

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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	
	630 MARKET STREET		G Gross receipts \$ 12,239,637.
	City or town, state or province, country, and ZIP or foreign postal code CHATTANOOGA, TN 37402		
F Name and address of principal officer: LESLEY SCEARCE 630 MARKET STREET, CHATTANOOGA, TN 37402		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.UNITEDWAYCHA.ORG**

K Form of organization: Corporation Trust Association 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	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	54
	6 Total number of volunteers (estimate if necessary)	6	1172
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,463.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	4,463.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 8,475,284.	Current Year 9,354,230.
	9 Program service revenue (Part VIII, line 2g)	60,778.	143,486.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-14,335.	214,327.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	112,910.	352,719.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,634,637.	10,064,762.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,543,832.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,267,301.	3,450,648.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,429,120.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,195,919.	1,146,380.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,007,052.	9,991,522.
19 Revenue less expenses. Subtract line 18 from line 12	-1,372,415.	73,240.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 27,460,680.	End of Year 32,758,586.
	21 Total liabilities (Part X, line 26)	5,715,055.	5,623,700.
	22 Net assets or fund balances. Subtract line 21 from line 20	21,745,625.	27,134,886.

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	
	LESLEY SCEARCE, PRESIDENT Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name ALAN KING, CPA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	Firm's name ▶ LBMC, PC	Firm's EIN ▶	Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITING PEOPLE AND RESOURCES IN BUILDING A STRONGER, HEALTHIER COMMUNITY

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 4,139,536. including grants of \$ 3,963,985.) (Revenue \$ 299,366.) COMMUNITY INVESTMENT: UWGC PROVIDED FUNDING FOR 66 NON-PROFIT PROGRAMS AND INITIATIVES. THIS FUNDING IS APPROVED BY A LOCAL COMMUNITY INVESTMENT COMMITTEE AND THE UWGC BOARD OF DIRECTORS FOR THOSE PROGRAMS THAT CAN MEASURABLY IMPACT THE KEY FOCUS AREAS OF UWGC. TRAINED COMMUNITY VOLUNTEERS ANNUALLY ASSESS DATA AND THE PROGRAMMATIC RESULTS OF FUNDED ORGANIZATIONS THAT ADDRESS COMMUNITY NEEDS. THROUGH ANNUAL REPORTING AND ASSESSMENT OF PARTNER ORGANIZATIONS, UWGC ENSURES FUNDED PROGRAMS EFFECTIVELY ADDRESS UWGC IMPACT GOALS AND THE NEEDS OF THE COMMUNITIES SERVED.

4b (Code:) (Expenses \$ 2,119,979. including grants of \$ 1,217,495.) (Revenue \$ 50,461.) FAMILY STABILITY: INITIATIVES AND PROGRAM SERVICES IN 16 COUNTY REGION WITH THE GOAL OF HELPING FAMILIES/INDIVIDUALS REACH STABILITY AND BECOME MORE SELF-SUFFICIENT.

211 INFORMATION AND REFERRAL PROGRAM: OPERATED BY UWGC CONNECTS PEOPLE TO COMMUNITY AGENCIES AND ORGANIZATIONS THAT PROVIDE SERVICES TO ADDRESS CRITICAL NEEDS AND HELPS DETER RELIANCE ON THE SOCIAL SERVICE SYSTEM. 211 IS THE ENTRY POINT FOR COMMUNITY MEMBERS IN NEED, OPERATING CRISIS SERVICES AND FUNDS, NEEDIEST CASES PROCESSING AND MONITORS ALL CALLS THROUGH A COMMUNITY DATABASE. IN 2020, 2-1-1 SPECIALISTS ANSWERED 42,400 CALLS. RESTORE HOPE FUND, NEEDIEST CASES, AND WATER QUALITY FEE ASSISTANCE PROVIDED \$780,583 IN DIRECT ASSISTANCE TO INDIVIDUALS.

4c (Code:) (Expenses \$ 378,246. including grants of \$ 207,496.) (Revenue \$ 0.) EARLY CHILDHOOD INITIATIVES: INCLUDES PROGRAMMING AND COLLABORATIONS IN EARLY CHILDHOOD SPECIALIZED PROGRAMS WITH THE GOAL OF PREPARING CHILDREN FOR SUCCESS IN SCHOOL.

PARENTS OF PRESCHOOL CHILDREN ARE PROVIDED FREE RESOURCES TO EDUCATE AND PROMOTE SCHOOL READINESS. IN FY21, \$174,680 WAS SPENT TO SEND FREE MONTHLY BOOKS TO CHILDREN FROM BIRTH UNTIL THEIR 5TH BIRTHDAY IN HAMILTON AND MARION COUNTIES THROUGH IMAGINATION LIBRARY. THE HAMILTON COUNTY PORTION OF THE PROGRAM WAS TRANSFERRED TO A PARTNER AGENCY DECEMBER 31, 2020. IN FY21, PARENTS OF 34 CHILDREN WERE PROVIDED EARLY LEARNING SCHOLARSHIPS FOR ASSISTANCE WITH ACCESS TO QUALITY EARLY LEARNING PROGRAMS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 933,180. including grants of \$ 5,518.) (Revenue \$ 42,370.)

4e Total program service expenses 7,570,941.

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 <i>Schedule B, Schedule of Contributors</i> ?	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>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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 and XII</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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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 hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 24		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 24		
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, 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	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did 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	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **GA, TN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **SUZY ANTHONY - 423-752-0300**
630 MARKET STREET, CHATTANOOGA, TN 37402

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LESLEY SCEARCE PRESIDENT	40.63			X			186,564.	0.	27,508.	
(2) SUZY ANTHONY VP FINANCE + OPS	40.63			X			138,354.	0.	11,068.	
(3) TOM WHITE CHAIRMAN	5.00	X					0.	0.	0.	
(4) CHARLES L ARANT BOARD MEMBER	1.00	X					0.	0.	0.	
(5) TOM GLENN BOARD MEMBER	1.00	X					0.	0.	0.	
(6) TERNAE JORDAN BOARD MEMBER	1.00	X					0.	0.	0.	
(7) RUSS BLAKELY BOARD MEMBER	1.00	X					0.	0.	0.	
(8) AMBER J. CAMBRON BOARD MEMBER	1.00	X					0.	0.	0.	
(9) JIM CATANZARO, JR. BOARD MEMBER	1.00	X					0.	0.	0.	
(10) JAY DALE BOARD MEMBER	1.00	X					0.	0.	0.	
(11) PATTI DUNGAN BOARD MEMBER	1.00	X					0.	0.	0.	
(12) JOHN P. GUERRY BOARD MEMBER	1.00	X					0.	0.	0.	
(13) ZAN GUERRY BOARD MEMBER	1.00	X					0.	0.	0.	
(14) LURONE JENNINGS, SR. BOARD MEMBER	1.00	X					0.	0.	0.	
(15) KENNETH SMITH BOARD MEMBER	1.00	X					0.	0.	0.	
(16) ALNOOR DHANANI BOARD MEMBER	1.00	X					0.	0.	0.	
(17) SCOTT FOSSE BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL MATHIS BOARD MEMBER	1.00	X					0.	0.	0.	
(19) TOM MCCALLIE BOARD MEMBER	1.00	X					0.	0.	0.	
(20) DONNA MCCONNICO BOARD MEMBER	1.00	X					0.	0.	0.	
(21) MATT ROYAL BOARD MEMBER	1.00	X					0.	0.	0.	
(22) CHRIS SISLO BOARD MEMBER	1.00	X					0.	0.	0.	
(23) ELAINE SWAFFORD BOARD MEMBER	1.00	X					0.	0.	0.	
(24) EDNA VARNER BOARD MEMBER	1.00	X					0.	0.	0.	
(25) BRUCE ZEISER BOARD MEMBER	1.00	X					0.	0.	0.	
(26) MIKE ST CHARLES BOARD MEMBER	1.00	X					0.	0.	0.	
1b Subtotal							324,918.	0.	38,576.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							324,918.	0.	38,576.	

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

	Yes	No
3 Did the organization list any former officer, director, 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
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	3,868,750.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,485,480.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 21,352.				
	h Total. Add lines 1a-1f			9,354,230.			
Program Service Revenue	2 a TRAINING	Business Code					
		900099		143,486.	143,486.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			143,486.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			77,073.		77,073.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
				3,800.			
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	3,800.				
	d Net rental income or (loss)			3,800.		3,800.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				2,181,423.	5,463.		
	b Less: cost or other basis and sales expenses	7b	2,049,632.	0.			
	c Gain or (loss)	7c	131,791.	5,463.			
d Net gain or (loss)			137,254.		5,463.	131,791.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			225,451.			
				125,243.			
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			100,208.			100,208.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code					
		900099		248,711.	248,711.		
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			248,711.				
12 Total revenue. See instructions			10,064,762.	392,197.	5,463.	312,872.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,219,814.	5,219,814.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	174,680.	174,680.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	363,495.		363,495.	
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	2,298,192.	1,312,897.	217,122.	768,173.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	177,324.	88,825.	46,927.	41,572.
9 Other employee benefits	441,125.	201,974.	70,192.	168,959.
10 Payroll taxes	170,512.	79,105.	40,601.	50,806.
11 Fees for services (nonemployees):				
a Management	35.	35.		
b Legal	7,582.		7,582.	
c Accounting	42,049.		42,049.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	40,323.	10,000.	15,867.	14,456.
12 Advertising and promotion	26,674.	6,175.	2,526.	17,973.
13 Office expenses	5,661.	983.	4,616.	62.
14 Information technology	338,801.	43,599.	82,331.	212,871.
15 Royalties				
16 Occupancy	162,616.	7,908.	154,708.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	51,731.	25,314.	22,210.	4,207.
20 Interest	500.		500.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	164,532.	86,841.	24,689.	53,002.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACT LABOR	174,909.	162,971.	5,938.	6,000.
b DUES AND SUBSCRIPTIONS	130,705.	145,348.	-102,846.	88,203.
c POSTAGE & SHIPPING	165.			165.
d TRAINING	97.	97.		
e All other expenses		4,375.	-7,046.	2,671.
25 Total functional expenses. Add lines 1 through 24e	9,991,522.	7,570,941.	991,461.	1,429,120.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,036,105.	1	1,844,684.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	4,142,236.	3	3,330,274.
	4 Accounts receivable, net	70,757.	4	34,944.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	32,532.	9	80,256.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,159,329.		
	b Less: accumulated depreciation	10b 1,342,599.		
	11 Investments - publicly traded securities	2,970,145.	10c	2,816,730.
	12 Investments - other securities. See Part IV, line 11	4,799,037.	11	8,009,790.
	13 Investments - program-related. See Part IV, line 11	14,409,868.	12	16,423,027.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	0.	14	218,881.
16 Total assets. Add lines 1 through 15 (must equal line 33)	27,460,680.	15	32,758,586.	
17 Accounts payable and accrued expenses	828,649.	16	32,758,586.	
18 Grants payable	4,266,006.	17	1,046,397.	
19 Deferred revenue		18	3,956,903.	
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties	620,400.	23		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	620,400.	
26 Total liabilities. Add lines 17 through 25	5,715,055.	25	5,623,700.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26	5,623,700.	
28 Net assets without donor restrictions	12,992,026.	27	19,637,699.	
29 Net assets with donor restrictions	8,753,599.	28	7,497,187.	
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.		29		
31 Capital stock or trust principal, or current funds		30		
32 Paid-in or capital surplus, or land, building, or equipment fund		31		
33 Retained earnings, endowment, accumulated income, or other funds	21,745,625.	32	27,134,886.	
34 Total net assets or fund balances	27,460,680.	33	32,758,586.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,064,762.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,991,522.
3	Revenue less expenses. Subtract line 2 from line 1	3	73,240.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,745,625.
5	Net unrealized gains (losses) on investments	5	5,316,021.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	27,134,886.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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 on Schedule O.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2020)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7601281.	4523469.	9446195.	8475284.	9354231.	39400460.
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	7601281.	4523469.	9446195.	8475284.	9354231.	39400460.
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)						961,769.
6 Public support. Subtract line 5 from line 4.						38438691.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	7601281.	4523469.	9446195.	8475284.	9354231.	39400460.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	250,696.	49,737.	217,544.	89,327.	80,873.	688,177.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			4,509.	126.	5,463.	10,098.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	281,696.	225,230.	90,204.	108,860.	248,711.	954,701.
11 Total support. Add lines 7 through 10						41053436.
12 Gross receipts from related activities, etc. (see instructions)					12	16,171.
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	93.63 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	94.11 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 VI 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 - 2019. 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 VI 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information input.

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>201,742.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>3,233,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>237,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

Name of organization UNITED WAY OF GREATER CHATTANOOGA	Employer identification number 62-0565962
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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 (for example, recreation or education) Preservation of a 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 7/25/06, 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?

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,055,293.	19,127,927.	19,927,714.	20,198,534.	19,138,118.
b Contributions		85.			
c Net investment earnings, gains, and losses	5,263,182.	77,282.	365,076.	346,680.	2,889,830.
d Grants or scholarships					
e Other expenditures for facilities and programs	300,000.	1,150,001.	1,164,863.	617,500.	1,829,414.
f Administrative expenses					
g End of year balance	23,018,475.	18,055,293.	19,127,927.	19,927,714.	20,198,534.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 89.0350 %
 - b Permanent endowment 10.9650 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		227,782.		227,782.
b Buildings		2,799,347.	880,628.	1,918,719.
c Leasehold improvements		586,787.	68,436.	518,351.
d Equipment		545,413.	393,535.	151,878.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 2,816,730.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) CSV-LIFE INSURANCE		
(B) POLICIES	234,487.	END-OF-YEAR MARKET VALUE
(C) INVESTMENTS IN LIMITED		
(D) PARTNERSHIPS	16,188,540.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	16,423,027.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	15,506,026.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	5,316,021.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	125,243.	
e	Add lines 2a through 2d	2e		5,441,264.
3	Subtract line 2e from line 1	3		10,064,762.
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 XIII.)	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		10,064,762.

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

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

1	Total expenses and losses per audited financial statements		1	10,116,766.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	125,243.	
e	Add lines 2a through 2d	2e		125,243.
3	Subtract line 2e from line 1	3		9,991,523.
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 XIII.)	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		9,991,523.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE REQUIREMENT OF PROFESSIONAL GUIDANCE IN ACCOUNTING FOR UNCERTAIN TAX POSITIONS. UNDER THIS GUIDANCE, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH THE TAX TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL BE SUSTAINED. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. AS OF JUNE 30, 2021, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE FINANCIAL STATEMENTS RELATED TO UNCERTAIN TAX POSITIONS. INFORMATION RETURNS FOR YEARS 2017 AND BEYOND REMAIN SUBJECT TO EXAMINATION.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF DIRECT EXPENSES FROM FUNDRAISING ACTIVITIES 125,243.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF DIRECT EXPENSES FROM FUNDRAISING ACTIVITIES 125,243.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

UNITED WAY OF GREATER CHATTANOOGA

Employer identification number

62-0565962

Part I

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	225,451.		225,451.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	225,451.		225,451.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	125,243.		125,243.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			125,243.
11	Net income summary. Subtract line 10 from line 3, column (d)			100,208.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

13a		%
13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____
 Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABBA'S HOUSE ACADEMY 5208 HIXSON PIKE HIXON, TN 37343	62-0693659	501(C)3	826.	0.			TO HELP PROVIDE ACCESS TO QUALITY EARLY LEARNING FOR CHILDREN
BEST BEGINNINGS COLLEGEDALE 5368 OOLTEWAH-RINGGOLD ROAD COLLEGEDALE, TN 37315	81-3521904		2,504.	0.			TO HELP PROVIDE ACCESS TO QUALITY EARLY LEARNING FOR CHILDREN
BEST BEGINNINGS ELS 2029 HICKORY VALLEY RD CHATTANOOGA, TN 37421	27-2632241		6,145.	0.			TO HELP PROVIDE ACCESS TO QUALITY EARLY LEARNING FOR CHILDREN
BEST BEGINNINGS HIXSON 5010 ALPHA LANE HIXSON, TN 37343	20-1440709		2,603.	0.			TO HELP PROVIDE ACCESS TO QUALITY EARLY LEARNING FOR CHILDREN
BIG BROTHERS BIG SISTERS 2015 BAILEY AVENUE CHATTANOOGA, TN 37404	62-0586090	501(C)3	98,990.	0.			PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED ONE-TO-ONE
BOEHM BIRTH DEFECTS CENTER 975 E THIRD STREE CHATTANOOGA, TN 37403	51-0175126	501(C)3	22,984.	0.			TO HELP SERVE HEALTH NEEDS OF CHILDREN WITH BIRTH DEFECTS

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

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BOY SCOUTS OF AMERICA 6031 LEE HIGHWAY CHATTANOOGA, TN 37421	62-0475671	501(C)3	206,236.	0.			TO HELP DEVELOP SELF SUFFICIENCY SKILLS IN YOUTH
BOYS AND GIRLS CLUBS 610 LINDSEY STREET CHATTANOOGA, TN 37403	62-0557179	501(C)3	409,739.	0.			TO HELP DEVELOP SELF SUFFICIENCY SKILLS IN YOUTH
CHAMBLISS CENTER AT RED BANK 1936 DAYTON BOULEVARD CHATTANOOGA, TN 37415	62-0505514	501(C)3	1,612.	0.			TO HELP PROVIDE ACCESS TO QUALITY EARLY LEARNING FOR CHILDREN
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD CHATTANOOGA, TN 37411	62-0505514	501(C)3	297,132.	0.			TO PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN
CHATTANOOGA GOODWILL INDUSTRIES 3500 DODDS AVENUE CHATTANOOGA, TN 37407	62-0544853	501(C)3	57,115.	0.			TO HELP TRAIN THE UNEMPLOYED AND UNDEREMPLOYED
CHATTANOOGA ROOM IN THE INN PO BOX 3564 CHATTANOOGA, TN 37404	62-1402358	501(C)3	25,000.	0.			TO HELP PROVIDE SHELTER AND TRANSITIONAL HOUSING FOR WOMEN AND CHILDREN
CHATTANOOGA STATE CHILD DEV CENTER 4501 AMNICOLA HIGHWAY CHATTANOOGA, TN 37406	62-0725362	501(C)3	101.	0.			TO HELP PROVIDE ACCESS TO QUALITY EARLY LEARNING FOR CHILDREN
CHATTANOOGA UNITE VETERANS RESOURCE CENTER - 426 MARKET STREET - CHATTANOOGA, TN 37402	81-4937558	501(C)3	9,556.	0.			TO HELP PROVIDE HUMAN SERVICE NEEDS TO VETERANS
CLINICA MEDICOS 1300 E 23RD ST CHATTANOOGA, TN 37404	31-1692697	501(C)3	15,000.	0.			TO HELP PROVIDE INTEGRATED BEHAVIORAL HEALTH TO THE LATINO COMMUNITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
COMMUNITIES IN SCHOOLS OF CATOOSA 2 BARNHARDT CIRCLE FT OGLETHORPE, GA 30742	58-2437803	501(C)3	82,482.	0.			TO PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN
COUNCIL FOR ALCOHOL & DRUG ABUSE 207 SPEARS AVENUE CHATTANOOGA, TN 37405	62-0716063	501(C)3	35,000.	0.			TO REMEDIATE SUBSTANCE ABUSE ISSUES
ELITE AIR HVAC & MAINTENANCE, INC. 8565 KENSLEY LN HIXON, TN 37343	85-4401345		750.	0.			TO PROVIDE DIRECT ASSISTANCE TO INDIVIDUALS
EPB 10 WEST MLK BLVD CHATTANOOGA, TN 37402	62-6000258	CHATTANOOGA, TN	150.	0.			TO PROVIDE DIRECT ASSISTANCE TO INDIVIDUALS
EPILEPSY FOUNDATION OF SOUTHEAST TN - ONE SISKIN PLAZA - CHATTANOOGA, TN 37403	58-1309190	501(C)3	21,355.	0.			TO HELP PERSONS WITH EPILEPSY REMAIN SELF SUFFICIENT
FAMILY PROMISE OF GREATER CHATTANOOGA - 1184 BALDWIN STREET - CHATTANOOGA, TN 37403	31-1529222	501(C)3	9,613.	0.			NEEDIEST CASES
FOUR POINTS INC 308 S. CHEROKEE STREET LAFAYETTE, GA 30728	31-1465829	501(C)3	7,424.	0.			TO ASSIST WITH COURT SUPERVISED VISITATION
GIRLS INCORPORATED 709 S. GREENWOOD AVENUE CHATTANOOGA, TN 37404	62-0647145	501(C)3	187,923.	0.			TO HELP DEVELOP SELF SUFFICIENCY SKILLS IN YOUTH
GREY PARC OF ROSSVILLE 800 WALKER AVENUE ROSSVILLE, GA 30741			500.	0.			TO PROVIDE DIRECT ASSISTANCE TO INDIVIDUALS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
GSC OF THE SOUTHERN APPALACHIANS 1936 DAYTON BOULEVARD CHATTANOOGA, TN 37415	62-0518287	501(C)3	76,492.	0.			TO HELP DEVELOP SELF SUFFICIENCY SKILLS IN YOUTH
HAMILTON COUNTY GOVERNMENT 455 NORTH HIGHLAND PARK AVENUE CHATTANOOGA, TN 37404	62-6000636	HAMILTON COUNTY	8,131.	0.			TO PROVIDE DIRECT ASSISTANCE TO INDIVIDUALS
HAMILTON COUNTY HEALTH DEPARTMENT 921 E. 3RD ST CHATTANOOGA, TN 37403	62-6000643	HAMILTON COUNTY	13,500.	0.			TO PROVIDE DIRECT ASSISTANCE TO INDIVIDUALS
HELEN ROSS MCNABB CENTER, INC. 601 CUMBERLAND STREET CHATTANOOGA, TN 37404	62-0548914	501(C)3	293,644.	0.			TO HELP BUILD STABLE LIVES
HIKSON UNITED METHODIST CDC 5301 OLD HIKSON PIKE HIKSON, TN 37343	62-0926853	501(C)3	3,502.	0.			TO HELP PROVIDE ACCESS TO QUALITY EARLY LEARNING FOR CHILDREN
HOPE FOR THE INNER CITY 1800 ROANOKE AVENUE CHATTANOOGA, TN 37406	62-1659831	501(C)3	3,506.	0.			TO PROVIDE DIRECT ASSISTANCE TO INDIVIDUALS
JEWISH FEDERATION OF GR CHATTA PO BOX 8947, 5461 N TERRACE CHATTANOOGA, TN 37411	62-0475677	501(C)3	43,010.	0.			TO HELP OLDER ADULTS MAINTAIN INDEPENDENCE AND TO SUPPORT THE ALEPH BET CHILDREN'S CENTER
LA PAZ PO BOX 3058 CHATTANOOGA, TN 37404	20-1115026	501(C)3	13,073.	0.			TO PROVIDE DIRECT ASSISTANCE TO INDIVIDUALS
LAFAYETTE AREA EMPTY STOCKING FUND PO BOX 567 LAFAYETTE, GA 30728	58-1893551	501(C)3	683.	0.			TO PROVIDE FAMILIES FOOD DURING HOLIDAYS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
LEGAL AID OF EAST TN 535 CHESTNUT STREET, SUITE 360 CHATTANOOGA, TN 37402	58-9132803	501(C)3	20,000.	0.			TO HELP BUILD FINANCIAL STABILITY
LFL INVESTMENTS, LLC 486 LATITUDE CIRCLE CHATTANOOGA, TN 37402	54-2106507		230.	0.			TO PROVIDE DIRECT ASSISTANCE TO INDIVIDUALS
LITTLE MISS MAG EARLY LEARNING CENTER - 214 WALNUT STREET - CHATTANOOGA, TN 37403	62-0483209	501(C)3	61,181.	0.			TO PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN
MARION COUNTY COMMUNITY MINISTRIES PO BOX 681 SEQUATCHIE, TN 37374	62-1757532	501(C)3	12,000.	0.			TO PROVIDE UTILITY ASSISTANCE
NORMAL PARK MUSEUM MAGNET SCHOOL 1009 MISSISSIPPI AVE CHATTANOOGA, TN 37405	62-6000638	501(C)3	1,940.	0.			TO HELP PROVIDE ACCESS TO QUALITY EARLY LEARNING FOR CHILDREN
NORTHGATE CROSSING APARTMENTS 1664 GREENDALE WAY, STE 500 HIKON, TN 37343	75-3227216		443.	0.			TO PROVIDE DIRECT ASSISTANCE TO INDIVIDUALS
NORTHSIDE NEIGHBORHOOD HOUSE PO BOX 4086, 211 MINOR STREET CHATTANOOGA, TN 37405	62-0481801	501(C)3	350,557.	0.			TO HELP YOUTH AND FAMILIES BECOME MORE SELF SUFFICIENT
NORTHTOWNE VILLAGE APTS 1011 GADD ROAD HIKON, TN 37343	81-3130231		600.	0.			TO PROVIDE DIRECT ASSISTANCE TO INDIVIDUALS
ORANGE GROVE CENTER INC 615 DERBY STREET CHATTANOOGA, TN 37404	62-0549365	501(C)3	240,474.	0.			TO HELP PERSONS WITH DISABILITIES MAINTAIN THEIR INDEPENDENCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 FAMILIES CHILDREN 1800 MCCALLIE AVENUE CHATTANOOGA, TN 37404	62-0911679	501(C)3	638,316.	0.			TO HELP FAMILIES MAINTAIN SELF SUFFICIENCY AND OLDER ADULTS MAINTAIN THEIR INDEPENDENCE
RINGGOLD METHODIST CHURCH 7484 NASHVILLE ST RINGGOLD, GA 30736	58-1371712	501(C)3	2,551.	0.			TO PROVIDE CHILDREN IN CATOOSA COUNTY FOOD ASSISTANCE PROGRAM
SALVATION ARMY - POWERSHARE PO BOX 3359 CHATTANOOGA, TN 37404	36-2167910	501(C)3	6,535.	0.			TO PROVIDE DIRECT ASSISTANCE TO INDIVIDUALS
SHINY PENNY CHILD CARE 20 BELVOIR AVENUE CHATTANOOGA, TN 37411	62-1824283		544.	0.			TO HELP PROVIDE ACCESS TO QUALITY EARLY LEARNING FOR CHILDREN
SIGNAL CENTERS INC 109 N. GERMANTOWN ROAD CHATTANOOGA, TN 37411	62-0587285	501(C)3	180,019.	0.			TO HELP PERSONS WITH DISABILITIES MAINTAIN THEIR INDEPENDENCE
SMILES, INC. PO BOX 248 SOUTH PITTSBURG, TN 37347	46-1816985	501(C)3	12,000.	0.			TO PROVIDE DENTAL SERVICES
SPEECH AND HEARING CENTER 600 N. HOLTZCLAW AVENUE, STE 200 CHATTANOOGA, TN 37404	62-0526644	501(C)3	106,020.	0.			TO PROVIDE AUDIOLOGY AND SPEECH PATHOLOGY SERVICES TO CHILDREN AND FAMILIES
ST ALEXIUS OUTREACH MINISTRIES 250 E 10TH STREET CHATTANOOGA, TN 37402	82-0739259	501(C)3	1,000.	0.			TO PROVIDE DIRECT ASSISTANCE TO INDIVIDUALS
ST JOHN UMC PRESCHOOL 3921 MURRAY HILLS DRIVE CHATTANOOGA, TN 37416	62-1182020	501(C)3	34.	0.			TO HELP PROVIDE ACCESS TO QUALITY EARLY LEARNING FOR CHILDREN

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SUNSHINE HOUSE 1010 GADD ROAD HIKSON, TN 37343	57-1000178		1,200.	0.			TO HELP PROVIDE ACCESS TO QUALITY EARLY LEARNING FOR CHILDREN
SUNTRUST BANKCARD N.A. P O BOX 791250 BALTIMORE, MD 21279			4,661.	0.			VARIOUS DIRECT ASSISTANCE TO INDIVIDUALS
THE BETHLEHEM CENTER 200 WEST 38TH STREET CHATTANOOGA, TN 37410	62-6066210	501(C)3	38,781.	0.			RESTORE HOPE PROGRAM
THE ENTERPRISE CENTER 1100 MARKET STREET FL 5 CHATTANOOGA, TN 37402	20-0062024	501(C)3	2,625.	0.			TO HELP FUND TECHNOLOGY ACCESS
THE SALVATION ARMY PO BOX 3359, 800 MCCALLIE AVENUE CHATTANOOGA, TN 37404	61-0452065	501(C)3	103,691.	0.			TO HELP YOUTH AND FAMILIES BECOME MORE SELF SUFFICIENT
TRI STATE FOOD PANTRY INC 2026 HIGHWAY 136 TRENTON, GA 30752	20-3427202	501(C)3	2,003.	0.			TO PROVIDE FOOD TO PERSONS IN NEED
UNITED WAY OF RHEA COUNTY PO BOX 669 DAYTON, TN 37321	62-1349168	501(C)3	23,493.	0.			NEEDIEST CASES AND RESTORE HOPE PROGRAM
UNITED WAYS OF TENNESSEE 3050 MEDICAL CENTER PARKWAY, FLOOR MURFREESBORO, TN 37129	62-1773407	501(C)3	1,250.	0.			TO HELP FUND ALICE RESEARCH PROJECT
WALKER COUNTY 4-H PO BOX 827, 102 E. NAPIER STREET LAFAYETTE, GA 30728	58-1696317	501(C)3	720.	0.			TO HELP DEVELOP SELF SUFFICIENCY SKILLS IN YOUTH

Schedule I (Form 990)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BOOKS DISTRIBUTED TO INDIVIDUAL FAMILIES	14745	0.	174,680.	COST	FREE BOOKS TO IMPACT EARLY LEARNING AND LITERACY

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LESLEY SCEARCE PRESIDENT	(i)	186,564.	0.	0.	14,925.	12,583.	214,072.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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	12	112,764 . FMV
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 V, Donee Acknowledgement **29**

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

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER CHATTANOOGA

Employer identification number

62-0565962

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

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

PROGRAMS ALSO ADDRESS THE ROOT CAUSES OF FAMILY INSTABILITY THROUGH A
COACHING MODEL TO HELP FAMILIES/INDIVIDUALS IN LOWER INCOME
NEIGHBORHOODS BECOME MORE ECONOMICALLY AND SOCIALLY INDEPENDENT.

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

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

VENTURE FORWARD: INCLUDES PROGRAMMING COSTS TO PROVIDE SUPPORT TO 274

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization UNITED WAY OF GREATER CHATTANOOGA	Employer identification number 62-0565962
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AREA NONPROFIT ORGANIZATIONS THROUGH NETWORKING AND LEARNING

OPPORTUNITIES.

EXPENSES \$ 933,180. INCLUDING GRANTS OF \$ 5,518. REVENUE \$ 42,370.

FORM 990, PART VI, SECTION A, LINE 2:

FAMILY AND/OR BUSINESS RELATIONSHIPS EXIST BETWEEN THE FOLLOWING BOARD

MEMBERS:

FAMILY

JOHN P. GUERRY

ZAN GUERRY

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

A COPY OF THE 990 WILL BE REVIEWED AND ACCEPTED BY THE FINANCE COMMITTEE AND PROVIDED TO THE GOVERNANCE BOARD BEFORE BEING FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE AGREEMENT IS SIGNED ANNUALLY BY THE STAFF, BOARD MEMBERS, AND COMMITTEE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

FOR COMPENSATION OF CEO

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

MOST RECENT ANNUAL GUIDESTAR COMPENSATION REPORT

THE WATKINS UBERALL NONPROFIT COMPENSATION SURVEY &

THE NONPROFIT TIMES NONPROFIT SALARY & BENEFITS REPORT

Name of the organization UNITED WAY OF GREATER CHATTANOOGA	Employer identification number 62-0565962
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PERFORMANCE REVIEW - CONDUCTED BY THE BOARD'S PERSONNEL/HR COMMITTEE
PRESIDENT/CEO PREPARES A WRITTEN REPORT FOR THE COMPENSATION COMMITTEE
THAT DOCUMENTS PROGRESS TOWARDS ORGANIZATIONAL GOALS SET FOR THE PREVIOUS
YEAR IN ALL AREAS OF THE UWGC.

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

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

FOR KEY EMPLOYEES:

COMPENSATION REVIEW: UWGC USES THE SAME COMPENSATION REVIEW SURVEYS TO
MONITOR STAFF SALARIES AS IS USED TO MONITOR THE PRESIDENT/CEO SALARY.
WE TARGET TO MAINTAIN SALARIES AROUND THE MEDIAN FOR EACH POSITION, AS
DEMONSTRATED BY THE ABOVE REVIEWS.

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

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

FORM 990, PART XII, 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.