### 'Form 990

#### **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)

OMB No 1545 0047

Department of the Treasury Internal Revenue Service(7)

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

Open to Public Inspection

Α	Fort	the 2007 calend	lar year, c	r tax year beginning	7/01		07, and	ending	6/3	0	, , 2	<u> 8008</u>	
В	Check	c if applicable		C			<u></u>			D Em	ployer Identif	ication Number	
	П	Address change	Please use IRS label	United Way o	f Sumner	County				3:	1-15102	208	
	$\vdash$	lame change	or print or type.	625 East Mai:	n Street	Ste 5					phone numb		
	$\mathbf{H}$	nitial return	See	Hendersonvil	le, TN 3	37075				1	L5-826-		
	H		specific Instruc-										<u> </u>
	ΗТ	ermination	tions.							Fme	ounting hod:	Cash X	Accrual
	∐^	mended return	L			. <u>.                                   </u>				oxdot	Other (speci	•	
	∐^	pplication pending	Section	on 501(c)(3) organiza	tions and 49	47(a)(1) nonexemp	ot	H and I	are not applic	cable to s	ection 527 or	ganızatıons	
			charit (Form	able trusts must atta 1990 or 990-EZ).	ch a comple	ted Schedule A		H (a)	ls this a grou	p return	for affiliates?	Yes	X No
_	147-L				_				If 'Yes,' enter			· _	_
G	web	site: Www.	united	waysumner.org		···-			Are all affilia			Yes	∐ No
J	Orga	anization type					_	ł	(If 'No,' attac	h a list	See instructio	ns)	
	_	ck only one)			(insert no )	4947(a)(1) or	527	H (d)	ls this a sepa	arate retu	rn filed by an		
K	Chec	k here 🏲 🔲 if	the organ	zation is not a 509(a	)(3) supporti	ng organization <mark>an</mark>	ı <b>d</b> ıts		organization	covered	by a group rul	ing? Yes	X No
	gros	s receipts are i	normally r	ot more than \$25,00	0. A return is	s not required, but	ıf the	1 -	Group Ex	emptio	Number	<b>&gt;</b>	
	orga	inization choose	es to file a	return, be sure to fi	le a complet	e return.		M	Check -	ıf ti	e organizatio	n is not require	∌d
L	Gros	s receipts: Add	lines 6b,	8b, 9b, and 10b to Ir	ne 12 ► 79	4,312.		] 1	to attach Sch	redule B	(Form 990, 9	90-EZ, or 990-P	F).
				ises, and Chang			d Bala	nces	(See th	e inst	ructions	.)	-
<b>L</b>	1			ints, and similar amo							T		
	ءُ ا	Contributions			u. K.5 1.500.110	<b>u.</b>	.   1	J			1 1/4		
		_					11	+	707	272.	- 1		
				ot included on line 1	•			+	101,	212.	1		
	l .	•		(not included on line	•		10	+			4 1		
£007	d	Government	contributio	ns (grants) (not inclu		1a) .	10	<u> </u>			<b>↓</b> 3		
?	"	Total (add lines 1a through 1d) (ca	<sub>ash</sub> \$	787,272.	_noncash \$						1 e	787,	<u>,272.</u>
9	2	Program serv	ice reveni	ue including governm	ent fees and	d contracts (from F	art VII,	line 93)			2		
9 <b>%</b>	3	Membership of	dues and	assessments							3		
	4	Interest on sa	ivings and	temporary cash inve	estments						4	5.	,630.
Z Z Z	5		-	from securities							5		
,	6 a	Gross rents				·	6	۱ ٔ ا	,				
2		Less: rental e	vnencec				61	+			1.		
Щ			•	ss). Subtract line 6b	from line fo	•		<u> </u>			† ``		
5	_		_	•	Nom mie oa	•	•				6c		
₹ R	7	Other investm	ent incom	ie (describe	<del></del>	(4) 0			<b>(5)</b> 011		7		
SCANNED	8a			es of assets other	<u> </u>	(A) Securities			(B) Other	<u> </u>	1 ` 1		
/) h		than inventory	•	•	<u> </u>		8a	1			[·		
Ĕ	b	Less. cost or	other bas	s and sales expense	s _		81	<u> </u>		<u>343.</u>			
	С	: Gain or (loss) (at	tach schedul	e). Stateme	ent 1. 📙		80	:		-343.	]		
	d	l Net gain or (lo	oss). Com	bine line 8c, columns	(A) and (B)						8d	-	-343.
	9	Special events	s and acti	vities (attach schedu	le). If any an	nount is from gam	ing, che	ck here	▶	1	5,55		
	а	Gross revenue	e (not incl	uding \$		of contribution	s		_				
		reported on lii	ne 1b).			<del>-</del>	9a						
	b	Less, direct e	xpenses_c	ther than fundraising	<u>exp</u> enses		91				1		
	С	Net income or	(loss) fro	ME-BedeileAelus Der	ibtract line 9	b from line 9a .	. —						
	10a	Gross sales o	finventor	y, tess returns and al	lowances		10a	1					
	h	Loce coct of	اممال مما	ai .	1%1		10 t				1``		
	c	Gross profit or (In	deserve cal	es of inventory (attach sch	equie Subtract	t line 10b from line 10a		<u> </u>			10c		
	11			rt-VII-line 103)		time rob from time roa					<del></del>	1	410
l									•	•	11		410.
	12			<u> </u>	<del></del>	, and II			•	·	12		969.
Ē	13	_		line 44, column (B))		•					13		796.
E X P	14	Management	and gener	al (from line 44, colu	mn (C))	•					14		215.
E N	15	Fundraising (f	rom line 4	4, column (D))		•					15		618.
N S E S	16	Payments to a	affiliates (a	attach schedule).	•		See S	tate	ment 2		16	6,	801.
_s̄	17	Total expense	s. Add lin	es 16 and 44, columi	1 (A)	• •					17		430.
	18			ne year. Subtract line		. 12					18		539.
N S	19			nces at beginning of			)				19		115.
N S E E T E	20			sets or fund balance			_	State	ment 3	ł	20		592.
· T	21	_		nces at end of year.		•	المال	alc	mulle J	•	21		
BA A	-			ork Reduction Act N			tions						246.
	0	· · · · · · · · acy Act al	יים וי מאכוע	roik Reduction ACT N	iouce, see th	ie separate instruc	.นบทร.		T	EEAU109	L 12/27/07	Form <b>99</b> 0	J (∠UU/)

Form 990 (2007) United Way of Sumner County 31-1510208 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 instruct.)

	Oo not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	, 55, 5	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	Grants paid from donor advised funds (attach sch)  (cash \$	22 a				
	(cash \$ 493,617. non-cash \$)					
22	foreign grants, check here	22 b	493,617.	493,617.		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24			3 10 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25 a	42,201.	15,192.	5,908.	21,101.
t	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25 b	0.	0.	0.	0.
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section			_	_	
26	4958(c)(3)(B)	25 c	0.	0.	0.	0.
	included on lines 25a, b, and c	26	53,317.	19,194.	7,465.	26,658.
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27 .	28	8,855.	3,187.	1,240.	4,428.
29 30	Payroll taxes Professional fundraising fees	29 30	7,303.	2,629.	1,022.	3,652.
31	Accounting fees	31	5,316.		5,316.	· · · · · · · · · · · · · · · · · · ·
32	Legal fees .	32				
33	Supplies	33	2,154.	215.	948.	991.
34	Telephone	34	4 600			
35 36	Postage and shipping. Occupancy	35 36	1,689. 14,500.	794. 5,655.	84. 3,335.	811. 5,510.
37	Equipment rental and maintenance	37	4,342.	1,563.	607.	2,172.
38	Printing and publications	38	6,141.	554.	122.	5,465.
39	Travel .	39	3,208.	128.	321.	2,759.
40	Conferences, conventions, and meetings	40				
41	Interest	41	2 21			
42 43	Depreciation, depletion, etc (attach schedule) Other expenses not covered above (itemize)	42	2,811.	937.	937.	937.
	See Statement 5	43a	20,175.	6,131.	8,910.	5,134.
ь		43b				
C		43c		<del></del>		
d		43d				
e		43e 43f				<del></del>
g		43g				<del></del>
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	665,629.	549,796.	36,215.	79,618.
Joint	Costs. Check If you are following			,		
Are a	iny joint costs from a combined educational s,' enter (i) the aggregate amount of these	campa joint co	aign and fundraising sol	; (ii) the a	mount allocated to Progr	
\$_ to Fu	; (iii) the amount allo	cated	to Management and ger	neral \$	; and <b>(iv)</b> th	e amount allocated
, u	т			<del></del>	<del></del>	

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 organization. How the public perceives an organization in such cases may be determined by the information presented on please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accurate and fully describes.	uts return. Therefore
What is the organization's primary exempt purpose? LOCAL UNITED WAY AGENCY  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) organizations and 4947(a)(1) trusts, but optional for others)
a TO RAISE FUNDS FROM THE PUBLIC TO BE USED BY LOCAL CHARITABLE ORGANIZATIONS FOR HEALTH, WELFARE, EDUCATIONAL AND RECREATIONAL PURPOSES.	
(Grants and allocations \$ 493, 617. ) If this amount includes foreign grants, check here ▶ □	549,796.
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	

) If this amount includes foreign grants, check here

) If this amount includes foreign grants, check here

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

BAA

(Grants and allocations

(Grants and allocations

\$

e Other program services

549,796. Form **990** (2007) Part IV Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description End of year column should be for end-of-year amounts only. Beginning of year 222,936 344,572. Cash - non-interest-bearing 45 46 46 Savings and temporary cash investments 47a Accounts receivable 47 b 47 c b Less, allowance for doubtful accounts .... 405,892 48 a 48a Pledges receivable b Less. allowance for doubtful accounts 48 b 47,610. 270,482 48 c 358,282. 49 49 Grants receivable 50 a Receivables from current and former officers, directors, trustees, and key 50 a employees (attach schedule) b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) 50 b 51 a Other notes and loans receivable (attach schedule) 51 a 51 b b Less: allowance for doubtful accounts 51 c 52 52 Inventories for sale or use . . . . 1.877 2.798 53 Prepaid expenses and deferred charges 53 54a Investments - publicly-traded securities 54 a Cost FMV **b** Investments - other securities (attach sch) Cost FMV 54 b 55a Investments - land, buildings, & equipment, basis. 55 a b Less. accumulated depreciation (attach schedule) 55 b 55 c 56 Investments - other (attach schedule). 56 57a Land, buildings, and equipment: basis 28,062 57 a b Less. accumulated depreciation (attach schedule) . . Statement 6 13,782 57 b 17,035 57 c 11,027. Other assets, including program-related investments (describe ► 58 59 Total assets (must equal line 74). Add lines 45 through 58 509,077 59 716,679 5,935 60 Accounts payable and accrued expenses 60 6,696. 61 406,435 61 491,737. Grants payable 62 Deferred revenue 62 23 Loans from officers, directors, trustees, and key employees (attach schedule) 63 64 a 64a Tax-exempt bond liabilities (attach schedule) **b** Mortgages and other notes payable (attach schedule) 64 b 65 Other liabilities (describe ► 27,592 65 Total liabilities. Add lines 60 through 65 439,962 66 498, 433. Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74. 67 Unrestricted 69,115 67 181,996. 68 Temporarily restricted 68 36,250. Permanently restricted 69 Organizations that do not follow SFAS 117, check here and complete lines ÷ 70 through 74. Capital stock, trust principal, or current funds 70 Paid-in or capital surplus, or land, building, and equipment fund 71 72 Retained earnings, endowment, accumulated income, or other funds 72 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) 69,115. 218,246. 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 509,077. 74 716,679.

BAA

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

	"iou dollorio"							
					Т	П		504.040
а	Total revenue, gains, and other support per audited financial statements				ļ	_a		794,312.
b	Amounts included on line a but not on Part I, line 12.	1						
	1 Net unrealized gains on investments		Ь1		4	1		
	2Donated services and use of facilities		b2		4	1		
	3Recoveries of prior year grants		ь3	<del></del>	4			
	4Other (specify):					- 1		
			Ь4		_	4		
	Add lines <b>b1</b> through <b>b4</b>			• •	L	Ь		
С	Subtract line <b>b</b> from line <b>a</b>			•••	L	c		794,312.
d	Amounts included on Part I, line 12, but not on line a:					: ]		
	1 Investment expenses not included on Part I, line 6b		d1		╝	.1		
	2Other (specify).					Ì		
	See Stm 7	₋⅃	d2	-343				
	Add lines d1 and d2 .				L	d		-343.
e	Total revenue (Part I, line 12). Add lines c and d		•		<b></b>	е		793,969.
P	art IV-B Reconciliation of Expenses per Audited Financial Stater	me	nts v	vith Expenses pe	er	Ret	turn	
a	Total expenses and losses per audited financial statements				٠L	a		672,773.
b	Amounts included on line a but not on Part I, line 17:							-
	1 Donated services and use of facilities	- 1	<b>b</b> 1		╝	<b>%</b>		
	2Prior year adjustments reported on Part I, line 20	. [	b2		$\Box$	33		
	3Losses reported on Part I, line 20	[	ь3		$\Box$			
	4Other (specify):	₋⅃			٦			
	See Stmt 8		b4	343				
	Add lines b1 through b4				٦	ь		343.
C	Subtract line <b>b</b> from line <b>a</b>				Γ	С		672,430.
ď	Amounts included on Part I, line 17, but not on line a:				Γ	П		-
	1 Investment expenses not included on Part I, line 6b .		d1					
	2Other (specify).	ſ			٦	- 1		
	<u> </u>	٦-	d2					
	Add lines d1 and d2			<del></del>	٦	d		
e	Total expenses (Part I, line 17) Add lines c and d				<b>▶</b> [	е		672,430.
D.	WA Current Officers Directors Trustees and Kou Employee	_	4 .					

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.)

or ney employee at any time da	Ting the year even it they were	tiot compensated.) (5	ee the manuchons.)	
(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 and deferred compensation plans	(E) Expense account and other allowances
SEE ATTACHED LIST		0.	0.	0.
	] 0			
	1			
Dana Given		42,201.	0.	0.
625 E. Main Street, Suite 5	] 0			
Hendersonville, TN 37075	1			
	1			
	<del> </del>			
	1			
	1			
	<u> </u>		l	

Form 990 (2007) United Way of Sumner		<del></del>	31-1510	)208	F	<sup>2</sup> age <b>6</b>	
Part V-A Current Officers, Directors, Tru					Yes	No	
75a Enter the total number of officers, directors, and trustees p	•	•		:			
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relation	isated professional and gh family or business re	other independent conf	ractors listed in Schedu	ees ile <b>75</b>		x	
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'							
If 'Yes,' attach a statement that includes the information described in the instructions.							
d Does the organization have a written conflict or				75			
Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)							
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	account	xpense t and of wances	ther	
None							
<del>-</del>					<del></del>		
		<u> </u>					
Part VI Other Information (See the inst	ruotiono )				T.,		
			<del></del>		Yes	No	
76 Did the organization make a change in its activ If 'Yes,' attach a detailed statement of each change.	ities or methods of con-	ducting activities?		76	<b>,</b> , ,	x l	
77 Were any changes made in the organizing or g	=	t not reported to the IR:	· ··	77	+	X	
If 'Yes,' attach a conformed copy of the change				*****		<del></del>	
78a Did the organization have unrelated business g		or more during the year	covered by this return?	78	a	ו x	
b If 'Yes,' has it filed a tax return on Form 990-T				781	b N	Α	
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contrac	ction during the		79	` "	x	
80a Is the organization related (other than by associatements), governing bodies, trustees, office	ciation with a statewide rs, etc, to any other ex	or nationwide organizat empt or nonexempt org	ion) through common anization?	. 80 a	3	х	
<b>b</b> If 'Yes,' enter the name of the organization ▶	<u>N/A</u>		<del>-</del>				
			rempt or nonexer	_			
81a Enter direct and indirect political expenditures.		s.)	81 a	0.	3 l	333	
b Did the organization file Form 1120-POL for this BAA	s year?	·		81 L		(2007)	
				rorr	n <b>990</b> (	(2007)	

Form'990 (2007) United Way of Sumner County	31-151020	18	F	age 7
Rart VI Other Information (continued)			Yes	
82 a Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?.	at no charge or at	82a		х
<b>b</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 N/A	1		
83a Did the organization comply with the public inspection requirements for returns and exemptio		83a	X	. "
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contribu	utions?	83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	•	84a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such conot tax deductible?	intributions or gifts were	84ь	N	A
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	,	85a	N,	/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85b	N.	/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless th waiver for proxy tax owed for the prior year.	e organization received a			3 V.
c Dues, assessments, and similar amounts from members	85c N/A	100	8.3	
d Section 162(e) lobbying and political expenditures.	85d N/A	- 0. 1		: :
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A	] `` [		1 3
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	'n	Ά
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reason dues allocable to nondeductible lobbying and political expenditures for the following tax year?	nable estimate of	85h	N,	/A
86 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on	•			
line 12	86a N/A			100
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b N/A		$\mathbb{R}^{2}$	19.00
87 501(c)(12) organizations. Enter. a Gross income from members or shareholders.	87a N/A	- ~~	1	` \.
h Cross magne from other sources. (Do not not amounts due or nord to other courses			1 3	. 3
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable c or an entity disregarded as separate from the organization under Regulations sections 301.77 If 'Yes,' complete Part IX	orporation or partnership, 01-2 and 301.7701-3?	88a		х
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity section 512(b)(13)? If 'Yes,' complete Part XI	within the meaning of	88b		Х
89a 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year un	der.		· ·	,
section 4911 ► 0., section 4912 ► 0., section 4			`	, S
<b>b</b> 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess during the year or did it become aware of an excess benefit transaction from a prior year? If explaining each transaction	s benefit transaction	89b	*	X
c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	e ► 0.			,, ,
d Enter. Amount of tax on line 89c, above, reimbursed by the organization	▶ 0.	1.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited	tax shelter transaction?	89 e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable in		89 f		Х
			Ÿ,	
g For supporting organizations and sponsoring organizations maintaining donor advised funds. organization, or a fund maintained by a sponsoring organization, have excess business holding the year?	Did the supporting ngs at any time during	89 g		Х
90a List the states with which a copy of this return is filed ►				
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		906		3
91a The books are in care of ► Dana Given Telephone nu	mber ► 615-826-29			
Located at ► 625 East Main Street Hendersonville TN	ZIP + 4 ► 3707			
b At any time during the calendar year, did the organization have an interest in or a signature of	r other authority over a		Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fir	nancial account)?	91 b		X
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 F Financial Accounts.	oreign Bank and	` ]		, ,
BAA		Form	990 (	2007)

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	(2007) United Way of Sumn				31-1510	208	Page 8
-	Other Information (continu					Y	es No
c At an	ny time during the calendar year, did	the organization	maintain an office	outside of the U	nited States? .	91 c	X
	es,' enter the name of the foreign co						
	ion 4947(a)(1) nonexempt charitable					N/A	▶ 🔲
	enter the amount of tax-exempt inter				▶ 92		N/A
Part VII	Analysis of Income Producing			T			
		Unrelated bu	siness income	Excluded by s	ection 512, 513, or 514	(E)	
Note: Ente otherwise i	er gross amounts unless Indicated.	(A) Business code	(B) Amount	(C) Exclusion code	<b>(D)</b> Amount	Related or of function in	
93 Pro	ogram service revenue.						
ď							
ĕ		<del></del>		-		<del> </del>	
	dicare/Medicaid payments			<del>                                     </del>			
	& contracts from government agencies .						
_	mbership dues and assessments .						<del></del>
	rest on savings & temporary cash invmnts						5,630.
	idends & interest from securities						<del>27 030.</del>
	rental income or (loss) from real estate	(8,33	20.00			77 79 75	***************************************
	ot-financed property				<u> </u>		<u></u>
	debt-financed property						
	rental income or (loss) from pers prop		-			•	
	er investment income	<del></del>					
			<del></del>			<del></del>	
100 Gai oth	n or (loss) from sales of assets er than inventory						-343.
<b>101</b> Net	income or (loss) from special events						
<b>102</b> Gros	ss profit or (loss) from sales of inventory						
	er revenue: a	1 10 13	٠,		** **		
b To	ornado Relief						1,410.
c							
d							
e							
<b>104</b> Subt	total (add columns (B), (D), and (E)) .					(	6,697.
	al (add line 104, columns (B), (D), a		•			(	6,697.
	105 plus line 1e, Part I, should equa						
Part VIII	Relationship of Activities to	the Accomp	lishment of Ex	empt Purpos	ses (See the instru	ctions.)	
Line No.	Explain how each activity for which	income is report	ed in column (E) of	Part VII contrib	uted importantly to the a	accomplishme	nt
	of the organization's exempt purpo	ses (other than b	y providing funds fo	or such purposes	s).	·	
	See Statement 9						
					_		
Part IX	Information Regarding Tax	able Subsidia	ries and Disre	garded Entiti	es (See the instruc	ctions.)	
	(A)	(B)	(C	)	(D)	(E)	
Name,	address, and EIN of corporation,	Percentage of	Nature of	activities	Total	End-of-y	/ear
par	tnership, or disregarded entity	ownership interest	1 Nature of	activities	income	asset	
N/A		<b>?</b>	5				
		<sup>2</sup>	i				
		ş	+				
		ę	4				
Part X	Information Regarding Tra	nsfers Associ	ated with Pers	onal Benefit	Contracts (See the	e instructio	ns.)
a Did the	organization, during the year, receive any fun	ds, directly or indirect	ly, to pay premiums on a	a personal benefit co	ntract?	Yes	X No
<b>b</b> Did th	ne organization, during the year, pay	premiums, direc	tly or indirectly, on	a personal bene	efit contract? .	Yes	X No
Note: //	f 'Yes' to <b>(b)</b> , file Form 8870 <b>and</b> For	m 4720 (see ınstr	uctions).				
BAA					TEEA0108L 12/27/0	7 Form 99	90 (2007)

Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). Yes No 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 106 X (A) Name, address, of each controlled entity (B) Employer Identification (C) Description of (D) Amount of transfer Number transfer a b C **Totals** Yes No 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 107 Х (A) Name, address, of each controlled entity (B) Employer Identification (D) Description of Amount of transfer Number transfer b **Totals** Yes No 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? Х and to the best of ny knowledge and belief, it is **Please** Sign Signature of office Here Type or print name and title Preparer's SSN or PTIN (See General Instruction X) Date Check if Paid Preparer's signature P00293352 Preemployed Firm's name (or yours if self-employed), address, and ZIP + 4 parer's Parker, Parker & Associates Use 1000 NorthChase Dr - Suite 260 62-1240315 EIN Only 37072 Goodlettsville, TN 859-8800 Phone no **►** (615) BAA Form 990 (2007)

#### **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

Supplementary Information — (See separate instructions.)

2007

Employer identification number

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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

31-1510208 United Way of Sumner County Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (a) Name and address of each (b) Title and average (c) Compensation (d) Contributions (e) Expense employee paid more than \$50,000 to employee benefit plans and deferred hours per week account and other devoted to position allowances compensation None Total number of other employees paid over \$50,000 Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See 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 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 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 120 À.

Sch	edule A (Form 990 or 990-EZ) 2007 United Way of Sumner County 3	1-1510208	3	F	age 2
Pa	Statements About Activities (See instructions.)			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities    N/A   (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	attempt —	1		х
2	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities.  During the year, has the organization, either directly or indirectly, engaged in any of the following acts with an substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or	f the ny or with any			
	taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)  a Sale, exchange, or leasing of property?	r principal	2a		X
		· ·			
ı	b Lending of money or other extension of credit?	•	2b		<u>X</u>
•	Furnishing of goods, services, or facilities?	• }	2c		X
•	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	-	2d		X
•	Transfer of any part of its income or assets?		2e		Х
3	a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	ļ	За		х
ı	Did the organization have a section 403(b) annuity plan for its employees?	[	3b		X
•	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement.		3с		Х
•	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		3d		Х
4	a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' comple 4f and 4g	te lines	4a		Х
1	Did the organization make any taxable distributions under section 4966?	.	4b	N.	<u>A</u>
(	Did the organization make a distribution to a donor, donor advisor, or related person?	Į	4c	N,	'A
ď	Enter the total number of donor advised funds owned at the end of the tax year	<b>-</b>			N/A
•	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	<b></b>	<del></del>	· .	N/A
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advis funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	ed ▶			0

0.

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

Part	Reason for Non-Private  fy that the organization is not a private		·	Jackie boy V		
	<u> </u>	·	, , , ,	ilicable 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	il service organization. Sec	tion 170(b)(1)(A)(iii).			
8	A federal, state, or local governme	ent or governmental unit. Se	ection 170(b)(1)(A)(v).			
9	A medical research organization of and state ►	perated in conjunction with	a hospital. Section 170(b)(1	l)(A)(III). <b>Ent</b>	er the hospit	al's name, city,
10	An organization operated for the bit (Also complete the Support Sched	enefit of a college or univer <b>ule</b> in Part IV-A.)	sity owned or operated by	a governmer	ntal unit Sect	tion 170(b)(1)(A)(iv).
11a	X An organization that normally receil Section 170(b)(1)(A)(vi). (Also com	ives a substantial part of its plete the <b>Support Schedul</b> i	s support from a governmer e ın Part IV-A)	ntal unit or fr	om the gener	al public.
11 в	A community trust. Section 170(b)(	(1)(A)(vı). (Also complete th	ne <b>Support Schedule</b> in Par	t IV-A)		
12	An organization that normally receifrom activities related to its charital from gross investment income and organization after June 30, 1975. S	ble, etc. functions — subied	t to certain exceptions, and	i (2) no mon	e than 33-1/39	% of its support
13	An organization that is not controlle	ed by any disqualified perso	ons (other than foundation r	managers) a	nd otherwise	
	requirements of section 509(a)(3).  Type I	Check the box that describe		ganization:   Type III		
			out the supported organiza			
	(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	
	· · · · · · · · · · · · · · · · · · ·				1.	
Total	<u> </u>				<b>P</b>	0
-					•	
14 BAA	An organization organized and ope	rated to test for public safe	ty. Section 509(a)(4). (See			n 990 or 990-EZ) 200

	IV-A Support Schedule ( : You may use the worksheet in the					counting.			
	ndar year (or fiscal year nning in)	<b>(a)</b> 2006	<b>(b)</b> 2005	<b>(c)</b> 2004	<b>(d)</b> 2003	<b>(e)</b> Total			
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.).	679,071.	807,709.	786,287.	733,71	3. 3,006,780.			
16	Membership fees received					0.			
	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	5,821.	6,150.	6,000.	12,39	6. 30,367.			
18	Gross income from interest, dividends, amts rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	6,464.	2,807.	3,124.	1,48				
19	Net income from unrelated business activities not included in line 18					0.			
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					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.			
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets See Stmt 10	5,782.	3,913.	2,509.		12,204.			
23	Total of lines 15 through 22	697,138.	820,579.	797,920.	747,59				
	Line 23 minus line 17	691,317.	814,429.	791,920.	735,199				
25	Enter 1% of line 23	6,971.	8,206.	7,979.	7,470				
26	Organizations described on lines	10 or 11: a Ente	er 2% of amount in co	olumn (e), line 24	▶ 21	60,657.			
t	Prepare a list for your records to show the supported organization) whose total gifts for return. Enter the total of all these excess a	or 2003 through 2006 exceed	outed by each person (other led the amount shown in lir	r than a governmental unit one 26a <b>Do not file this list</b>	with your	6b			
c	Total support for section 509(a)(1)	) test: Enter line 24, c	• •		▶ 21	3,032,865.			
C	Add. Amounts from column (e) fo		13,881.	19		* * * * * * * * * * * * * * * * * * *			
	D.1. 1.0 00 1.	22	12,204.	26b	<del></del> .	26,085.			
	Public support (line 26c minus line	•			<del></del>	5e     3,006,780.       5f     99.14 %			
27	Organizations described on line 1 For amounts included in lines 15, name of, and total amounts received such amounts for each year:	2: N/A 16, and 17 that were yed in each year from	received from a 'disq , each 'disqualified po	ualified person,' prepa erson.' <b>Do not file this</b>	are a list for your r	ecords to show the Irn. Enter the sum of			
	(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  17 20 21 27c  d Add: Line 27a total and line 27b total 27d								
c	Add. Amounts from column (e) fo	r lines. 15		16		-			
	17	20		21	<u>  z</u>	7c			
d	Add: Line 27a total	an	d line 27b total			7d			
e	Public support (line 27c total minu	is line 27d total)		 م اجامعدا	2	/ e			
	Total support for section 509(a)(2)				1 "				
	Public support percentage (line 2	•	•	••	_	7g			
	Investment income percentage (li Unusual Grants: For an organizat			<del></del>					
س	list for your records to show, for e nature of the grant. <b>Do not file thi</b>	ach year, the name o	f the contributor, the	date and amount of the	ne grant, and a bri	ef description of the			

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.)		11. 12. 12. 12. 12. 12. 12. 12. 12. 12.	
32	Does the organization maintain the following:	<b>-</b>  ```	, % ,	۰
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
i	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
•	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
(	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		<del>                                     </del>
		) 0 % 64		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-   ``		,
		-	` ;	\
33	Does the organization discriminate by race in any way with respect to:		` ;	1/1
á	a Students' rights or privileges?	33a		
ı	b Admissions policies?	33Ь		
•	Employment of faculty or administrative staff?	33c		
•	d Scholarships or other financial assistance?	33 d		
•	e Educational policies?	33 e		
	Use of facilities?	33f		
	g Athletic programs?	33g		
r	n Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		-	
			` \]	
34 a	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
Ł	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	sections 4.01 through 4.05 of Rey Proc 75-50, 1975-2 C.B. 587, covering racial			,
	nondiscrimination? If 'No,' attach an explanation.	35		

Schedule A (Form 990 or 990-EZ) 2007 United Way of Sumner County 31-1510208 Page 6 Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) N/A if the organization belongs to an affiliated group. Check ► b If you checked 'a' and 'limited control' provisions apply. (a) Affiliated group **Limits on Lobbying Expenditures** To be completed for all electing totals (The term 'expenditures' means amounts paid or incurred.) organizations Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 38 Total lobbying expenditures (add lines 36 and 37) 38 39 Other exempt purpose expenditures. 39 Total exempt purpose expenditures (add lines 38 and 39) 40 41 Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -Not over \$500,000. 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000... \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000. \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,500,000 but not over \$17,000,000 ... \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 ... 42 Grassroots nontaxable amount (enter 25% of line 41) 42 43 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720 4 -Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.) Lobbying Expenditures During 4 -Year Averaging Period Calendar year (a) (b) (c) (d) (e) (or fiscal year beginning in) 2007 2006 2005 2004 Total Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See instructions.) N/A During the year, did the organization attempt to influence national, state or local legislation, including any Yes No **Amount** attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers b Paid staff or management (Include compensation in expenses reported on lines c through h.) c Media advertisements d Mailings to members, legislators, or the public e Publications, or published or broadcast statements f Grants to other organizations for lobbying purposes. g Direct contact with legislators, their staffs, government officials, or a legislative body h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means i Total lobbying expenditures (add lines c through h.) If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

# Schedule A (Form 990 or 990-EZ) 2007 United Way of Sumner County 31-1510208 Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did th of the	e reporting organization Code (other than section	directly or in 1 501(c)(3) c	idirectly engagi organizations) (	e in any of the follow or in section 527, rela	ing with any other i ting to political org	organization describe ianizations?	d in section	1 501(	2)
	fers from the reporting or							Yes	No
(i) Ca	· · · · · ·	J					51 a (i)		X
• • •	ther assets .						a (ii)		X
	transactions:		• •	·	•				<del></del>
	ales or exchanges of ass	ets with a n	oncharitable ex	rempt organization			b (i)		Х
	urchases of assets from			· -		•	b (ii)		X
• •	ental of facilities, equipm			garnzation			b (iii)		X
, -	eimbursement arrangeme	•				• • • • •			X
• •	oans or loan quarantees	zi ilə	• • •	•	•		b (iv)		X
• • •	erformance of services of	r mamharch	in or fundraisin	 na colicitations	•	•			X
	ng of facilities, equipment		=	-	•	•	b (vi)		$\frac{\lambda}{X}$
	answer to any of the abo lods, other assets, or ser ansaction or sharing arra					lways show the fair may	_	of n	
(a) Line no.	(b) Amount involved		(c)	exempt organization		(d) transfers, transactions, and			
NT / 7								· • · · · · · · · ·	
N/A		<u> </u>				<del></del>			
					<del> </del>				
			<u></u>	- <del></del>	<u> </u>				
					-				
			·						
	· · · · · · · · · · · · · · · · · · ·		······································						
						***			
				- <u></u>					
descri	organization directly or in bed in section 501(c) of t ,' complete the following	he Code (ot	liated with, or r her than sectio	elated to, one or mo n 501(c)(3)) or in sec	re tax-exempt orga tion 527?	inizations 	►  Ye	s X	No
	(a)			(b)	T	(c)			
	Name of organization		Type o	of organization		Description of relation	nship		
N/A									
				···		<del></del>			
				<del></del>		<u> </u>			
	·				<u> </u>				
**		-		<del></del>	<del></del>				
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					<del> </del>		<del></del>		
	<del></del>								

#### **Federal Statements**

Page 1

**United Way of Sumner County** 

31-1510208

Statement 1	
Form 990, Part I, Line 8	
Net Gain (Loss) from Noninventory Sal	es

Other Assets

Description:

Peachtree Software

Date Acquired: How Acquired: Date Sold:

12/31/2004 Purchase Various

Cost

To Whom Sold:

Gross Sales Price: Cost or Other Basis:

205.

Basis Method:

Depreciation:

205.

Gain (Loss)

0.

Description: Date Acquired: How Acquired: Date Sold:

Projector 7/01/2004 Purchase Various

To Whom Sold: Gross Sales Price:

1,148.

Cost or Other Basis: Basis Method:

Cost

805.

Dues

Gain (Loss)

-343.

Depreciation:

Total Gain (Loss) Other Assets \$

Total Net Gain (Loss) From Noninventory Sales \$ -343.

Statement 2 Form 990, Part I, Line 16 Payments to Affiliates

Name and Address United Way of America P.O. BOX 630568 Baltimore, MD 21263

Purpose of Payment

Amount

\$

Total \$ 6,801.

6,801.

Statement 3 Form 990, Part I, Line 20 Other Changes in Net Assets or Fund Balances

Prior Period Adjustment ...

27,592. Total \$

2007

#### **Federal Statements**

Page 2

**United Way of Sumner County** 

31-1510208

Statement 4 Form 990, Part II, Line 22b Other Grants and Allocations

Cash Grants and Allocations

Amount Given:

\$ 493,617.

Total Grants and Allocations \$ 493,617.

Statement 5 Form 990, Part II, Line 43 Other Expenses

	(A)	(B) Program	(C) Management	(D)
	Total	Services	& General	Fundraising
Awards and Banquet Bad Debt	1,243. -63.	415. -63.	414.	414.
Bank Fees Dues	237. 2,289.	1,143.	237. 573.	573.
Insurance	3,541.		3,541.	
Meeting Expenses Miscellaneous	1,835. 5,616.	917. 1,872.	459. 1,872.	459. 1,872.
Moving Expenses Tornado Relief	1,359. 33.	453. 33.	453.	453.
Training	221.	73.	73.	75.
Utilities	3,864. Total \$ 20,175.	1,288. 6,131.	1,288. \$ 8,910.	1,288. \$ 5,134.

Statement 6 Form 990, Part IV, Line 57 Land, Buildings, and Equipment

Category		Basis	 Accum. Deprec.	 Book Value
Furniture and Fixtures Machinery and Equipment Improvements Miscellaneous	Total	\$ 4,476. 6,881. 10,705. 6,000. 28,062.	\$ 2,323. 5,967. 2,745. 6,000. 17,035.	\$ 2,153. 914. 7,960. 0. 11,027.

Statement 7 Form 990, Part IV-A, Line d(2) Other Amounts

Loss on Disposal

Total \$ -343. -343.

2007		Federal Statements					
· · · · · · · · · · · · · · · · · · ·		United Way of Sumner County	31-151020				
Statem Form S Other	ent 8 990, Part IV-B, Line b(4) Amounts						
Loss	on Disposal	Total <u>\$</u>	343. 343.				
Relation	90, Part VIII Inship of Activities to the A	ccomplishment of Exempt Purposes					
Line 95		Explanation of Activities used to pay expenses directly related to the					
95	organization's exemp	ot purpose.					
103d	in the UW of SC area reported as other in	accepted during 2006 and 2007 for a natural a. These were segregated from contributions accome. Funds were used for and benefited only ad unspent funds have been restricted for such	and the				
Statem Sched Other	ule A, Part IV-A, Line 22 ncome	(a) 2006 (b) 2005 (c) 2004 (d) 2003	(a) Watal				
	Description Income		0. \$ 12,204 5 12,204				
Other	Tota						
Other	Tota						
Other	Tota						
Other	Tota						
Other	Tota						