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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☑ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
UNITED WAY OF GREATER CHATTANOOGA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 4027

City or town, state or country, and ZIP + 4
CHATTANOOGA, TN 37405

D Employer identification number
62-0565962

E Telephone number
(423) 752-0300

G Gross receipts $ 9,074,820

F Name and address of principal officer
EVA DILLARD
630 MARKET STREET
CHATTANOOGA, TN 37405

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW UWCHATT ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1922

M State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO UNITE PEOPLE AND RESOURCES IN BUILDING A STRONGER AND HEALTHIER COMMUNITY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	74
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	74
5	Total number of employees (Part V, line 2a)	5	39
6	Total number of volunteers (estimate if necessary)	6	3,482
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-3,790

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,674,438	6,668,042
9	Program service revenue (Part VIII, line 2g)	156,077	156,182
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	570,460	-37,161
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	485,717	389,628
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,886,692	7,176,691
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,466,056	6,110,648
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,254,059	2,311,230
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 935,183		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,690,901	1,486,800
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,411,016	9,908,678
19	Revenue less expenses Subtract line 18 from line 12	-1,524,324	-2,731,987

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	32,904,386	32,958,545
21	Total liabilities (Part X, line 26)	8,453,823	8,400,911
22	Net assets or fund balances Subtract line 21 from line 20	24,450,563	24,557,634

Part II Signature Block

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

Sign Here

****** | 2010-09-24
Signature of officer | Date

EVA DILLARD PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ STEPHEN L KEOWN | Date | Check if self-empolyed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ JOHNSON HICKEY & MURCHISON PC
651 E FOURTH ST STE 200
CHATTANOOGA, TN 37403

EIN ▶

Phone no ▶ (423) 756-0052

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

UNITED WAY OF GREATER CHATTANOOGA'S MISSION IS TO UNITE PEOPLE AND RESOURCES IN BUILDING A STRONGER AND HEALTHIER COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 6,010,695 including grants of $) (Revenue $)

PROVIDE FUNDING FOR APPROXIMATELY 44 NON-PROFIT AGENCIES IN THE GREATER CHATTANOOGA METRO AREA

4b (Code) (Expenses $ 1,028,919 including grants of $) (Revenue $)

Invest in Children is United Way of Greater Chattanooga's Education Initiative It is the overarching program that directs it's Project Ready for School Impact Work, which began in 2004 The goal of Project Ready for School is to prepare children for success when they enter school This is accomplished by providing parents with free resources they can use to work with their children on school readiness Through Project Ready for School, IIC currently serves over 18,000 children in Hamilton and Marion counties in Tennessee and Dade, Walker, and Catoosa counties in North Georgia Children enrolled in Project Ready for School receive a free Imagination Library book each month until age 5, as well as access to parent information and training, and annual learning check-ups using the Ages and Stages Developmental Questionnaire

4c (Code) (Expenses $ 257,740 including grants of $) (Revenue $)

The Center for Nonprofits is a management support organization whose mission is to help nonprofit organizations operate more efficiently and effectively The Center achieves this mission by providing training and consulting services as well as resources to nonprofit organizations throughout East Tennessee and North Georgia The Center has nearly 170 member organizations, annually provides consulting services to more than 40 nonprofit organizations and serves more than 1100 individuals through training classes

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 841,349 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 8,138,703

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	7		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	39		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**	Yes		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	74		
b	Enter the number of voting members that are independent	1b	74		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ TN , GA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

GARY BOWMAN
PO BOX 4027
CHATTANOOGA,TN 37405
(423) 752-0300

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	741,740	0	172,343

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 2

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	45,473			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,622,569			
	g	Noncash contributions included in lines 1a-1f $ 110,662					
	h	**Total.** Add lines 1a-1f		6,668,042			
Program Service Revenue			Business Code				
	2a	CFC ADMIN FEE	900,099	156,182	156,182		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		156,182			
	3	Investment income (including dividends, interest and other similar amounts)		131,254			131,254
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	1,683,111				
	b	Less cost or other basis and sales expenses	1,851,526				
	c	Gain or (loss)	-168,415				
	d	Net gain or (loss)		-168,415			-168,415
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 69,890				
	b	Less direct expenses	b 46,603				
	c	Net income or (loss) from fundraising events		23,287			23,287
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900,099	336,906			336,906
	b	INCREASE IN CSV	900,099	29,435			29,435
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		366,341			
	12	**Total revenue.** See Instructions		7,176,691	156,182	0	352,467

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	5,780,353	5,780,353		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	330,295	330,295		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	955,799	227,814	328,365	399,620
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	967,438	756,224	65,746	145,468
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	265,438	187,372	29,186	48,880
10 Payroll taxes	122,555	67,901	22,716	31,938
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	20,500	2,126	9,803	8,571
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	400,664	322,030	32,463	46,171
12 Advertising and promotion				
13 Office expenses	187,235	69,943	48,751	68,541
14 Information technology				
15 Royalties				
16 Occupancy	101,625	40,166	24,869	36,590
17 Travel	37,383	7,060	16,178	14,145
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	84,820	27,235	29,321	28,264
20 Interest				
21 Payments to affiliates	103,394		103,394	
22 Depreciation, depletion, and amortization	135,863	14,089	64,970	56,804
23 Insurance	19,713	2,366	7,885	9,462
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a MISCELLANEOUS	232,501	173,915	34,584	24,002
b FIT KIDS FITNESS PROGRA	118,102	118,102		
c MEMBERSHIP DUES AND SUB	27,706	9,919	8,291	9,496
d POST RETIREMENT BENEFIT	17,294	1,793	8,270	7,231
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	9,908,678	8,138,703	834,792	935,183
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,215,829	1	1,857,801
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		7,596,132	3	7,023,785
	4	Accounts receivable, net		123,159	4	51,020
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		38,257	9	31,364
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,711,541			
	b	Less accumulated depreciation	10b 546,177	3,219,325	10c	3,165,364
	11	Investments—publicly traded securities		10,559,208	11	12,156,664
	12	Investments—other securities See Part IV, line 11		9,071,417	12	8,672,547
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		81,059	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		32,904,386	16	32,958,545
Liabilities	17	Accounts payable and accrued expenses		700,761	17	776,606
	18	Grants payable		7,663,149	18	7,529,033
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		89,913	25	95,272
	26	**Total liabilities.** Add lines 17 through 25		8,453,823	26	8,400,911
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		14,546,740	27	15,585,322
	28	Temporarily restricted net assets		8,296,280	28	7,360,382
	29	Permanently restricted net assets		1,607,543	29	1,611,930
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		24,450,563	33	24,557,634
	34	Total liabilities and net assets/fund balances		32,904,386	34	32,958,545

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER CHATTANOOGA

Employer identification number
62-0565962

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ 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 exempt 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).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,872,801	8,664,559	7,933,842	7,674,438	6,818,042	39,963,682
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	8,872,801	8,664,559	7,933,842	7,674,438	6,818,042	39,963,682
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						777,185
6 **Public Support.** Subtract line 5 from line 4						39,186,497

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	8,872,801	1,332,159	7,933,842	7,674,438	6,818,042	39,963,682
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,278,409	1,332,159	2,007,838	514,656	131,254	5,264,316
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	199,376	398,398	296,338	402,290	366,341	1,662,743
11 **Total support** (Add lines 7 through 10)						46,890,741

12	Gross receipts from related activities, etc (See instructions)	12	781,419

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	83 570 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	83 940 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 62-0565962
Name: UNITED WAY OF GREATER CHATTANOOGA

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 841,349 including grants of $) (Revenue $)

Building Stable Lives is one of the 3 impact areas for United Way with the goal of helping families/individuals to become more self-sufficient and less dependent on community services The BSL pilot project is but one part of this impact focus and seeks to develop a model for helping individuals who are vulnerable or in crisis achieve stability through becoming economically and socially independent Building Stable lives consists of more than the Pilot Project and incorporates each of the following areas to help those that work with individuals who are vulnerable achieve stability These include a Agency Relations -- The Pilot Project comes under Agency Relations and focuses on how partner agencies with United Way can support the goals and objectives of Building Stable Lives b Gifts-in-Kind -- GIK provides goods and materials to nonprofits and our agency partners at reduced cost so that they can afford to provide the services that clients need c Volunteer Center the VC both provides opportunities for those struggling to become stable to acquire the skills and knowledge necessary to re-enter the workforce and opportunities for agencies to finds qualified volunteers to help them achieve their mission within the community d 2-1-1 2-1-1 connects people with needs to those agencies that can help fulfill those needs, it also connects agencies with services to offer with those who need those services For many it is their first call for help as they struggle to maintain their lives It is also the entry point for linking them not only with the those that can meet their immediate needs but who can also help them achieve economic and social self-sufficiency

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA ANDREAE BOARD MEMBER	3 00	X						0	0	0
CHARLES L ARANT BOARD MEMBER	3 00	X						0	0	0
T HICKS ARMOR BOARD MEMBER	3 00	X						0	0	0
PHILIP S BALL BOARD MEMBER	3 00	X						0	0	0
BOB BOSWORTH BOARD MEMBER	3 00	X						0	0	0
JIM BREXLER BOARD MEMBER	3 00	X						0	0	0
PAUL BROCK JR BOARD MEMBER	3 00	X						0	0	0
DR RICHARD BROWN BOARD MEMBER	3 00	X						0	0	0
ROGER BROWN BOARD MEMBER	3 00	X						0	0	0
MICHAEL BUTLER BOARD MEMBER	3 00	X						0	0	0
LH CALDWELL III BOARD MEMBER	3 00	X						0	0	0
L HARDWICK CALDWELL JR BOARD MEMBER	3 00	X						0	0	0
LAURA CARDEN BOARD MEMBER	3 00	X						0	0	0
MIKE COSTA BOARD MEMBER	3 00	X						0	0	0
STEFANIE CROWE BOARD MEMBER	3 00	X						0	0	0
FRED DECOSIMO BOARD MEMBER	3 00	X						0	0	0
JOSEPH F DECOSIMO BOARD MEMBER	3 00	X						0	0	0
NICK DECOSIMO BOARD CHAIR	3 00	X		X				0	0	0
ALNOOR DHANANI BOARD MEMBER	3 00	X						0	0	0
KENNETH C DYER III BOARD MEMBER	3 00	X						0	0	0
KURT FAIRES BOARD MEMBER	3 00	X						0	0	0
JOE FARLESS BOARD MEMBER	3 00	X						0	0	0
SCOTT FOSSE BOARD MEMBER	3 00	X						0	0	0
JOHN F GERM BOARD MEMBER	3 00	X						0	0	0
TOM GLENN BOARD MEMBER	3 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VICKY GREGG BOARD MEMBER	3 00	X						0	0	0
ROBERT C GREVING BOARD MEMBER	3 00	X						0	0	0
JOHN P GUERRY BOARD MEMBER	3 00	X						0	0	0
ZAN GUERRY BOARD MEMBER	3 00	X						0	0	0
KYLE HAUTH BOARD MEMBER	3 00	X						0	0	0
PATSY HAZLEWOOD BOARD MEMBER	3 00	X						0	0	0
CRAIG HOLLEY BOARD MEMBER	3 00	X						0	0	0
DONNIE HUTCHERSON BOARD MEMBER	3 00	X						0	0	0
MAI BELL HURLEY BOARD MEMBER	3 00	X						0	0	0
KENNETH JORDAN II BOARD MEMBER	3 00	X						0	0	0
JAMES D KENNEDY JR BOARD MEMBER	3 00	X						0	0	0
JAMES D KENNEDY III BOARD MEMBER	3 00	X						0	0	0
JON M KINSEY BOARD MEMBER	3 00	X						0	0	0
CARL LANSDEN BOARD MEMBER	3 00	X						0	0	0
H GRANT LAW JR BOARD MEMBER	3 00	X						0	0	0
ALAN LEBOVITZ BOARD MEMBER	3 00	X						0	0	0
MICHAEL LEBOVITZ BOARD MEMBER	3 00	X						0	0	0
ROBERT P MAIN BOARD MEMBER	3 00	X						0	0	0
MICHAEL MATHIS BOARD MEMBER	3 00	X						0	0	0
JACK H MCEWEN BOARD MEMBER	3 00	X						0	0	0
MIKE MCKEE BOARD MEMBER	3 00	X						0	0	0
CHARLES R MEGAHEE BOARD MEMBER	3 00	X						0	0	0
ARCHIE MYERS BOARD MEMBER	3 00	X						0	0	0
MARY GREY MOSES BOARD MEMBER	3 00	X						0	0	0
HILDA S MURRAY BOARD MEMBER	3 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAN NAUSLEY BOARD MEMBER	3 00	X						0	0	0
PAUL NEELY BOARD MEMBER	3 00	X						0	0	0
CHANDLER PEEPLES BOARD MEMBER	3 00	X						0	0	0
JOHN PHILLIPS BOARD MEMBER	3 00	X						0	0	0
HELEN PREGULMAN BOARD MEMBER	3 00	X						0	0	0
SCOTT PROBASCO JR BOARD MEMBER	3 00	X						0	0	0
BILL RAINES BOARD MEMBER	3 00	X						0	0	0
DENNIS RIDDELL BOARD MEMBER	3 00	X						0	0	0
DR JIM SCALES BOARD MEMBER	3 00	X						0	0	0
FRANK SCHRINER BOARD MEMBER	3 00	X						0	0	0
KEN SMITH BOARD MEMBER	3 00	X						0	0	0
DR BILL W STACY BOARD MEMBER	3 00	X						0	0	0
BILL STILES BOARD MEMBER	3 00	X						0	0	0
SUSAN STILZ BOARD MEMBER	3 00	X						0	0	0
DR MARY TANNER BOARD MEMBER	3 00	X						0	0	0
LISA WHALEY BOARD MEMBER	3 00	X						0	0	0
GARY WATKINS BOARD MEMBER	3 00	X						0	0	0
KIM WHITE BOARD MEMBER	3 00	X						0	0	0
TOM WHITE BOARD MEMBER	3 00	X						0	0	0
BILL WILDER BOARD MEMBER	3 00	X						0	0	0
GRADY WILLIAMS TREASURER	3 00	X		X				0	0	0
JEFFREY T WILSON BOARD MEMBER	3 00	X						0	0	0
THOMAS E WILSON BOARD MEMBER	3 00	X						0	0	0
DR BEN WYGAL BOARD MEMBER	3 00	X						0	0	0
EVA DILLARD PRESIDENT	45 00			X				135,231	0	27,150

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GARY BOWMAN CHIEF OPERATING OFFICER	45 00			X				96,611	0	30,648
WILLIAM S FULLER LABOR DIRECTOR	45 00			X				62,357	0	20,506
LINDA MCREYNOLDS VICE PRESIDENT-DEVELOPME	45 00			X				114,704	0	25,306
JAMIE BERGMANN VICE PRESIDENT-AGENCY RE	45 00			X				57,005	0	27,057
SHELIA MOORE EXECUTIVE DIRECTOR OF CN	45 00			X				68,730	0	7,698
WAYNE COLLINS VICE PRESIDENT MARKETING	45 00			X				57,023	0	19,939
BRENT TAYLOR DIRECTOR OF PLANNED GIVI	45 00			X				87,979	0	8,225
JOHN HAYES DIRECTOR OF BUILDING STA	45 00			X				62,100	0	5,814

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER CHATTANOOGA

Employer identification number
62-0565962

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	17,915,670	25,710,525			
b Contributions	324,825	22,827			
c Investment earnings or losses	2,784,960	-6,394,824			
d Grants or scholarships					
e Other expenditures for facilities and programs	1,350,000	1,422,858			
f Administrative expenses					
g End of year balance	19,675,455	17,915,670			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 91 800 %
- b Permanent endowment ▶ 8 200 %
- c Term endowment ▶ 0 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		227,782		227,782
b Buildings		2,799,347	75,816	2,723,531
c Leasehold improvements				
d Equipment		684,412	470,361	214,051
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				3,165,364

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
CSV-LIFE INSURANCE POLICIES	352,756	F
INVESTMENTS IN LIMITED PARTNERSHIPS	8,319,791	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	8,672,547	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
FUNDS HELD FOR SERVICES	22,927
RESERVE FOR CONTINGENCIES	72,345
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	95,272

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,176,691
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,908,678
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,731,987
4	Net unrealized gains (losses) on investments	4	2,839,058
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	2,839,058
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	107,071

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	10,015,749
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,839,058		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	2,839,058
3	Subtract line **2e** from line **1**			3	7,176,691
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	7,176,691

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	9,908,678
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	9,908,678
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	9,908,678

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER CHATTANOOGA

Employer identification number
62-0565962

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	69,890			69,890
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	69,890			69,890
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	46,603			46,603
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				46,603
	11 Net income summary Combine lines 3, column d, and line 10 ▶				23,287

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER CHATTANOOGA

Employer identification number
62-0565962

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
BOOKS DISTRIBUTED TO INDIVIDUAL FAMILIES	18183		330,295	COST	BOOKS FOR READING
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

Additional Data Return to Form

Software ID:
Software Version:
EIN: 62-0565962
Name: UNITED WAY OF GREATER CHATTANOOGA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AIM CENTER1903 MCCALLIE AVENUE CHATTANOOGA,TN 37404	58-1718368	501(c)(3)	101,147				TO DEVELOP SELF SUFFICIENCY SKILLS
ALEXIAN BROS SENIOR NEIGHBORS1000 NEWBY STREET CHATTANOOGA,TN 37402	62-0646376	501(c)(3)	176,648				to help older adults maintain independence
AMERICAN RED CROSS HAMILTON CO801 MCCALLIE AVENUE CHATTANOOGA,TN 37403	62-0479536	501(c)(3)	283,433				for stroke and cardiovascular education services
BIG BROTHERSBIG SISTERS CHATTANOOGA2015 BAILEY AVENUE CHATTANOOGA,TN 37404	62-0586090	501(c)(3)	186,189				TO PROVIDE ASSISTANCE WITH BASIC NEEDS IN TIMES OF DISASTER OR EMERGENCY to provide assistance with basic needs in times of disaster or emergency
BOY SCOUTS CHEROKEE 6031 LEE HIGHWAY CHATTANOOGA,TN 37421	62-0475671	501(c)(3)	320,900				to help develop self sufficiency skills in youth
BOYS & GIRLS CLUB OF CHATTANOOGA610 LINDSEY STREET CHATTANOOGA,TN 37403	62-0557179	501(c)(3)	416,933				to help develop self sufficiency skills in youth
CHILDREN'S ACADEMY (EAST 5TH STREET)EAST FITH STREET CHATTANOOGA,TN 37403	62-0562853	501(c)(3)	86,190				to prepare children to enter kindergarten ready to learn
CHILDREN'S HOMECHAMBLISS SHELTER 315 GILLEPSIE ROAD CHATTANOOGA,TN 37411	62-0505514	501(c)(3)	161,597				to prepare children to enter kindergarten ready to learn
COMMUNITIES IN SCHOOOLS2 BARNHARDT CIRCLE FT OGLETHORPE,GA 30742	58-2437803	501(c)(3)	25,000				to prepare children to enter kindergarten ready to learn
COUNCIL FOR DRUG & ALCOHOL ABUSE (CADAS) 105 DEVEL LANE CHATTANOOGA,TN 37405	62-0716063	501(c)(3)	59,397				to remediate substance abuse issues

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EPILEPSY FOUNDATION ONE SISKIN PLAZA CHATTANOOGA,TN 37403	58-1309190	501(c)(3)	33,280				to help persons with epilepsy remain self sufficient
FAMILY CRISIS CENTERPO BOX 252 LAFAYETTE,GA 30728	58-2089789	501(c)(3)	14,936				to provide assistance to victims of domestic violence
FORTWOOD CENTER1028 EAST THIRD STREET CHATTANOOGA,TN 37403	62-0565399	501(c)(3)	64,626				to help remediate short-term mental health issues
FOUR POINTS308 S CHEROKEE STREET LAFAYETTE,GA 30728	31-1465829	501(c)(3)	14,755				to assist with court supervised visitation
GIRLS INC709 S GREENWOOD AVENUE CHATTANOOGA,TN 37404	62-0647145	501(c)(3)	246,659				to help develop self sufficiency skills in youth
GOODWILL INDUSTRIES CHATTANOOGA3500 DODDS AVENUE CHATTANOOGA,TN 37407	62-0544853	501(c)(3)	47,255				to develop self sufficiency skills
JEWISH COMM FED CHATTANOOGAPO BOX 8947 CHATTANOOGA,TN 37414	62-0475677	501(c)(3)	13,100				to help older adults maintain independence
KIDS ON THE BLOCK CHATTANOOGAPO BOX 4767 CHATTANOOGA,TN 37403	58-1460361	501(c)(3)	77,537				to educate grammar school children on life challenging issues
LAFAYETTE EMPTY STOCKINGPO BOX 567 LAFAYETTE,GA 30728	58-1893551	501(c)(3)	10,253				to provide families food during the holidays
LITTLE MISS MAG214 WALNUT STREET CHATTANOOGA,TN 37403	62-0483209	501(c)(3)	56,310				to prepare children to enter kindergarten ready to learn

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS-SE APPALACHIANS REGION 1936 DAYTON BOULEVARD PO BOX 15969 CHATTANOOGA,TN 37415	62-0518287	501(c)(3)	157,285				to help develop self sufficiency skills in youth
MAURICE KIRBY DAYCARE PO BOX 11445 CHATTANOOGA,TN 37401	62-0569477	501(c)(3)	70,098				to prepare children to enter kindergarten ready to learn
NORTHSIDE NEIGHBORS HOUSEPO BOX 4086 211 MINOR STREET CHATTANOOGA,TN 37405	62-0481801	501(c)(3)	88,673				to help youth and families become more self sufficient
ORANGE GROVE CENTER 615 DERBY STREET CHATTANOOGA,TN 37404	62-0549365	501(c)(3)	374,375				to help persons with disabilities maintain their independence
PARTNERSHIP FOR FC & A 1800 MCCALLIE AVENUE CHATTANOOGA,TN 37404	62-0911679	501(c)(3)	1,038,296				to help families maintain self sufficiency and older adults maintain independence
PRIMARY HEALTH CARE CENTER13570 NORTH MAIN STREET TRENTON,GA 30752	58-1410404	501(c)(3)	38,400				to provide dental assistance for families
PRO RE BONA NURSERYPO BOX 366 CHATTANOOGA,TN 37401	62-0586086	501(c)(3)	77,183				to prepare children to enter kindergarten ready to learn
READ CHATTANOOGA5704 MARLIN ROAD STE 2600 CHATTANOOGA,TN 37411	62-0693913	501(c)(3)	78,024				to provide literacy training to adults
CHATTANOOGA ROOM IN THE INN230 N HIGHLAND PARK AVENUE PO BOX 3564 CHATTANOOGA,TN 37404	62-1402358	501(c)(3)	6,031				to help homeless women and children find housing and services
SIGNAL CENTERS109 N GERMANTOWN ROAD CHATTANOOGA,TN 37411	62-0587285	501(c)(3)	256,989				to help persons with disabilities maintain their independence

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SPECIAL TRANS SERV1617 WILCOX BLVD STE B CHATTANOOGA,TN 37406	62-1305384	501(c)(3)	146,521				to provide transportation services to the elderly and persons with disabilities
SPEECH & HEARING CENTER600 N HOLTZCLAW AVENUE STE 200 CHATTANOOGA,TN 37404	62-0526644	501(c)(3)	232,339				to provide audiology and speech pathology services to children and families
TEAM EVALUATION CENTER600 N HOLTZCLAW AVENUE STE 100 CHATTANOOGA,TN 37404	62-0715965	501(c)(3)	50,083				to provide diagnostic and evaluation services and support services to older adults
THE OCHS CENTER739 MCCALLIE AVENUE PO BOX 4029 CHATTANOOGA,TN 37405	62-0671772	501(c)(3)	48,000				to provide health and human services research and data analysis
THE SALVATION ARMYPO BOX 3359 800 MCCALLIE AVENUE CHATTANOOGA,TN 37404	61-0452065	501(c)(3)	194,354				to help youth and families to become more self sufficient
TRI-STATE FOOD PANTRY-DADE COUNTY2026 HIGHWAY 136 TRENTON,GA 30752	20-3427202	501(c)(3)	3,934				to provide food to persons in need
URBAN LEAGUE CHATTANOOGA730 ML KING BOULEVARD CHATTANOOGA,TN 37403	58-1436933	501(c)(3)	47,758				to provide work skill services to adults and youth education services for families
VOL COMMUNITY SCHOOL PO BOX 6277 506 SPEARS AVENUE CHATTANOOGA,TN 37405	62-0846251	501(c)(3)	72,554				to prepare children to enter kindergarten ready to learn
WALKER CO 4-HPO BOX 827 LAFAYETTE,GA 30728	58-0832988	501(c)(3)	6,683				to help develop self sufficiency skills in youth
WALTER BOEHM BIRTH DEFECTS CENTER975 E THIRD STREET CHATTANOOGA,TN 37403	51-0175126	501(c)(3)	35,899				to help provide medical services to children with CNS disorders

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA301 WEST SIXTH STREET CHATTANOOGA,TN 37402	62-0475699	501(c)(3)	292,017				to help children and families maintain healthier lifestyles

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER CHATTANOOGA

Employer identification number
62-0565962

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
EVA DILLARD	(i)	135,231	0	0	0	27,150	162,381	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER CHATTANOOGA

Employer identification number
62-0565962

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	16	110,662	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29**

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Third Party Use	Part I, Line 32b	AS WE RECEIVE SECURITY DONATIONS, WE REQUST UBS TO BE THE SELLING BROKER, WE THEN IMMEDIATELY SELL THEM AT FAIR MARKET VALUE

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER CHATTANOOGA

Employer identification number
62-0565962

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		FAMILY AND/OR BUSINESS RELATIONSHIPS EXIST BETWEEN THE FOLLOWING BOARD MEMBERS Business/Family Joe Decosimo Nick Decosimo Fred Decosimo Susan Stilz Business Stephanie Crowe Craig Holley Kenneth Dyer III Grady Williams Patsy hazlewood FAMILY/BUSINESS L HARDWICK CALDWELL, JR L H CALDWELL, III Business Robert Greving Tom White Business/Family James Kennedy, Jr James Kennedy, III Business/Family Michael Lebovitz Alan Lebovitz Business Mary Tanner Dr Roger Brown Dr Richard Brown Family John P Guerry Zan Guerry Business Zan Guerry Bob Bosworth Business Linda Andrea Vicky Gregg
Form 990, Part VI, Section B, line 11		A COPY OF THE 990 WILL BE PROVIDED TO EACH BOARD MEMBER BEFORE BEING FILED WITH THE INTERNAL REVENUE SERVICE
Form 990, Part VI, Section B, line 12c		THE AGREEMENT IS SIGNED ANNUALLY BY THE STAFF, BOARD MEMBERS, AND COMMITTEE MEMBERS
Form 990, Part VI, Section B, line 15		THE PERSONNEL COMMITTEE ANNUALLY REVIEWS PERFORMANCE OF THE TOP MANAGEMENT, AND BASES THEIR SALARIES ON SURVEYS OF ENTITIES OF SIMILAR SIZE THE PRESIDENT AND COO ANNUALLY REVIEWS THE PERFORMANCE OF KEY EMPLOYEES AND BASES THEIR SALARIES ON SURVEYS OF ENTITIES OF SIMILAR SIZE
Form 990, Part VI, Section C, line 19		THE DOCUMENTS AND POLICIES ARE KEPT IN-HOUSE AND GIVEN TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 2C		THE FINANCE COMMITTEE PERFORMS THE DUTIES OF THE AUDIT COMMITTEE THESE DUTIES INCLUDE (A) SELECTING AND APPROVING THE AUDIT FIRM, (B) MEETING WITH THE AUDITORS PRIOR TO THE AUDIT TO DISCUSS THE TIMING AND CONDUCT OF THE AUDIT, (C) MEETING WITH THE AUDITORS AT THE CONCLUSION OF THE FIELD WORK TO DISCUSS THE AUDIT FINDINGS, AND (D) REPORTING THOSE FINDINGS TO THE FULL BOARD OF DIRECTORS
		FORM 990, PAGE 1, PART I, B AMENDED RETURN THIS RETURN WAS AMENDED DUE TO THE FOLLOWING INFORMATION BEING CHANGED ON THE ORGANIZATIONS FINANCIAL STATEMENTS ALLOWANCE FOR DOUBTFUL ACCOUNTS INCREASED BY $150,000 AFFECTING BOTH ACCOUNTS RECIEVABLE AND CONTRIBUTIONS REVENUE FOR THIS REASON, THE FOLLOWING PARTS OF THE 990 HAVE CHANGED 990 PAGE 1, PART I, LINES 8, 12, 19, 20 AND 22 990 PAGE 9, PART VII, LINE 1f, 1h AND 12 990 PAGE 11, PART X, LINES 3, 16, 28 AND 34 990 SCHEDULE D, PAGE 4, PART XII, LINE 1 AND 5 THE RETURN HAS BEEN CHANGED TO REFLECT NO INTERESTS IN FOREIGN FINANCIAL ACCOUNTS