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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

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 $ 17,698,258

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) ☐ 501(c) ( ) ◀ (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**	63
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	63
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	45
6	Total number of volunteers (estimate if necessary)	**6**	11,172
7a	Total 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**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	7,854,610	8,698,007
	9 Program service revenue (Part VIII, line 2g)	158,661	158,389
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-420,676	1,009,484
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	440,140	276,590
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,032,735	10,142,470
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,709,849	5,425,394
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,236,722	2,457,808
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,121,189		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,812,577	2,450,832
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,759,148	10,334,034
	19 Revenue less expenses Subtract line 18 from line 12	-1,726,413	-191,564
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
	20 Total assets (Part X, line 16)	33,037,007	31,693,679
	21 Total liabilities (Part X, line 26)	7,938,997	7,828,005
	22 Net assets or fund balances Subtract line 21 from line 20	25,098,010	23,865,674

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

****** 2012-06-28
Signature of officer — Date

GARY E BOWMAN COO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (see instructions)
STEPHEN L KEOWN		☐	P00296420

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 ▶ 62-1046406

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

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 5,551,585 including grants of $) (Revenue $)

PROVIDE FUNDING FOR APPROXIMATELY 42 NON-PROFIT AGENCIES IN THE GREATER METRO AREA FOR MEASURABLY IMPACTING THE GOALS OF UNITED WAY OF GREATER CHATTANOOGA

4b (Code) (Expenses $ 1,894,297 including grants of $) (Revenue $)

INVEST IN CHILDREN AND YOUTH IS UNITED WAY OF GREATER CHATTANOOGA'S EDUCATION INITIATIVE THAT HAS THE GOAL OF PREPARING CHILDREN FOR SUCCESS IN SCHOOL PARENTS OF PRESCHOOL CHLDREN ARE PROVIDED FREE RESOURCES TO STIMULATE SCHOOL READINESS CURRENTLY OVER 18,000 CHILDREN IN HAMILTON & MARION COUNTIES IN TENNESSEE AND DADE, WALKER & CATOOSA COUNTIES IN GEORGIA RECEIVE A FREE IMAGINATION LIBRARY BOOK EACH MONTH UNTIL AGE 5, ACCESS TO PARENT INFORMATION AND TRAINING AND ANNUAL LEARNING CHECK-UPS USING THE AGES AND STAGES DEVELOPMENTAL ASSESSMENT TOOL SCHOOL AGE CHILDREN ARE SERVED IN HIGH QUALITY AFTER SCHOOL PROGRAMS THAT FOCUS ON IMPROVING SCHOOL GRADES AND AVOIDING RISKY BEHAVIORS

4c (Code) (Expenses $ 251,048 including grants of $) (Revenue $ 158,389)

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 GEROGIA THE CENTER TRAINED 1,560 PARTICIPANTS FROM OVER 350 ORGANIZATIONS IN OVER 90 WORKSHOPS AND EVENTS, ANNUALLY PROVIDES CONSULTING SERVICES TO NONPROFITS THE VOLUNTEER CENTER PROVIDED OVER 11,000 PEOPLE WITH THE OPPORTUNITY TO DONATE THEIR TIME AND TALENT IN BETTERING THEIR COMMUNITY BY LINKING THEM TO OPPORTUNITIES THROUGHOUT THE REGION

(Code) (Expenses $ 586,306 including grants of $) (Revenue $)

BUILDING STABLE LIVES (BSL) IS THE OTHER IMPACT AREA FOR UNITED WAY THAT HAS THE GOAL OF HELPING FAMILIES/INDIVIDUALS BECOME MORE SELF-SUFFICIENT AND LESS DEPENDENT ON COMMUNITY SERVICES BY HELPING THEM BECOME ECONOMICALLY AND SOCIALLY INDEPENDENT BY USING A "COACHING MODEL" WITH FAMILIES AND INDIVIDUALS THAT HAVE THE MOST NEEDS BSL INCLUDES 2-1-1 2-1-1 CONNECTS PEOPLE WITH NEEDS TO THOSE AGENCIES THAT SERVCICES TO HELP FULFILL THOSE NEEDS BSL INCLUDES GIFTS-IN-KIND (GIK) AND THE FURNITURE BANK - GIK PROVIDES GOODS AND MATERIALS TO NONPROFITS, INCLUDING UWGC'S PARTNER AGENCIES, AT REDUCED COSTS TO ALLOW THE AGENCIES TO PROVIDE THE PRODUCTS TO THEIR CLIENTS THE FURNITURE BANK PROVIDES FURNITURE TO APPROVED INDIVIDUALS AND FAMILIES WHO HAVE THROUGH NATURAL DISASTER, HOUSE FIRES OR PREVIOUS HOMELESSNESS NEED HOUSEHOLD FURNITURE CARING FOR THE MOST VULNERABLE IS THE THIRD AREA OF FOCUS FOR UNITED WAY OF GREATER CHATTANOOGA FUNDS ARE DISTRIBUTED TO AGENCIES WHO PROVIDE SERVICES TO THOSE INDIVIDUALS WHO CANNOT CARE FOR THEMSELVES AGENCY RELATIONS - AGENCY RELATIONS PROVIDES THE TRAINING AND SUPPORT NEEDED BY THE FUNDED NON-PROFIT AGENCIES (IN THE GREATER METRO AREA FOR MEASURABLY IMPACTING THE GOALS OF UNITED WAY OF GREATER CHATTANOOGA) TO ENSURE THEY ARE RELIABLY MEASURING THEIR EFFECTIVENESS TOWARDS ADDRESSING THE GOALS OF UNITED WAY

4d Other program services (Describe in Schedule O)

(Expenses $ 586,306 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 8,283,236

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b	Yes	
c	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.*	11c		No
d	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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 and IV*	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 and IV*	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		No
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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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 (or a family member thereof) 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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		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**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	9		
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**	45		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?			**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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	63		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	63		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made 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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

- 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, if any 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								760,298	0	209,264

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 3

			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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(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 of 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 873,615				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 7,824,392				
	g	Noncash contributions included in lines 1a-1f $ 67,005				
	h	**Total.** Add lines 1a-1f . . . . . ▶	8,698,007			
Program Service Revenue		Business Code				
	2a	CFC ADMIN FEE 900099	158,389	158,389		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	158,389			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	247,015			247,015
	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 8,259,164				
	b	Less cost or other basis and sales expenses 7,496,695				
	c	Gain or (loss) 762,469				
	d	Net gain or (loss) . . . . . ▶	762,469			762,469
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a 118,875				
	b	Less direct expenses . . . b 59,093				
	c	Net income or (loss) from fundraising events . . ▶	59,782			59,782
	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 900099	175,809			175,809
	b	INCREASE IN CSV 900099	40,999			40,999
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	216,808			
	12	**Total revenue.** See Instructions . . . ▶	10,142,470	158,389	0	1,286,074

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	5,360,746	5,360,746		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	64,648	64,648		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,035,005	377,384	166,511	491,110
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	981,207	582,184	243,670	155,353
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	315,363	175,473	81,469	58,421
10	Payroll taxes	126,233	66,005	24,748	35,480
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,000	80	450	470
c	Accounting	29,251	2,340	13,163	13,748
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	743,549	660,916	32,422	50,211
12	Advertising and promotion				
13	Office expenses	687,093	541,332	59,893	85,868
14	Information technology				
15	Royalties . .				
16	Occupancy	103,180	26,690	30,146	46,344
17	Travel	40,052	7,661	15,844	16,547
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	106,227	52,988	26,041	27,198
20	Interest				
21	Payments to affiliates	100,789		100,789	
22	Depreciation, depletion, and amortization	125,451	10,036	56,453	58,962
23	Insurance	17,826	1,426	8,022	8,378
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	FIT KIDS FITNESS PROGRA	334,978	334,978		
b	MISCELLANEOUS	113,494	10,002	50,621	52,871
c	MEMBERSHIP DUES AND SUB	27,962	6,749	10,376	10,837
d	POST RETIREMENT BENEFIT	19,980	1,598	8,991	9,391
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	10,334,034	8,283,236	929,609	1,121,189
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		1,990,858	1	2,029,022
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		6,679,398	3	7,060,190
	4	Accounts receivable, net		104,710	4	491,535
	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		1,954	9	38,135
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,735,267			
	b	Less accumulated depreciation	10b 803,556	3,043,902	10c	2,931,711
	11	Investments—publicly traded securities		12,246,890	11	10,438,637
	12	Investments—other securities See Part IV, line 11		8,969,295	12	8,704,449
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		33,037,007	16	31,693,679
Liabilities	17	Accounts payable and accrued expenses		704,562	17	727,903
	18	Grants payable		7,168,323	18	6,983,169
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		66,112	25	116,933
	26	**Total liabilities.** Add lines 17 through 25		7,938,997	26	7,828,005
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		15,401,370	27	14,164,126
	28	Temporarily restricted net assets		8,081,036	28	8,084,765
	29	Permanently restricted net assets		1,615,604	29	1,616,783
		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		25,098,010	33	23,865,674
	34	Total liabilities and net assets/fund balances		33,037,007	34	31,693,679

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	10,142,470
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,334,034
3	Revenue less expenses Subtract line 2 from line 1	3	-191,564
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	25,098,010
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,040,772
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	23,865,674

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			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 separate basis, consolidated 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

2011

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,933,842	7,674,438	6,818,042	7,854,610	8,757,789	39,038,721
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	7,933,842	7,674,438	6,818,042	7,854,610	8,757,789	39,038,721
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)						801,066
6 **Public Support.** Subtract line 5 from line 4						38,237,655

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	7,933,842	7,674,438	6,818,042	7,854,610	8,757,789	39,038,721
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,007,838	514,656	131,254	218,976	247,015	3,119,739
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	296,338	402,290	366,341	381,453	216,808	1,663,230
11 **Total support** (Add lines 7 through 10)						43,821,690

12 Gross receipts from related activities, etc (See instructions)	12	787,937

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 2011 (line 6 column (f) divided by line 11 column (f))	14	87 260 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	84 770 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses $ 586,306 including grants of $) (Revenue $)

BUILDING STABLE LIVES (BSL) IS THE OTHER IMPACT AREA FOR UNITED WAY THAT HAS THE GOAL OF HELPING FAMILIES/INDIVIDUALS BECOME MORE SELF-SUFFICIENT AND LESS DEPENDENT ON COMMUNITY SERVICES BY HELPING THEM BECOME ECONOMICALLY AND SOCIALLY INDEPENDENT BY USING A "COACHING MODEL" WITH FAMILIES AND INDIVIDUALS THAT HAVE THE MOST NEEDS BSL INCLUDES 2-1-1 2-1-1 CONNECTS PEOPLE WITH NEEDS TO THOSE AGENCIES THAT SERVCICES TO HELP FULFILL THOSE NEEDS BSL INCLUDES GIFTS-IN-KIND (GIK) AND THE FURNITURE BANK - GIK PROVIDES GOODS AND MATERIALS TO NONPROFITS, INCLUDING UWGC'S PARTNER AGENCIES, AT REDUCED COSTS TO ALLOW THE AGENCIES TO PROVIDE THE PRODUCTS TO THEIR CLIENTS THE FURNITURE BANK PROVIDES FURNITURE TO APPROVED INDIVIDUALS AND FAMILIES WHO HAVE THROUGH NATURAL DISASTER, HOUSE FIRES OR PREVIOUS HOMELESSNESS NEED HOUSEHOLD FURNITURE CARING FOR THE MOST VULNERABLE IS THE THIRD AREA OF FOCUS FOR UNITED WAY OF GREATER CHATTANOOGA FUNDS ARE DISTRIBUTED TO AGENCIES WHO PROVIDE SERVICES TO THOSE INDIVIDUALS WHO CANNOT CARE FOR THEMSELVES AGENCY RELATIONS - AGENCY RELATIONS PROVIDES THE TRAINING AND SUPPORT NEEDED BY THE FUNDED NON-PROFIT AGENCIES (IN THE GREATER METRO AREA FOR MEASURABLY IMPACTING THE GOALS OF UNITED WAY OF GREATER CHATTANOOGA) TO ENSURE THEY ARE RELIABLY MEASURING THEIR EFFECTIVENESS TOWARDS ADDRESSING THE GOALS OF UNITED WAY

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
BOB BOSWORTH BOARD MEMBER	3 00	X						0	0	0
LARRY BROCK 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
DAVID 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
WARD DAVENPORT 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
LEONARD FANT 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
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
JIM HOBSON 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			
CRAIG HOLLEY BOARD MEMBER	3 00	X						0	0	0
BOBBI HUBBARD BOARD MEMBER	3 00	X						0	0	0
MAI BELL HURLEY BOARD MEMBER	3 00	X						0	0	0
DONNIE HUTCHERSON BOARD MEMBER	3 00	X						0	0	0
DON JACKSON 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
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
MIKE MCKEE BOARD MEMBER	3 00	X						0	0	0
RICK MCKENNEY BOARD MEMBER	3 00	X						0	0	0
ARCHIE MEYERS BOARD MEMBER	3 00	X						0	0	0
DARRELL MOORE BOARD MEMBER	3 00	X						0	0	0
PAUL NEELY BOARD MEMBER	3 00	X						0	0	0
JEFFREY OLINGY 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
DR JIM SCALES BOARD MEMBER	3 00	X						0	0	0
ROSS SCHRAM BOARD MEMBER	3 00	X						0	0	0
FRANK SCHRINER 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			
VIRGINIA ANNE SHARBER BOARD MEMBER	3 00	X						0	0	0
GARY SHOSTAK 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
DR MARY TANNER BOARD MEMBER	3 00	X						0	0	0
JASON TAYLOR BOARD MEMBER	3 00	X						0	0	0
AARON WEBB 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				141,726	0	30,388
GARY BOWMAN CHIEF OPERATING OFFICER	45 00			X				102,319	0	35,560
WILLIAM S FULLER LABOR DIRECTOR	45 00			X				63,635	0	23,319
LINDA MCREYNOLDS VICE PRESIDENT-DEVELOPMENT	45 00			X				115,003	0	28,252
JAMIE BERGMANN VICE PRESIDENT-AGENCY RELA	45 00			X				58,326	0	31,557
SHELIA MOORE EXECUTIVE DIRECTOR OF CNP	45 00			X				70,333	0	6,538
WAYNE COLLINS VICE PRESIDENT MARKETING	45 00			X				56,982	0	31,258
BRENT TAYLOR DIRECTOR OF PLANNED GIVING	45 00			X				98,223	0	9,167
EILEEN ROBERTSON-REHBERG DIRECTOR OF BUILDING STABL	45 00			X				53,751	0	13,225

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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	19,979,720	19,675,455	17,915,670	25,710,525	
b Contributions			324,825	22,827	
c Investment earnings or losses	-22,098	1,554,265	2,784,960	-6,394,824	
d Grants or scholarships					
e Other expenditures for facilities and programs	1,250,000	1,250,000	1,350,000	1,422,858	
f Administrative expenses					
g End of year balance	18,707,622	19,979,720	19,675,455	17,915,670	

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

Description of property	(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	215,783	2,583,564
c Leasehold improvements				
d Equipment		708,138	587,773	120,365
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,931,711

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CSV-LIFE INSURANCE POLICIES	435,464	F
(B) INVESTMENTS IN LIMITED PARTNERSHIPS	8,268,985	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	8,704,449	

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	25,808
RESERVE FOR CONTINGENCIES	91,125
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	116,933

2. Fin 48 (ASC 740) 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 (ASC740)

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	10,142,470
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,334,034
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-191,564
4	Net unrealized gains (losses) on investments	4	-1,040,772
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	-1,040,772
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,232,336

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	9,101,698
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-1,040,772		
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	-1,040,772
3	Subtract line **2e** from line **1**			3	10,142,470
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	10,142,470

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

1	Total expenses and losses per audited financial statements			1	10,334,034
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	10,334,034
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	10,334,034

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION ADOPTED THE PROVISIONS OF FASB ASC 740-10-25 (FORMERLY FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES) ON JANUARY 1, 2009 UNDER ASC 740-10-25, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL BE SUSTAINED THE IMPLEMENTATION OF ASC 740-10-25 HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS NO INTEREST OR PENALTIES WERE ACCRUED AS OF JANUARY 1, 2009, AS A RESULT OF THE ADOPTION OF ASC 740-10-25 FOR THE YEAR ENDED DECEMBER 31, 2011, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN ITS FINANCIAL STATEMENTS

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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

2011

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.

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 services? ☐ **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 and address 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	118,875			118,875
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	118,875			118,875
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	59,093			59,093
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(59,093)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				59,782

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 and 7 in column (d) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide 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? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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

2011

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 listed in the line 1 table . . . ▶ 42

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 42

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
(1) BOOKS DISTRIBUTED TO INDIVIDUAL FAMILIES	17930	64,648		COST	BOOKS FOR READING

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
FORM 990, SCHEDULE I, PART I, LINE 2		THE BOARD OF DIRECTORS INITIALLY APPROVES THE MONEYS BEING GIVEN TO THE VARIOUS ORGANIZATIONS THE VICE PRESIDENTS IN CHARGE OF EACH AREA OF THE GRANT FUNDS OVERSEE, REVIEW AND PROPERLY DOCUMENT THE FUNDS THAT ARE BEING DISBURSED, PER CONDITIONS OF THE CONTRACT ONCE THE VICE PRESIDENTS HAVE TAKEN THE NECESSARY STEPS, THE CHIEF OPERATING OFFICER REVIEWS AND APPROVES THE DISBURSEMENTS

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 NEIGHBORS 1000 NEWBY STREET CHATTANOOGA,TN 37402	62-0646376	501(C)(3)	100,000				TO HELP OLDER ADULTS MAINTAIN INDEPENDENCE
AMERICAN RED CROSS HAMILTON CO801 MCCALLIE AVENUE CHATTANOOGA,TN 37403	62-0479536	501(C)(3)	172,907				TO PROVIDE ASSISTANCE WITH BASIC NEEDS IN TIMES OF DISASTER OR EMERGENCY TO PROVIDE ASSISTANCE WITH BASIC NEEDS IN TIMES OF DISASTER OR EMERGENCY
BIG BROTHERSBIG SISTERS CHATTANOOGA2015 BAILEY AVENUE CHATTANOOGA,TN 37404	62-0586090	501(C)(3)	165,256				PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED ONE-TO-ONE RELATIONSHIPS THAT CHANGE THEIR LIVES FOR THE BETTER, FOREVER
BOY SCOUTS CHEROKEE6031 LEE HIGHWAY CHATTANOOGA,TN 37421	62-0475671	501(C)(3)	322,900				TO HELP DEVELOP SELF SUFFICIENCY SKILLS IN YOUTH
BOYS & GIRLS CLUB OF CHATTANOOGA 610 LINDSEY STREET CHATTANOOGA,TN 37403	62-0557179	501(C)(3)	375,240				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)	91,930				TO PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN
CHILDREN'S HOMECHAMBLISS SHELTER315 GILLEPSIE ROAD CHATTANOOGA,TN 37411	62-0505514	501(C)(3)	203,025				TO PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN
COMMUNITIES IN SCHOOOLS2 BARNHARDT CIRCLE FT OGLETHORPE,GA 30742	58-2437803	501(C)(3)	30,000				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)	29,000				TO REMEDIATE SUBSTANCE ABUSE ISSUES
EPILEPSY FOUNDATIONONE SISKIN PLAZA CHATTANOOGA,TN 37403	58-1309190	501(C)(3)	48,280				TO HELP PERSONS WITH EPILEPSY REMAIN SELF SUFFICIENT
FAMILY CRISIS CENTERPO BOX 252 LAFAYETTE,GA 30728	58-2089789	501(C)(3)	15,000				TO PROVIDE ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE
FORTWOOD CENTER 1028 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)	14,800				TO ASSIST WITH COURT SUPERVISED VISITATION
GIRLS INC709 S GREENWOOD AVENUE CHATTANOOGA,TN 37404	62-0647145	501(C)(3)	271,659				TO HELP DEVELOP SELF SUFFICIENCY SKILLS IN YOUTH
GOODWILL INDUSTRIES CHATTANOOGA3500 DODDS AVENUE CHATTANOOGA,TN 37407	62-0544853	501(C)(3)	112,256				TO DEVELOP SELF SUFFICIENCY SKILLS
JEWISH COMM FED CHATTANOOGAPO BOX 8947 CHATTANOOGA,TN 37414	62-0475677	501(C)(3)	17,500				TO HELP OLDER ADULTS MAINTAIN INDEPENDENCE
KIDS ON THE BLOCK CHATTANOOGAPO BOX 4767 CHATTANOOGA,TN 37403	58-1460361	501(C)(3)	50,000				TO EDUCATE GRAMMAR SCHOOL CHILDREN ON LIFE CHALLENGING ISSUES
LAFAYETTE EMPTY STOCKINGPO BOX 567 LAFAYETTE,GA 30728	58-1893551	501(C)(3)	15,000				TO PROVIDE FAMILIES FOOD DURING THE HOLIDAYS
LITTLE MISS MAG 214 WALNUT STREET CHATTANOOGA,TN 37403	62-0483209	501(C)(3)	61,320				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
MAURICE KIRBY DAYCAREPO BOX 11445 CHATTANOOGA,TN 37401	62-0569477	501(C)(3)	73,658				TO PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN
GIRL SCOUTS-SE APPALACHIANS REGION1936 DAYTON BOULEVARD PO BOX 15969 CHATTANOOGA,TN 37415	62-0518287	501(C)(3)	119,828				TO HELP DEVELOP SELF SUFFICIENCY SKILLS IN YOUTH
NORTHSIDE NEIGHBORS HOUSE PO 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 CENTER615 DERBY STREET CHATTANOOGA,TN 37404	62-0549365	501(C)(3)	376,375				TO HELP PERSONS WITH DISABILITIES MAINTAIN THEIR INDEPENDENCE
PARTNERSHIP FOR FC & A1800 MCCALLIE AVENUE CHATTANOOGA,TN 37404	62-0911679	501(C)(3)	873,488				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)	50,000				TO PROVIDE DENTAL ASSISTANCE FOR FAMILIES
PRO RE BONA NURSERYPO BOX 366 CHATTANOOGA,TN 37401	62-0586086	501(C)(3)	81,463				TO PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN
READ CHATTANOOGA 5704 MARLIN ROAD STE 2600 CHATTANOOGA,TN 37411	62-0693913	501(C)(3)	78,024				TO PROVIDE LITERACY TRAINING TO ADULTS
ROOM IN THE INN CHATTANOOGA230 N HIGHLAND PARK AVENUE CHATTANOOGA,TN 37404	62-1402358	501(C)(3)	1,000				TO HELP HOMELESS WOMEN AND CHILDREN FIND HOUSING AND SERVICES
SIGNAL CENTERS 109 N GERMANTOWN ROAD CHATTANOOGA,TN 37411	62-0587285	501(C)(3)	272,041				TO HELP PERSONS WITH DISABILITIES MAINTAIN THEIR INDEPENDENCE
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)	241,758				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)	7,757				TO PROVIDE DIAGNOSTIC AND EVALUATION SERVICES AND SUPPORT SERVICES TO OLDER ADULTS
THE SALVATION ARMYPO BOX 3359 800 MCCALLIE AVENUE CHATTANOOGA,TN 37404	61-0452065	501(C)(3)	174,457				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)	15,000				TO PROVIDE FOOD TO PERSONS IN NEED
VOL COMMUNITY SCHOOLPO BOX 6277 506 SPEARS AVENUE CHATTANOOGA,TN 37405	62-0846251	501(C)(3)	76,654				TO PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN
WALKER CO 4-HPO BOX 827 LAFAYETTE,GA 30728	58-0832988	501(C)(3)	10,000				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
YMCA301 WEST SIXTH STREET CHATTANOOGA,TN 37402	62-0475699	501(C)(3)	319,389				TO HELP CHILDREN AND FAMILIES MAINTAIN HEALTHIER LIFESTYLES
VARIOUS		501(C)(3)	56,915				TO PROVIDE VARIOUS OTHER COMMUNITY SERVICES

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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

2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) EVA DILLARD	(i)	141,726	0	0	0	30,388	172,114	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

2011

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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 or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
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	13	67,005	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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

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 BUSINESS STEPHANIE CROWE CRAIG HOLLEY GRADY WILLIAMS PATSY HAZLEWOOD FAMILY/BUSINESS L HARDWICK CALDWELL, JR L H CALDWELL, III 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
	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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,040,772
	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