAL	
		<u>62,939</u>	

**FORM 990, SCH FOR PART IV-A, LINE d(2)
OTHER REVENUES NOT INCLUDED SCHEDULE**

PG 01
Statement #165

<u>Description</u>	<u>Amount</u>
DESIGNATED DONATION	<u>121,182</u>
TOTAL	<u><u>121,182</u></u>

Federal Supporting Statements

2007 PG01

Name(s) as shown on return

FEIN

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

**990 PART II, LINE 43
OTHER EXPENSES (OVERFLOW)**

Statement #167

<u>Description</u>	<u>Total</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
MEMBERSHIP DUES	44,338	14,550	29,788	
SIGNAGE	1,153	256		897
SOFTWARE PURCHASES	2,390	582		1,808
TAXES	440		440	
VOLUNTEER APPRECIATI	2,578	725	747	1,106
MISCELLANEOUS	50		50	
TOTAL	<u>50,949</u>	<u>16,113</u>	<u>31,025</u>	<u>3,811</u>

990

Tax Exempt
Diagnostic Summary

2007

Name
UNITED WAY OF RUTHERFORD COUNTY

Employer Identification #
58-1341880

Demographics

Mailing Address:

Phone: (615) 893-7303

P O BOX 330056 #
MURFREESBORO, TN 37133-0056

Resident State: TN

Diagnosics

Preparer: H A BEASLEY

Receipt:

Date: 11-16-2009

Return Information

Item on Return	2007 Federal	2006 Federal (If available)
Total Revenue	2,458,979	2,458,979
Total Expenses	2,344,392	2,344,392
Net Excess (Deficit)	114,587	114,587
Net Assets or Fund Balances	803,546	803,546

State/City Information

<u>State/City</u>	<u>Taxable Revenue</u>	<u>Total Expenses</u>	<u>Change Fund Balance</u>	<u>UBIT</u>	<u>Total Tax</u>	<u>Refund/ (Balance Due)</u>
-------------------	----------------------------	---------------------------	--------------------------------	-------------	----------------------	----------------------------------

Statement of Program Service Accomplishments

2007 01

Name(s) as shown on return

Your Social Security Number

UNITED WAY OF RUTHERFORD COUNTY

58-1341880

FORM 990, PART III (a)

Grants and Allocations \$1725182
Program Service Expenses \$1914884
Includes Foreign Grants NO

Explanation

TO DEPLOY FINANCIAL SUPPORT TO AGENCIES TO MAXIMIZE THE RESOURCES AVAILABLE FOR SERVICES AIMED AT THE MOST URGENT NEEDS OF THE COMMUNITY AND TO MUSTER COMMUNITY SUPPORT AND COMMITMENT.