

JOHNSON, HICKEY & MURCHISON, P.C.
651 EAST FOURTH STREET, SUITE 200
CHATTANOOGA, TN 37403
(423)756-0052

UNITED WAY OF GREATER CHATTANOOGA
P.O. BOX 4027
CHATTANOOGA, TN 37405

ENCLOSED ARE THE ORGANIZATION'S 2010 EXEMPT ORGANIZATION RETURNS. THE PAPER FILED RETURN(S) SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

FORM 990-T RETURN:

NO AMOUNT IS DUE ON FORM 990-T.

PLEASE SIGN AND MAIL ON OR BEFORE NOVEMBER 15, 2011.

MAIL TO - DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

STEPHEN L. KEOWN

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

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

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF GREATER CHATTANOOGA		D Employer identification number 62-0565962
	Doing Business As		E Telephone number 423-752-0300
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 18,618,153.
	P.O. BOX 4027		
City or town, state or country, and ZIP + 4 CHATTANOOGA, TN 37405		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: EVA DILLARD 630 MARKET STREET, CHATTANOOGA, TN 37405		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.UWCHATT.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1922
M State of legal domicile: TN			

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO UNITE PEOPLE AND RESOURCES IN BUILDING A STRONGER AND HEALTHIER COMMUNITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	72
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	72
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	44
	6 Total number of volunteers (estimate if necessary)	6	7762
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,668,042.	7,854,610.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	156,182.	158,661.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-37,161.	-420,676.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	389,628.	440,140.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,176,691.	8,032,735.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	6,110,648.	5,709,849.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,311,230.	2,236,722.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 991,453.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,486,800.	1,812,577.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,908,678.	9,759,148.	
19 Revenue less expenses. Subtract line 18 from line 12	-2,731,987.	-1,726,413.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	32,958,545.	33,037,009.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,400,911.	7,938,997.
		24,557,634.	25,098,012.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	GARY E. BOWMAN, COO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name STEPHEN L. KEOWN	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ JOHNSON, HICKEY & MURCHISON, P.C.	Firm's EIN ▶		Phone no. (423) 756-0052	
	Firm's address ▶ 651 E. FOURTH ST., STE 200 CHATTANOOGA, TN 37403				

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,850,862. including grants of \$) (Revenue \$) PROVIDE FUNDING FOR APPROXIMATELY 42 NON-PROFIT AGENCIES IN THE GREATER CHATTANOOGA METRO AREA.

4b (Code:) (Expenses \$ 1,152,441. including grants of \$) (Revenue \$) INVEST IN CHILDREN IS UNITED WAY OF GREATER CHATTANOOGA'S EDUCATION INITIATIVE. IT IS THE OVERARCHING PROGRAM THAT DIRECTS IT'S PROJECT READY FOR SCHOOL IMPACT WORK, WHICH BEGAN IN 2004. THE GOAL OF PROJECT READY FOR SCHOOL IS TO PREPARE CHILDREN FOR SUCCESS WHEN THEY ENTER SCHOOL. THIS IS ACCOMPLISHED BY PROVIDING PARENTS WITH FREE RESOURCES THEY CAN USE TO WORK WITH THEIR CHILDREN ON SCHOOL READINESS. THROUGH PROJECT READY FOR SCHOOL, IIC CURRENTLY SERVES OVER 18,000 CHILDREN IN HAMILTON AND MARION COUNTIES IN TENNESSEE AND DADE, WALKER, AND CATOOSA COUNTIES IN NORTH GEORGIA. CHILDREN ENROLLED IN PROJECT READY FOR SCHOOL RECEIVE A FREE IMAGINATION LIBRARY BOOK EACH MONTH UNTIL AGE 5, AS WELL AS ACCESS TO PARENT INFORMATION AND TRAINING, AND ANNUAL LEARNING CHECK-UPS USING THE AGES AND STAGES DEVELOPMENTAL

4c (Code:) (Expenses \$ 229,217. including grants of \$) (Revenue \$ 158,661.) THE CENTER FOR NONPROFITS IS A MANAGEMENT SUPPORT ORGANIZATION WHOSE MISSION IS TO HELP NONPROFIT ORGANIZATIONS OPERATE MORE EFFICIENTLY AND EFFECTIVELY. THE CENTER ACHIEVES THIS MISSION BY PROVIDING TRAINING AND CONSULTING SERVICES AS WELL AS RESOURCES TO NONPROFIT ORGANIZATIONS THROUGHOUT EAST TENNESSEE AND NORTH GEORGIA. THE CENTER HAS NEARLY 170 MEMBER ORGANIZATIONS, ANNUALLY PROVIDES CONSULTING SERVICES TO MORE THAN 40 NONPROFIT ORGANIZATIONS AND SERVES MORE THAN 1100 INDIVIDUALS THROUGH TRAINING CLASSES.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 639,342. including grants of \$) (Revenue \$)

4e Total program service expenses 7,871,862.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	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
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	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
8	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
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
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, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	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	
19	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
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 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	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a 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> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 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 to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows for Form 1096, Form W-2G, employee counts, foreign accounts, prohibited transactions, and various organizational requirements.

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 to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 72		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 72		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **TN, GA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **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 to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA ANDREAE BOARD MEMBER	3.00	X					0.	0.	0.	
CHARLES L. ARANT BOARD MEMBER	3.00	X					0.	0.	0.	
T. HICKS ARMOR BOARD MEMBER	3.00	X					0.	0.	0.	
PHILIP S. BALL BOARD MEMBER	3.00	X					0.	0.	0.	
BOB BOSWORTH BOARD MEMBER	3.00	X					0.	0.	0.	
JIM BREXLER BOARD MEMBER	3.00	X					0.	0.	0.	
DR. RICHARD BROWN BOARD MEMBER	3.00	X					0.	0.	0.	
ROGER BROWN BOARD MEMBER	3.00	X					0.	0.	0.	
MICHAEL BUTLER BOARD MEMBER	3.00	X					0.	0.	0.	
L.H. CALDWELL, III BOARD MEMBER	3.00	X					0.	0.	0.	
L. HARDWICK CALDWELL, JR. BOARD MEMBER	3.00	X					0.	0.	0.	
LAURA CARDEN BOARD MEMBER	3.00	X					0.	0.	0.	
MIKE COSTA BOARD MEMBER	3.00	X					0.	0.	0.	
STEFANIE CROWE BOARD MEMBER	3.00	X					0.	0.	0.	
JOSEPH F. DECOSIMO BOARD MEMBER	3.00	X					0.	0.	0.	
NICK DECOSIMO BOARD CHAIR	3.00	X		X			0.	0.	0.	
KENNETH C. DYER, III 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 (describe hours for related organizations in Schedule O)	(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			
LEONARD FANT BOARD MEMBER	3.00	X						0.	0.	0.
JOE FARLESS BOARD MEMBER	3.00	X						0.	0.	0.
SCOTT FOSSE BOARD MEMBER	3.00	X						0.	0.	0.
JOHN F. GERM BOARD MEMBER	3.00	X						0.	0.	0.
TOM GLENN BOARD MEMBER	3.00	X						0.	0.	0.
JOHN P. GUERRY BOARD MEMBER	3.00	X						0.	0.	0.
ZAN GUERRY BOARD MEMBER	3.00	X						0.	0.	0.
KYLE HAUTH BOARD MEMBER	3.00	X						0.	0.	0.
PATSY HAZLEWOOD BOARD MEMBER	3.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								738,481.	0.	192,913.
d Total (add lines 1b and 1c)								738,481.	0.	192,913.

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 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. **NONE**

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

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

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	(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			
JIM HOBSON BOARD MEMBER	3.00	X						0.	0.	0.
CRAIG HOLLEY BOARD MEMBER	3.00	X						0.	0.	0.
BOBBI HUBBARD BOARD MEMBER	3.00	X						0.	0.	0.
MAI BELL HURLEY BOARD MEMBER	3.00	X						0.	0.	0.
DONNIE HUTCHERSON BOARD MEMBER	3.00	X						0.	0.	0.
DON JACKSON BOARD MEMBER	3.00	X						0.	0.	0.
KENNETH JORDAN, II BOARD MEMBER	3.00	X						0.	0.	0.
JAMES D. KENNEDY, JR. BOARD MEMBER	3.00	X						0.	0.	0.
JAMES D. KENNEDY, III BOARD MEMBER	3.00	X						0.	0.	0.
ALAN LEBOVITZ BOARD MEMBER	3.00	X						0.	0.	0.
MICHAEL LEBOVITZ BOARD MEMBER	3.00	X						0.	0.	0.
ROBERT P. MAIN BOARD MEMBER	3.00	X						0.	0.	0.
MICHAEL MATHIS BOARD MEMBER	3.00	X						0.	0.	0.
MIKE MCKEE BOARD MEMBER	3.00	X						0.	0.	0.
RICK MCKENNEY BOARD MEMBER	3.00	X						0.	0.	0.
CHARLES R. MEGAHEE BOARD MEMBER	3.00	X						0.	0.	0.
ARCHIE MEYERS BOARD MEMBER	3.00	X						0.	0.	0.
DARRELL MOORE BOARD MEMBER	3.00	X						0.	0.	0.
DAN NAUSLEY BOARD MEMBER	3.00	X						0.	0.	0.
PAUL NEELY 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	(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			
JEFFREY OLINGY BOARD MEMBER	3.00	X						0.	0.	0.
CHANDLER PEEPLES BOARD MEMBER	3.00	X						0.	0.	0.
JOHN PHILLIPS BOARD MEMBER	3.00	X						0.	0.	0.
HELEN PREGULMAN BOARD MEMBER	3.00	X						0.	0.	0.
SCOTT PROBASCO, JR. BOARD MEMBER	3.00	X						0.	0.	0.
BILL RAINES BOARD MEMBER	3.00	X						0.	0.	0.
DENNIS RIDDELL BOARD MEMBER	3.00	X						0.	0.	0.
DR. JIM SCALES BOARD MEMBER	3.00	X						0.	0.	0.
ROSS SCHRAM BOARD MEMBER	3.00	X						0.	0.	0.
FRANK SCHRINER BOARD MEMBER	3.00	X						0.	0.	0.
VIRGINIA ANNE SHARBER BOARD MEMBER	3.00	X						0.	0.	0.
DR. BILL W. STACY BOARD MEMBER	3.00	X						0.	0.	0.
BILL STILES BOARD MEMBER	3.00	X						0.	0.	0.
SUSAN STILZ BOARD MEMBER	3.00	X						0.	0.	0.
DR. MARY TANNER BOARD MEMBER	3.00	X						0.	0.	0.
JASON TAYLOR BOARD MEMBER	3.00	X						0.	0.	0.
GARY WATKINS BOARD MEMBER	3.00	X						0.	0.	0.
AARON WEBB BOARD MEMBER	3.00	X						0.	0.	0.
LISA WHALEY BOARD MEMBER	3.00	X						0.	0.	0.
KIM WHITE BOARD MEMBER	3.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	178,850.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,675,760.				
	g	Noncash contributions included in lines 1a-1f: \$		76,306.				
	h	Total. Add lines 1a-1f		7,854,610.				
	Program Service Revenue	2 a	CFC ADMIN FEE	Business Code 900099	158,661.	158,661.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		158,661.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		218,976.			218,976.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)			-639,652.			-639,652.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		135,787.			
		Less: direct expenses	b		77,100.			
		Net income or (loss) from fundraising events			58,687.			58,687.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	MISCELLANEOUS	900099	339,744.			339,744.		
b	INCREASE IN CSV	900099	41,709.			41,709.		
c								
d	All other revenue							
e	Total. Add lines 11a-11d		381,453.					
12	Total revenue. See instructions.		8,032,735.	158,661.	0.	19,464.		

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,582,008.	5,582,008.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	127,841.	127,841.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	972,587.	319,005.	233,230.	420,352.
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	994,780.	707,414.	157,766.	129,600.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	140,902.	107,278.	21,407.	12,217.
10 Payroll taxes	128,453.	72,309.	23,758.	32,386.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	417,072.	305,743.	48,596.	62,733.
12 Advertising and promotion				
13 Office expenses	262,419.	129,363.	56,305.	76,751.
14 Information technology				
15 Royalties				
16 Occupancy	98,212.	28,872.	27,631.	41,709.
17 Travel	38,840.	9,128.	15,166.	14,546.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	108,836.	60,625.	24,608.	23,603.
20 Interest				
21 Payments to affiliates	101,518.		101,518.	
22 Depreciation, depletion, and amortization	131,928.	15,462.	59,447.	57,019.
23 Insurance	17,300.	1,794.	8,273.	7,233.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a FIT KIDS FITNESS PROGRA	311,111.	311,111.		
b POST RETIREMENT BENEFIT	194,456.	75,615.	60,659.	58,182.
c MISCELLANEOUS	106,100.	13,641.	47,193.	45,266.
d MEMBERSHIP DUES AND SUB	24,785.	4,653.	10,276.	9,856.
e _____				
f All other expenses _____				
25 Total functional expenses. Add lines 1 through 24f	9,759,148.	7,871,862.	895,833.	991,453.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,857,801.	1	1,990,860.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	7,023,785.	3	6,679,398.	
	4 Accounts receivable, net	51,020.	4	104,710.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	31,364.	9	1,954.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,722,007.			
	b Less: accumulated depreciation	10b 678,105.	3,165,364.	10c	3,043,902.
	11 Investments - publicly traded securities	12,156,664.	11	12,246,890.	
	12 Investments - other securities. See Part IV, line 11	8,672,547.	12	8,969,295.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	32,958,545.	16	33,037,009.		
Liabilities	17 Accounts payable and accrued expenses	776,606.	17	704,562.	
	18 Grants payable	7,529,033.	18	7,168,323.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	95,272.	25	66,112.	
	26 Total liabilities. Add lines 17 through 25	8,400,911.	26	7,938,997.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	15,585,322.	27	15,401,372.	
	28 Temporarily restricted net assets	7,360,382.	28	8,081,036.	
	29 Permanently restricted net assets	1,611,930.	29	1,615,604.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	24,557,634.	33	25,098,012.	
34 Total liabilities and net assets/fund balances	32,958,545.	34	33,037,009.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,032,735.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,759,148.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,726,413.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,557,634.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,266,791.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	25,098,012.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization <p style="text-align:center">UNITED WAY OF GREATER CHATTANOOGA</p>	Employer identification number <p style="text-align:center">62-0565962</p>
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8664559.	7933842.	7674438.	6818042.	7854610.	38945491.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8664559.	7933842.	7674438.	6818042.	7854610.	38945491.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						802,596.
6 Public support. Subtract line 5 from line 4.						38142895.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	8664559.	7933842.	7674438.	6818042.	7854610.	38945491.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1332159.	2007838.	514,656.	131,254.	218,976.	4204883.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	398,398.	296,338.	402,290.	366,341.	381,453.	1844820.
11 Total support. Add lines 7 through 10						44995194.
12 Gross receipts from related activities, etc. (see instructions)					12	787,921.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	84.77	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	83.57	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. 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 stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2010. 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 - 2009. 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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not 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) (2010)

Name of organization UNITED WAY OF GREATER CHATTANOOGA	Employer identification number 62-0565962
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>BLUECROSS BLUESHIELD OF TENNESSEE</u> <u>801 PINE STREET</u> <u>CHATTANOOGA, TN 37402</u>	\$ <u>456,664.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>EPB</u> <u>10 WEST M.L. KING BLVD.</u> <u>CHATTANOOGA, TN 37402</u>	\$ <u>187,143.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>MCKEE FOODS CORP</u> <u>10260 MCKEE ROAD</u> <u>COLLEGEDALE, TN 37315</u>	\$ <u>266,789.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<u>SHAW INDUSTRIES</u> <u>616 E. WALNUT AVENUE</u> <u>DALTON, GA 30722-2128</u>	\$ <u>238,478.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<u>UNUM PROVIDENT</u> <u>ONE FOUNTAIN SQUARE</u> <u>CHATTANOOGA, TN 37402</u>	\$ <u>302,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<u>UNUM PROVIDENT</u> <u>ONE FOUNTAIN SQUARE</u> <u>CHATTANOOGA, TN 37402</u>	\$ <u>419,709.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
UNITED WAY OF GREATER CHATTANOOGA	62-0565962

Part II Noncash Property (see instructions)

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

Name of organization UNITED WAY OF GREATER CHATTANOOGA	Employer identification number 62-0565962
---	--

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. 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 information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
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
(e) Transfer of gift			
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
(e) Transfer of gift			
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
(e) Transfer of gift			
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," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER CHATTANOOGA

Employer identification number

62-0565962

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	19,675,455.	17,915,670.	25,710,525.		
b Contributions		324,825.	22,827.		
c Net investment earnings, gains, and losses	1,554,265.	2,784,960.	-6,394,824.		
d Grants or scholarships					
e Other expenditures for facilities and programs	1,250,000.	1,350,000.	1,422,858.		
f Administrative expenses					
g End of year balance	19,979,720.	19,675,455.	17,915,670.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		227,782.		227,782.
b Buildings		2,799,347.	145,799.	2,653,548.
c Leasehold improvements		694,878.	532,306.	162,572.
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,043,902.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CSV-LIFE INSURANCE		
(B) POLICIES	394,465.	END-OF-YEAR MARKET VALUE
(C) INVESTMENTS IN LIMITED		
(D) PARTNERSHIPS	8,574,830.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	8,969,295.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) FUNDS HELD FOR SERVICES	26,566.
(3) RESERVE FOR CONTINGENCIES	39,546.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	66,112.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,032,735.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,759,148.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,726,413.
4	Net unrealized gains (losses) on investments	4	2,266,791.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	2,266,791.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	540,378.

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

1	Total revenue, gains, and other support per audited financial statements	1	10,299,526.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,266,791.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	2,266,791.
3	Subtract line 2e from line 1	3	8,032,735.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,032,735.

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

1	Total expenses and losses per audited financial statements	1	9,759,148.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	9,759,148.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,759,148.

Part XIV Supplemental Information

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

PART X, LINE 2: THE ORGANIZATION ADOPTED THE PROVISIONS OF FASB ASC

740-10-25 (FORMERLY FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES) ON JANUARY 1, 2009. UNDER ASC 740-10-25, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL BE SUSTAINED. THE IMPLEMENTATION OF ASC 740-10-25 HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE

Part XIV Supplemental Information *(continued)*

ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. NO INTEREST OR PENALTIES
WERE ACCRUED AS OF JANUARY 1, 2009, AS A RESULT OF THE ADOPTION OF ASC
740-10-25. FOR THE YEAR ENDED DECEMBER 31, 2009, THERE WERE NO INTEREST
OR PENALTIES RECORDED OR INCLUDED IN ITS FINANCIAL STATEMENTS.

Part II Fundraising Events. Complete if the organization answered "Yes" to 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	135,787.			135,787.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	135,787.			135,787.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	77,100.			77,100.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(77,100)
	11 Net income summary. Combine line 3, column (d), and line 10				58,687.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		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. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF GREATER CHATTANOOGA

**Employer identification number
62-0565962**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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 non-cash assistance	(h) Purpose of grant or assistance
AIM CENTER 1903 MCCALLIE AVENUE CHATTANOOGA, TN 37404	58-1718368	501(C)(3)	114,687.	0.			TO DEVELOP SELF SUFFICIENCY SKILLS
ALEXIAN BROS. SENIOR NEIGHBORS 1000 NEWBY STREET CHATTANOOGA, TN 37402	62-0646376	501(C)(3)	177,148.	0.			TO HELP OLDER ADULTS MAINTAIN INDEPENDENCE
AMERICAN RED CROSS, HAMILTON CO. 801 MCCALLIE AVENUE CHATTANOOGA, TN 37403	62-0479536	501(C)(3)	254,293.	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)	173,256.	0.			PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED ONE-TO-ONE
BOY SCOUTS, CHEROKEE 6031 LEE HIGHWAY CHATTANOOGA, TN 37421	62-0475671	501(C)(3)	324,900.	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)	375,240.	0.			TO HELP DEVELOP SELF SUFFICIENCY SKILLS IN YOUTH

- 2** Enter total number of section 501(c)(3) and government organizations **40.**
- 3** Enter total number of other organizations **40.**

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

Schedule I (Form 990) (2010)

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
CHILDREN'S ACADEMY (EAST 5TH STREET) - EAST FIFTH STREET - CHATTANOOGA, TN 37403	62-0562853	501(C)(3)	88,190.	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)	186,597.	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)	27,000.	0.			TO PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN
COUNCIL FOR DRUG & ALCOHOL ABUSE (CADAS) - 105 DEVEL LANE - CHATTANOOGA, TN 37405	62-0716063	501(C)(3)	60,090.	0.			TO REMEDIATE SUBSTANCE ABUSE ISSUES
EPILEPSY FOUNDATION ONE SISKIN PLAZA CHATTANOOGA, TN 37403	58-1309190	501(C)(3)	43,280.	0.			TO HELP PERSONS WITH EPILEPSY REMAIN SELF SUFFICIENT
FAMILY CRISIS CENTER PO BOX 252 LAFAYETTE, GA 30728	58-2089789	501(C)(3)	15,000.	0.			TO PROVIDE ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE
FORTWOOD CENTER 1028 EAST THIRD STREET CHATTANOOGA, TN 37403	62-0565399	501(C)(3)	66,626.	0.			TO HELP REMEDIATE SHORT-TERM MENTAL HEALTH ISSUES
FOUR POINTS 308 S. CHEROKEE STREET LAFAYETTE, GA 30728	31-1465829	501(C)(3)	14,800.	0.			TO ASSIST WITH COURT SUPERVISED VISITATION
GIRLS INC. 709 S. GREENWOOD AVENUE CHATTANOOGA, TN 37404	62-0647145	501(C)(3)	248,659.	0.			TO HELP DEVELOP SELF SUFFICIENCY SKILLS IN YOUTH

LHA

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
GOODWILL INDUSTRIES, CHATTANOOGA 3500 DODDS AVENUE CHATTANOOGA, TN 37407	62-0544853	501(C)(3)	49,255.	0.			TO DEVELOP SELF SUFFICIENCY SKILLS
JEWISH COMM. FED., CHATTANOOGA PO BOX 8947 CHATTANOOGA, TN 37414	62-0475677	501(C)(3)	13,600.	0.			TO HELP OLDER ADULTS MAINTAIN INDEPENDENCE
KIDS ON THE BLOCK, CHATTANOOGA PO BOX 4767 CHATTANOOGA, TN 37403	58-1460361	501(C)(3)	73,159.	0.			TO EDUCATE GRAMMAR SCHOOL CHILDREN ON LIFE CHALLENGING ISSUES
LAFAYETTE EMPTY STOCKING PO BOX 567 LAFAYETTE, GA 30728	58-1893551	501(C)(3)	12,000.	0.			TO PROVIDE FAMILIES FOOD DURING THE HOLIDAYS
LITTLE MISS MAG 214 WALNUT STREET CHATTANOOGA, TN 37403	62-0483209	501(C)(3)	58,310.	0.			TO PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN
MAURICE KIRBY DAYCARE PO BOX 11445 CHATTANOOGA, TN 37401	62-0569477	501(C)(3)	72,098.	0.			TO PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN
GIRL SCOUTS-SE APPALACHIANS REGION 1936 DAYTON BOULEVARD, PO BOX 15969 CHATTANOOGA, TN 37415	62-0518287	501(C)(3)	119,828.	0.			TO HELP DEVELOP SELF SUFFICIENCY SKILLS IN YOUTH
NORTHSIDE NEIGHBORS HOUSE PO BOX 4086, 211 MINOR STREET CHATTANOOGA, TN 37405	62-0481801	501(C)(3)	90,673.	0.			TO HELP YOUTH AND FAMILIES BECOME MORE SELF SUFFICIENT
ORANGE GROVE CENTER 615 DERBY STREET CHATTANOOGA, TN 37404	62-0549365	501(C)(3)	376,375.	0.			TO HELP PERSONS WITH DISABILITIES MAINTAIN THEIR INDEPENDENCE

LHA

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
PARTNERSHIP FOR F, C, & A 1800 MCCALLIE AVENUE CHATTANOOGA, TN 37404	62-0911679	501(C)(3)	1,021,166.	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)	45,000.	0.			TO PROVIDE DENTAL ASSISTANCE FOR FAMILIES
PRO RE BONA NURSERY PO BOX 366 CHATTANOOGA, TN 37401	62-0586086	501(C)(3)	79,183.	0.			TO PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN
READ CHATTANOOGA 5704 MARLIN ROAD, STE 2600 CHATTANOOGA, TN 37411	62-0693913	501(C)(3)	80,024.	0.			TO PROVIDE LITERACY TRAINING TO ADULTS
SIGNAL CENTERS 109 N. GERMANTOWN ROAD CHATTANOOGA, TN 37411	62-0587285	501(C)(3)	263,989.	0.			TO HELP PERSONS WITH DISABILITIES MAINTAIN THEIR INDEPENDENCE
SPECIAL TRANS SERV 1617 WILCOX BLVD, STE B CHATTANOOGA, TN 37406	62-1305384	501(C)(3)	156,521.	0.			TO PROVIDE TRANSPORTATION SERVICES TO THE ELDERLY AND PERSONS WITH DISABILITIES
SPEECH & HEARING CENTER 600 N. HOLTZCLAW AVENUE, STE 200 CHATTANOOGA, TN 37404	62-0526644	501(C)(3)	246,371.	0.			TO PROVIDE AUDIOLOGY AND SPEECH PATHOLOGY SERVICES TO CHILDREN AND FAMILIES
TEAM EVALUATION CENTER 600 N. HOLTZCLAW AVENUE, STE 100 CHATTANOOGA, TN 37404	62-0715965	501(C)(3)	33,257.	0.			TO PROVIDE DIAGNOSTIC AND EVALUATION SERVICES AND SUPPORT SERVICES TO OLDER ADULTS
THE SALVATION ARMY PO BOX 3359, 800 MCCALLIE AVENUE CHATTANOOGA, TN 37404	61-0452065	501(C)(3)	218,188.	0.			TO HELP YOUTH AND FAMILIES TO BECOME MORE SELF SUFFICIENT

LHA

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
TRI-STATE FOOD PANTRY-DADE COUNTY 2026 HIGHWAY 136 TRENTON, GA 30752	20-3427202	501(C)(3)	10,000.	0.			TO PROVIDE FOOD TO PERSONS IN NEED
URBAN LEAGUE, CHATTANOOGA 730 M.L. KING BOULEVARD CHATTANOOGA, TN 37403	58-1436933	501(C)(3)	-19,891.	0.			TO PROVIDE WORK SKILL SERVICES TO ADULTS AND YOUTH EDUCATION SERVICES FOR FAMILIES
VARIOUS		501(C)(3)	-5,156.	0.			TO PROVIDE VARIOUS OTHER COMMUNITY SERVICES
VOL COMMUNITY SCHOOL PO BOX 6277, 506 SPEARS AVENUE CHATTANOOGA, TN 37405	62-0846251	501(C)(3)	74,554.	0.			TO PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN
WALKER CO 4-H PO BOX 827 LAFAYETTE, GA 30728	58-0832988	501(C)(3)	9,000.	0.			TO HELP DEVELOP SELF SUFFICIENCY SKILLS IN YOUTH
WALTER BOEHM BIRTH DEFECTS CENTER 975 E. THIRD STREET CHATTANOOGA, TN 37403	51-0175126	501(C)(3)	36,399.	0.			TO HELP PROVIDE MEDICAL SERVICES TO CHILDREN WITH CNS DISORDERS
YMCA 301 WEST SIXTH STREET CHATTANOOGA, TN 37402	62-0475699	501(C)(3)	298,339.	0.			TO HELP CHILDREN AND FAMILIES MAINTAIN HEALTHIER LIFESTYLES

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
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 non-cash assistance
BOOKS DISTRIBUTED TO INDIVIDUAL FAMILIES	18341	77,176.	0.	COST	BOOKS FOR READING

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

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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

UNITED WAY OF GREATER CHATTANOOGA

Employer identification number

62-0565962

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., 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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
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) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in 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	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2010

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 EVA DILLARD	(i)	135,300.	0.	0.	0.	29,202.	164,502.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

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.**

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	17	76,306.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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 non-standard 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 did not 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.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
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.

OMB No. 1545-0047

2010

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:

QUESTIONNAIRE.

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

BUILDING STABLE LIVES IS ONE OF THE 3 IMPACT AREAS FOR UNITED WAY WITH THE GOAL OF HELPING FAMILIES/INDIVIDUALS TO BECOME MORE SELF-SUFFICIENT AND LESS DEPENDENT ON COMMUNITY SERVICES. THE BSL PILOT PROJECT IS BUT ONE PART OF THIS IMPACT FOCUS AND SEEKS TO DEVELOP A MODEL FOR HELPING INDIVIDUALS WHO ARE VULNERABLE OR IN CRISIS ACHIEVE STABILITY THROUGH BECOMING ECONOMICALLY AND SOCIALLY INDEPENDENT. BUILDING STABLE LIVES CONSISTS OF MORE THAN THE PILOT PROJECT AND INCORPORATES EACH OF THE FOLLOWING AREAS TO HELP THOSE THAT WORK WITH INDIVIDUALS WHO ARE VULNERABLE ACHIEVE STABILITY. THESE INCLUDE:

A. AGENCY RELATIONS -- THE PILOT PROJECT COMES UNDER AGENCY RELATIONS AND FOCUSES ON HOW PARTNER AGENCIES WITH UNITED WAY CAN SUPPORT THE GOALS AND OBJECTIVES OF BUILDING STABLE LIVES.

B. GIFTS-IN-KIND -- GIK PROVIDES GOODS AND MATERIALS TO NONPROFITS AND OUR AGENCY PARTNERS AT REDUCED COST SO THAT THEY CAN AFFORD TO PROVIDE THE SERVICES THAT CLIENTS NEED.

C. VOLUNTEER CENTER THE VC BOTH PROVIDES OPPORTUNITIES FOR THOSE STRUGGLING TO BECOME STABLE TO ACQUIRE THE SKILLS AND KNOWLEDGE NECESSARY TO RE-ENTER THE WORKFORCE AND OPPORTUNITIES FOR AGENCIES TO FINDS QUALIFIED VOLUNTEERS TO HELP THEM ACHIEVE THEIR MISSION WITHIN THE COMMUNITY.

D. 2-1-1 : 2-1-1 CONNECTS PEOPLE WITH NEEDS TO THOSE AGENCIES THAT CAN HELP FULFILL THOSE NEEDS; IT ALSO CONNECTS AGENCIES WITH SERVICES TO

Name of the organization

UNITED WAY OF GREATER CHATTANOOGA

Employer identification number

62-0565962

OFFER WITH THOSE WHO NEED THOSE SERVICES. FOR MANY IT IS THEIR FIRST CALL FOR HELP AS THEY STRUGGLE TO MAINTAIN THEIR LIVES. IT IS ALSO THE ENTRY POINT FOR LINKING THEM NOT ONLY WITH THE THOSE THAT CAN MEET THEIR IMMEDIATE NEEDS BUT WHO CAN ALSO HELP THEM ACHIEVE ECONOMIC AND SOCIAL SELF-SUFFICIENCY.

EXPENSES \$ 639,342. 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

FRED DECOSIMO

BUSINESS

STEPHANIE CROWE

CRAIG HOLLEY

GRADY WILLIAMS

PATSY HAZLEWOOD

FAMILY/BUSINESS

L. HARDWICK CALDWELL, JR.

L.H. CALDWELL, III

BUSINESS/FAMILY

JAMES KENNEDY, JR

JAMES KENNEDY, III

Name of the organization UNITED WAY OF GREATER CHATTANOOGA	Employer identification number 62-0565962
--	---

BUSINESS/FAMILY

MICHAEL LEOVITZ

ALAN LEOVITZ

BUSINESS

MARY TANNER

DR. ROGER BROWN

DR. RICHARD BROWN

FAMILY

JOHN P. GUERRY

ZAN GUERRY

BUSINESS

ZAN GUERRY

BOB BOSWORTH

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 WILL BE PROVIDED TO EACH BOARD MEMBER BEFORE BEING FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: THE AGREEMENT IS SIGNED ANNUALLY BY THE STAFF, BOARD MEMBERS, AND COMMITTEE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15: THE PERSONNEL COMMITTEE ANNUALLY REVIEWS PERFORMANCE OF THE TOP MANAGEMENT, AND BASES THEIR SALARIES ON SURVEYS OF ENTITIES OF SIMILAR SIZE.

Name of the organization UNITED WAY OF GREATER CHATTANOOGA	Employer identification number 62-0565962
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THE PRESIDENT AND COO ANNUALLY REVIEWS THE PERFORMANCE OF KEY EMPLOYEES AND BASES THEIR SALARIES ON SURVEYS OF ENTITIES OF SIMILAR SIZE.

FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS AND POLICIES ARE KEPT IN-HOUSE AND GIVEN TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 2,266,791.

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.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2010

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

For calendar year 2010 or other tax year beginning , and ending

Section A: Check box if address changed; Section B: Exempt under section 501(c)(3); Section D: Employer identification number 62-0565962; Section E: Unrelated business activity codes 900001

Section C: Book value of all assets at end of year 33,037,009.; Section F: Group exemption number; Section G: Check organization type 501(c) corporation

H Describe the organization's primary unrelated business activity. INVESTMENT IN MAJESTY II-QP, LP

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of GARY BOWMAN Telephone number 423-752-0300

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1-13 showing income details and totals.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows 14-34 showing deduction details and totals.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
36 Trusts Taxable at Trust Rates. See instructions for tax computation.
37 Proxy tax. See instructions
38 Alternative minimum tax
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
40b Other credits (see instructions)
40c General business credit. Attach Form 3800
40d Credit for prior year minimum tax (attach Form 8801 or 8827)
40e Total credits. Add lines 40a through 40d
41 Subtract line 40e from line 39
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)
43 Total tax. Add lines 41 and 42
44a Payments: A 2009 overpayment credited to 2010
44b 2010 estimated tax payments
44c Tax deposited with Form 8868
44d Foreign organizations: Tax paid or withheld at source (see instructions)
44e Backup withholding (see instructions)
44f Credit for small employer health insurance premiums (Attach Form 8941)
44g Other credits and payments: Form 2439 Form 4136 Other
45 Total payments. Add lines 44a through 44g
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid
49 Enter the amount of line 48 you want: Credited to 2011 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.
3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year
2 Purchases
3 Cost of labor
4a Additional section 263A costs
4b Other costs (attach schedule)
5 Total. Add lines 1 through 4b
6 Inventory at end of year
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer
Date
COO
Title
May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
Print/Type preparer's name: STEPHEN L. KEOWN
Preparer's signature
Date
Check if self-employed
PTIN: P00296420
Firm's name: JOHNSON, HICKEY & MURCHISON, P.C.
Firm's EIN: 62-1046406
Firm's address: CHATTANOOGA, TN 37403
Phone no.: (423) 756-0052

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

Table with 4 rows for property description (1-4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions. Includes Total row with values 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 4 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions.

Table with 5 columns: 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions.

Totals Enter here and on page 1, Part I, line 7, column (A) 0. Enter here and on page 1, Part I, line 7, column (B) 0.

Total dividends-received deductions included in column 8 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments made, 5. Part of column 4 that is included, 6. Deductions directly connected.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included, 11. Deductions directly connected.

Totals Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) 0. Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) 0.

Totals 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Application for Extension of Time To File an Exempt Organization Return

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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 and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Type or print	Name of exempt organization UNITED WAY OF GREATER CHATTANOOGA	Employer identification number 62-0565962
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. P.O. BOX 4027	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHATTANOOGA, TN 37405	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	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 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2010** 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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Paperwork Reduction Act Notice, see Instructions.**

Application for Extension of Time To File an Exempt Organization Return

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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 and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Type or print	Name of exempt organization UNITED WAY OF GREATER CHATTANOOGA	Employer identification number 62-0565962
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. P.O. BOX 4027	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHATTANOOGA, TN 37405	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	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 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2010** 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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Paperwork Reduction Act Notice, see Instructions.**

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning _____, 2010, and ending _____, 20____

2010

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

UNITED WAY OF GREATER CHATTANOOGA

62-0565962

Name and title of officer

**GARY E. BOWMAN
COO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>8032735</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize JOHNSON, HICKEY & MURCHISON, P.C. to enter my PIN 05659
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62533510464
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**