

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF GREATER CHATTANOOGA</b>		<b>D</b> Employer identification number <b>62-0565962</b>
	Doing business as		<b>E</b> Telephone number <b>423-752-0300</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>P.O. BOX 4027</b>		<b>G</b> Gross receipts \$ <b>18,133,908.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>CHATTANOOGA, TN 37405</b>		
<b>F</b> Name and address of principal officer: <b>LESLEY SCEARCE</b> <b>630 MARKET STREET, CHATTANOOGA, TN 37405</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> 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**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO UNITE PEOPLE AND RESOURCES IN BUILDING A STRONGER AND HEALTHIER COMMUNITY.</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>74</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>74</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a) <b>5</b> <b>40</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>25079</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>8,131,538.</b> <b>Prior Year</b> <b>9,268,364.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>217,154.</b> <b>218,809.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>349,696.</b> <b>219,268.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>478,294.</b> <b>328,576.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>9,176,682.</b> <b>10,035,017.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>5,999,918.</b> <b>5,884,374.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>2,821,705.</b> <b>2,835,784.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>758,402.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>1,696,492.</b> <b>1,595,812.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>10,518,115.</b> <b>10,315,970.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>-1,341,433.</b> <b>-280,953.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>30,394,447.</b> <b>Beginning of Current Year</b> <b>30,110,456.</b> <b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>6,830,787.</b> <b>6,857,200.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>23,563,660.</b> <b>23,253,256.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date
	<b>LESLEY SCEARCE, PRESIDENT</b> Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>STEPHEN L. KEOWN</b>	Preparer's signature	Date
	Firm's name ▶ <b>JOHNSON, HICKEY &amp; MURCHISON, P.C.</b>	Firm's EIN ▶ <b>62-1046406</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00296420</b>
	Firm's address ▶ <b>2215 OLAN MILLS DRIVE CHATTANOOGA, TN 37421</b>	Phone no. ( <b>423</b> ) <b>756-0052</b>	

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 or note to any line in this Part III [X]

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 6,733,994. including grants of \$ 5,884,374. ) (Revenue \$ 483,237. ) PROVIDE FUNDING FOR APPROXIMATELY 83 NON-PROFIT PROGRAMS AND INITIATIVES IN THE GREATER METRO AREA FOR MEASURABLY IMPACTING THE GOALS OF UNITED WAY OF GREATER CHATTANOOGA.

4b (Code: ) (Expenses \$ 882,341. including grants of \$ ) (Revenue \$ ) INVEST IN CHILDREN AND YOUTH IS UNITED WAY OF GREATER CHATTANOOGA'S EDUCATION IMPACT AREA THAT HAS THE GOAL OF PREPARING CHILDREN AND YOUTH FOR SUCCESS IN SCHOOL AND LIFE. PARENTS OF PRESCHOOL CHILDREN ARE PROVIDED FREE RESOURCES TO STIMULATE SCHOOL READINESS. CURRENTLY APPROXIMATELY 19,000 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, HAVE ACCESS TO PARENT INFORMATION AND TRAINING AND ANNUAL LEARNING CHECK-UPS USING THE AGES AND STAGES DEVELOPMENTAL ASSESSMENT TOOL. UWGC PARTNERS WITH THE CHATTANOOGA 2.0 EARLY CHILDHOOD COALITION TO ADDRESS ACCESS TO QUALITY CHILDREN AND PARENT RESOURCES. SCHOOL AGE CHILDREN AND YOUTH ARE SERVED IN HIGH QUALITY AFTER SCHOOL PROGRAMS AND THROUGH A MENTORING

4c (Code: ) (Expenses \$ 295,189. including grants of \$ ) (Revenue \$ ) THE CENTER FOR NONPROFITS IS A MANAGEMENT SUPPORT ORGANIZATION WHOSE MISSION IS TO HELP NONPROFIT ORGANIZATIONS OPERATE MORE EFFICIENTLY AND EFFECTIVELY. THE CENTER ACHIEVES THIS MISSION BY PROVIDING TRAINING AND CONSULTING SERVICES, AS WELL AS RESOURCES, TO NONPROFIT ORGANIZATIONS THROUGHOUT EAST TENNESSEE AND NORTH GEROGIA. THE CENTER TRAINED 753 PARTICIPANTS IN 53 WORKSHOPS AND EVENTS, ANNUALLY PROVIDES CONSULTING SERVICES TO NONPROFITS.

THE VOLUNTEER CENTER PROVIDED OVER 25,079 PEOPLE WITH THE OPPORTUNITY TO DONATE THEIR TIME AND TALENT IN BETTERING THEIR COMMUNITY BY LINKING THEM TO OPPORTUNITIES THROUGHOUT THE REGION.

4d Other program services (Describe in Schedule O.) (Expenses \$ 799,595. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 8,711,119.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O

Table with columns for question number, description, sub-questions (1a-14b), and Yes/No columns. Contains various tax compliance questions and their corresponding responses.

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

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 74		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 74		
<b>2</b>	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?	X	
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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     Other (explain in Schedule O)
- 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 during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **GARY BOWMAN - 423-752-0300**  
**P.O. BOX 4027, CHATTANOOGA, TN 37405**

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

Check if Schedule O contains a response or note to any line 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. 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, and 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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(1) STEVE ANGLE BOARD MEMBER	3.00	X					0.	0.	0.	
(2) CHARLIE ARANT BOARD MEMBER	3.00	X					0.	0.	0.	
(3) RICHARD BEELAND BOARD MEMBER	3.00	X					0.	0.	0.	
(4) BOB BOSWORTH BOARD MEMBER	3.00	X					0.	0.	0.	
(5) KRUE BROCK BOARD MEMBER	3.00	X					0.	0.	0.	
(6) ROBERT BROOKS BOARD MEMBER	3.00	X					0.	0.	0.	
(7) JOSEPH BROWN BOARD MEMBER	3.00	X					0.	0.	0.	
(8) LARRY BUIE BOARD MEMBER	3.00	X					0.	0.	0.	
(9) HARVEY CAMERON BOARD MEMBER	3.00	X					0.	0.	0.	
(10) MARY CARPENTER BOARD MEMBER	3.00	X					0.	0.	0.	
(11) CORDELL CARTER BOARD MEMBER	3.00	X					0.	0.	0.	
(12) MIKE COSTA BOARD MEMBER	3.00	X					0.	0.	0.	
(13) RYAN CRIMMINS BOARD MEMBER	3.00	X					0.	0.	0.	
(14) JEFF CRONAN BOARD MEMBER	3.00	X					0.	0.	0.	
(15) WARD DAVENPORT BOARD MEMBER	3.00	X					0.	0.	0.	
(16) JON PAUL DAVIS BOARD MEMBER	3.00	X					0.	0.	0.	
(17) JOSEPH F. DECOSIMO BOARD MEMBER	3.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(18) NICK DECOSIMO BOARD MEMBER	3.00	X						0.	0.	0.
(19) TOM DECOSIMO BOARD MEMBER	3.00	X						0.	0.	0.
(20) HAROLD DEPREIST BOARD MEMBER	3.00	X						0.	0.	0.
(21) ALNOOR DHANANI BOARD MEMBER	3.00	X						0.	0.	0.
(22) CHAD DIRKSE BOARD MEMBER	3.00	X						0.	0.	0.
(23) JANET DUNN BOARD MEMBER	3.00	X						0.	0.	0.
(24) TOM GLENN BOARD MEMBER	3.00	X						0.	0.	0.
(25) JUDY GRAHAM BOARD MEMBER	3.00	X						0.	0.	0.
(26) DOROTHY GRISHAM BOARD MEMBER	3.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								263,984.	0.	57,810.
<b>d Total (add lines 1b and 1c)</b>								263,984.	0.	57,810.

**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 **2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**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
NONE		

**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**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(27) JOHN P. GUERRY BOARD MEMBER	3.00	X						0.	0.	0.
(28) ZAN GUERRY BOARD MEMBER	3.00	X						0.	0.	0.
(29) BRUCE HARTMANN BOARD MEMBER	3.00	X						0.	0.	0.
(30) JIM HILL BOARD MEMBER	3.00	X						0.	0.	0.
(31) ROGER HINCKLEY BOARD MEMBER	3.00	X						0.	0.	0.
(32) JIM HOBSON BOARD MEMBER	3.00	X						0.	0.	0.
(33) FRANK HUGHES BOARD MEMBER	3.00	X						0.	0.	0.
(34) TERNAE JORDAN BOARD MEMBER	3.00	X						0.	0.	0.
(35) JAMES D. KENNEDY, JR. BOARD MEMBER	3.00	X						0.	0.	0.
(36) MARY KILBRIDE BOARD MEMBER	3.00	X						0.	0.	0.
(37) MICHAEL KRAMER BOARD MEMBER	3.00	X						0.	0.	0.
(38) ALISON LEBOVITZ BOARD MEMBER	3.00	X						0.	0.	0.
(39) MICHAEL LEBOVITZ BOARD MEMBER	3.00	X						0.	0.	0.
(40) ROBERT LONG BOARD MEMBER	3.00	X						0.	0.	0.
(41) HODGEN MAINDA BOARD MEMBER	3.00	X						0.	0.	0.
(42) MICHAEL MATHIS BOARD MEMBER	3.00	X						0.	0.	0.
(43) TOM MCCALLIE III BOARD MEMBER	3.00	X						0.	0.	0.
(44) DONNA MCCONNICO BOARD MEMBER	3.00	X						0.	0.	0.
(45) JOHN MCCORMICK BOARD MEMBER	3.00	X						0.	0.	0.
(46) BETSY MCCRIGHT BOARD MEMBER	3.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(47) LADELL MCCULLOUGH BOARD MEMBER	3.00	X						0.	0.	0.
(48) WARREN MCEWEN BOARD MEMBER	3.00	X						0.	0.	0.
(49) DEBBIE MCKEE-FOWLER BOARD MEMBER	3.00	X						0.	0.	0.
(50) ARCHIE MEYERS BOARD MEMBER	3.00	X						0.	0.	0.
(51) JOHN PHILLIPS BOARD MEMBER	3.00	X						0.	0.	0.
(52) JENNIFER POST BOARD MEMBER	3.00	X						0.	0.	0.
(53) THOMAS QUISENBERRY BOARD MEMBER	3.00	X						0.	0.	0.
(54) DAMON RAINES BOARD MEMBER	3.00	X						0.	0.	0.
(55) RYAN ROSE BOARD MEMBER	3.00	X						0.	0.	0.
(56) MATT ROYVAL BOARD MEMBER	3.00	X						0.	0.	0.
(57) KEITH SANFORD BOARD MEMBER	3.00	X						0.	0.	0.
(58) MIKE SARVIS BOARD MEMBER	3.00	X						0.	0.	0.
(59) CAMDEN SCEARCE BOARD MEMBER	3.00	X						0.	0.	0.
(60) RICK SMITH BOARD MEMBER	3.00	X						0.	0.	0.
(61) ROGER SMITH BOARD MEMBER	3.00	X						0.	0.	0.
(62) JIM SRITE BOARD MEMBER	3.00	X						0.	0.	0.
(63) MICHAEL ST. CHARLES BOARD CHAIR	3.00	X		X				0.	0.	0.
(64) DR. BILL W. STACY BOARD MEMBER	3.00	X						0.	0.	0.
(65) DR. ELAINE SWAFFORD BOARD MEMBER	3.00	X						0.	0.	0.
(66) EDNA VARNER BOARD MEMBER	3.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 218,809.						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b> 40,000.						
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 9,009,555.						
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	60,726.						
	<b>h Total.</b> Add lines 1a-1f .....	9,268,364.						
<b>Program Service Revenue</b>	<b>2 a</b> CFC ADMIN FEE .....	<b>Business Code</b> 900099	218,809.	218,809.				
	<b>b</b> .....							
	<b>c</b> .....							
	<b>d</b> .....							
	<b>e</b> .....							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....		218,809.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		218,701.			218,701.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses .....						
		<b>c</b> Rental income or (loss) .....						
		<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other					
		8,044,132.						
		<b>b</b> Less: cost or other basis and sales expenses .....	8,043,565.					
		<b>c</b> Gain or (loss) .....	567.					
	<b>d</b> Net gain or (loss) .....			567.			567.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 40,000. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 106,875.						
		<b>b</b> Less: direct expenses .....	55,326.					
		<b>c</b> Net income or (loss) from fundraising events .....						51,549.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>							
	<b>b</b> Less: direct expenses .....	<b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>							
	<b>b</b> Less: cost of goods sold .....	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue		<b>Business Code</b>						
<b>11 a</b> MISCELLANEOUS .....	900099	264,428.	264,428.					
<b>b</b> INCREASE IN CSV .....	900099	12,599.				12,599.		
<b>c</b> .....								
<b>d</b> All other revenue .....								
<b>e Total.</b> Add lines 11a-11d .....		277,027.						
<b>12 Total revenue.</b> See instructions. ....		10,035,017.	483,237.	0.		283,416.		

**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).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	5,576,541.	5,576,541.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	307,833.	307,833.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	321,794.	93,320.	131,936.	96,538.
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	1,808,189.	1,206,391.	293,187.	308,611.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,029.	6,098.	8,622.	6,309.
9 Other employee benefits	541,304.	363,922.	87,395.	89,987.
10 Payroll taxes	143,468.	91,722.	26,319.	25,427.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	33,500.	9,715.	13,735.	10,050.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	26,250.		26,250.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	121,664.	88,153.	15,407.	18,104.
12 Advertising and promotion				
13 Office expenses	293,027.	171,618.	61,751.	59,658.
14 Information technology	65,389.	65,389.		
15 Royalties				
16 Occupancy	148,430.	78,927.	33,982.	35,521.
17 Travel	46,919.	24,315.	13,053.	9,551.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	112,114.	54,562.	33,234.	24,318.
20 Interest				
21 Payments to affiliates	116,500.	116,500.		
22 Depreciation, depletion, and amortization	107,461.	31,163.	44,060.	32,238.
23 Insurance	28,020.	8,126.	11,488.	8,406.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>EARLY CHILDHOOD READING</b>	358,093.	358,093.	0.	0.
b <b>MISCELLANEOUS</b>	89,642.	26,033.	36,730.	26,879.
c <b>MEMBERSHIP DUES AND SUB</b>	24,463.	8,358.	9,300.	6,805.
d <b>FOOD VOUCHERS</b>	24,340.	24,340.	0.	0.
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>10,315,970.</b>	<b>8,711,119.</b>	<b>846,449.</b>	<b>758,402.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	973,626.	<b>1</b>	876,614.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	6,414,478.	<b>3</b>	6,968,978.
	<b>4</b> Accounts receivable, net .....	37,833.	<b>4</b>	337,372.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	104,571.	<b>9</b>	67,490.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,837,870.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,275,308.		
	<b>11</b> Investments - publicly traded securities .....	2,658,889.	<b>10c</b>	2,562,562.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	8,703,932.	<b>11</b>	9,085,021.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	11,501,118.	<b>12</b>	10,212,419.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	30,394,447.	<b>15</b>		
		<b>16</b>	30,110,456.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	871,226.	<b>17</b>	852,679.
	<b>18</b> Grants payable .....	5,859,786.	<b>18</b>	5,577,451.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	99,775.	<b>25</b>	427,070.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	6,830,787.	<b>26</b>	6,857,200.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	14,923,526.	<b>27</b>	14,240,360.
	<b>28</b> Temporarily restricted net assets .....	6,966,483.	<b>28</b>	7,339,040.
	<b>29</b> Permanently restricted net assets .....	1,673,651.	<b>29</b>	1,673,856.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	23,563,660.	<b>33</b>	23,253,256.
	<b>34</b> Total liabilities and net assets/fund balances .....	30,394,447.	<b>34</b>	30,110,456.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	10,035,017.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,315,970.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-280,953.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	23,563,660.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-29,451.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	23,253,256.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> If "Yes" to line 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.	<b>X</b>	
<b>3a</b> 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? _____		<b>X</b>
<b>b</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 _____		





**Part II Support Schedule for Organizations Described in Sections 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6,943,527.	8,680,470.	8,348,320.	8,134,088.	8,598,197.	40,704,602.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	6,943,527.	8,680,470.	8,348,320.	8,134,088.	8,598,197.	40,704,602.
<b>5</b> 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) .....						464,670.
<b>6 Public support.</b> Subtract line 5 from line 4.						40,239,932.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	6,943,527.	8,680,470.	8,348,320.	8,134,088.	8,598,197.	40,704,602.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	264,456.	356,490.	185,039.	278,983.	218,701.	1,303,669.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	176,946.	157,223.	236,803.	424,007.	313,249.	1,308,228.
<b>11 Total support.</b> Add lines 7 through 10						43,316,499.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	965,230.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	92.90	%
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	93.03	%
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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 section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** 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 Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <i>(see instructions)</i> .		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

UNITED WAY OF GREATER CHATTANOOGA

Employer identification number

62-0565962

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)



Name of organization  <b>UNITED WAY OF GREATER CHATTANOOGA</b>	Employer identification number  <b>62-0565962</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>514,488.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>253,514.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>539,513.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>283,668.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>612,575.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF GREATER CHATTANOOGA</b>	Employer identification number  <b>62-0565962</b>
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>UNITED WAY OF GREATER CHATTANOOGA</b>	Employer identification number  <b>62-0565962</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements at the end of the tax year, and questions about monitoring and expenses.

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

Form with questions (1a, 1b, 2) regarding collections of art and historical treasures, including checkboxes and dollar amounts for revenue and assets.

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

3 Using the organization's acquisition, 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 XIII.

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" on 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 XIII 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, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	20,058,331.	21,071,812.	21,151,743.	18,781,934.	18,707,622.
b Contributions	396,405.	335,002.	72,125.	46,202.	
c Net investment earnings, gains, and losses	163,382.	-13,483.	1,182,944.	3,123,607.	1,980,573.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,480,000.	1,335,000.	1,335,000.	800,000.	1,906,261.
f Administrative expenses					
g End of year balance	19,138,118.	20,058,331.	21,071,812.	21,151,743.	18,781,934.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  91.25 %
- b Permanent endowment  8.75 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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.	565,701.	2,233,646.
c Leasehold improvements				
d Equipment		810,741.	709,607.	101,134.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  2,562,562.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) <b>CSV-LIFE INSURANCE</b>		
(B) <b>POLICIES</b>	159,322.	END-OF-YEAR MARKET VALUE
(C) <b>INVESTMENTS IN LIMITED</b>		
(D) <b>PARTNERSHIPS</b>	10,053,097.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	10,212,419.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>FUNDS HELD FOR SERVICES</b>	25,317.
(3) <b>RESERVE FOR CONTINGENCIES</b>	151,753.
(4) <b>LINE OF CREDIT</b>	250,000.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	427,070.

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	8,520,076.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-29,451.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-29,451.	
3	Subtract line 2e from line 1	3	8,549,527.	
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	26,250.	
b	Other (Describe in Part XIII.)	4b	1,459,240.	
c	Add lines 4a and 4b	4c	1,485,490.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,035,017.	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	8,830,480.
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 XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	8,830,480.	
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	26,250.	
b	Other (Describe in Part XIII.)	4b	1,459,240.	
c	Add lines 4a and 4b	4c	1,485,490.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,315,970.	

**Part XIII Supplemental Information.**

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE ORGANIZATION FOLLOWS THE REQUIREMENT OF PROFESSIONAL GUIDANCE IN ACCOUNTING FOR UNCERTAIN TAX POSITIONS. UNDER THIS GUIDANCE, 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 ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. AS OF DECEMBER 31, 2016 AND 2015, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE FINANCIAL STATEMENTS RELATED TO UNCERTAIN TAX POSITIONS. INFORMATION RETURNS FOR YEARS 2013 AND BEYOND REMAIN SUBJECT TO EXAMINATION.

**Part XIII** Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATIONS 1,459,240.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DESGINATIONS 1,459,240.





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	
1	Gross receipts .....	146,875.			146,875.
2	Less: Contributions .....	40,000.			40,000.
3	Gross income (line 1 minus line 2) .....	106,875.			106,875.
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....	55,326.		
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				55,326.
11	Net income summary. Subtract line 10 from line 3, column (d) .....				51,549.

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue .....				
Direct Expenses	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct 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: \_\_\_\_\_





**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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
AIM CENTER PO BOX 11586, 472 W MLKING BLVD CHATTANOOGA, TN 37402	58-1718368	501(C)(3)	119,241.	0.			TO DEVELOP SELF SUFFICIENCY SKILLS
AMERICAN RED CROSS, HAMILTON CO. 801 MCCALLIE AVENUE CHATTANOOGA, TN 37403	53-0196605	501(C)(3)	51,549.	0.			TO PROVIDE ASSISTANCE WITH BASIC NEEDS IN TIMES OF DISASTER OR EMERGENCY TO PROVIDE ASSISTANCE
BIG BROTHERS/BIG SISTERS, CHATTANOOGA - 2015 BAILEY AVENUE - CHATTANOOGA, TN 37404	62-0586090	501(C)(3)	183,463.	0.			PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED ONE-TO-ONE
BOEHM BIRTH DEFECTS CENTER 975 E. THIRD STREET CHATTANOOGA, TN 37403	51-0175126	501(C)(3)	58,847.	0.			TO PROVIDE VARIOUS OTHER COMMUNITY SERVICES
BOY SCOUTS, CHEROKEE 6031 LEE HIGHWAY CHATTANOOGA, TN 37421	62-0475671	501(C)(3)	374,732.	0.			TO HELP DEVELOP SELF SUFFICIENCY SKILLS IN YOUTH
BOYS & GIRLS CLUB OF CHATTANOOGA 610 LINDSEY STREET CHATTANOOGA, TN 37403	62-0557179	501(C)(3)	423,449.	0.			TO HELP DEVELOP SELF SUFFICIENCY SKILLS IN YOUTH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CATHOLIC CHARITIES CHATTANOOGA 859 MCCALLIE AVENUE #200 CHATTANOOGA, TN 37403	62-1377551	501(C)(3)	35,882.	0.			TO PROVIDE SHELTER, NOURISHMENT, COUNSELING AND EDUCATION TO MOST VULNERABLE IN COMMUNITY
CHATTANOOGA KIDS ON THE BLOCK PO BOX 4767 CHATTANOOGA, TN 37403	58-1460361	501(C)(3)	18,472.	0.			TO PROVIDE VARIOUS OTHER COMMUNITY SERVICES
CHILDREN'S ACADEMY (EAST 5TH STREET) - 1800 S. GREENWOOD AVENUE - CHATTANOOGA, TN 37404	62-0562853	501(C)(3)	96,916.	0.			TO PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN
CHILDREN'S HOME/CHAMBLISS SHELTER 315 GILLEPSIE ROAD CHATTANOOGA, TN 37411	62-0505514	501(C)(3)	260,504.	0.			TO PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN
COMMUNITIES IN SCHOOLS 2 BARNHARDT CIRCLE FT OGLETHORPE, GA 30742	58-2437803	501(C)(3)	83,120.	0.			TO PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN
COUNCIL FOR DRUG & ALCOHOL ABUSE (CADAS) - 207 SPEARS AVENUE - CHATTANOOGA, TN 37405	62-0716063	501(C)(3)	41,690.	0.			TO REMEDIATE SUBSTANCE ABUSE ISSUES
EPILEPSY FOUNDATION ONE SISKIN PLAZA CHATTANOOGA, TN 37403	58-1309190	501(C)(3)	56,866.	0.			TO HELP PERSONS WITH EPILEPSY REMAIN SELF SUFFICIENT
FAMILY CRISIS CENTER PO BOX 252 LAFAYETTE, GA 30728	58-2089789	501(C)(3)	26,431.	0.			TO PROVIDE ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE
FORTWOOD CENTER 6049 SHALLOWFORD RD CHATTANOOGA, TN 37421	62-0565399	501(C)(3)	276,998.	0.			TO HELP REMEDIATE SHORT-TERM MENTAL HEALTH ISSUES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FOUR POINTS 308 S. CHEROKEE STREET LAFAYETTE, GA 30728	31-1465829	501(C)(3)	16,360.	0.			TO ASSIST WITH COURT SUPERVISED VISITATION
GIRLS INC. 709 S. GREENWOOD AVENUE CHATTANOOGA, TN 37404	62-0647145	501(C)(3)	267,868.	0.			TO HELP DEVELOP SELF SUFFICIENCY SKILLS IN YOUTH
GOODWILL INDUSTRIES, CHATTANOOGA 3500 DODDS AVENUE CHATTANOOGA, TN 37407	62-0544853	501(C)(3)	124,431.	0.			TO DEVELOP SELF SUFFICIENCY SKILLS
HOSPICE OF CHATTANOOGA PO BOX 1426458 CHATTANOOGA, TN 37416	58-1426458	501(C)(3)	91,547.	0.			TO OFFER COMFORT AND DIGNITY TO PATIENTS AND FAMILIES FOR END OF LIFE CARE
JEWISH COMM. FED., CHATTANOOGA PO BOX 8947, 5461 N TERRACE CHATTANOOGA, TN 37411	62-0475677	501(C)(3)	22,188.	0.			TO HELP OLDER ADULTS MAINTAIN INDEPENDENCE
LAFAYETTE EMPTY STOCKING PO BOX 567 LAFAYETTE, GA 30728	58-1893551	501(C)(3)	18,733.	0.			TO PROVIDE FAMILIES FOOD DURING THE HOLIDAYS
LITTLE MISS MAG 214 WALNUT STREET CHATTANOOGA, TN 37403	62-0483209	501(C)(3)	68,393.	0.			TO PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN
MAURICE KIRBY DAYCARE PO BOX 11445, 2500 S. MARKET ST CHATTANOOGA, TN 37408	62-0569477	501(C)(3)	39,634.	0.			TO PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN
GIRL SCOUTS-SE APPALACHIANS REGION 1936 DAYTON BOULEVARD CHATTANOOGA, TN 37415	62-0518287	501(C)(3)	131,326.	0.			TO HELP DEVELOP SELF SUFFICIENCY SKILLS IN YOUTH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NORTHSIDE NEIGHBORS HOUSE PO BOX 4086, 211 MINOR STREET CHATTANOOGA, TN 37405	62-0481801	501(C)(3)	144,559.	0.			TO HELP YOUTH AND FAMILIES BECOME MORE SELF SUFFICIENT
ORANGE GROVE CENTER 615 DERBY STREET CHATTANOOGA, TN 37404	62-0549365	501(C)(3)	468,617.	0.			TO HELP PERSONS WITH DISABILITIES MAINTAIN THEIR INDEPENDENCE
PARTNERSHIP FOR F,C, & A 1800 MCCALLIE AVENUE CHATTANOOGA, TN 37404	62-0911679	501(C)(3)	726,412.	0.			TO HELP FAMILIES MAINTAIN SELF SUFFICIENCY AND OLDER ADULTS MAINTAIN INDEPENDENCE
PRIMARY HEALTH CARE CENTER 13570 NORTH MAIN STREET TRENTON, GA 30752	58-1410404	501(C)(3)	48,355.	0.			TO PROVIDE DENTAL ASSISTANCE FOR FAMILIES
PRO RE BONA NURSERY PO BOX 366, 1707 DODDS AVENUE CHATTANOOGA, TN 37404	62-0586086	501(C)(3)	79,631.	0.			TO PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN
RE: START 1800 MCCALLIE AVENUE CHATTANOOGA, TN 37404	62-0693913	501(C)(3)	51,418.	0.			TO ADDRESS REGIONAL AND LOCAL LITERACY ISSUES FACING HAMILTON CO AND SURROUNDING AREAS
ROOM IN THE INN, CHATTANOOGA 230 N. HIGHLAND PARK AVENUE CHATTANOOGA, TN 37404	62-1402358	501(C)(3)	37,795.	0.			TO HELP HOMELESS WOMEN AND CHILDREN FIND HOUSING AND SERVICES
SIGNAL CENTERS 109 N. GERMANTOWN ROAD CHATTANOOGA, TN 37411	62-0587285	501(C)(3)	287,658.	0.			TO HELP PERSONS WITH DISABILITIES MAINTAIN THEIR INDEPENDENCE
SPECIAL TRANS SERV 740 E. 12TH STREET CHATTANOOGA, TN 37403	62-1305384	501(C)(3)	23,765.	0.			TO PROVIDE TRANSPORTATION SERVICES TO THE ELDERLY AND PERSONS WITH DISABILITIES

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SPEECH & HEARING CENTER 600 N. HOLTZCLAW AVENUE, STE 200 CHATTANOOGA, TN 37404	62-0526644	501(C)(3)	154,473.	0.			TO PROVIDE AUDIOLOGY AND SPEECH PATHOLOGY SERVICES TO CHILDREN AND FAMILIES
TEAM EVALUATION CENTER MEDICAL TOWERS BUILDING CHATTANOOGA, TN 37403	62-0715965	501(C)(3)	36,119.	0.			TO PROVIDE DIAGNOSTIC AND EVALUATION SERVICES AND SUPPORT TO OLDER ADULTS
THE SALVATION ARMY PO BOX 3359, 800 MCCALLIE AVENUE CHATTANOOGA, TN 37404	61-0452065	501(C)(3)	115,947.	0.			TO HELP YOUTH AND FAMILIES TO BECOME MORE SELF SUFFICIENT
TRI-STATE FOOD PANTRY-DADE COUNTY 2026 HIGHWAY 136 TRENTON, GA 30752	20-3427202	501(C)(3)	10,412.	0.			TO PROVIDE FOOD TO PERSONS IN NEED
VOL COMMUNITY SCHOOL PO BOX 6277, 506 SPEARS AVENUE CHATTANOOGA, TN 37405	62-0846251	501(C)(3)	82,655.	0.			TO PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN
WALKER CO 4-H PO BOX 827, 102 E. NAPIER STREET LAFAYETTE, GA 30728	58-1696317	501(C)(3)	13,205.	0.			TO HELP DEVELOP SELF SUFFICIENCY SKILLS IN YOUTH
YMCA 301 WEST SIXTH STREET CHATTANOOGA, TN 37402	62-0475699	501(C)(3)	312,127.	0.			TO HELP CHILDREN AND FAMILIES MAINTAIN HEALTHIER LIFESTYLES
RINGGOLD METHODIST CHURCH 7484 NASHVILLE ST RINGGOLD, GA 30736	58-1371712	501(C)(3)	13,015.	0.			TO PROVIDE VARIOUS OTHER COMMUNITY SERVICES
LEGAL AID OF EAST TENNESSEE 535 CHESTNUT ST #360 CHATTANOOGA, TN 37402	58-9132803	501(C)(3)	10,412.	0.			TO PROVIDE LEGAL SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MARION COUNTY COMM GOOD NEIGHBOR PROGRAM - 141 ALABAMA AVENUE - SEQUATCHIE, TN 37374	62-1757532	501(C)(3)	7,289.	0.			TO PROVIDE VARIOUS OTHER COMMUNITY SERVICES
MARION COUNTY ST LUKES INTERFAITH PO BOX 270 SOUTH PITTSBURG, TN 37380	27-2823445	501(C)(3)	5,206.	0.			TO PROVIDE VARIOUS OTHER COMMUNITY SERVICES
MARION COUNTY SMILES, INC. PO BOX 248 SOUTH PITTSBURG, TN 37380	46-1816985	501(C)(3)	6,247.	0.			TO PROVIDE VARIOUS OTHER COMMUNITY SERVICES
MT ZION BAPTIST CHURCH 2509 TAYLOR ST CHATTANOOGA, TN 37406	58-2237845	501(C)(3)	2,082.	0.			TO PROVIDE CHURCH TO COMMUNITY
CLINICO MEDICOS 1300 E 23RD ST CHATTANOOGA, TN 37404	47-1821419	501(C)(3)	26,030.	0.			TO PROVIDE HEALTHCARE TO UNDERSERVED LATINO POPULATION
N GA HEALTH CARE CENTER 6120 ALABAMA HWY RINGGOLD, GA 30736	58-2573529	501(C)(3)	6,247.	0.			TO PROVIDE AFFORDABLE, QUALITY HEALTHCARE TO COMMUNITY
FAMILY PROMISE OF GREATER CHATTANOOGA - 1184 BALDWIN ST - CHATTANOOGA, TN 37403	31-1529222	501(C)(3)	18,225.	0.			TO PREPARE ADULTS TO OBTAIN GED

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated 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 noncash assistance
BOOKS DISTRIBUTED TO INDIVIDUAL FAMILIES	19000	0.	307,833.	COST	BOOKS FOR READING

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN RED CROSS, HAMILTON CO.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ASSISTANCE WITH BASIC NEEDS IN TIMES OF DISASTER OR EMERGENCY TO PROVIDE ASSISTANCE WITH BASIC NEEDS IN TIMES OF DISASTER OR EMERGENCY

NAME OF ORGANIZATION OR GOVERNMENT: BIG BROTHERS/BIG SISTERS, CHATTANOOGA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED ONE-TO-ONE



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF GREATER CHATTANOOGA

Employer identification number

62-0565962

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study         |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on 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? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on 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? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LESLEY SCEARCE PRESIDENT	(i)	142,395.	0.	0.	11,293.	19,828.	173,516.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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	10	60,726.	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 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

AS WE RECEIVE SECURITY DONATIONS, WE REQUEST UBS TO BE THE SELLING  
BROKER, WE THEN IMMEDIATELY SELL THEM AT FAIR MARKET VALUE.

**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREATER CHATTANOOGA

Employer identification number

62-0565962

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

COLLECTIVE INITIATIVE IN HAMILTON COUNTY THAT FOCUS ON IMPROVING  
COURSEWORK, BEHAVIOR AND ATTENDANCE IN SCHOOL.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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 USING A  
"COACHING MODEL" THE GOAL IS TO HELP FAMILIES AND INDIVIDUALS BECOME  
MORE ECONOMICALLY AND SOCIALLY INDEPENDENT.

BSL INCLUDES THE 2-1-1 INFORMATION AND REFERAL PROGRAM. 2-1-1 CONNECTS  
PEOPLE TO COMMUNITY AGENCIES AND ORGANIZATIONS THAT PROVIDE SERVICES  
THAT ADDRESS CRITICAL NEEDS AND HELPS DETER RELIANCE ON THE SOCIAL  
SERVICES SYSTEM. 2-1-1 ALSO MONITORS REFERALS TO THE BSL COACHES IN 5  
LOW-INCOME NEIGHBORHOODS.

SUPPORTING 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.

PARTNER RELATIONS - PARTNER RELATIONS PROVIDES THE TRAINING AND SUPPORT  
TO THOSE PROGRAMS FUNDED BY UWGC AND HELPS TRAIN COMMUNITY VOLUNTEERS  
WHO ASSESS THESE PROGRAMS ANNUALLY. THIS ENSURES THAT PROGRAMS ARE  
ORGANIZATIONAL AND FINANCIALLY SOUND AND RELIABLY MEASURING THEIR  
EFFECTIVENESS TOWARDS ADDRESSING THE GOALS OF UNITED WAY.

Name of the organization <b>UNITED WAY OF GREATER CHATTANOOGA</b>	Employer identification number <b>62-0565962</b>
--	---

**EXPENSES \$ 799,595. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**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**

**TOM DECOSIMO**

**FAMILY**

**JOHN P. GUERRY**

**ZAN GUERRY**

**BUSINESS**

**ZAN GUERRY**

**BOB BOSWORTH**

**BUSINESS**

**TOM WHITE**

**RICK MCKENNEY**

**FAMILY**

**LESLEY SCEARCE**

**CAMDEN SCEARCE**

**FORM 990, PART VI, SECTION B, LINE 11B:**

Name of the organization

UNITED WAY OF GREATER CHATTANOOGA

Employer identification number

62-0565962

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:

FOR COMPENSATION OF CEO

THE COMPENSATION COMMITTEE REVIEW INCLUDES ONE SECTOR AND AT LEAST ONE OUTSIDE SURVEY, SUCH AS:

"MOST RECENT UWW TALENT SURVEY (FROM 2 YEARS PRIOR TO THE UPCOMING SALARY)

"THE WATKINS UIBERALL NONPROFIT COMPENSATION SURVEY &

"THE NONPROFIT TIMES NONPROFIT SALARY & BENEFITS REPORT

PERFORMANCE REVIEW - CONDUCTED BY THE BOARD'S PERSONNEL/HR COMMITTEE

"PRESIDENT/CEO PREPARES A WRITTEN REPORT FOR THE COMPENSATION COMMITTEE

THAT DOCUMENTS PROGRESS TOWARDS ORGANIZATIONAL GOALS SET FOR THE PREVIOUS YEAR IN ALL AREAS OF THE UWGC.

"AN INTERVIEW WITH THE CEO IS HELD TO REVIEW THE PROGRESS OF THE PREVIOUS YEAR REVIEW COMPENSATION SURVEY REPORTS THAT RELATE TO THE CEO POSITION, ASK QUESTIONS AND DISCUSS PRIORITIES FOR THE UPCOMING YEAR.

"THE PERSONNEL COMMITTEE MEETS WITHOUT THE CEO TO DISCUSS COMPENSATION FOR THE UPCOMING YEAR. A COPY OF THEIR RECOMMENDATION IS SENT FROM THE PERSONNEL COMMITTEE CHAIR TO THE UWGC'S CHIEF FINANCIAL OFFICER.

FOR KEY EMPLOYEES:

COMPENSATION REVIEW: UWGC USES THE SAME COMPENSATION REVIEW SURVEYS TO MONITOR STAFF SALARIES AS IS USED TO MONITOR THE PRESIDENT/CEO SALARY.

GREAT EFFORT IS MADE TO MAINTAIN SALARIES AROUND THE MEDIAN FOR EACH

Name of the organization

UNITED WAY OF GREATER CHATTANOOGA

Employer identification number

62-0565962

POSITION, AS DEMONSTRATED BY THE ABOVE REVIEWS.

FORM 990, PART VI, SECTION C, LINE 19:

THE DOCUMENTS AND POLICIES ARE KEPT IN-HOUSE AND GIVEN TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C:

THE FINANCE COMMITTEE PERFORMS THE DUTIES OF THE AUDIT COMMITTEE.

THESE DUTIES INCLUDE (A) SELECTING AND APPROVING THE AUDIT FIRM; (B) MEETING WITH THE AUDITORS PRIOR TO THE AUDIT TO DISCUSS THE TIMING AND CONDUCT OF THE AUDIT; (C) MEETING WITH THE AUDITORS AT THE CONCLUSION OF THE FIELD WORK TO DISCUSS THE AUDIT FINDINGS; AND (D) REPORTING THOSE FINDINGS TO THE FULL BOARD OF DIRECTORS.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>UNITED WAY OF GREATER CHATTANOOGA</b>	Employer identification number (EIN) or <b>62-0565962</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 4027</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHATTANOOGA, TN 37405</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**GARY BOWMAN**

• The books are in the care of ▶ **P.O. BOX 4027 - CHATTANOOGA, TN 37405**  
Telephone No. ▶ **423-752-0300** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2016** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.