PUBLIC DISCLOSURE COPY

EXTENDED TO NOVEMBER 15, 2024

Return of Organization Exempt From Income Tax

Department of the Treasury

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning and ending B Check if applicable C Name of organization D Employer identification number THE COMMUNITY FOUNDATION OF GREATER Address CHATTANOOGA, INC. Name change 62-6045999 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number (423)265-0586 1400 WILLIAMS ST. termin ated 49,555,026. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return CHATTANOOGA, TN 37408 H(a) Is this a group return Applica-F Name and address of principal officer: MAEGHAN JONES Yes X No for subordinates? pending 1400 WILLIAMS STREET, CHATTANOOGA TN37408 H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: WWW.CFGC.ORG H(c) Group exemption number K Form of organization: X Corporation Association Trust Other L Year of formation: 1963 M State of legal domicile: TN Part I Summary Briefly describe the organization's mission or most significant activities: TOGETHER WITH OUR COMMUNITY AND Governance WE TRANSFORM GENEROSITY INTO LASTING CHANGE TOWARDS A PARTNERS, 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets, 3 Number of voting members of the governing body (Part VI, line 1a) 3 16 Number of independent voting members of the governing body (Part VI, line 1b) 16 4 Activities & 18 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 38 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 108,904. 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 18,012. Prior Year Current Year 26.354.518. 22,333,229. Contributions and grants (Part VIII, line 1h) Revenue 0. 9 Program service revenue (Part VIII, line 2g) 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16,712,714. 17,643,273. 62,696. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 89,167. 43,156,399. 40,039,198. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 23,169,357. 25,948,575. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,500,808. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,637,565. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 1,480,226. 1,540,873. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 26,150,391. 29,127,013. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,912,185. 17,006,008. Revenue less expenses. Subtract line 18 from line 12 10 Beginning of Current Year End of Year Assets C 209,491,622. 226,608,341. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 6,487,543. 5,948,953. let Net assets or fund balances. Subtract line 21 from line 20 203,004,079. 220,659,388. 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 Signature of officer Sign PRESIDENT MAEGHAN JONES, Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/13/24 self-employed HISEY Paid MATTHEW T. HISEY MATTHEW T. P01293572 MAULDIN & JENKINS, LLC Firm's EIN 58-0692043 Preparer Firm's name Firm's address 200 W M.L.K. BLVD, STE 1100 Use Only Phone no. 423-756-6133 CHATTANOOGA, TN 37402-1239 May the IRS discuss this return with the preparer shown above? See instructions X Yes

THE COMMUNITY FOUNDATION OF GREATER 62-6045999 Page **2** CHATTANOOGA, INC. Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TOGETHER WITH OUR COMMUNITY AND PARTNERS, WE TRANSFORM GENEROSITY INTO LASTING CHANGE TOWARDS A PROSPEROUS AND JUST CHATTANOOGA WHERE ALL CAN THRIVE AND ACHIEVE THEIR FULL POTENTIAL. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? _______ Yes X No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 26,526,677. including grants of \$ _____25,948,575.) (Revenue \$ (Code:) (Expenses \$ PROVIDING SCHOLARSHIPS AND FUNDS FOR AREA BEAUTIFICATION, DOWNTOWN DEVELOPMENT, HEALTH RELATED ISSUES, CIVIC AND CULTURAL IMPROVEMENTS, AND EDUCATIONAL AND HUMANITARIAN PROGRAMS. (Code:) (Expenses \$ including grants of \$ (Code:) (Expenses \$ including grants of \$ (Revenue \$

Other program services (Describe on Schedule O.)

) (Revenue \$ including grants of \$ 26,526,677.

THE COMMUNITY FOUNDATION OF GREATER

Form 990 (2023) CHATTANOOGA, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? f "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			\ . ,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	Х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	- 22	
ıza	, ,	12a		x
h	Schedule D, Parts XI and XII	IZa		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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? If "Yes." complete Schedule I. Parts I and II	21	X	

Form 990 (2023) CHATTANOOGA, INC.
Part IV Checklist of Required Schedules (continued) 62-6045999 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	7 7 7 1 71 1	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			,,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			,,
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			,,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
	Part V, line 1	34	X	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
р	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		X
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		X
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		_^
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	Х	
Par	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>
· ui	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon il Gonedule O contains a response di note to any line in tins fart v		Yes	NI.
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		res	No
_				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		1c	Х	
	(gambling) winnings to prize winners?	ייי		L

Statements Regarding Other IRS Filings and Tax Compliance

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Part V

62-6045999

Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 18 filed for the calendar year ending with or within the year covered by this return 2a Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Х Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O Х 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the Х sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a X Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

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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			X
Sec	tion 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 16			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	inio occion 2 regiona membro di care i care		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on 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	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	•		
	X Own website X Another's website X 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	finan	cial	
	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			
	MAEGHAN JONES - (423)265-0586			
	1400 WILLIAMS ST., CHATTANOOGA, TN 37408			

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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) (C) (D) (F) (B) (E) Position Name and title Reportable Reportable Estimated Average (do not check more than one compensation compensation amount of hours per box, unless person is both an officer and a director/trustee) week from from related other (list any the organizations compensation (W-2/1099-MISC/ from the hours for organization lighest compensated mployee trustee or related Institutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations (ey employee 1099-NEC) and related ndividual t below organizations line) 40.00 (1) MAEGHAN JONES PRESIDENT AND CEO Х 213,191. 0. 32,046. (2) REBECCA UNDERWOOD 1.00 VP OF FINANCE & ADMINISTRATION X 144,206. 0. 28,759. CAROLINE VON KESSLER 1.00 X 0. VP OF PHILANTHROPY 25,629. 113,161 MARISA OGLES 1.00 X SR DIRECTOR OF DONOR SERVICES 100,944. 0. 20,118. CHARLIE BROCK 1.00 EX-OFFICIO CHAIR X 0. 0. Х 0. 1.00 (6) BEN BROWN X 0. 0. 0. DIRECTOR (7) GENE GEIGER 1.00 DIRECTOR Х 0. 0. 0. DANIELA PETERSON 1.00 DIRECTOR 0. 0. 0. ANSLEY MOSES (9) 1.00 SECRETARY Х 0. 0. 0. (10) DR. RUTH LIU 1.00 VICE CHAIR X X 0. 0. 0. (11) DR. SHEWANEE HOWARD-BAPTISTE 1.00 DIRECTOR Х 0 0. 0. (12) ANDREA HARDAWAY 1.00 DIRECTOR 0. 0. 0. (13) DR. DAVE BHATTACHARYA 1.00 X 0 . 0. 0. DIRECTOR (14) RAY RYAN 1.00 0. X 0. DIRECTOR 0. (15) GREG WILLETT 1.00 X 0 0. 0. DIRECTOR (16) DR LE ANDREA WARE 1.00 0. 0. 0. DIRECTOR Х (17) SKIP SCHWARTZ 1.00 X 0. 0. 0. DIRECTOR

332007 12-21-23 Form **990** (2023)

Form 990 (2023) CHATTANOC	JGA, INC	<i>.</i>							02-01	<u> </u>	<u>999</u>	P	age o		
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	st C	ompensated Employee	s (continued)						
(A) Name and title	(B) Average hours per week	Average hours per box			Position (do not check more than one box, unless person is both an officer and a director/trustee)			than dis both	n an	(D) Reportable compensation from	Reportable compensation from related		an	(F) stimate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org and	pensa om the anizati d relate anization	e ion ed		
(18) RONDELL CRIER	1.00	=	=	0	¥	Ξ 0	ш.								
DIRECTOR		Х				<u> </u>		0.		0.	<u> </u>		0.		
(19) CHERYL KEY	1.00	٠,		3,						^			^		
VICE CHAIR (20) LORIE RUNGE	1.00	Х	\vdash	X		\vdash		0.		0.	 		0.		
TREASURER	1.00	X		X				0.		0.			0.		
(21) DALLAS JOSEPH	1.00														
CHAIR		Х		Х				0.		0.			0.		
		_													
1b Subtotal								571,502.		0.	10	6,5	52.		
c Total from continuation sheets to Part VI	l, Section A							0.		0.			0.		
d Total (add lines 1b and 1c)								571,502.		0.	10	6,5!	52.		
2 Total number of individuals (including but no compensation from the organization	ot limited to th	iose	liste	ed ab	ove	e) wh	io re	eceived more than \$100,	000 of reportable	3			4		
compensation from the organization												Yes	No		
3 Did the organization list any former officer,	director, trust	ee, l	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on						
line 1a? If "Yes," complete Schedule J for si											3		X		
4 For any individual listed on line 1a, is the su	=		-						-			v			
and related organizations greater than \$150Did any person listed on line 1a receive or a											4	Х			
rendered to the organization? If "Yes," com					-						5		Х		
Section B. Independent Contractors	proto corrector	001	0, 00	,	<i></i>	011									
1 Complete this table for your five highest con	=	-							•	oensa	tion fro	mc			
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.						
(A) Name and business	address	N	INC	3				(B) Description of s	services	С	(C Compe		n		
										·					

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

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Form 990 (2023) CHATTANOOGA, INC.

Part VIII Statement of Revenue

		Chook if Schodula O a	containe e reconome	or note to any line	o in this Bort VIII			
		Check if Schedule O c	ontains a response of	or note to any line T	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
					rotarrovende	function revenue	business revenue	from tax under
								sections 512 - 514
t t	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
م ک	С	Fundraising events	1c					
ifts	d		1d					
n. 18.50		Government grants (contril		376,880.				
Sis	f	All other contributions, gifts, g						
ē Ħ	'		·	21,956,349.				
ĕ.≱		similar amounts not included						
t p	9	Noncash contributions included in li	ines 1a-1f 1g \$	16,139,295.	00 222 000			
<u>0</u> 8	h	Total. Add lines 1a-1f			22,333,229.			
				Business Code				
Se	2 a	·						
Program Service Revenue	b	·						
	С	:	_					
e an	d	I						
P. S. R.	е	•						
Ŗ.	f	All other program service r	revenue					
		Total. Add lines 2a-2f						
	3	Investment income (includi						
	•				5,006,550.		104,646.	4901904.
	4	Income from investment of	f tay ayampt hand n		.,,			
	4			ſ				
	5	Royalties	(i) Real	(ii) Personal				
	_		I - "	(II) Personal				
			6a					
	b	Less: rental expenses	6b					
	С	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a 22,152,551.					
	b	Less: cost or other basis						
ē		and sales expenses	7b 9,515,828.					
Revenue	c		7c 12,636,723.					
ě		Net gain or (loss)			12,636,723.		4,258.	12632465.
erF		Gross income from fundraisin			<u> </u>		,	
Ğ	"	including \$	of					
O		contributions reported on I						
		•	•					
		Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from f						
	9 a	Gross income from gaming	-					
		Part IV, line 19						
		Less: direct expenses						
	С	Net income or (loss) from g	gaming activities					
	10 a	Gross sales of inventory, le	ess returns					
		and allowances	10a					
	b	Less: cost of goods sold	10b					
		Net income or (loss) from s						
				Business Code				
Sno	11 a	OTHER INCOME		561499	62,696.	62,696.		
ned	b				.,	.,		
Miscellaneous Revenue								
Sce	C							
Ξ	ď	All other revenue			62 606			
		Total Add lines 11a-11d			62,696. 40,039,198.	62,696.	108,904.	17534369.
	12	Total revenue. See instruction	IIS		#U,UJJ,IJ6.	ו סעס. ⊿ס	1 100.904.	1 1/334307.

THE COMMUNITY FOUNDATION OF GREATER

Form 990 (2023) CHATTANOOGA, INC.
Part IX Statement of Functional Expenses

Га	t ix Statement of Functional Expense									
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 respon		this Part IX	<u> </u>						
	not include amounts reported on lines 6b, 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	24,531,921.	24,531,921.							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,416,654.	1,416,654.							
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	644,822.	113,847.	334,019.	196,956.					
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and									
_	persons described in section 4958(c)(3)(B)	000 000	270 202	275 000	40 107					
7	Other salaries and wages	802,290.	378,293.	375,800.	48,197.					
8	Pension plan accruals and contributions (include									
0	section 401(k) and 403(b) employer contributions)	140,303.	62,887.	67,266.	10 150					
9 10	Other employee benefits	50,150.	23,075.	23,395.	10,150. 3,680.					
11	Payroll taxes Fees for services (nonemployees):	30,130.	23,073.	23,333.	3,000.					
''	Management									
b	Legal	39,345.		39,345.						
	Accounting	34,300.		34,300.						
d	Lobbying	57,183.		57,183.						
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	748,306.		748,306.						
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A), amount, list line 11g expenses on Sch O.)	3,711. 209,108.		3,711.						
12	Advertising and promotion									
13	Office expenses	34,350.		34,350.						
14	Information technology	90,290.		90,290.						
15	Royalties	35,566.		25 566						
16	Occupancy	11,601.		35,566. 11,601.						
17	Travel	11,001.		11,001.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	40,935.		40,935.						
20	Interest	31,631.		31,631.						
21	Payments to affiliates	00 000		00 070						
22	Depreciation, depletion, and amortization	90,879. 17,299.		90,879.						
23	Insurance	17,299.		17,299.						
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.)									
а	MISCELLANEOUS	37,671.		37,671.						
b	DUES AND SUBSCRIPTIONS	27,700.		27,700.						
С	EQUIPMENT MAINTENANCE	22,436.		22,436.						
d	POSTAGE AND SHIPPING	8,562.		8,562.						
е	All other expenses									
<u>25</u>	Total functional expenses. Add lines 1 through 24e	29,127,013.	26,526,677.	2,341,353.	258,983.					
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)									
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022)					

Form 990 (2023)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	225,799.	1	922,104.		
	2	Savings and temporary cash investments			34,421,819.	2	26,622,992.
	3	Pledges and grants receivable, net	16,762,948.	3	18,425,674		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
δ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
ğ	9	5				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,382,590.	2,150,911.		
	b	Less: accumulated depreciation					2,065,598
	11	Investments - publicly traded securities	120,736,517.		136,865,842		
	12	Investments - other securities. See Part IV, line 1	35,167,274.	12	41,412,546		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	26,354.	15	293,585		
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	33)	209,491,622.	16	226,608,341
	17	Accounts payable and accrued expenses			620,826.	17	184,508
	18	Grants payable	399,158.	18	217,887		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Ě		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes	-		000 114	22	600.065
_	23	Secured mortgages and notes payable to unrela			837,114.	23	688,265
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	4 620 445		4 050 000
					4,630,445.		
	26			77	6,487,543.	26	5,948,953
s		Organizations that follow FASB ASC 958, che	ck her	e X			
e)Ce		and complete lines 27, 28, 32, and 33.			150 640 470		165 226 612
alar	27				152,643,473.		165,336,612
Ä	28	Net assets with donor restrictions			50,360,606.	28	55,322,776
Ĕ		Organizations that do not follow FASB ASC 9	o8, che	eck here			
Net Assets or Fund Balances		and complete lines 29 through 33.				-	
ţ	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
λY	31	Retained earnings, endowment, accumulated in			202 004 070	31	220,659,388.
ž	32	Total net assets or fund balances			203,004,079.	32	
	33	Total liabilities and net assets/fund balances			209,491,622.	33	226,608,341

Form **990** (2023)

THE COMMUNITY FOUNDATION OF GREATER

Form 990 (2023) CHATTANOOGA, INC. 62-6045999 Page 12

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,03		
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,12		
3	Revenue less expenses. Subtract line 2 from line 1	3	10,91		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	203,00	04,0	79.
5	Net unrealized gains (losses) on investments	4,47	76,5	34.	
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	2,26	56,5	90.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	220,65	59,3	88.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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?		2b	X	<u> </u>
	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 X Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

THE COMMUNITY FOUNDATION OF GREATER

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CHATTANOOGA, 62-6045999 INC. 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

CHATTANOOGA, INC.

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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.)

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	41377436.	27105273.	38362556.	26354518.	22333229.	155533012				
2	Tax revenues levied for the organ-										
	ization'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	41377436.	27105273.	38362556.	26354518.	22333229.	155533012				
	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)						45908713.				
6	Public support. Subtract line 5 from line 4.						109624299				
Sec	etion B. Total Support										
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total				
	Amounts from line 4	41377436.	27105273.	38362556.	26354518.	22333229.					
	Gross income from interest,			303023301							
Ü	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	2120209.	2516790.	2469822.	3600589.	4901904	15609314.				
9	Net income from unrelated business	2120203.	2310730.	2403022.	3000303.	4701701	13003314.				
9											
	activities, whether or not the			199,943.	38,300.	108,904.	347,147.				
10	business is regularly carried on Other income. Do not include gain			100,040.	30,300.	100,504.	J = / , I = / •				
10	•										
	or loss from the sale of capital	139,751.	44,287.	227,260.	89,167.	62 696	563,161.				
	assets (Explain in Part VI.)	139,731.	44,207.	221,200.	09,107.	02,090.	172052634				
	Total support. Add lines 7 through 10	ata (aga inaturatia				12	<u> </u>				
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	-		fourth or fifth tow.	voor oo o continu F						
13	organization, check this box and sto	-		· · · · · · · · · · · · · · · · · · ·	year as a section 5						
Sec	etion C. Computation of Publ	ic Support Per									
	Public support percentage for 2023 (column (f))		14	63.72 %				
	Public support percentage from 2022		•	***		15	64.34 %				
	33 1/3% support test - 2023. If the										
	stop here. The organization qualifies				14 10 00 17070 01 111		77				
h	33 1/3% support test - 2022. If the		•								
	and stop here. The organization qua										
172	10% -facts-and-circumstances test										
. <i></i> a	and if the organization meets the fact										
	-			=	· ·	_					
L	meets the facts-and-circumstances test 10% -facts-and-circumstances test	-				7a, and line 15 is					
b	more, and if the organization meets the						10/0 UI				
	organization meets the facts-and-circ				-						
10							H				
10	Private foundation. If the organization	on ala not check a l	oox on me is, its	a, 100, 17a, 01 170	, check this box a	าน ระษากรเกนตเกิด	·				

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support					r	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-					
80	check this box and stop here ction C. Computation of Publi	a Support Dan					
				l (f))		45	
	Public support percentage for 2023 (li					15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					10	%
	Investment income percentage for 20			ne 13 column (fl)		17	%
18						18	/ 6
	33 1/3% support tests - 2023. If the			on line 14, and line			
196	more than 33 1/3%, check this box ar						, 13 HOL
L	33 1/3% support tests - 2022. If the						 nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	_		
	2		
	За		
	- Ou		
	3b		
	3с		
	_		
	4a		
	4b		
	75		
	4c		
	5a		
	5b		
	5c		
	_		
	6		
	7		
	8		
	O		
	9a		
	9b		
	JU		
	9с		
	10a		
	iva		
	10b		
lule	A (Forn	n 990)	2023

Pa	t IV Supporting Organizations (continued)			J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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? 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.	1		
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? 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.	2		
Sec	tion 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)? 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).	1		
Sec	tion 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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? 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.	2a		
b	Did the activities described on 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? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b	I	

THE COMMUNITY FOUNDATION OF GREATER CHATTANOGA INC.

Schedule A (Form 990) 2023 CHATTANOOGA, INC. 62-6045999 Page 6

Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations m		•	
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	t short-term capital gain	1		
2 Re	coveries of prior-year distributions	2		
3 Ot	her gross income (see instructions)	3		
4 Ad	d lines 1 through 3.	4		
5 De	preciation and depletion	5		
6 Po	rtion of operating expenses paid or incurred for production or			
co	llection of gross income or for management, conservation, or			
	sintenance of property held for production of income (see instructions)	6		
	her expenses (see instructions)	7		
	justed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1 Ag	gregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
a Av	erage monthly value of securities	1a		
b Av	erage monthly cash balances	1b		
c Fa	ir market value of other non-exempt-use assets	1c		
d To	tal (add lines 1a, 1b, and 1c)	1d		
e Dis	scount claimed for blockage or other factors			
	plain in detail in Part VI):			
	quisition indebtedness applicable to non-exempt-use assets	2		
3 Su	btract line 2 from line 1d.	3		
4 Ca	sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	e instructions).	4		
5 Ne	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mu	ultiply line 5 by 0.035.	6		
	coveries of prior-year distributions	7		
8 Mi	nimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 Ad	justed net income for prior year (from Section A, line 8, column A)	1		
2 En	ter 0.85 of line 1.	2		
3 Mi	nimum asset amount for prior year (from Section B, line 8, column A)	3		
4 En	ter greater of line 2 or line 3.	4		
5 Inc	come tax imposed in prior year	5		
	stributable Amount. Subtract line 5 from line 4, unless subject to			
	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
ее	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
	Excess from 2020				
с	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

THE COMMUNITY FOUNDATION OF GREATER 62-604<u>5999 Page</u> 8 CHATTANOOGA, INC. Schedule A (Form 990) 2023 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. Part VI (See instructions.)

332028 12-21-23 Schedule A (Form 990) 2023

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** THE COMMUNITY FOUNDATION OF GREATER 62-6045999 CHATTANOOGA, INC. Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$ ____ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$_______\$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from (a) Name (b) Address (c) EIN (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

THE COMMUNITY FOUNDATION OF GREATER

Schedule C (Form 990) 2023 CHATTANOGA, INC. 62-6045999 Page 2

	rt II-A Complete if the org	anization	is exer	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
	section 501(h)). Check if the filing organiza	tion bolong	a to on offi	listed aroun (and list in	Dort IV and officiated	group member's name	address FIN
Α (expenses, and shar				ran iv each ailliated	group member's name	, address, Eliv,
B (, ,	nd "limited control" pro	visions annly		
	Limi	ts on Lobby	ying Expe			(a) Filing organization's totals	(b) Affiliated group totals
	Total lobbying expenditures to influ	uence public	c opinion (grassroots lobbying)		603.	
	Total lobbying expenditures to influ					57,183.	
	Total lobbying expenditures (add li					57,786.	
	Other exempt purpose expenditure					26,468,891.	
	Total exempt purpose expenditure					26,526,677.	
	Lobbying nontaxable amount. Enter					1,000,000.	
•	If the amount on line 1e, column (a) o			bying nontaxable am			
	not over \$500,000,	(2) 10.		the amount on line 1e.	ount ioi		
	over \$500,000 but not over \$1,000	000		00 plus 15% of the exc	ess over \$500 000		
	over \$1,000,000 but not over \$1,50			00 plus 10% of the exc			
	over \$1,500,000 but not over \$17,5			00 plus 5% of the exce			
	over \$17,000,000,	000,000,	\$1,000,		33 σνει ψ1,000,000.		
	Grassroots nontaxable amount (en	ter 25% of l				250,000.	
	Subtract line 1g from line 1a. If zer					0.	
	Subtract line 1f from line 1c. If zero	,	••			0.	
i	If there is an amount other than ze	•				-	
,	reporting section 4911 tax for this					Γ	Yes No
		_	I-Year Ave	eraging Period Under			
	(Some organizations the	hat made a	section 5		have to complete all	of the five columns be	low.
		Lobby	ing Expe	nditures During 4-Yea	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2	020	(b) 2021	(c) 2022	(d) 2023	(e) Total
	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990) 2023

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Schedule C (Form 990) 2023 CHATTANOOGA, INC. 62-60459 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

pr each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description is the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes	No	Δm	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				ount
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? 				
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? 				
 d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? 				
 d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? 				
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section				
art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or sec	tion	
301(0)(0).			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
B Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
answered "Yes."		1		
Dues assessments and similar amounts from members		•		
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures. (do not include amounts of political expenditures.)				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid).				
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). a Current year 		2a		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year 		2a		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 		2a 2b 2c		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2a 2b 2c		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	cess	2a 2b 2c		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 14 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded section 162(e) to the reasonable estimate of nondeductible lobbying and paid to	cess political	2a 2b 2c 3		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	cess political	2a 2b 2c 3		

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 Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.

Employer identification number 62-6045999

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Accounts. Complete if the
	5.gameaton anomorou 100 on 10111000, 1 art 14, ilite	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	190	
2	Aggregate value of contributions to (during year)	16,352,624.	
3	Aggregate value of grants from (during year)	18,780,785.	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	•	unds
_	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	•	
Pa	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, Part	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreati	on or education) Preservation of a h	istorically important land area
	Protection of natural habitat	Preservation of a co	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed 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
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic structure	cture included on line 2a	2c
d	Number of conservation easements included on line 2c acquire	ed after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the org	anization during the tax
	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conserva	ation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation	easements during the year
_			2) (2)
8	Does each conservation easement reported on line 2d above s	, , , , , , , , , , , , , , , , , , , ,	~~
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statements	that describes the
Pa	organization's accounting for conservation easements. † III Organizations Maintaining Collections of A	Art. Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under FASB ASC 958		palance sheet works
	of art, historical treasures, or other similar assets held for publi	•	
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		nce sheet works of
	art, historical treasures, or other similar assets held for public e	•	
	provide the following amounts relating to these items.		,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB AS	· · · · · · · · · · · · · · · · · · ·	
а	Revenue included on Form 990, Part VIII, line 1	_	\$
h	Accets included in Form 000 Part V		<u> </u>

THE COMMUNITY FOUNDATION OF GREATER

Schedule D (Form 990) 2023 CHATTANOOGA, INC.

62-6045999 Page **2**

Par	rt III Organizations Maintaining C	ollections of Art	i, Historical Tre	asures, or (Other S	Similar A	ssets	(continuec	d)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the fo	ollowing that m	nake sign	ificant use	of its		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exch	nange program	1				
b	Scholarly research	е		0 . 0					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization'	s exemp	t purpose i	n Part XII	II.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma						. 🖂	Yes	No
Par	rt IV Escrow and Custodial Arran						rt IV, line	9, or	
	reported an amount on Form 990, Pai		3			,	,	,	
1a	Is the organization an agent, trustee, custodi	an, or other intermed	liary for contributions	s or other asse	ts not in	cluded			
	on Form 990, Part X?	•	•					Yes [X No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:				—	_	
			g				Α	mount	
С	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fe							Yes	No
	If "Yes," explain the arrangement in Part XIII.				•	•		 T	╡。
	rt V Endowment Funds Complete if								
	Somplete ii	(a) Current year	(b) Prior year	(c) Two years) Three years	s back (e) Four yea	rs back
1a	Beginning of year balance	28,211,644.	32,338,876.	27,078,		10,293			1,277.
b	Contributions	29,978.	7,194.	1,900,		16,980,			9,440.
c	Net investment earnings, gains, and losses	3,263,687.	-3,479,126.	4,136,			,465.		7,718.
q		756,171.	655,300.	777,			,789.		5,144.
e	Other expenditures for facilities	,	,	,			, , , , , ,		,
C									
f	and programs Administrative expenses								
		30,749,138.	28,211,644.	32,338,	876	27,078,	260	10,293	3 291
g	Provide the estimated percentage of the curr				• • • •	2,,0,0,	,		,
2	Board designated or quasi-endowment	• 0000	% (iiiie 19, coluiiiii (a)	Tielu as.					
a	Permanent endowment 100	%							
b	Term endowment .0000								
С	The percentages on lines 2a, 2b, and 2c short								
20		•	tion that are hold an	d administaras	l for the				
Sa	Are there endowment funds not in the posse	SSION OF THE Organiza	tion that are new an	u auministered	i for title			Yes	s No
	organization by: (i) Unrelated organizations?						1	3a(i)	X
								3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir						3b	+**
4	Describe in Part XIII the intended uses of the	· · · · · · · · · · · · · · · · · · ·					l	30	
	rt VI Land, Buildings, and Equipm		willetti turius.						
	Complete if the organization answere		Part IV line 11a So	ee Form 990 F	Part X lin	e 10			
	·	(a) Cost or of					1		luo
	Description of property	basis (investm	` ', '		. ,	umulated eciation	, (d) Book va	iue
	Land	<u> </u>			черг	Clation		735	067
_	Land			5,067. 9,058.	1 (99,460	1	735, ,299,	
b	•		1,49	9,030.	т 3	77,400	+ +	, 433,	J 7 O •
	Leasehold improvements		1 /	8,465.	1 1	17,532	+	3.0	933.
			14	0,405.		1,334	•	<u> </u>	933.
	Other						+ -	065	500
ıotal	II. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part 2	X line 10c column i	(B))			. 4	,065,	JJO.

Schedule D (Form 990) 2023 CHATTANOOGA	, INC.	6	<u>2-6045999 _{Page} 3</u>
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) LIMITED PARTNERSHIPS	21,057,507.	END-OF-YEAR MARKE	
(B) GLOBAL HEDGE FUNDS	18,291,777.	END-OF-YEAR MARKE	
(C) REAL ESTATE FUNDS	967,857.	END-OF-YEAR MARKE	
(D) OTHER	1,095,405.	END-OF-YEAR MARKE	r value
(E)			
(F)			
(G)			
(H)	44 440 546		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	41,412,546.		
Part VIII Investments - Program Related.	5 000 D 1 N/ II 1	4 0 5 000 B 1 V II 40	
Complete if the organization answered "Yes"			and a financial and a second
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.	
	Description		(b) Book value
	1		
(2)			
(3)			
(5)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X Other Liabilities			•
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) FUNDS HELD AS AGENCY ENDO	WMENTS		4,858,293.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 25. co	ol (B))		4,858,293.

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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 CHATTANOOGA, INC.

Par	TXI Reconciliation of Revenue per Audited Financial State		n Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			46 004 016
1				1	46,034,016.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	4 456 554		
а	Net unrealized gains (losses) on investments		4,476,534.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants		2 266 522		
d	Other (Describe in Part XIII.)	2d	2,266,590.		6 = 40 404
	Add lines 2a through 2d			2e	6,743,124.
3	Subtract line 2e from line 1			3	39,290,892.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	E40 206		
а	Investment expenses not included on Form 990, Part VIII, line 7b		748,306.		
	Other (Describe in Part XIII.)	4b			740 206
	Add lines 4a and 4b			4c	748,306.
5 Dor	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial State	omonto Wi	th Evnanga par B	5	40,039,198.
Pai			iii Expelises per n	etur	11
	Complete if the organization answered "Yes" on Form 990, Part IV, line				20 270 707
1	Total expenses and losses per audited financial statements			1	28,378,707.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما			
а	Donated services and use of facilities	l I			
b	Prior year adjustments				
С.	Other losses				
	Other (Describe in Part XIII.)				_
	Add lines 2a through 2d			2e	28,378,707.
	Subtract line 2e from line 1			3	20,370,707.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ا مه ا	748,306.		
a	Investment expenses not included on Form 990, Part VIII, line 7b		740,300.		
	Other (Describe in Part XIII.) Add lines 4a and 4b	·		4-	748,306.
				4c 5	29,127,013.
Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information			3	25,127,015.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV lines 1	h and 2h: Part V line 4:	· Part `	X line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			, , , ,	Λ, πιο Σ, ι αιτ Λι,
	and 45, and 1 are Mi, into 24 and 45. Mod complete this part to provide any	additionaliine	imation.		
PAR	T V, LINE 4:				
END	OWMENT FUNDS ARE INTENDED TO PROVIDE SCI	OLARSH	PS AND SUPP	ORT	TO
VAR	IOUS ORGANIZATIONS IN HAMILTON COUNTY FO	OR AREA	BEAUTIFICAT	ION	, DOWNTOWN
					,
DEV	ELOPMENT, HEALTH RELATED ISSUES, CIVIC A	ND CUL	URAL IMPROV	EME	NTS, AND
	· · · · · · · · · · · · · · · · · · ·				•
EDU	CATIONAL AND HUMANITARIAN PROGRAMS.				
PAR	T X, LINE 2:				
	·				
THE	FOUNDATION FOLLOWS THE STATUTORY REQUIR	REMENTS	FOR ITS INC	OME	TAX
ACC	OUNTING AND GENERALLY AVOIDS RISKS ASSOC	CIATED V	VITH POTENTI	\mathtt{AL}	
<u>PR</u> C	BLEMATIC TAX POSITIONS THAT MAY BE CHALL	ENGED U	JPON EXAMINA	TIO	N
					·
MAN	AGEMENT BELIEVES ANY LIABILITY RESULTING	FROM T	TAXING AUTHO	RIT	IES

IMPOSING ADDITIONAL INCOME TAXES FROM ACTIVITIES DEEMED TO BE UNRELATED TO

THE COMMUNITY FOUNDATION OF GREATER

CHATTANOOGA, INC. 62-6045999 Page 5 Schedule D (Form 990) 2023 Part XIII | Supplemental Information (continued) THE FOUNDATION'S NON-TAXABLE STATUS WOULD NOT HAVE A MATERIAL EFFECT ON THE FOUNDATION'S CONSOLIDATED FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2020. PART XI, LINE 2D - OTHER ADJUSTMENTS: 2,266,590. CHANGE IN VALUE OF CONTRIBUTIONS RECEIVABLE

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.
THE COMMUNITY FOUNDATION OF GREATER

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE COMMU. CHATTANOO		DATION OF G	REATER				Employer identification number 62-6045999
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assist the properties of the properties	tance? cedures for monit	oring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$	•				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A STEP AHEAD FOUNDATION CHATTANOOGA, INC - P. O. BOX 4212 - CHATTANOOGA, TN 37405	46-3740551	501(C)(3)	10,000.	0.			UNRESTRICTED
A STEP AHEAD FOUNDATION CHATTANOOGA, INC - P. O. BOX 4212 - CHATTANOOGA, TN 37405	46-3740551	501(C)(3)	16,500.	0.			ENSURING EQUITABLE AND CONTINUED ACCESS TO CONTRACEPTION
A STEP AHEAD FOUNDATION CHATTANOOGA, INC - P. O. BOX 4212 - CHATTANOOGA, TN 37405	46-3740551	501(C)(3)	15,000.	0.			UNRESTRICTED
A STEP AHEAD FOUNDATION CHATTANOOGA, INC - P. O. BOX 4212 - CHATTANOOGA, TN 37405	46-3740551	501(C)(3)	10,000.	0.			2023 GRANT FUNDING
A STEP AHEAD FOUNDATION CHATTANOOGA, INC - P. O. BOX 4212 - CHATTANOOGA, TN 37405	46-3740551	501(C)(3)	10,000.	0.			UNRESTRICTED
AIM CENTER, INC 472 WEST M. L. KING BLVD CHATTANOOGA, TN 37402	58-1718368		10,000.	0.			ART CENTER
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in th	e line 1 table				323.

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

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV, assistance appraisal, other) AIM CENTER, INC 472 WEST M. L. KING BLVD CHATTANOOGA, TN 37402 58-1718368 501(C)(3) 7,500 0. ANNUAL UNRESTRICTED AIM CENTER, INC 472 WEST M. L. KING BLVD CHATTANOOGA, TN 37402 58-1718368 501(C)(3) 0. ESPERO PROJECT 20,000 AIM CENTER, INC 472 WEST M. L. KING BLVD NEW COMMERCIAL CHATTANOOGA, TN 37402 58-1718368 501(C)(3) 14,000 0. REFRIGERATOR AIM CENTER, INC 472 WEST M. L. KING BLVD A CARING & INCLUSIVE COMMUNITY CHATTANOOGA, TN 37402 58-1718368 501(C)(3) 0 16,500. AIM CENTER, INC 472 WEST M. L. KING BLVD EXPANSION OF CARE TO THE 58-1718368 501(C)(3) CHATTANOOGA, TN 37402 UNINSURED 7,500. 0. AIM CENTER, INC 472 WEST M. L. KING BLVD CHATTANOOGA, TN 37402 58-1718368 501(C)(3) 15,486. 0. ESPERO PROJECT AMERICAN CANCER SOCIETY P.O. BOX 332047 NASHVILLE, TN 37203 13-1788491 501(C)(3) 7 325 0. 2023 ANNUAL DISTRIBUTION AMERICAN HEART ASSOCIATION -CHATTANOOGA - 519 EAST 4TH STREET SE GALA - DONOR NOT - CHATTANOOGA, TN 37403 13-5613797 501(C)(3) 15,000. 0. ATTENDING AMERICAN HEART ASSOCIATION -CHATTANOOGA - 519 EAST 4TH STREET - CHATTANOOGA, TN 37403 13-5613797 501(C)(3) 7,325. 0. 2023 ANNUAL DISTRIBUTION

Schedule I (Form 990) CHATTANOO	GA, INC.					6	52-6045999 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RIVERS, INC 1101 14TH STREET NW, SUITE 1400							
WASHINGTON, DC 20005	23-7305963	501(C)(3)	10,000.	0.			UNRESTRICTED
ANIMAL CARE TRUST (MCKAMEY ANIMAL CENTER) - 4500 NORTH ACCESS ROAD -							SPAY YOUR MOMMA
CHATTANOOGA, TN 37415	01-0824858	501(C)(3)	10,000.	0.			SPAY/NEUTERING PROGRAM
ARCHER FOUNDATION PO BOX 12386							
CHARLOTTE, NC 28220	83-4647579	501(C)(3)	10,000.	0.			UNRESTRICTED
ARTSBUILD 301 E. 11TH ST. SUITE 300							
CHATTANOOGA, TN 37403	23-7005188	501(C)(3)	17,000.	0.			UNRESTRICTED
ARTSBUILD 301 E. 11TH ST. SUITE 300 CHATTANOOGA, TN 37403	23-7005188	501(c)(3)	50,200.	0.			\$20,200 FOR PROJECT DANCE, \$10,000 FOR OPPORTUNITY FELLOWS, \$20,000 FOR PERISCOPE
ASSOCIATION FOR VISUAL ARTS 30 FRAZIER AVE							
CHATTANOOGA, TN 37405	58-1728801	501(C)(3)	6,000.	0.			4 BRIDGES SPONSORSHIP
ATHENS-MCMINN FAMILY YMCA P.O. BOX 376							
ATHENS, TN 37371	62-0586361	501(C)(3)	25,000.	0.			YCAP PROGRAM
ATLANTA NORTH SDA CHURCH 5123 CHAMBLEE DUNWOOD ROAD							
DUNWOODY, GA 30338	58-0616989	CHURCH/NOT 501(C	7,000.	0.			CHOIR ROOM PIANO
AUSTIN HATCHER FOUNDATION FOR PEDIATRIC CANCER - 1705 S. HOLTZCLAW AVE CHATTANOOGA, TN							
37404	20-8065108	501(C)(3)	10,000.	0.			UNRESTRICTED
	_ == =======	/ /	10,000.	••	I	1	1

Schedule I (Form 990) CHATTANOC							2-6045999 Page
Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUSTIN HATCHER FOUNDATION FOR							
PEDIATRIC CANCER - 1705 S.							AFFORDABLE HEALTHCARE
HOLTZCLAW AVE CHATTANOOGA, TN							THROUGH MENTAL HEALTH ANI
37404	20-8065108	501(C)(3)	16,500.	0.			WELL-BEING SUPPORT
B4CK BINDERS FOR CONFIDENT KIDS							
P.O. BOX 356							BINDERS AND COMMUNITY
RINGGOLD, GA 30736	85-1600635	501(C)(3)	8,536.	0.			SPACE
BAYLOR SCHOOL							
171 BAYLOR SCHOOL ROAD							
CHATTANOOGA, TN 37405	62-0126365	501(C)(3)	100,000.	0.			UNRESTRICTED
·			,				
BAYLOR SCHOOL							
171 BAYLOR SCHOOL ROAD							LAND, BUILDING, AND
CHATTANOOGA, TN 37405	62-0126365	501(C)(3)	6,433.	0.			EQUIPMENT
DAVI OD GGUOOT							
BAYLOR SCHOOL							ETNANGTAL NEED
171 BAYLOR SCHOOL ROAD	62 0126265	E01/G\/2\	10 722	,			FINANCIAL NEED
CHATTANOOGA, TN 37405	62-0126365	501(C)(3)	10,722.	0.			SCHOLARSHIP
BAYLOR SCHOOL							
171 BAYLOR SCHOOL ROAD							UNRESTRICTED QUARTERLY
CHATTANOOGA, TN 37405	62-0126365	501(C)(3)	35,000.	0.			DISTRIBUTION
BAYLOR SCHOOL							
171 BAYLOR SCHOOL ROAD							
	62-0126365	E01/G\/3\	35,000.	0.			UNRESTRICTED
CHATTANOOGA, TN 37405	02-0120303	301(C)(3)	35,000.	0.			ONRESTRICTED
BAYLOR SCHOOL							
171 BAYLOR SCHOOL ROAD							
CHATTANOOGA, TN 37405	62-0126365	501(C)(3)	35,000.	0.			UNRESTRICTED
							\$100,000- DORM PROJECT,
BAYLOR SCHOOL							\$15,000- SCOTT &SUSAN
171 BAYLOR SCHOOL ROAD							WILSON POOL, \$5,000-
CHATTANOOGA, TN 37405	62-0126365	501(C)(3)	120,000.	0.			ANNUAL FUND

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD CHATTANOOGA, TN 37405 62-0126365 501(C)(3) 35,000 0. UNRESTRICTED BAYLOR SCHOOL \$20,000 FOR ANNUAL FUND 171 BAYLOR SCHOOL ROAD AND \$5,000 FOR AUCTION CHATTANOOGA, TN 37405 62-0126365 501(C)(3) 0. SUPPORT 25,000 BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD \$45,000 FOREVER FORWARD CHATTANOOGA, TN 37405 62-0126365 501(C)(3) 55,000 0. AND \$10,000 ANNUAL FUND BELOVED WOMAN 700 PINE STREET 85-0775610 501(C)(3) 0. UNRESTRICTED CHATTANOOGA, TN 37402 10,000 BELOVED WOMAN 700 PINE STREET 85-0775610 501(C)(3) CHATTANOOGA, TN 37402 7,000 0. UNRESTRICTED BETHANY CHRISTIAN SERVICES, INC. 930 MCCALLIE AVENUE IN SUPPORT OF TRANSITION CHATTANOOGA, TN 37403 38-1405282 501(C)(3) TO LGBTQ INCLUSIVITY 10,000 0. BETHANY CHRISTIAN SERVICES, INC. 930 MCCALLIE AVENUE CHATTANOOGA, TN 37403 38-1405282 501(C)(3) 35 000 0. UNRESTRICTED BETTERFI P O BOX 27 COALMONT, TN 37313 82-3083483 501(C)(3) 25,000. 0. UNRESTRICTED BIBLE IN THE SCHOOLS 200 W MLK BLVD, SUITE 300 CHATTANOOGA, TN 37402 62-0523361 501(C)(3) 0. ENDOWMENT 25,000.

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) BIBLE IN THE SCHOOLS 200 W MLK BLVD, SUITE 300 CHATTANOOGA, TN 37402 62-0523361 501(C)(3) 5,500 0. UNRESTRICTED BIG BROTHERS BIG SISTERS OF GREATER CHATTANOOGA - 2015 BAILEY AVENUE - CHATTANOOGA, TN 37404 62-0586090 501(C)(3) 9,287 0. NEW PLAYGROUND BILL HILLARY & CHELSEA CLINTON FOUNDATION - 1200 PRESIDENT CLINTON AVENUE - LITTLE ROCK, AR 72201 31-1580204 501(C)(3) 50,000 0. UNRESTRICTED B'NAI ZION CONGREGATION 6210 AIRPARK DR NEW BUILDING CAPITAL 62-0549373 501(C)(3) 0 CAMPAIGN CHATTANOOGA, TN 37421 50,000. B'NAI ZION CONGREGATION 6210 AIRPARK DR 62-0549373 501(C)(3) 0. CHATTANOOGA, TN 37421 8,308, RABBI'S SALARY B'NAI ZION CONGREGATION 6210 AIRPARK DR 62-0549373 501(C)(3) CHATTANOOGA, TN 37421 8,800 0. RABBI'S SALARY B'NAI ZION CONGREGATION 6210 AIRPARK DR CHATTANOOGA, TN 37421 62-0549373 501(C)(3) 8 308 0. RABBI'S SALARY B'NAI ZION CONGREGATION 6210 AIRPARK DR CHATTANOOGA, TN 37421 62-0549373 501(C)(3) 8,800. 0. RABBI'S SALARY B'NAI ZION CONGREGATION 6210 AIRPARK DR CHATTANOOGA, TN 37421 62-0549373 501(C)(3) 8 800. 0. RABBI'S SALARY

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) B'NAI ZION CONGREGATION 6210 AIRPARK DR CHATTANOOGA, TN 37421 62-0549373 501(C)(3) 8,308 0. RABBI'S SALARY B'NAI ZION CONGREGATION 6210 AIRPARK DR CHATTANOOGA, TN 37421 62-0549373 501(C)(3) 8,308 0. RABBI'S SALARY B'NAI ZION CONGREGATION 6210 AIRPARK DR PROPERTY CLOSE AT 6210 CHATTANOOGA, TN 37421 62-0549373 501(C)(3) 300,000 0. AIRPARK DRIVE B'NAI ZION CONGREGATION 6210 AIRPARK DR 62-0549373 501(C)(3) 8,800. 0. RABBI'S SALARY CHATTANOOGA, TN 37421 B'NAI ZION CONGREGATION 6210 AIRPARK DR 62-0549373 501(C)(3) CHATTANOOGA, TN 37421 8,800. 0. RABBI'S SALARY B'NAI ZION CONGREGATION 6210 AIRPARK DR 62-0549373 501(C)(3) CHATTANOOGA, TN 37421 8,308, 0. RABBI'S SALARY B'NAI ZION CONGREGATION 6210 AIRPARK DR CHATTANOOGA, TN 37421 62-0549373 501(C)(3) 8 308 0. RABBI'S SALARY B'NAI ZION CONGREGATION 6210 AIRPARK DR CHATTANOOGA, TN 37421 62-0549373 501(C)(3) 10,000. 0. CAPITAL CAMPAIGN B'NAI ZION CONGREGATION 6210 AIRPARK DR CHATTANOOGA, TN 37421 62-0549373 501(C)(3) 8,308, 0. RABBI'S SALARY

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) B'NAI ZION CONGREGATION 6210 AIRPARK DR CHATTANOOGA, TN 37421 62-0549373 501(C)(3) 8,800 0. RABBI'S SALARY BOOK DEPOT, INC. 67 FRONT STREET, N CANADA 98-0194477 OTHER 0. BOOKS & SHIPPING 11,486 BOOK DEPOT, INC. 67 FRONT STREET, N CANADA 98-0194477 OTHER 6,153. 0. READ20 BOOKS BOOK DEPOT, INC. 67 FRONT STREET, N 98-0194477 OTHER 0. READ20 BOOKS CANADA 5,351. BOY SCOUTS OF AMERICA MIDDLE TENNESSEE COUNCIL - P. O. BOX 62-0477729 501(C)(3) 10,000. 0. 150409 - NASHVILLE, TN 37215 FRIENDS OF SCOUTING BOYS AND GIRLS CLUBS OF CHATTANOOGA, INC - P.O. BOX 11567 2023 SCHOLARSHIP FUND - CHATTANOOGA, TN 37401 62-0557179 501(C)(3) CONTRIBUTION 30,000 0. BOYS AND GIRLS CLUBS OF STAKE 'N BURGER SPONSOR CHATTANOOGA, INC - P.O. BOX 11567 PADDLE AUCTION - NO - CHATTANOOGA TN 37401 62-0557179 501(C)(3) 10,000 0. BENEFITS RECEIVED BOYS AND GIRLS CLUBS OF CHATTANOOGA, INC - P.O. BOX 11567 - CHATTANOOGA, TN 37401 62-0557179 501(C)(3) 10,000. 0. UNRESTRICTED BOYS AND GIRLS CLUBS OF CHATTANOOGA, INC - P.O. BOX 11567 - CHATTANOOGA, TN 37401 62-0557179 501(C)(3) 0. UNRESTRICTED 6 000.

Schedule I (Form 990) CHATTANOO							52-6045999 Page 1
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF CHATTANOOGA, INC - P.O. BOX 11567 - CHATTANOOGA, TN 37401	62-0557179	501(C)(3)	25,000.	0.			STAKE N BURGER DINNER 2023 - DONORS NOT ATTENDING
BOYS AND GIRLS CLUBS OF CHATTANOOGA, INC - P.O. BOX 11567 - CHATTANOOGA, TN 37401	62-0557179	501(C)(3)	10,000.	0.			2023 STAKE N' BURGER DIPLOMA2DEGREES SPONSOR - NO BENEFITS RECEIVED
BOYS AND GIRLS CLUBS OF CHATTANOOGA, INC - P.O. BOX 11567 - CHATTANOOGA, TN 37401	62-0557179	501(C)(3)	10,000.	0.			WORKFORCE DEVELOPMENT FOR UNDERSERVED YOUTH IN CHATTANOOGA
BRAINERD BAPTIST SCHOOL PO BOX 8099 CHATTANOOGA, TN 37414	27-4647483	CHURCH/NOT 501(C	25,000.	0.			UPPER PLAYGROUND PROJECT
BRIARWOOD PRESBYTERIAN CHURCH C/O CAMPUS OUTREACH BIRMINGHAM - P.O. BOX 43737 - BIRMINGHAM, AL 35243	63-0653634	501(C)(3)	7,500.	0.			MINISTRY SUPPORT
BRIDGE PUBLIC AFFAIRS P. O. BOX 171 CHATTANOOGA, TN 37401	83-2733539	OTHER	8,750.	0.			NOVEMBER RETAINER AND BILLABLE EXPENSES
BRIDGE PUBLIC AFFAIRS P. O. BOX 171 CHATTANOOGA, TN 37401	83-2733539	OTHER	8,750.	0.			DECEMBER RETAINER AND BILLABLE EXPENSES
BRIDGE PUBLIC AFFAIRS P. O. BOX 171 CHATTANOOGA, TN 37401	83-2733539	OTHER	7,250.	0.			JANUARY RETAINER AND BILLABLE EXPENSES
BRIDGE PUBLIC AFFAIRS P. O. BOX 171 CHATTANOGA, TN 37401	83-2733539	OTHER	24,000.	0.			MARCH RETAINER

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant or assistance valuation non-cash assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) BRIDGE PUBLIC AFFAIRS P. O. BOX 171 CHATTANOOGA, TN 37401 83-2733539 OTHER 24,000 0. APRIL RETAINER BRIDGE PUBLIC AFFAIRS P. O. BOX 171 CHATTANOOGA, TN 37401 83-2733539 OTHER 0 FEBRUARY RETAINER 24,000 BRIDGE REFUGEE SERVICES 4791-A HAL DRIVE AFFORDABLE HOUSING CHATTANOOGA, TN 37416 58-1505955 501(C)(3) 16,500 0. NAVIGATOR BRIDGE REFUGEE SERVICES 4791-A HAL DRIVE 58-1505955 501(C)(3) 0 UNRESTRICTED CHATTANOOGA, TN 37416 15,000 BRIDGE TO HEALING FOUNDATION, INC 830 LONDON BRIDGE ROAD 27-2165497 501(C)(3) 0. WINTER GARDEN, FL 34787 30,000 UNRESTRICTED BRIDGE TO HEALING FOUNDATION, INC 830 LONDON BRIDGE ROAD WINTER GARDEN, FL 34787 27-2165497 501(C)(3) UNRESTRICTIVE 25,000 0. BRIDGE TO HEALING FOUNDATION, INC MATCHING GIFTS FOR 830 LONDON BRIDGE ROAD SPECIAL NEEDS THERAPIES WINTER GARDEN, FL 34787 27-2165497 501(C)(3) 26,500 0. NOT COVERED BY INSURANCE BRIDGE TO HEALING FOUNDATION, INC 830 LONDON BRIDGE ROAD SCHOLARSHIPS FOR WINTER GARDEN, FL 34787 27-2165497 501(C)(3) 24,850. 0. PARTICIPANTS BROOKLYN COMMUNITY FOUNDATION 1000 DEAN STREET, SUITE 307 BROOKLYN, NY 11238 11-3422729 501(C)(3) 0. CHAPIN MONTAGUE DAF 8 000.

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BULLDOG CLUB							
BRYAN ATHLETIC ADMINISTRATION							
BUILDING - MISSISSIPPI STATE, MS							2023 DAVIS WADE STADIUM
39762	51-0163622	501(C)(3)	20,000.	0.			FACILITY INITIATIVE
CALVARY CHAPEL CHATTANOOGA, INC. 3415 BROAD STREET							
CHATTANOGA, TN 37409	62-1821314	501(C)(3)	15,000.	0.			RENEW - MEN'S RENEW
CALVARY CHAPEL NORTHSIDE 8615 HIXSON PIKE HIXSON, TN 37343	62-1640811	501(C)(3)	15,000.	0.			UNRESTRICTED
CAMP NAKANAWA							
1084 CAMP NAKANAWA RD	0= 0006455	504 (5) (0)	20.405				L
CROSSVILLE, TN 38571	87-3096455	501(C)(3)	30,425.	0.			TENNIS COURT PROJECT
CARSON SCHOLARS FUND, INC. 215 WASHINGTON AVENUE							CARSON SCHOLARSHIPS FOR HAMILTON COUNTY TN PUBLIC
TOWSON, MD 21204	52-1851346	501(C)(3)	15,000.	0.			schools
CARSON SCHOLARS FUND, INC. 215 WASHINGTON AVENUE TOWSON, MD 21204	52-1851346	501(C)(3)	12,500.	0.			HAMILTON COUNTY, TN SCHOLARSHIPS
CBMC, INC. SUITE 310, FRANKLIN BLDG							
CHATTANOOGA, TN 37411	36-2004402	501(C)(3)	15,000.	0.			GENERAL FUND DONATION
CENTER FOR ORGANIZATIONAL RESEARCH AND EDUCATION - 1655 FORT MYER							CENTER FOR CONSUMER
DRIVE - ARLINGTON, VA 22209	26-0006579	501(C)(3)	50,000.	0.			FREEDOM
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD				_			
CHATTANOOGA, TN 37411	62-0505514	POT(G)(3)	10,000.	0.			TRANSITIONAL LIVING

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD CHATTANOOGA, TN 37411	62-0505514	501(C)(3)	16,500.	0.			UNRESTRICTED
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD CHATTANOOGA, TN 37411	62-0505514	501(C)(3)	10,000.	0.			UNRESTRICTED
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD CHATTANOOGA, TN 37411	62-0505514	501(C)(3)	20,000.	0.			TRANSITIONAL LIVING PROGRAM
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD CHATTANOOGA, TN 37411	62-0505514	501(C)(3)	50,000.	0.			GENERAL OPERATING
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD CHATTANOOGA, TN 37411	62-0505514	501(C)(3)	7,000.	0.			UNRESTRICTED
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD CHATTANOOGA, TN 37411	62-0505514	501(C)(3)	10,000.	0.			UNRESTRICTED
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD CHATTANOOGA, TN 37411	62-0505514	501(C)(3)	60,000.	0.			EARLY MATTERS SHARED SERVICES PROGRAM MANAGE
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD CHATTANOOGA, TN 37411	62-0505514	501(C)(3)	15,000.	0.			UNRESTRICTED
CHATTANEUTER 5950 BRAINERD ROAD CHATTANOOGA, TN 37421	81-1072918	501(C)(3)	8,200.	0.			SPAY/NEUTER AND OWNER EDUCATION EFFORTS

CHATTANOOGA, INC. Schedule I (Form 990) Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV, assistance appraisal, other) CHATTANOOGA AREA CHAMBER FOUNDATION - 811 BROAD STREET -CHATTANOOGA, TN 37402 23-7032834 501(C)(3) 158,750 0. CHATTANOOGA 2.0 CHATTANOOGA AREA CHAMBER THE CHATTANOOGA CHAMBERS FOUNDATION - 811 BROAD STREET -PROCUREMENT PILOT: A CHATTANOOGA, TN 37402 23-7032834 501(C)(3) 0 PATHWAY FORWARD 40,000 CHATTANOOGA AREA CHAMBER FOUNDATION - 811 BROAD STREET -CHATTANOOGA 2.0 EMERGENCY CHATTANOOGA, TN 37402 23-7032834 501(C)(3) 6,000 0 AND WRAPAROUND FUNDS CHATTANOOGA AREA CHAMBER FOUNDATION - 811 BROAD STREET -CHATTANOOGA 2.0-LITERACY 23-7032834 501(C)(3) 0 INITIATIVES CHATTANOOGA, TN 37402 10,000 CHATTANOOGA AREA CHAMBER FOUNDATION - 811 BROAD STREET -CHATTANOOGA 2.0 HAMILTON 23-7032834 501(C)(3) CHATTANOOGA, TN 37402 6,500. 0. COUNTY SCHOOL PROGRAMMING CHATTANOOGA AREA CHAMBER CHATTANOOGA CLIMBS FOUNDATION - 811 BROAD STREET -CAPITAL CAMPAIGN (10/1/23 23-7032834 501(C)(3) CHATTANOOGA, TN 37402 6,000 0. 9/30/24) CHATTANOOGA AREA CHAMBER FOUNDATION - 811 BROAD STREET -CHATTANOOGA TN 37402 23-7032834 501(C)(3) 158,750. 0. CHATTANOOGA 2.0 FUNDING FOR FEEDING CHATTANOOGA AREA FOOD BANK 2009 CURTAIN POLE ROAD PROGRAMS IN MCMINN AND CHATTANOOGA, TN 37406 62-0867645 501(C)(3) 45,000. 0. MEIGS COUNTIES CHATTANOOGA AREA FOOD BANK 2009 CURTAIN POLE ROAD CHATTANOOGA, TN 37406 62-0867645 501(C)(3) 0. 10,000. UNRESTRICTED

Schedule I (Form 990) CHATTANOO							52-6045999 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHATTANOOGA AREA FOOD BANK							
2009 CURTAIN POLE ROAD							
CHATTANOOGA, TN 37406	62-0867645	501(C)(3)	10,000.	0.			UNRESTRICTED
CHATTANOOGA AREA FOOD BANK							
2009 CURTAIN POLE ROAD							
CHATTANOGA, TN 37406	62-0867645	501(C)(3)	10,000.	0.			UNRESTRICTED
,			, , , , , , , , , , , , , , , , , , ,				
CHATTANOOGA AREA FOOD BANK							
2009 CURTAIN POLE ROAD							FOXWOOD FOOD CENTER:
CHATTANOOGA, TN 37406	62-0867645	501(C)(3)	16,500.	0.			EMERGENCY FOOD ASSISTANCE
CHATTANOOGA AREA FOOD BANK							
2009 CURTAIN POLE ROAD							
CHATTANOOGA, TN 37406	62-0867645	501(C)(3)	10,000.	0.			PRODUCE
<u> </u>	02 000,020		10,000.	•			1.02002
CHATTANOOGA AREA FOOD BANK							
2009 CURTAIN POLE ROAD							
CHATTANOOGA, TN 37406	62-0867645	501(C)(3)	25,000.	0.			UNRESTRICTED
GUARRANGOGA AREA EGOR DANK							
CHATTANOOGA AREA FOOD BANK 2009 CURTAIN POLE ROAD							
CHATTANOOGA, TN 37406	62-0867645	501(C)(3)	10,000.	0.			UNRESTRICTED
emilimoon, in 37400	02 0007043	301(0)(3)	10,000.	••			ONKESTRICIES
CHATTANOOGA BALLET							
817 N MARKET STREET, SUITE B							SUPPORT FOR CHOREOGRAPHY
CHATTANOOGA, TN 37405	23-7247009	501(C)(3)	15,988.	0.			COSTS
CHATTANOOGA CHRISTIAN SCHOOL, INC							L
3354 CHARGER DRIVE	60.0040455	501/61/21		-			FLOURISH EXPANDED INDOOR
CHATTANOOGA, TN 37409	62-0840156	501(C)(3)	200,000.	0.			TENNIS FACILITY
CHATTANOOGA CHRISTIAN SCHOOL, INC							
3354 CHARGER DRIVE							
CHATTANOOGA, TN 37409	62-0840156	501(C)(3)	72,975.	0.			ADMINISTRATIVE EXPENSES

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV, assistance appraisal, other) CHATTANOOGA CHRISTIAN SCHOOL, INC 3354 CHARGER DRIVE CHATTANOOGA, TN 37409 62-0840156 501(C)(3) 0. 50,000 UNRESTRICTED CHATTANOOGA FOOD CENTER P.O. BOX 4093 OPERATIONAL AND CHATTANOOGA, TN 37405 84-3905404 501(C)(3) 0. PROGRAMMATIC SUPPORT 16,500 CHATTANOOGA FOOD CENTER P.O. BOX 4093 DEI TRAINING AND DIVERSE CHATTANOOGA, TN 37405 84-3905404 501(C)(3) 6,000 0. BOARD RECRUITMENT CHATTANOOGA GIRLS LEADERSHIP ACADEMY - P.O. BOX 3859 -26-3492860 501(C)(3) 0. CHATTANOOGA, TN 37404 10,000. UNRESTRICTED CHATTANOOGA HAMILTON COUNTY FAMILY JUSTICE CENTER - 5705 UPTAIN RD -MENTAL WELLNESS IS A 62-6000259 HAMILTON COUNTY 16,500. NECESSITY CHATTANOOGA, TN 37411 0. CHATTANOOGA PREP INC P.O. BOX 3809 81-3512812 501(C)(3) CHATTANOOGA, TN 37404 20,000 0. BOYS LEADERSHIP CHATTANOOGA PREP INC P.O. BOX 3809 CHATTANOOGA, TN 37404 81-3512812 501(C)(3) 10,000 0. UNRESTRICTED CHATTANOOGA PREP INC P.O. BOX 3809 CHATTANOOGA, TN 37404 81-3512812 501(C)(3) 25,000. 0. UNRESTRICTED CHATTANOOGA PREP INC P.O. BOX 3809 CHATTANOOGA, TN 37404 81-3512812 501(C)(3) 0. 10,000. UNRESTRICTED

Schedule I (Form 990) CHAITANOC	JGA, INC.						2-0043333 Page
Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHATTANOOGA PUBLIC LIBRARY							
FOUNDATION - 1001 BROAD STREET -							
CHATTANOOGA, TN 37402	62-6050405	501(C)(3)	5,321.	0.			2023 ANNUAL DISTRIBUTION
GVI EEN NOOGA DEGTONAL HOMBI EGG							
CHATTANOOGA REGIONAL HOMELESS							
COALITION - 5751 UPTAIN RD -	62 1540022	E01/G\/2\	15 000	0.			RAPID REHOUSING FUND
CHATTANOOGA, TN 37411	62-1549023	501(C)(3)	15,000.	0.			RAPID REHOUSING FUND
CHATTANOOGA REGIONAL HOMELESS							
COALITION - 5751 UPTAIN RD -							
CHATTANOOGA, TN 37411	62-1549023	501(C)(3)	16,500.	0.			UNRESTRICTED
CHATTANOOGA REGIONAL HOMELESS							
COALITION - 5751 UPTAIN RD -							HAMILTON COUNTY FLEXIBLE
CHATTANOOGA, TN 37411	62-1549023	501(C)(3)	20,000.	0.			HOUSING FUND
CHATTANOOGA REGIONAL HOMELESS							
COALITION - 5751 UPTAIN RD -							
CHATTANOOGA, TN 37411	62-1549023	501(C)(3)	25,000.	0.			EPI FLEX FUND
·							
CHATTANOOGA REGIONAL HOMELESS							
COALITION - 5751 UPTAIN RD -							
CHATTANOOGA, TN 37411	62-1549023	501(C)(3)	35,000.	0.			EPI FLEX FUND
CHATTANOOGA REGIONAL HOMELESS							
COALITION - 5751 UPTAIN RD -							FLEXIBLE HOUSING FUND -
CHATTANOGA, TN 37411	62-1549023	501(C)(3)	15,000.	0.			LANDLORD MITIGATION
	02 1313023	301(0)(3)	13,000.	· .			
CHATTANOOGA REGIONAL HOMELESS							
COALITION - 5751 UPTAIN RD -							EVICTION PREVENTION
CHATTANOOGA, TN 37411	62-1549023	501(C)(3)	31,371.	0.			INITIATIVE FLEX FUND
							GENERAL OPERATING SUPPORT
CHATTANOOGA REGIONAL HOMELESS							TO BUILD CAPACITY TO
COALITION - 5751 UPTAIN RD -							ADMINISTER HOMELESS
CHATTANOOGA, TN 37411	62-1549023	501(C)(3)	50,000.	0.			PREVENTION PROGRAMS

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV, assistance appraisal, other) CHATTANOOGA REGIONAL HOMELESS COALITION - 5751 UPTAIN RD -SUPPORT FOR BUDGETEL CHATTANOOGA, TN 37411 62-1549023 501(C)(3) 0 FAMILIES WITH CHILDREN 10,000 CHATTANOOGA REGIONAL HOMELESS COALITION - 5751 UPTAIN RD -CHATTANOOGA, TN 37411 62-1549023 501(C)(3) 0 EPT FLEX FUND 50,000 FUNDS MANAGED BY CASE WORKERS FOR HOMELESS CHATTANOOGA REGIONAL HOMELESS COALITION - 5751 UPTAIN RD -YOUTH TO OBTAIN CHATTANOOGA, TN 37411 62-1549023 501(C)(3) 10,000 0 IDENTIFICATION CHATTANOOGA ROOM IN THE INN P.O. BOX 3564 SHELTER TO STABILITY 62-1402358 501(C)(3) 0 PROGRAM CHATTANOOGA, TN 37404 15,000 CHATTANOOGA ROOM IN THE INN P.O. BOX 3564 SHELTER TO STABILITY 62-1402358 501(C)(3) CHATTANOOGA, TN 37404 16,500. 0. PROGRAM CHATTANOOGA SCHOOL FOR THE LIBERAL \$5,000 FOR LIBRARY BOOKS ARTS - 4850 JERSEY PIKE -& \$1,540.96 FOR SCHOOL 62-6000638 HAMILTON COUNTY EOUIPMENT NEEDS CHATTANOOGA, TN 37416 6,541 0. CHATTANOOGA SCHOOL FOR THE LIBERAL ARTS PTA - 4850 JERSEY PIKE -FINAL DISTRIBUTION CSLA CHATTANOOGA TN 37416 62-1582275 501(C)(3) 12 000 0. FUND WORKFORCE DEVELOPMENT CHATTANOOGA STATE COMMUNITY PROGRAM - FREIGHT BROKER COLLEGE - 4501 AMNICOLA HIGHWAY -SCHOLARSHIPS FOR CHATTANOOGA, TN 37406 62-0725362 STATE OF TN 6,495. 0. LOW-INCOME STUDENTS CHATTANOOGA STATE COMMUNITY MICHAEL P. HENNEN COLLEGE FOUNDATION - 4501 AMNICOLA HOSPITALITY & TOURISM HWY - CHATTANOOGA, TN 37406 58-1311669 501(C)(3) 0. MANAGEMENT SCHOLARSHIP 12 000

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant non-cash assistance organization or government if applicable cash grant noncash valuation or assistance (book, FMV, assistance appraisal, other) CHATTANOOGA STATE COMMUNITY JEFF CUNNINGHAM COLLEGE FOUNDATION - 4501 AMNICOLA HWY - CHATTANOOGA, TN 37406 58-1311669 501(C)(3) 0 SCHOLARSHIP 6,956 CHATTANOOGA STATE COMMUNITY COLLEGE FOUNDATION - 4501 AMNICOLA WELDING PPE FOR KIMBALL. HWY - CHATTANOOGA, TN 37406 58-1311669 501(C)(3) 0 TIN CAMPUS 10,000 CHATTANOOGA STATE COMMUNITY COLLEGE FOUNDATION - 4501 AMNICOLA HWY - CHATTANOOGA, TN 37406 58-1311669 501(C)(3) 10,000 0 ENGINEERING SCHOLARSHIPS SUPPORT FOR CONCERT CHATTANOOGA SYMPHONY & OPERA VERSION PRODUCTION OF 620 LINDSAY STREET PUCCINI'S LA BOHEME OPERA 62-6002098 501(C)(3) 0 (2023-24 SEASON) CHATTANOOGA, TN 37403 35,000 CHATTANOOGA SYMPHONY & OPERA 620 LINDSAY STREET CHATTANOOGA, TN 37403 62-6002098 501(C)(3) 10,000 0. ANNUAL UNRESTRICTED CHATTANOOGA SYMPHONY & OPERA 620 LINDSAY STREET 62-6002098 501(C)(3) CHATTANOOGA, TN 37403 6,433. 0. OPERA ONLY EDUCATIONAL OUTREACH CHATTANOOGA THEATRE CENTRE INC PROGRAM SUPPORT FOR THE P. O. BOX 4023 VERY YOUNG TOUR AND YOUTH CHATTANOOGA, TN 37405 62-0273170 501(C)(3) 10 000 0. EDUCATION RECRUITMENT CHATTANOOGA-HAMILTON COUNTY PUBLIC EDUCATION FOUNDATION - 1651 S HOLTZCLAW AVE, SUITE 201 -CHATTANOOGA STATE AUTO CHATTANOOGA, TN 37404 62-1356764 501(C)(3) 5,500. 0. REPAIR COLLISION PROGRAM CHATTANOOGA-HAMILTON COUNTY PUBLIC EDUCATION FOUNDATION - 1651 S HOLTZCLAW AVE, SUITE 201 -CHATTANOOGA, TN 37404 62-1356764 501(C)(3) 0. STEP-UP CHATTANOOGA 17 600

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHATTANOOGA-HAMILTON COUNTY PUBLIC							
EDUCATION FOUNDATION - 1651 S							
HOLTZCLAW AVE, SUITE 201 -							
CHATTANOOGA, TN 37404	62-1356764	501(C)(3)	25,000.	0.			UNRESTRICTED
CHATTANOOGANS IN ACTION FOR LOVE							RESEARCH/EVALUATION
EQUALITY AND BENEVOLENCE - P.O.							COLLABORATION WITH UTC'S
BOX 11202 - CHATTANOGGA, TN 37401	81-4124279	501(C)(3)	10,000.	0.			DEPARTMENT OF EDUCATION
·							
CHATTANOOGANS IN ACTION FOR LOVE							
EQUALITY AND BENEVOLENCE - P.O.				_			
BOX 11202 - CHATTANOOGA, TN 37401	81-4124279	501(C)(3)	10,000.	0.			HAMILTON COUNTY BAIL FUND
CHATTANOOGANS IN ACTION FOR LOVE							
EQUALITY AND BENEVOLENCE - P.O.							COMMUNITY BENEFITS
BOX 11202 - CHATTANOOGA, TN 37401	81-4124279	501(C)(3)	10,000.	0.			AGREEMENT
,							
CHATTANOOGANS IN ACTION FOR LOVE							
EQUALITY AND BENEVOLENCE - P.O.							CIVIC ENGAGEMENT
BOX 11202 - CHATTANOOGA, TN 37401	81-4124279	501(C)(3)	7,500.	0.			COORDINATOR
CHATTANOOGANS IN ACTION FOR LOVE							
EQUALITY AND BENEVOLENCE - P.O.							
BOX 11202 - CHATTANOOGA, TN 37401	81-4124279	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
CHATTANOOGANS IN ACTION FOR LOVE							
EQUALITY AND BENEVOLENCE - P.O.							GENERAL OPERATING
BOX 11202 - CHATTANOOGA, TN 37401	81-4124279	501 (C) (3)	10,000.	0.			EXPENSES
box 11202 cimilimocon, in 37401	01 4124273	301(0)(3)	10,000.	· ·			LAT INOLO
CHATTANOOGANS IN ACTION FOR LOVE							
EQUALITY AND BENEVOLENCE - P.O.							
BOX 11202 - CHATTANOOGA, TN 37401	81-4124279	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
CHATTANOOGANS IN ACTION FOR LOVE							
EQUALITY AND BENEVOLENCE - P.O.							CIVIC ENGAGEMENT
BOX 11202 - CHATTANOOGA, TN 37401	81-4124279	501(C)(3)	7,500.	0.			COORDINATOR PROJECT

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant if applicable valuation non-cash assistance or assistance organization or government cash grant noncash (book, FMV, assistance appraisal, other) CHILDREN'S ADVOCACY CENTER OF HAMILTON COUNTY - 5705 UPTAIN ROAD, SUITE C - CHATTANOOGA, TN 37411 58-1953669 501(C)(3) 35,000 0 UNRESTRICTED CHILDREN'S ADVOCACY CENTER OF HAMILTON COUNTY - 5705 UPTAIN ROAD, SUITE C - CHATTANOOGA, TN GOLF TOURNAMENT - DONORS 37411 58-1953669 501(C)(3) 0 NOT ATTENDING 10,000 CHILDREN'S ADVOCACY CENTER OF TRAUMA-FOCUSED MENTAL HAMILTON COUNTY - 5705 UPTAIN HEALTH SERVICES FOR VICTIMS OF CHILD SEXUAL ROAD, SUITE C - CHATTANOOGA, TN 37411 58-1953669 501(C)(3) 16,500 0 ABUSE CHILDREN'S ADVOCACY CENTER OF HAMILTON COUNTY - 5705 UPTAIN ROAD, SUITE C - CHATTANOOGA, TN 58-1953669 501(C)(3) 0 UNRESTRICTED 37411 6,000 CHOATE ROSEMARY HALL 333 CHRISTIAN STREET LAND, BUILDING, AND 06-0910420 501(C)(3) WALLINGFORD, CT 06492 EOUIPMENT 5,584. 0. CHOATE ROSEMARY HALL 333 CHRISTIAN STREET LAND, BUILDING, AND 06-0910420 501(C)(3) EOUIPMENT WALLINGFORD, CT 06492 10,722. 0. CITY OF CHATTANOOGA ARP GRANT UNUSED FUNDS 101 E. 11TH STREET, SUITE 101 FOR EVICTION PREVENTION CHATTANOOGA, TN 37402 62-6000259 CITY OF CHATTANO 51 857 0. INITIATIVE CITY OF CHATTANOOGA 101 E. 11TH STREET, SUITE 101 PATHWAYS TO GENERAL CHATTANOOGA, TN 37402 62-6000259 CITY OF CHATTANO 40,000. 0. CONTRACTOR LICENSURE CITY OF CREATORS 1711 LONG STREET CHATTANOOGA, TN 37408 93-4885385 501(C)(3) 0. UNRESTRICTED 30 217.

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV, assistance appraisal, other) CIVIC TN 5016 CENTENNIAL BLVD, SUITE 200 NASHVILLE, TN 37209 84-2967597 501(C)(3) 0 40,000 GENERAL OPERATING SUPPORT CIVIL PRODUCTIONS, LLC 3303 ALTA VISTA DRIVE CHATTANOOGA, TN 37411 86-2736610 OTHER 0. SOUND EDITING & MIXING 6,000 COLLEGEDALE ACADEMY P.O. BOX 628 NEW ELEMENTARY SCHOOL COLLEGEDALE, TN 37315 62-0849727 501(C)(3) 10,000 0. BUILDING PROJECT COLLEGEDALE ACADEMY P.O. BOX 628 62-0849727 501(C)(3) 0 COLLEGEDALE, TN 37315 1,500,000, INSPIRE CAPITAL CAMPAIGN COLLEGEDALE SEVENTH DAY ADVENTIST CHURCH - 4829 COLLEGE DRIVE -62-0784963 CHURCH/NOT 501(C COLLEGEDALE, TN 37315-3002 35,000 0. CHURCH BUDGET COLLEGEDALE SEVENTH DAY ADVENTIST CHURCH - 4829 COLLEGE DRIVE -COLLEGEDALE, TN 37315-3002 62-0784963 CHURCH/NOT 501(C 10,369 0. TITHE COLLEGEDALE SEVENTH DAY ADVENTIST CHURCH - 4829 COLLEGE DRIVE -COLLEGEDALE TN 37315-3002 62-0784963 CHURCH/NOT 501(C 15 000 0. CHURCH BUDGET COLLEGEDALE TOMORROW FOUNDATION. INC - P.O. BOX 1670 - COLLEGEDALE TN 37315 46-3824536 501(C)(3) 100,000. 0. OPERATIONS COLLEGEDALE TOMORROW FOUNDATION, INC - P.O. BOX 1670 - COLLEGEDALE TN 37315 46-3824536 501(C)(3) 0. UNRESTRICTED 25,000.

Schedule I (Form 990) CHATTANOO	GA, INC.					6	52-6045999 Page 1
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGEDALE TOMORROW FOUNDATION,							
INC - P.O. BOX 1670 - COLLEGEDALE,							
TN 37315	46-3824536	501(C)(3)	7,500.	0.			UNRESTRICTED
COLLEGEDALE TOMORROW FOUNDATION,							
INC - P.O. BOX 1670 - COLLEGEDALE,							
TN 37315	46-3824536	501(C)(3)	36,000.	0.			MASTER PLAN
COMMUNITY FOUNDATION OF EAST							
CENTRAL ILLINOIS - 307 W							
UNIVERSITY AVE - CHAMPAIGN, IL							ELEVATED ACCESS MATCH
61820	23-7176723	501(C)(3)	8,500.	0.			OPPORTUNITY
COMMUNITY FOUNDATION OF MIDDLE							VOICES FOR A SAFER
TENNESSEE - 3421 BELMONT BLVD -							TENNESSEE COMMUNITY
NASHVILLE, TN 37215	62-1471789	501(C)(3)	20,000.	0.			EDUCATION FUND
govg1000 000001000							
CONGAREE FOUNDATION							
1375 ENCLAVE PKWY	01 1510505	501 (6) (2)	05.000	•			
HOUSTON, TX 77077	81-1718705	501(C)(3)	25,000.	0.			UNRESTRICTED
CONNECTIONS EDUCATION CENTER OF							
THE PALM BEACHES, INC 1310 OLD							
CONGRESS AVENUE, SUITE 100 - WEST	47 2005751	E01/G)/2)	10.000	0			TAND FIGHIN T CHIED
PALM BEACH, FL 33409	47-3805751	501(C)(3)	10,000.	0.			UNRESTRICTED
CONNECTIONS EDUCATION CENTER OF							
THE PALM BEACHES, INC 1310 OLD							DI AVODOUND EOD QUITI DDEN
CONGRESS AVENUE, SUITE 100 - WEST	47 2005754	E01/Q\/2\	25 222	2			PLAYGROUND FOR CHILDREN
PALM BEACH, FL 33409	47-3805751	501(0)(3)	25,000.	0.			WITH AUTISM
CONNECTIONS EDUCATION CENTER OF							
THE PALM BEACHES, INC 1310 OLD							AUDICM AMADEMEGG MONDY
CONGRESS AVENUE, SUITE 100 - WEST	47-3805751	E01/G\/3\	25 000	0			AUTISM AWARENESS MONTH
PALM BEACH, FL 33409	4/-3005/51	DOT(C)(3)	25,000.	0.			AND DROWNING PREVENTION GREENHOUSE GAS LINE
CDADMDEE FADMS OF GUAMMANOOGA THS							
CRABTREE FARMS OF CHATTANOOGA, INC							REPAIRS AND UPGRADES/
P.O. BOX 2250	62_1760202	501/C\/3\	15 000	0.			ORGANIZATION WEBSITE
CHATTANOOGA, TN 37409	62-1760383	DOT(C)(3)	15,000.	0.			UPDATE/ 2 INDUSTRIAL WEED

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) CRABTREE FARMS OF CHATTANOOGA, INC P.O. BOX 2250 CHATTANOOGA, TN 37409 62-1760383 501(C)(3) 15,000 0. UNRESTRICTED CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 CHATTANOOGA, TN 37401-9813 62-1509462 501(C)(3) 0. IGNITE CAPITAL CAMPAIGN 20,000 CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 CHATTANOOGA, TN 37401-9813 62-1509462 501(C)(3) 10,000 0. CAPITAL CAMPAIGN CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 62-1509462 501(C)(3) 0 IGNITE DISCOVERY CAMPAIGN CHATTANOOGA, TN 37401-9813 20,000 CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 IGNITE DISCOVERY CAPITAL 62-1509462 501(C)(3) CHATTANOOGA, TN 37401-9813 50,000 0. CAMPAIGN CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 NOT TO BE USED FOR 62-1509462 501(C)(3) SALARIES CHATTANOOGA, TN 37401-9813 6,500 0. CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 CHATTANOOGA, TN 37401-9813 62-1509462 501(C)(3) 10,000 0. ENDOWMENT GIFT CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 CHATTANOOGA, TN 37401-9813 62-1509462 501(C)(3) 10,000. 0. ANNUAL FUND CREATIVE DISCOVERY MUSEUM CONTINGENCY FUND FOR REIMBURSEMENT OF SEARCH P. O. BOX 6339 CHATTANOOGA, TN 37401-9813 62-1509462 501(C)(3) 0. FIRM RETAINER FEE 16,000.

CHATTANOOGA, INC. Schedule I (Form 990) Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV, assistance appraisal, other) CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 CHATTANOOGA, TN 37401-9813 62-1509462 501(C)(3) 0 10,000 IGNITE CAPITAL CAMPAIGN CUMBERLAND TRAILS CONFERENCE CONTINUED PRESERVATION 409 THURMAN AVENUE, #102 AND CONSERVATION EFFORTS CROSSVILLE, TN 38555 47-4348191 501(C)(3) 0 OF THE TRAIL NETWORK 7,000 CYPRESS GROVE ACADEMY 2651 SPRING HILL AVE. MOBILE, AL 36607 85-2665298 501(C)(3) 7,500 0 UNRESTRICTED DADE COUNTY ACADEMIC FOUNDATION. INC. - P.O. BOX 442 - TRENTON, GA VOCATIONAL, TECHNICAL OR 58-2073009 501(C)(3) 0 4 YEAR SCHOLARSHIPS 30752 30,000 DALEWOOD MIDDLE SCHOOL 1300 SHALLOWFORD ROAD PRINCIPAL DISCRETIONARY CHATTANOOGA, TN 37411 62-6000638 HAMILTON COUNTY FUNDS 8,000 0. DALEWOOD MIDDLE SCHOOL 1300 SHALLOWFORD ROAD PRINCIPAL'S DISCRETIONARY CHATTANOOGA, TN 37411 62-6000638 HAMILTON COUNTY FUND 9,500 0. DALEWOOD MIDDLE SCHOOL 1300 SHALLOWFORD ROAD REPLACEMENT OF THE CHATTANOOGA TN 37411 62-6000638 HAMILTON COUNTY 24 350 0. MAROUEE FOR THE SCHOOL DUKE UNIVERSITY HEALTH SYSTEM. INC. - 300 W. MORGAN STREET -SUPPORT OF CAST DURHAM, NC 22701 56-2070036 501(C)(3) 10,000. 0. FELLOWSHIP EAST TENNESSEE FOUNDATION APRIL 2023 PAT SUMMITT 520 W. SUMMITT HILL DRIVE INVITATIONAL - DONORS NOT ATTENDING KNOXVILLE, TN 37902 62-0807696 501(C)(3) 0. 8 000

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV, assistance appraisal, other) ELLA LIBRARY PO BOX 3034 ELLA LIBRARY CEDAR HILL CHATTANOOGA, TN 37404 83-1892994 501(C)(3) 16,500 0 LIVING LIBRARY EMILY O'DONNELL LAW EPT JANUARY PROJECT 1131 STRINGER'S RIDGE ROAD, SUITE 6 MANAGEMENT AND LEGAL CHATTANOOGA, TN 37405 84-2460303 OTHER 0 SERVICES 10,716 EMILY O'DONNELL LAW EPI FEBRUARY PROJECT 1131 STRINGER'S RIDGE ROAD, SUITE 6 MANAGEMENT AND LEGAL CHATTANOOGA, TN 37405 84-2460303 OTHER 11,112 0 SERVICES EMILY O'DONNELL LAW EPI MARCH PROJECT 1131 STRINGER'S RIDGE ROAD, SUITE 6 MANAGEMENT AND LEGAL CHATTANOOGA, TN 37405 84-2460303 OTHER 0 SERVICES 12,612, EMILY O'DONNELL LAW EPI APRIL PROJECT 1131 STRINGER'S RIDGE ROAD, SUITE 6 MANAGEMENT AND LEGAL CHATTANOOGA, TN 37405 84-2460303 OTHER SERVICES 7,308 0. EMILY O'DONNELL LAW EPI MAY PROJECT 1131 STRINGER'S RIDGE ROAD, SUITE 6 MANAGEMENT AND LEGAL CHATTANOOGA, TN 37405 84-2460303 OTHER SERVICES 9,696. 0. EMILY O'DONNELL LAW EPI AUGUST PROJECT 1131 STRINGER'S RIDGE ROAD, SUITE 6 MANAGEMENT AND LEGAL CHATTANOOGA, TN 37405 84-2460303 OTHER 6 300 0. SERVICES EMILY O'DONNELL LAW PEW AUGUST PROJECT 1131 STRINGER'S RIDGE ROAD, SUITE 6 MANAGEMENT AND LEGAL CHATTANOOGA, TN 37405 84-2460303 OTHER 6.744. 0. SERVICES ENDEAVOR PARENT, LLC DBA HARRY WALKER AGENCY, LLC - 355 LEXINGTON DEPOSIT ON SPEAKER FOR AVENUE - NEW YORK, NY 10017 80-0967078 OTHER 0. MAYOR'S COUNCIL FOR WOMEN 10 000

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) ERLANGER HEALTH SYSTEM FOUNDATION 975 E. THIRD STREET, SUITE B508 CHATTANOOGA, TN 37403 58-1664027 501(C)(3) 25,000 0. PEDIATRIC ICU ERLANGER HEALTH SYSTEM FOUNDATION 975 E. THIRD STREET, SUITE B508 CHILDREN'S CLASSIC: FOR CHATTANOOGA, TN 37403 58-1664027 501(C)(3) 5,500 0 HOSPITAL EXECUTIVE TEAM ERLANGER HEALTH SYSTEM FOUNDATION PROVIDING COMPASSIONATE 975 E. THIRD STREET, SUITE B508 CHATTANOOGA, TN 37403 58-1664027 501(C)(3) 16,500 0. CARE FAITH PRESBYTERIAN CHURCH 4601 VALLEYDALE ROAD BIRMINGHAM, AL 35242 63-0704515 CHURCH/NOT 501(C 0 UNRESTRICTED 16,200. FALCO'S CHILDREN AFRICA INC P.O. BOX 14 73-1499454 501(C)(3) ORPHANAGE SAPULPA, OK 74067 30,000 0. FAMILY PROMISE OF GREATER CHATTANOOGA - 1184 BALDWIN STREET BE HEALED AND RENEWED - CHATTANOOGA, TN 37401 31-1529222 501(C)(3) PROJECT 16,500 0. FIRST BAPTIST CARES, INC HUNGER AND SAFE HAVEN 506 E. 8TH STREET COMMUNITY OUTREACH PHASE CHATTANOOGA TN 37403 82-4710069 501(C)(3) 16 500 0. FIRST CENTENARY UNITED METHODIST CHURCH - P. O. BOX 208 -CHATTANOOGA, TN 37401 62-0475673 CHURCH/NOT 501(C 15,000. 0. CHURCH BUDGET FIRST PRESBYTERIAN CHURCH OF \$10,000 FOR 2023 ANNUAL CHATTANOOGA - 554 MCCALLIE AVENUE GIFT/\$5,000 FOR WORLD - CHATTANOOGA, TN 37402 62-0565960 501(C)(3) 0. MISSIONS 15 000

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST THINGS FIRST, INC 620 LINDSAY STREET, SUITE 100 CHATTANOOGA, TN 37403	62-1678048	501(C)(3)	20,000.	0.			SONGBIRDS MATCH
FIRST THINGS FIRST, INC 620 LINDSAY STREET, SUITE 100 CHATTANOOGA, TN 37403	62-1678048	501(C)(3)	6,000.	0.			UNRESTRICTED
FIRST THINGS FIRST, INC 620 LINDSAY STREET, SUITE 100 CHATTANOOGA, TN 37403	62-1678048	501(C)(3)	20,000.	0.			DADS MAKING A DIFFERENCE PROGRAM
FIRST THINGS FIRST, INC 620 LINDSAY STREET, SUITE 100 CHATTANOOGA, TN 37403	62-1678048	501(C)(3)	16,500.	0.			STRENGTHENING FAMILIES THROUGH ACCESS TO MENTAL HEALTH AND THERAPY SERVICES
FIRST THINGS FIRST, INC 620 LINDSAY STREET, SUITE 100 CHATTANOOGA, TN 37403	62-1678048	501(C)(3)	15,000.	0.			UNRESTRICTED
FIRST THINGS FIRST, INC 620 LINDSAY STREET, SUITE 100 CHATTANOOGA, TN 37403	62-1678048	501(C)(3)	10,000.	0.			PROGRAMMING MATCH
FOR OTHERS COLLECTIVE 204 THIRD AVENUE N FRANKLIN, TN 37064	83-3682484	501(C)(3)	10,000.	0.			UNRESTRICTED
FORWARDTN 5016 CENTENNIAL BLVD., SUITE 200 NASHVILLE, TN 37209	82-3006560	501(C)(3)	8,600.	0.			TENNESSEE DEMOCRACY FORUM DEMOCRACY FELLOW PROGRAM
FORWARDTN 5016 CENTENNIAL BLVD., SUITE 200 NASHVILLE, TN 37209	82-3006560	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) FOUNDATION FOR JEWISH CAMP, INC. 253 WEST 35 ST 22-3551013 501(C)(3) 18,000 0. NEW YORK, NY 10001 UNRESTRICTED \$5,000 FOR WOMEN'S FREEDOM CR A HAND UP MINISTRY PROGRAMS/FACILITIES AND 326 TY IN \$5 000 FOR MEN'S TRENTON, GA 30752 81-5449976 501(C)(3) 0 PROGRAMS/FACILITIES 10,000 FRIENDS OF CHICKAMAUGA & HISTORIC LAND CHATTANOOGA NATIONAL MILITARY PARK PRESERVATION ASSOCIATED - NATIONAL PARK PARTNERS -WITH BROWNS FERRY AND CHATTANOOGA, TN 37401 58-1708782 501(C)(3) 11,000 0. TAVERN, REED'S BRIDGE AND FRIENDS OF CHICKAMAUGA & CHATTANOOGA NATIONAL MILITARY PARK - NATIONAL PARK PARTNERS -58-1708782 501(C)(3) 0 5K SPECIAL CHATTANOOGA, TN 37401 10,000 FRIENDS OF THE ZOO, INC 301 N HOLTZCLAW AVENUE CHATTANOOGA, TN 37404 58-1661267 501(C)(3) 0. 1,000,000, UNRESTRICTED GALAPAGOS CONSERVANCY PO BOX 1818 13-3281486 501(C)(3) MERRIFIELD, VA 22116 10,000 0. UNRESTRICTED GAMMA PI BOULE FOUNDATION PO BOX 11396 PAUL MCDANIEL GOLF 90-0787544 501(C)(3) CHATTANOOGA, TN 37401 7 500. 0. TOURNAMENT SPONSORSHIP GENERAL CONFERENCE OF SEVENTH DAY ADVENTISTS - 255 CONFERENCE RD NE - CALHOUN, GA 30701 58-6035029 501(C)(3) 23,000. 0. TITHE GIRLS INC. OF CHATTANOOGA 4505 BRAINERD ROAD, SUITE 110 CHATTANOOGA, TN 37411 62-0647145 501(C)(3) 0. UNRESTRICTED 16,500.

CHATTANOOGA, INC. Schedule I (Form 990) Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV, assistance appraisal, other) GIRLS INC. OF CHATTANOOGA 4505 BRAINERD ROAD, SUITE 110 CHATTANOOGA, TN 37411 62-0647145 501(C)(3) 6,000 0 UNRESTRICTED GIRLS INC. OF CHATTANOOGA 4505 BRAINERD ROAD, SUITE 110 CHATTANOOGA, TN 37411 62-0647145 501(C)(3) 0 UNRESTRICTED 20,000 GIRLS PREPARATORY SCHOOL P.O. BOX 4736 CHATTANOOGA, TN 37405 62-0475682 501(C)(3) 25,000 0. UNRESTRICTED GLOBAL OUTREACH INTERNATIONAL, INC P. O. BOX 1 TUPELO, MS 38802 48-1256219 501(C)(3) 0 MOLDOVA SUMMER CAMPS 10,000 GLOBAL RESCUE RELIEF AND FOOD, CLOTHES AND RESILIENCE, INC. - 11450 NELLIE SUPPLIES TO STUDENTS IN 59-3715468 501(C)(3) OAKS BEND - CLERMONT, FL 34711 7,870. 0. CARREFOUR, HAITI GLOBAL RESCUE RELIEF AND RESILIENCE, INC. - 11450 NELLIE CAMBODIA/INDIA - FOOD & OAKS BEND - CLERMONT, FL 34711 59-3715468 501(C)(3) SCHOOLING FOR ORPHANS 8,333, 0. GLOBAL RESCUE RELIEF AND DUBAI, UAE - PASTOR & RESILIENCE, INC. - 11450 NELLIE TEACHER CHRISTIAN STUDIES OAKS BEND - CLERMONT, FL 34711 59-3715468 501(C)(3) 10 185 0. EDUCATION GLOBAL RESCUE RELIEF AND UKRAINE - PARS/UKRAINE RESILIENCE, INC. - 11450 NELLIE PSYCHOLOGICAL ASSOC. OAKS BEND - CLERMONT, FL 34711 59-3715468 501(C)(3) 6,945. 0. PARTNERSHIP GOOD NEWS BROADCASTING NETWORK INC 15560 N FRANK LLOYD WRIGHT BLV B4-5 SCOTTSDALE, AZ 85260 47-1804400 501(C)(3) 0. 10 000 GOOD NEWS TV

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant or assistance valuation non-cash assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) GREATER CHATTANOOGA PUBLIC TELEVISION CORPORATION/WTCI - 7540 BONNYSHIRE DRIVE - CHATTANOOGA, TN 62-1137597 501(C)(3) 15,000 0. UNRESTRICTED 37416 GREENSPACES 63 E. MAIN STREET BUILD IT GREEN AND CHATTANOOGA, TN 37408 27-2113695 501(C)(3) 16,500 0 EMPOWER/EMPODERATE BIG ASSISTANCE IN ACQUIRING A NEW VEHICLE, GREENSPACES 63 E. MAIN STREET TRAILER, AND PPE CHATTANOOGA, TN 37408 27-2113695 501(C)(3) 15,000 0. NECESSARY TO CONDUCT GREENSPACES 63 E. MAIN STREET TRAINING MATERIALS AND 27-2113695 501(C)(3) 6,000 0 SALARIES CHATTANOOGA, TN 37408 GREGO2 900 APPLING STREET 92-0955337 501(C)(3) CHATTANOOGA, TN 37406 0. 8,000 UNRESTRICTED GUARDIAN ANGELS 1220 JOHNSON BOULEVARD, SE CLEVELAND, TN 37311 35-2554955 501(C)(3) NEW HAVENS 16,500 0. GUARDIAN ANGELS 1220 JOHNSON BOULEVARD, SE CLEVELAND, TN 37311 35-2554955 501(C)(3) 6 000 0. UNRESTRICTED GULF STATES CONFERENCE OF SEVENTH-DAY ADVENTISTS - 10633 ATLANTA HIGHWAY - MONTGOMERY, AL 36117 64-6001060 501(C)(3) 350,000, 0. UNRESTRICTED HABITAT FOR HUMANITY OF GREATER CHATTANOOGA AREA, INC - 1201 EAST MAIN STREET - CHATTANOOGA, TN 2023 FAITH HOUSE BUILD IN 37408 62-1260347 501(C)(3) 0. ALTON PARK 30 000

Schedule I (Form 990) CHATTANOO	GA, INC.					6	52-6045999 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF GREATER							
CHATTANOOGA AREA, INC - 1201 EAST							2023 WOMEN'S BUILD
MAIN STREET - CHATTANOOGA, TN							BREAKFAST - NO BENEFITS
37408	62-1260347	501(C)(3)	15,000.	0.			REQUESTED
HABITAT FOR HUMANITY OF GREATER							
CHATTANOOGA AREA, INC - 1201 EAST							
MAIN STREET - CHATTANOOGA, TN							
37408	62-1260347	501(C)(3)	10,722.	0.			MCALLESTER/EWING FUND
HABITAT FOR HUMANITY OF GREATER							
CHATTANOOGA AREA, INC - 1201 EAST							
MAIN STREET - CHATTANOOGA, TN							AFFORDABLE HOUSING FOR
37408	62-1260347	501(C)(3)	16,500.	0.			LOW-INCOME COMMUNITIES
HABITAT FOR HUMANITY OF GREATER							
CHATTANOOGA AREA, INC - 1201 EAST							
MAIN STREET - CHATTANOOGA, TN							ARP QUARTERLY
37408	62-1260347	501(C)(3)	32,276.	0.			DISTRIBUTION
HABITAT FOR HUMANITY OF GREATER			·				
CHATTANOOGA AREA, INC - 1201 EAST							
MAIN STREET - CHATTANOOGA, TN							ARP QUARTERLY
37408	62-1260347	501(C)(3)	32,276.	0.			DISTRIBUTION
HABITAT FOR HUMANITY OF GREATER			·				
CHATTANOOGA AREA, INC - 1201 EAST							
MAIN STREET - CHATTANOOGA, TN							ARP QUARTERLY
37408	62-1260347	501(C)(3)	5,261.	0.			DISTRIBUTION
HABITAT FOR HUMANITY OF GREATER			,				
CHATTANOOGA AREA, INC - 1201 EAST							
MAIN STREET - CHATTANOOGA, TN							
37408	62-1260347	501(C)(3)	15,000.	0.			UNRESTRICTED
HABITAT FOR HUMANITY OF GREATER			,				
CHATTANOOGA AREA, INC - 1201 EAST							
MAIN STREET - CHATTANOOGA, TN							
37408	62-1260347	501(C)(3)	8,000.	0.			UNRESTRICTED
HABITAT FOR HUMANITY OF GREATER			, ,				
CHATTANOOGA AREA, INC - 1201 EAST							
MAIN STREET - CHATTANOOGA, TN							
37408	62-1260347	501(C)(3)	10,000.	0.			UNRESTRICTED

84-1969666 501(C)(3)

CHATTANOOGA, INC. Schedule I (Form 990) Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) IMPLEMENTATION OF REPORT HAMILTON COUNTY RECOMMENDATIONS FOR NOTICE OF JUDGMENTS AND OFFICE OF COUNTY MAYOR CHATTANOOGA, TN 37404 62-6000636 HAMILTON COUNTY 18,000 0 COURT FORMS TO DEFENDANTS HAMILTON COUNTY SCHOOLS FOUNDATION 3074 HICKORY VALLEY ROAD WORKFORCE DEVELOPMENT CHATTANOOGA, TN 37421 85-2766414 501(C)(3) 7,500 0 PROGRAMS HAMILTON COUNTY SCHOOLS FOUNDATION 3074 HICKORY VALLEY ROAD FUTURE READY INSTITUTES -CHATTANOOGA, TN 37421 85-2766414 501(C)(3) 10,000 0 PATHWAY ADVISORS HAMILTON COUNTY SCHOOLS FOUNDATION 3074 HICKORY VALLEY ROAD INSPIRED CLASSROOM 85-2766414 501(C)(3) 0 PROJECTS CHATTANOOGA, TN 37421 20,000 HANDS OF PROVIDENCE INTERNATIONAL 85 ORCHARD ST SOVJAN CHURCH PLANT FUND 82-3122191 501(C)(3) 20,000 GARFIELD, NJ 07026 0. ALBANIA HANDS OF PROVIDENCE INTERNATIONAL 85 ORCHARD ST SOVJAN CHURCH PLANT FUND 82-3122191 501(C)(3) ALBANIA GARFIELD, NJ 07026 44,000 0. HEALING MUSIC, INC. 9536 MOUNTAIN LAKE DR OOLTEWAH TN 37363 46-1570106 501(C)(3) 20,000 0. UNRESTRICTED HEARTS UNKNOWN 184 NE FRANKLIN AVE BEND, OR 97701 86-3137323 501(C)(3) 15,000. 0. UNRESTRICTED HELP RIGHT HERE PO BOX 3601

9 784.

0.

HOMELESS ENCAMPMENT

CHATTANOOGA, TN 37404

62-0511893 501(C)(3)

CHATTANOOGA, INC. Schedule I (Form 990) Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) HIXSON UNITED METHODIST CHURCH 5301 OLD HIXSON PIKE 62-0926853 CHURCH/NOT 501(C 7,500 0. UNRESTRICTED HIXSON, TN 37343 HOPE INCLUDED PO BOX 4669 CHATTANOOGA, TN 37405 84-5117858 501(C)(3) 0. RIVERVIEW PLAYGROUND 25,000 HOUSTON MUSEUM OF DECORATIVE ARTS 201 HIGH STREET CHATTANOOGA, TN 37403 62-0712778 501(C)(3) 8,108 0. UNRESTRICTED HOUSTON MUSEUM OF DECORATIVE ARTS 201 HIGH STREET 2023 ANNUAL DISTRIBUTION 62-0712778 501(C)(3) 0. CHATTANOOGA, TN 37403 8,056. HUMANE EDUCATIONAL SOCIETY OF CHATTANOOGA TENNESSEE - 4155 RANDOLPH CIRCLE - CHATTANOOGA, TN 62-0478240 501(C)(3) 37406 26,512. 0. UNRESTRICTED HUMANE EDUCATIONAL SOCIETY OF CHATTANOOGA TENNESSEE - 4155 RANDOLPH CIRCLE - CHATTANOOGA, TN 62-0478240 501(C)(3) 37406 10,000 0. COMMUNITY VACCINE CLINICS HUMBOLDT AREA FOUNDATION 363 INDIANOLA ROAD DONOR CIRCLE FOR SOCIAL BAYSIDE, CA 95524 23-7310660 501(C)(3) 10,000 0. JUSTICE FUND HUNTER MUSEUM OF ART 10 BLUFF VIEW DRIVE CHATTANOOGA, TN 37403 62-0511893 501(C)(3) 10,000. 0. UNRESTRICTED HUNTER MUSEUM OF ART

20,000

0.

ANNUAL FUND

10 BLUFF VIEW DRIVE

CHATTANOOGA, TN 37403

Schedule I (Form 990) CHATTANOO	GA, INC.					6	52-6045999 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNTER MUSEUM OF ART							
10 BLUFF VIEW DRIVE							SPECTRUM - DONATION
CHATTANOOGA, TN 37403	62-0511893	501(C)(3)	11,300.	0.			PORTION
HUNTER MUSEUM OF ART							
10 BLUFF VIEW DRIVE							SPECTRUM SUPPORT - NO
CHATTANOOGA, TN 37403	62-0511893	501(C)(3)	11,020.	0.			BENEFITS REQUESTED
HUNTER MUSEUM OF ART							
10 BLUFF VIEW DRIVE							SPECTRUM - DONATION
CHATTANOOGA, TN 37403	62-0511893	501(C)(3)	5,340.	0.			PORTION
HUNTER MUSEUM OF ART							
10 BLUFF VIEW DRIVE	62-0511893	E01/G)/3)	40.000	0.			KENTADE WILEY AGOUTGIETON
CHATTANOOGA, TN 37403	62-0511693	501(0)(3)	40,000.	0.			KEHINDE WILEY ACQUISITION
HUNTER MUSEUM OF ART							
10 BLUFF VIEW DRIVE							
CHATTANOOGA, TN 37403	62-0511893	501(C)(3)	50,000.	0.			KEHINDE WILEY PAINTING
							LEMONADE SQUEEZE HEALING
INDIGO INNOVATION GROUP							PROCESS: 3 PARTS &
10966 ASPEN RIDGE LANE							STRATEGIC PLANNING NEXT
CONCORD, NC 28027	83-3717295	OTHER	10,000.	0.			STEPS
INSIGNIA FOUNDATION							
PO BOX 309							
LOVELAND, OH 45140	45-3066620	501(C)(3)	9,100.	0.			UNRESTRICTED
INTERNATIONAL DOCUMENTARY							
ASSOCIATION - 3600 WILSHIRE BLVD.,	05 2011227	E01/C)/3\	10.000	^			LOVE, YOUR BIRTH MOM'
SUITE 1810 - LOS ANGELES, CA 90010	95-3911227	501(0)(3)	10,000.	0.			PROJECT #5250 ADDITIONAL MATCH
INTERNATIONAL UKRAINIAN CRISIS							OPPORTUNITY, TO BE USED
FUND - 115 S SMEAD CT - ROSWELL,							FOR FOOD, MEDICAL
GA 30076	88-0951156	501(C)(3)	7,500.	0.			SUPPLIES AND EVACUATION

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CHATTANOOGA, INC. Schedule I (Form 990) Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) JEWISH FEDERATIONS OF NORTH 2023 ISRAEL EMERGENCY AMERICA, INC. - 25 BROADWAY-SUITE FUND (COMMUNITY: 1700 - NEW YORK, NY 10004 13-1624240 501(C)(3) 10,000 0. CHATTANOOGA, TN) JOHN BROWN UNIVERSITY 2000 WEST UNIVERSITY ST SILOAM SPRINGS, AR 72761 71-0239576 501(C)(3) 0. TBU SCHOLARSHIP FUND 30,000 JUNIOR ACHIEVEMENT 5721 MARLIN ROAD CHATTANOOGA, TN 37411 62-0636297 501(C)(3) 10,000 0. UNRESTRICTED LA PAZ DE DIOS P.O. BOX 3058 LATINO STABILIZATION AND 20-1115026 501(C)(3) 0 COMMUNITY EDUCATION CHATTANOOGA, TN 37404 16,500. LANA'S LOVE FOUNDATION, INC. 1801 #AST 24TH STREET PLACE CHATTANOOGA, TN 37404 26-1786908 501(C)(3) 10,000 0. ANNUAL DONATION LAUNCH PAD 617 MARLBORO AVENUE CHATTANOOGA, TN 37412 36-4949193 501(C)(3) 16,500 0. UNRESTRICTED LAUNCH, INC P.O. BOX 903 KITCHEN INCUBATOR 46-2203112 501(C)(3) CHATTANOOGA, TN 37401 10,000 0. BUILDING PURCHASE LAUNCH BUSINESS TRAINING SUPPORT, AND INCUBATION LAUNCH, INC FOR THOSE P.O. BOX 903 CHATTANOOGA, TN 37401 46-2203112 501(C)(3) 50,000. 0. UNDERREPRESENTED IN LEGAL AID OF EAST TENNESSEE 100 W MARTIN LUTHER KING BLVD. ARP QUARTERLY DISTRIBUTION CHATTANOOGA, TN 37402 58-9132803 501(C)(3) 0. 44,358,

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) LEGAL AID OF EAST TENNESSEE 100 W MARTIN LUTHER KING BLVD. ARP QUARTERLY CHATTANOOGA, TN 37402 58-9132803 501(C)(3) 0 DISTRIBUTION 44,358 LEGAL AID OF EAST TENNESSEE 100 W MARTIN LUTHER KING BLVD. ARP OUARTERLY CHATTANOOGA, TN 37402 58-9132803 501(C)(3) 44,358 0 DISTRIBUTION LIFESPRING COMMUNITY HEALTH 1042 E. 3RD STREET, SUITE 200 CHATTANOOGA, TN 37403 27-3856741 501(C)(3) 10,000 0. STRATEGIC PLANNING LIFESPRING COMMUNITY HEALTH 1042 E. 3RD STREET, SUITE 200 CHATTANOOGA, TN 37403 27-3856741 501(C)(3) 0 UNRESTRICTED 40,000 LIFESPRING COMMUNITY HEALTH 1042 E. 3RD STREET, SUITE 200 27-3856741 501(C)(3) CHATTANOOGA, TN 37403 0. 30,000 UNRESTRICTED PEDIATRIC CARE AND LIFESPRING COMMUNITY HEALTH WRAPAROUND SERVICES FOR 1042 E. 3RD STREET, SUITE 200 CHILDREN AND FAMILIES IN CHATTANOOGA, TN 37403 27-3856741 501(C)(3) CHATTANOOGA 16,500 0. LIFESPRING COMMUNITY HEALTH 1042 E. 3RD STREET, SUITE 200 27-3856741 501(C)(3) CHATTANOOGA, TN 37403 8 000 0. UNRESTRICTED LIFESPRING COMMUNITY HEALTH 1042 E. 3RD STREET, SUITE 200 CHATTANOOGA, TN 37403 27-3856741 501(C)(3) 10,000. 0. BEHAVIORAL HEALTH LIFESPRING COMMUNITY HEALTH 1042 E. 3RD STREET, SUITE 200 CHATTANOOGA, TN 37403 27-3856741 501(C)(3) 0. BEHAVIORAL HEALTH 10 000

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV, assistance appraisal, other) LOOKOUT MOUNTAIN CONSERVANCY P.O. BOX 76 LOOKOUT MOUNTAIN, TN 37350 62-1460535 501(C)(3) 0 10,000 INTERN/LEADERSHIP PROGRAM LOOKOUT MOUNTAIN CONSERVANCY P.O. BOX 76 HOWARD HIGH INTERN AND LOOKOUT MOUNTAIN, TN 37350 62-1460535 501(C)(3) 0 LEADERSHIP PROGRAM 5,166 LOOKOUT MOUNTAIN CONSERVANCY \$7,500 FOR TOOL P.O. BOX 76 REPLACEMENT, \$2,000 FOR LOOKOUT MOUNTAIN, TN 37350 62-1460535 501(C)(3) 27,500 0 DRONE, \$18,000 FOR GATOR LOOKOUT MOUNTAIN PRESBYTERIAN CHURCH - 316 NORTH BRAGG AVENUE -LOOKOUT MOUNTAIN, TN 37350 62-0514467 501(C)(3) 0 20,000 UNRESTRICTED LOOKOUT MOUNTAIN PRESBYTERIAN \$5,000 FOR UNRESTRICTED CHURCH - 316 NORTH BRAGG AVENUE -SUPPORT AND \$25,000 FOR LOOKOUT MOUNTAIN, TN 37350 62-0514467 501(C)(3) 30,000 0. CAPITAL CAMPAIGN LOOKOUT MOUNTAIN PRESBYTERIAN CHURCH - 316 NORTH BRAGG AVENUE -LOOKOUT MOUNTAIN, TN 37350 62-0514467 501(C)(3) 10,000 0. ANNUAL GIFT LOST TREE CHAPEL 11149 TURTLE BEACH ROAD \$6,000 FOR ANNUAL SUPPORT NORTH PALM BEACH, FL 33408 59-1709556 501(C)(3) 16,000 0. AND \$10,000 FOR MANSE LOVE WITHOUT REASON INC \$20,000 FOR CRANIOFACIAL AND \$20,000 FOR SEX P.O BOX 21009 CHATTANOOGA, TN 37424 26-1640273 501(C)(3) 40,000. 0. TRAFFICKING LOVE'S ARM OUTREACH MINISTRIES P O BOX 21488 FALL 2023 CAPACITY CHATTANOOGA, TN 37424 47-2951001 501(C)(3) 0. BUILDING 16,500.

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV, assistance appraisal, other) LULA LAKE LAND TRUST P.O. BOX 395 UNRESTRICTED ANNUAL LOOKOUT MOUNTAIN, TN 37350 62-6283607 501(C)(3) 10,000 0. GIVING MACEDONIAN MINISTRY FOUNDATION INC 3006 WATERDANCE DR NW KENNESAW, GA 30152 45-5069917 501(C)(3) 0. HOLY LAND PILGRIMAGE 20,000 MAKE-A-WISH FOUNDATION OF EAST TENNESSEE - 6700 BAUM DRIVE, SUITE 7 - KNOXVILLE, TN 37919 58-1799549 501(C)(3) 16,600 0. 2023 ANNUAL DONATION MARK MAKING PO BOX 4271 26-2959326 501(C)(3) 0. SCENIC CITY ANGELS CHATTANOOGA, TN 37405 30,000 MARK MAKING PO BOX 4271 26-2959326 501(C)(3) CHATTANOOGA, TN 37405 30,000 0. SCENIC CITY ANGELS MARK MAKING PO BOX 4271 26-2959326 501(C)(3) CHATTANOOGA, TN 37405 30,000 0. SCENIC CITY ANGELS MARK MAKING PO BOX 4271 26-2959326 501(C)(3) CHATTANOOGA, TN 37405 30,000 0. SCENIC CITY ANGELS MCCALLIE SCHOOL, INC DEVELOPMENT OFFICE, 500 DODDS AVENU SQUASH CENTER CAPITAL CHATTANOOGA, TN 37404 62-0475837 501(C)(3) 10,000. 0. CAMPAIGN MCCALLIE SCHOOL, INC DEVELOPMENT OFFICE, 500 DODDS AVENU CHATTANOOGA, TN 37404 62-0475837 501(C)(3) 0. 15,000. CAPITAL CAMPAIGN

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Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) NAMI OF CHATTANOOGA P.O. BOX 17062 CHATTANOOGA, TN 37415 58-1755205 501(C)(3) 16,500 0. UNRESTRICTED NATIONAL ASSOCIATION FOR THE PREVENTION OF STARVATION - PO BOX MINISTRY - LOCAL AFRICAN 100 - GREENSBORO, AL 36744 63-1187365 501(C)(3) 0. AMERICAN POPULATION 25,000 NORTH ATLANTIC SALMON FUND GRASSY CREEK FOUNDATION C/O NASF. 221 NORTH HOGAN STREET, SUITE 403 - JACKSO 31-1477594 501(C)(3) 100,000 0. UNRESTRICTED NORTH ATLANTIC SALMON FUND GRASSY CREEK FOUNDATION C/O NASF. 221 NORTH HOGAN STREET, SUITE 403 31-1477594 501(C)(3) 0 UNRESTRICTED - JACKSO 100,000 NORTH SHORE FELLOWSHIP 118 WOODLAND AVENUE CHATTANOOGA, TN 37405 47-0953937 501(C)(3) 22,000 0. UNRESTRICTED NORTHSIDE NEIGHBORHOOD HOUSE 211 MINOR STREET EMPOWERING NEIGHBORS. 62-0481801 501(C)(3) SUPPORTING COMMUNITIES CHATTANOOGA, TN 37405 16,500 0. NORTHSIDE NEIGHBORHOOD HOUSE 211 MINOR STREET COMMUNITY SCHOOLS - NORTH CHATTANOOGA, TN 37405 62-0481801 501(C)(3) 8 750 0. HAMILTON COUNTY NORTHSIDE NEIGHBORHOOD HOUSE 211 MINOR STREET CHATTANOOGA, TN 37405 62-0481801 501(C)(3) 10,000. 0. 2023 GIFT NORTHSIDE NEIGHBORHOOD HOUSE 211 MINOR STREET CHATTANOOGA, TN 37405 62-0481801 501(C)(3) 0. UNRESTRICTED 10,000.

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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							
AND ADULTS, INC - 5600 BRAINERD							
ROAD, SUITE E-3 - CHATTANOOGA, TN							
37411	62-1326050	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN
PARTNERSHIP FOR FAMILIES, CHILDREN							
AND ADULTS, INC - 5600 BRAINERD							
ROAD, SUITE E-3 - CHATTANOOGA, TN							OPERATIONAL SUPPORT FOR
37411	62-1326050	501(C)(3)	16,500.	0.			MISSION AND IMPACT
PARTNERSHIP FOR FAMILIES, CHILDREN							
AND ADULTS, INC - 5600 BRAINERD							
ROAD, SUITE E-3 - CHATTANOOGA, TN	60 1206050	501/61/21	F 000	0			RIVER CITY YOUTH
37411	62-1326050	501(C)(3)	5,900.	0.			COLLECTIVE
PEACHTREE BATTLE ALLIANCE							
NEIGHBORHOOD IMPROVEMENT INC -							
2255 WOODWARD WAY NW - ATLANTA, GA	02 2426266	E01/G)/2)	25 000	0			DADE DENOMINATION
30305	93-2436366	501(C)(3)	25,000.	0.			PARK RENOVATION
DENIAND COUCOL OF CDARMS INC							GOLF CARTS, GOLF CART
PENLAND SCHOOL OF CRAFTS, INC 67 DORAS TRAIL							INFRASTRUCTURE NEEDS, TABLE AT AUCTION FOR
PENLAND, NC 28765	56-0623948	501/01/31	25,000.	0.			DIRECTOR
PENLAND, NC 20705	30-0023948	501(C)(3)	25,000.	0.			DIRECTOR
PERFORMING ARTS LEAGUE INC							PERFORMING ARTS LEAGUE
PO BOX 4389							PROGRAM SUPPORT FOR
CHATTANOOGA, TN 37405	46-2350859	501(C)(3)	10,000.	0.			2023/24
PILGRIM CONGREGATIONAL CHURCH -							
UNITED CHURCH OF CHRIST - 400							
GLENWOOD DRIVE - CHATTANOOGA, TN							
37404	62-0676373	CHURCH/NOT 501(C	7,000.	0.			UNRESTRICTED
			,				
PROJECT SWEET PEAS							
45 BOYLSTON ST							
WARWICK, RI 02889	27-3679594	501(C)(3)	60,000.	0.			CRESTWOOD NICU
PURPOSE POINT COMMUNITY RESOURCE							
CENTER - P.O. BOX 24533 -							
CHATTANOOGA, TN 37422	26-3152803	501(C)(3)	50,000.	0.			CAPITAL EXPANSION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
a.a							
SIGNAL CENTERS							ADULT
109 NORTH GERMANTOWN ROAD	60.050505	504 (5) (0)	45.000				PROGRAM-SCHOLARSHIPS/TRANS
CHATTANOOGA, TN 37411	62-0587285	501(C)(3)	15,000.	0.			PORTATION NEEDS
							WOMEN OF DISTINCTION
SIGNAL CENTERS							EVENT PROCEEDS FOR DOLLY
109 NORTH GERMANTOWN ROAD							PARTON IMAGINATION
CHATTANOOGA, TN 37411	62-0587285	501(C)(3)	47,569.	0.			LIBRARY
							ENHANCING ACCESS TO
SISKIN CHILDREN'S INSTITUTE							HEALTHCARE FOR CHILDREN
1101 CARTER STREET							WITH SPECIAL NEEDS AND
CHATTANOOGA, TN 37402	59-1781637	501(C)(3)	6,716.	0.			THEIR FAMILIES
SISKIN CHILDREN'S INSTITUTE							
1101 CARTER STREET							DEVELOPMENTAL PEDIATRIC
CHATTANOOGA, TN 37402	59-1781637	501(C)(3)	9,784.	0.			PROGRAM
SISKIN HOSPITAL FOR PHYSICAL							
REHABILITATION - ONE SISKIN PLAZA							
- CHATTANOOGA, TN 37403	62-1220402	501(C)(3)	100,000.	0.			GRADY'S GARDEN
SISKIN HOSPITAL FOR PHYSICAL							
REHABILITATION - ONE SISKIN PLAZA							
- CHATTANOOGA, TN 37403	62-1220402	501(C)(3)	6,000.	0.			POSSIBILITIES FUNDRAISER
SISKIN HOSPITAL FOR PHYSICAL							
REHABILITATION - ONE SISKIN PLAZA							
- CHATTANOOGA, TN 37403	62-1220402	501(C)(3)	6,000.	0.			UNRESTRICTED
SISKIN HOSPITAL FOR PHYSICAL							
REHABILITATION - ONE SISKIN PLAZA							
- CHATTANOOGA, TN 37403	62-1220402	501(C)(3)	10,000.	0.			HEALING GARDEN CAMPAIGN
SISKIN HOSPITAL FOR PHYSICAL							
REHABILITATION - ONE SISKIN PLAZA							
- CHATTANOOGA, TN 37403	62-1220402	501(C)(3)	25,000.	0.			HEALING GARDENS

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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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant or assistance valuation non-cash assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) SKYUKA HALL FINAL DISTRIBUTION FOR LAND AND BUILDING PO BOX 8567 62-6075837 501(C)(3) 389,249 0. PURCHASE AGREEMENT CHATTANOOGA, TN 37414 SKYUKA HALL PO BOX 8567 NEW SCHOOL FUNDRAISING CHATTANOOGA, TN 37414 62-6075837 501(C)(3) 0. матсн 20,000 SKYUKA HALL PO BOX 8567 CHATTANOOGA, TN 37414 62-6075837 501(C)(3) 10,000 0. CAPITAL CAMPAIGN SLEEP IN HEAVENLY PEACE -CHATTANOOGA CHAPTER - 7516 PINEWOOD DR - CHATTANOOGA, TN 46-4346568 501(C)(3) 0 BEDS FOR CHILDREN 37421 25,000 SOLIA FARM 4407 CLONTS ROAD 81-3374738 501(C)(3) APISON, TN 37302 16,500. 0. MENTAL HEALTH PROGRAMS SONGBIRDS FOUNDATION, INC. 1407 MARKET STREET, SUITE A CHATTANOOGA, TN 37402 81-4791124 501(C)(3) 10,250 0. WHITWELL PIANO LAB SOUTH CENTRAL CONFERENCE OF SEVENTH DAY ADVENTISTS - 715 28,000 YOUNGS LANE - NASHVILLE, TN 37207 62-6001383 CHURCH/NOT 501(C 0. TITHE SOUTH CUMBERLAND COMMUNITY FUND P.O. BOX 1301, 322 W. MAIN STREET MONTEAGLE, TN 37356 47-5208551 501(C)(3) 40,000. 0. UNRESTRICTED SOUTH CUMBERLAND REGIONAL LAND TRUST - P. O. BOX 3188 - SEWANEE TN 37375 62-1514504 501(C)(3) 0. 10,000. SHAKERAG WEST INITIATIVE

CHATTANOOGA, INC. Schedule I (Form 990) Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) SOUTH CUMBERLAND REGIONAL LAND TRUST - P. O. BOX 3188 - SEWANEE 62-1514504 501(C)(3) 0. TN 37375 10,000 SHAKERAG WEST INITIATIVE SOUTHERN ADVENTIST UNIVERSITY P.O. BOX 370 RUTH MCKEE SCHOOL OF COLLEGEDALE, TN 37315 62-0536733 501(C)(3) 0 BUSINESS BUILDING FUND 30,000 SOUTHERN ADVENTIST UNIVERSITY P.O. BOX 370 RUTH MCKEE SCHOOL OF COLLEGEDALE, TN 37315 62-0536733 501(C)(3) 50,000 0. BUSINESS BUILDING PROJECT SOUTHERN ADVENTIST UNIVERSITY P.O. BOX 370 NEW RUTH MCKEE SCHOOL OF 62-0536733 501(C)(3) 0 BUSINESS COLLEGEDALE, TN 37315 900,000 SOUTHERN ADVENTIST UNIVERSITY P.O. BOX 370 OUALITATIVE RESEARCH FOR 62-0536733 501(C)(3) COLLEGEDALE, TN 37315 7,800. 0. COST BENEFIT ANALYSIS SOUTHERN ADVENTIST UNIVERSITY P.O. BOX 370 OUALITATIVE RESEARCH FOR COLLEGEDALE, TN 37315 62-0536733 501(C)(3) COST BENEFIT ANALYSIS 7,800 0. SOUTHERN ADVENTIST UNIVERSITY P.O. BOX 370 RUTH MCKEE SCHOOL OF 1,500,000. COLLEGEDALE, TN 37315 62-0536733 501(C)(3) 0. BUSINESS SOUTHERN ADVENTIST UNIVERSITY SCHOOL OF BUSINESS P.O. BOX 370 COLLEGEDALE, TN 37315 62-0536733 501(C)(3) 500,000. 0. CAMPAIGN TRAIL MAINTENANCE OF SOUTHERN ADVENTIST UNIVERSITY WHITE OAK MOUNTAIN AND P.O. BOX 370 BAUXITE RIDGE TRAIL COLLEGEDALE, TN 37315 62-0536733 501(C)(3) 7 700. 0. SYSTEM

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV, assistance appraisal, other) SOUTHERN ENVIRONMENTAL LAW CENTER 120 GARRETT STREET CHARLOTTESVILLE, VA 22902 52-1436778 501(C)(3) 0 10,000 UNRESTRICTED SOUTHERN ENVIRONMENTAL LAW CENTER 120 GARRETT STREET CAROL REMMER ANGLE FUND CHARLOTTESVILLE, VA 22902 52-1436778 501(C)(3) 0. FOR COMMUNITY HEALTH 10,000 EARLY INTERVENTION AND SPEECH & HEARING CENTER HEALTHCARE ACCESS FOR 6016 SHALLOWFORD ROAD, SUITE 1500 LOW- TO MODERATE-INCOME CHATTANOOGA, TN 37421 62-0526644 501(C)(3) 16,500 0 HOUSEHOLDS SPEECH & HEARING CENTER 6016 SHALLOWFORD ROAD, SUITE 1500 62-0526644 501(C)(3) 0 CHATTANOOGA, TN 37421 157,500. AUDIOLOGY EXTERN PROGRAM SPEECH & HEARING CENTER 6016 SHALLOWFORD ROAD, SUITE 1500 DESIGNATED FOR THE HEAR CHATTANOOGA, TN 37421 62-0526644 501(C)(3) 10,000 0. CHATTANOOGA PROGRAM SPLASH 1814 WHEELER AVENUE CHATTANOOGA, TN 37406 90-0824026 501(C)(3) 12,000 0. SPLASH ART POPS SPLASH 1814 WHEELER AVENUE CHATTANOOGA, TN 37406 90-0824026 501(C)(3) 16,500. 0. SHELTER IN ART ST. ALEXIUS OUTREACH MINISTRIES. INC. - 250 E. 10TH ST. -CHATTANOOGA, TN 37402 82-0739259 501(C)(3) 8,387. 0. UNRESTRICTED ST. AUGUSTINE CHURCH 1716 ANDERSON PIKE SIGNAL MOUNTAIN, TN 37377 62-0787846 CHURCH/NOT 501(C 0. 10,000. UNRESTRICTED

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) ST. GEORGE'S EPISCOPAL CHURCH 4715 HARDING PIKE 62-6002162 CHURCH/NOT 501(C 0. NASHVILLE, TN 37205 10,000 CAPITAL CAMPAIGN ST. GEORGE'S EPISCOPAL CHURCH 4715 HARDING PIKE NASHVILLE, TN 37205 62-6002162 CHURCH/NOT 501(C 0. UNRESTRICTED 18,000 ST. GEORGE'S SCHOOL 372 PURGATORY ROAD MIDDLETOWN, RI 02842 05-0259009 501(C)(3) 10,000 0. 2024 SG FUND ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE -62-0646012 501(C)(3) 0. CANCER TREATMENT MEMPHIS, TN 38105 37,500. ST. PAUL'S EPISCOPAL CHURCH 305 W 7TH STREET 62-0478096 CHURCH/NOT 501(C CHATTANOOGA, TN 37402 10,000. 0. UNRESTRICTED ST. PAUL'S EPISCOPAL CHURCH 305 W 7TH STREET LAND, BUILDING, AND 62-0478096 CHURCH/NOT 501(C EQUIPMENT CHATTANOOGA, TN 37402 8,578. 0. ST. PAUL'S EPISCOPAL CHURCH 305 W 7TH STREET CHATTANOOGA, TN 37402 62-0478096 CHURCH/NOT 501(C 15 000 0. UNRESTRICTED ST. PETER'S EPISCOPAL CHURCH 848 ASHLAND TERRACE CHATTANOOGA, TN 37415 62-0605175 CHURCH/NOT 501(C 8,000. 0. UNRESTRICTED ST. PETER'S EPISCOPAL CHURCH 848 ASHLAND TERRACE CHATTANOOGA, TN 37415 62-0605175 CHURCH/NOT 501(C 0. 8 000. UNRESTRICTED

87-3592543 OTHER

CHATTANOOGA, INC. Schedule I (Form 990) Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV, assistance appraisal, other) ST. PETER'S EPISCOPAL SCHOOL 848 ASHLAND TERRACE CHATTANOOGA, TN 37415 10-0160327 CHURCH/NOT 501(C 500,000 0 CAPITAL CAMPAIGN ST. PETER'S EPISCOPAL SCHOOL 848 ASHLAND TERRACE CHATTANOOGA, TN 37415 10-0160327 CHURCH/NOT 501(C 0 CAPITAL CAMPAIGN 250,000 ST. TIMOTHY'S EPISCOPAL CHURCH 630 MISSISSIPPI AVENUE BENEFIT CHARITABLE SIGNAL MOUNTAIN, TN 37377 62-0794590 CHURCH/NOT 501(C 7,500 0 EFFORTS STOUT INTERMEDIATE HOLDINGS, L.P. DBA STOUT RISIUS ROSS, LLC - 150 W. SECOND STREET, SUITE 400 -CHATTANOOGA EVICTION 87-3592543 OTHER 0 PREVENTION EVALUATION ROYAL OAK, MI 48067 9,400 STOUT INTERMEDIATE HOLDINGS, L.P. DBA STOUT RISIUS ROSS, LLC - 150 W. SECOND STREET, SUITE 400 -CHATTANOOGA EVICTION 87-3592543 OTHER ROYAL OAK, MI 48067 7,439. 0. PREVENTION EVALUATION STOUT INTERMEDIATE HOLDINGS, L.P. DBA STOUT RISIUS ROSS, LLC - 150 W. SECOND STREET, SUITE 400 -CHATTANOOGA EVICTION 87-3592543 OTHER PREVENTION EVALUATION ROYAL OAK, MI 48067 9,665 0. STOUT INTERMEDIATE HOLDINGS, L.P. DBA STOUT RISIUS ROSS, LLC - 150 W. SECOND STREET, SUITE 400 -CHATTANOOGA EVICTION ROYAL OAK, MI 48067 87-3592543 OTHER 22 479 0. PREVENTION EVALUATION STOUT INTERMEDIATE HOLDINGS, L.P. DBA STOUT RISIUS ROSS, LLC - 150 W. SECOND STREET, SUITE 400 -CHATTANOOGA EVICTION PREVENTION EVALUATION ROYAL OAK, MI 48067 87-3592543 OTHER 5,628, 0. STOUT INTERMEDIATE HOLDINGS, L.P. DBA STOUT RISIUS ROSS, LLC - 150 W. SECOND STREET, SUITE 400 -CHATTANOOGA EVICTION

8 902.

0.

PREVENTION EVALUATION

ROYAL OAK, MI 48067

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STOVE WORKS							
1250 E 13TH STREET							
CHATTANOOGA, TN 37408	82-1351758	501(C)(3)	15,000.	0.			UNRESTRICTED
SWEET BRIAR INSTITUTE							
ATTN: MARY POPE HUTSON, P. O. BOX 1							
SWEET BRIAR, VA 24595	54-0534105	501(C)(3)	25,000.	0.			ANNUAL FUND
SWEET BRIAR INSTITUTE							
ATTN: MARY POPE HUTSON, P. O. BOX 1	54-0534105	E01/G\/3\	500,000.	0.			UNRESTRICTED
SWEET BRIAR, VA 24595	34-0334103	501(0)(3)	300,000.	<u> </u>			UNRESTRICTED
TEACH FOR AMERICA -							
NASHVILLE-CHATTANOOGA - P.O. BOX							
748607 - ATLANTA, GA 30374	13-3541913	501(C)(3)	10,000.	0.			UNRESTRICTED
TEEN CHALLENGE OF SOUTHERN							
CALIFORNIA - 5445 CHICAGO AVENUE - RIVERSIDE, CA 92507	95-2683852	501 (C) (3)	25,000.	0.			UNRESTRICTED
RIVERSIDE, CA 92307	JJ 2003032	501(0/(5/	23,000.	<u> </u>			ONKESTRICIED
TENNESSEE AQUARIUM							
P. O. BOX 11048							
CHATTANOGA, TN 37401	58-1837154	501(C)(3)	25,000.	0.			SPONSORSHIP
TENNESSEE AQUARIUM							
P. O. BOX 11048							2023 ANNUAL FUND AND
CHATTANOOGA, TN 37401	58-1837154	501(C)(3)	20,000.	0.			RIVER SOCIETY - VISIONAR
,							
TENNESSEE AQUARIUM							
P. O. BOX 11048							
CHATTANOOGA, TN 37401	58-1837154	501(C)(3)	10,000.	0.			ANNUAL SUPPORT
TENNESSEE DEMOCRACY NETWORK							
3 FAIRHILLS DRIVE							
CHATTANOOGA, TN 37405	87-4745862	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPOR

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENNESSEE GOLF FOUNDATION							
400 FRANKLIN ROAD							
FRANKLIN, TN 37069	58-1893478	501(C)(3)	10,000.	0.			UNRESTRICTED
TENNESSEE IMMIGRANT AND REFUGEE							
RIGHTS COALITION - 3310 EZELL RD -							CHATTANOOGA ORGANIZER
NASHVILLE, TN 37211	20-0121100	501(C)(3)	35,000.	0.			POSITION
TENNESSEE RIVER GORGE TRUST							
1214 DARTMOUTH STREET							
CHATTANOOGA, TN 37405	62-1278612	501(C)(3)	6,000.	0.			UNRESTRICTED
TENNESSEE RIVER GORGE TRUST							
1214 DARTMOUTH STREET							
CHATTANOOGA, TN 37405	62-1278612	501(C)(3)	6,000.	0.			UNRESTRICTED
emilimoscii, in svius	02 12,0012	301(3)	0,000.	•			
TENNESSEE RIVER GORGE TRUST							
1214 DARTMOUTH STREET							REMOTE MONITORING
CHATTANOOGA, TN 37405	62-1278612	501(C)(3)	10,000.	0.			SOFTWARE
TENNESSEE RIVER GORGE TRUST							
1214 DARTMOUTH STREET							
CHATTANOGA, TN 37405	62-1278612	501(C)(3)	20,000.	0.			UNRESTRICTED
TENNESSEE RIVER GORGE TRUST							
1214 DARTMOUTH STREET							
CHATTANOOGA, TN 37405	62-1278612	501(C)(3)	10,000.	0.			BUILDING CAMPAIGN
THE BRIGHT SCHOOL							
1950 MCDADE LANE							LAND, BUILDING, AND
CHATTANOOGA, TN 37405	62-0476284	501(C)(3)	10,722.	0.			EQUIPMENT
	32 01/0201		20,.22.	••			×
THE CHATT FOUNDATION DBA COMMUNITY							
KITCHEN - P.O. BOX 11203 -							
CHATTANOOGA, TN 37401	62-1151413	501(C)(3)	8,000.	0.			UNRESTRICTED

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV, assistance appraisal, other) THE CHATT FOUNDATION DBA COMMUNITY KITCHEN - P.O. BOX 11203 -COMPREHENSIVE SUPPORTIVE CHATTANOOGA, TN 37401 62-1151413 501(C)(3) 0. SERVICES 16,500 THE CHATT FOUNDATION DBA COMMUNITY KITCHEN - P.O. BOX 11203 -ROBERT AND CHAMBERLAIN CHATTANOOGA, TN 37401 62-1151413 501(C)(3) 0. MCALLESTER FUND 15,011 THE CHATT FOUNDATION DBA COMMUNITY KITCHEN - P.O. BOX 11203 -CHATTANOOGA, TN 37401 62-1151413 501(C)(3) 20,000 0. FAST DAY CAMPAIGN THE CHATTERY 1624 E. 13TH STREET HUMAN DEVELOPMENT FOR 47-3709953 501(C)(3) 0 NON-PROFITS CHATTANOOGA, TN 37404 13,200. THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD 62-0553431 CHURCH/NOT 501(C LOOKOUT MOUNTAIN, TN 37350 10,000 0. UNRESTRICTED THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD 62-0553431 CHURCH/NOT 501(C LOOKOUT MOUNTAIN, TN 37350 29,000 0. OUTREACH HAITI THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350 62-0553431 CHURCH/NOT 501(C 8 000 0. UNRESTRICTED THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350 62-0553431 CHURCH/NOT 501(C 72,700. 0. OUTREACH PURPOSES THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350 62-0553431 CHURCH/NOT 501(C 0. 50,000. OUTREACH PURPOSES

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance assistance (book, FMV, appraisal, other) THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD 62-0553431 CHURCH/NOT 501(C 7,000 0. LOOKOUT MOUNTAIN, TN 37350 UNRESTRICTED THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350 62-0553431 CHURCH/NOT 501(C 0. ANNUAL FUND 12,000 THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350 62-0553431 CHURCH/NOT 501(C 11,000 0. UNRESTRICTED THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD 62-0553431 CHURCH/NOT 501(C 0. LOOKOUT MOUNTAIN, TN 37350 10,000. 2023 CONTRIBUTION THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD 62-0553431 CHURCH/NOT 501(C LOOKOUT MOUNTAIN, TN 37350 64,000. 0. UNRESTRICTED THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD 62-0553431 CHURCH/NOT 501(C LOOKOUT MOUNTAIN, TN 37350 10,000 0. STEWARDSHIP CAMPAIGN THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350 62-0553431 CHURCH/NOT 501(C 64,000 0. UNRESTRICTED THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350 62-0553431 CHURCH/NOT 501(C 20,000. 0. UNRESTRICTED THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD 62-0553431 CHURCH/NOT 501(C LOOKOUT MOUNTAIN, TN 37350 10,000. 0. UNRESTRICTED

Schedule I (Form 990) CHATTANOO	GA, INC.					6	52-6045999 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(b) EIN (c) IRC section if applicable		(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHURCH OF THE GOOD SHEPHERD							
211 FRANKLIN ROAD							
LOOKOUT MOUNTAIN, TN 37350	62-0553431	CHURCH/NOT 501(C	20,000.	0.			STEWARDSHIP CAMPAIGN
THE CHURCH OF THE GOOD SHEPHERD							
211 FRANKLIN ROAD							
LOOKOUT MOUNTAIN, TN 37350	62-0553431	CHURCH/NOT 501(C	7,000.	0.			UNRESTRICTED
THE GIVING KITCHEN INITIATIVE							
970 JEFFERSON ST NW SUITE 8							
ATLANTA, GA 30318	46-2176788	501(C)(3)	15,000.	0.			UNRESTRICTED
THE GOLD BUILDING, A DEFOOR	10 21/0/00	301(0)(3)	13,000.	•			
BROTHERS DEVELOPMENT, LLC DBA							
WESTIN CHATTANOGA - 801 BROAD							MAYOR'S COUNCIL FOR WOMEN
STREET, SUITE 200 - CHATTANOOGA,	27-4216038	OTHER	62,948.	0.			2023 CONFERENCE
THE GOLD BUILDING, A DEFOOR	27 4210030	OTHER .	02,540.	••			2023 CONTENENCE
BROTHERS DEVELOPMENT, LLC DBA							
WESTIN CHATTANOGA - 801 BROAD							MCW POLICY CONFERENCE
STREET, SUITE 200 - CHATTANOOGA,	27-4216038		6,000.	0.			2024 DEPOSIT
THE KIT MURPHY MEMORIAL	27 4210050	OTHER	0,000.	0.			2024 DEFOSII
SCHOLARSHIP INC - 3012 COMMERCE							
SQUARE SOUTH - BIRMINGHAM, AL							KIT MURPHY MEMORIAL
35210	61-1311686		8,000.	0.			SCHOLARSHIP FUND
THE KIT MURPHY MEMORIAL	01-1311000	OTHER	8,000.	0.			SCHOLLARSHIF FUND
SCHOLARSHIP INC - 3012 COMMERCE							
SQUARE SOUTH - BIRMINGHAM, AL							KIT MURPHY MEMORIAL
35210	61-1311686		10 000	0.			
	01-1311000	PIHER	10,000.	٠.			SCHOLARSHIP FUND
THE LAYMAN FOUNDATION, INC C/O							GELE GUDDODELNO GOVOOLO
RUHLING AND ASSOCIATES - 6131							SELF-SUPPORTING SCHOOLS
SHALLOWFORD RD., SUITE #101 -	62-0535344	501/C)/3\	300 000	0			IN SOUTHERN UNION AND THE
CHATTANOOGA, TN 37421	02-0535344	DUI(C)(3)	300,000.	0.			US
THE NATIONAL MENTORING							
PARTNERSHIP, INC 201 SOUTH ST.,							
SUITE 615 - BOSTON, MA 02111	52-1674088	501(C)(3)	20,000.	0.			UNRESTRICTED

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) THE NATURE CONSERVANCY TENNESSEE CHAPTER - 2 MARYLAND FARMS, SUITE 150 - BRENTWOOD, TN 37027 53-0242652 501(C)(3) 0 10,600 UNRESTRICTED THE NATURE CONSERVANCY TENNESSEE CHAPTER - 2 MARYLAND FARMS, SUITE 150 - BRENTWOOD, TN 37027 53-0242652 501(C)(3) 0. UNRESTRICTED 8,000 THE NET RESOURCE FOUNDATION 4001 HUGHES AVENUE SUITE 205 CHATTANOOGA, TN 37410 81-1168775 501(C)(3) 16,500 0 COMMUNITY CHOICE PANTRY THE NET RESOURCE FOUNDATION 4001 HUGHES AVENUE SUITE 205 81-1168775 501(C)(3) 0 STRATEGIC PRIORITIES CHATTANOOGA, TN 37410 40,000 THE NET RESOURCE FOUNDATION 4001 HUGHES AVENUE SUITE 205 NET RESOURCE FOUNDATION'S CHATTANOOGA, TN 37410 81-1168775 501(C)(3) 10,000 0. CORE PROGRAMS THE NET RESOURCE FOUNDATION 4001 HUGHES AVENUE SUITE 205 CIVIC ENGAGEMENT CHATTANOOGA, TN 37410 81-1168775 501(C)(3) COORDINATOR 6,400 0. THE NET RESOURCE FOUNDATION 4001 HUGHES AVENUE SUITE 205 CHATTANOOGA, TN 37410 81-1168775 501(C)(3) 6 400 0. UNRESTRICTED THE POP-UP PROJECT 3214 BRAINERD ROAD CHATTANOOGA, TN 37411 81-5373267 501(C)(3) 20,000. 0. UNRESTRICTED THE SALVATION ARMY 822 MCCALLIE AVENUE CHATTANOOGA, TN 37403 58-0660607 501(C)(3) 0. 15 000 UNRESTRICTED

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant or assistance valuation non-cash assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) THE SALVATION ARMY 822 MCCALLIE AVENUE CHATTANOOGA, TN 37403 58-0660607 501(C)(3) 10,000 0. PATHWAY TO HOPE PROGRAM THE SAMARITAN CENTER, INC. 9231 LEE HIGHWAY OOLTEWAH, TN 37363 62-1600668 501(C)(3) 0 UNRESTRICTED 40,000 THE SYCAMORE INSTITUTE 511 UNION STREET, SUITE 540 AFFORDABLE HOUSING IN TN NASHVILLE, TN 37219 47-5522558 501(C)(3) 15,000 0. REPORT THE TIVOLI THEATRE FOUNDATION, INC 399 MCCALLIE AVENUE CHATTANOOGA, TN 37402 47-4405861 501(C)(3) 0 TIVOLI THEATER PROJECT 25,000 THE URBAN LEAGUE OF GREATER CHATTANOOGA - 401 E M.L. KING BLVD. SUITE 301 - CHATTANOOGA, TN 58-1436933 501(C)(3) 11,500. PRESIDENT'S CIRCLE 37403 0. TOWN OF LOOKOUT MOUNTAIN 710 SCENIC HIGHWAY PARKS, PLAYGROUNDS, AND 62-6000344 TOWN OF LOOKOUT HIKING TRAILS LOOKOUT MOUNTAIN, TN 37350 5,584. 0. TRI STATE FOOD PANTRY, INC. 2026 HIGHWAY 136 TRENTON, GA 30752 20-3427202 501(C)(3) 10,000 0. PRODUCE TRI-COMMUNITY VOLUNTEER FIRE DEPARTMENT - P O BOX 509 -COLLEGEDALE, TN 37315 62-6047226 501(C)(3) 15,000. 0. UNRESTRICTED TRI-COMMUNITY VOLUNTEER FIRE DEPARTMENT - P O BOX 509 -COLLEGEDALE, TN 37315 62-6047226 501(C)(3) 0. UNRESTRICTED 25,000.

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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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV, assistance appraisal, other) TRUE VINEYARD MINISTRIES INC PO BOX 310361 NEW BRAUNFELS, TX 78131 41-2227790 501(C)(3) 0. 80,547 WALL AND OTHER BUILDINGS TRUST FOR PUBLIC LAND P.O. BOX 3240 GENERAL SUPPORT FOR CHATTANOOGA, TN 37404 23-7222333 501(C)(3) 0 TENNESSEE OFFICE 10,000 TRUST FOR PUBLIC LAND OUTDOOR HAPPINESS P.O. BOX 3240 MOVEMENT ADMINISTRATIVE CHATTANOOGA, TN 37404 23-7222333 501(C)(3) 20,000 0 FEES UNIFIED P.O. BOX 5503 46-5366288 501(C)(3) 0 CHATTANOOGA, TN 37406 7,000 ANNUAL GIFT UNITED METHODIST NEIGHBORHOOD CENTERS, INC. DBA THE BETHLEHEM AFTER SCHOOL LITERACY CENTER - P.O. BOX 2156 -PROGRAMS & COMMUNITY CHATTANOOGA, TN 37409 62-6066210 501(C)(3) IMPROVEMENT 10,000 0. UNITED METHODIST NEIGHBORHOOD CENTERS, INC. DBA THE BETHLEHEM CENTER - P.O. BOX 2156 -62-6066210 501(C)(3) CHATTANOOGA TN 37409 5,327. 0. UNRESTRICTED UNITED METHODIST NEIGHBORHOOD CENTERS INC. DBA THE BETHLEHEM AFTER SCHOOL LITERACY CENTER - P.O. BOX 2156 -PROGRAMS & COMMUNITY CHATTANOOGA TN 37409 62-6066210 501(C)(3) 10,000 0. IMPROVEMENT UNITED METHODIST NEIGHBORHOOD AFTER SCHOOL LITERACY CENTERS, INC. DBA THE BETHLEHEM CENTER - P.O. BOX 2156 -PROGRAMS & COMMUNITY CHATTANOOGA, TN 37409 62-6066210 501(C)(3) 10,000. 0. IMPROVEMENT UNITED METHODIST NEIGHBORHOOD CENTERS, INC. DBA THE BETHLEHEM CENTER - P.O. BOX 2156 CHATTANOOGA, TN 37409 62-6066210 501(C)(3) 0. DEI GRANT 20 000

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV, assistance appraisal, other) UNITED METHODIST NEIGHBORHOOD CENTERS, INC. DBA THE BETHLEHEM AFTER SCHOOL LITERACY CENTER - P.O. BOX 2156 -PROGRAMS & COMMUNITY CHATTANOOGA, TN 37409 62-6066210 501(C)(3) 10,000 0. IMPROVEMENT UNITED METHODIST NEIGHBORHOOD CENTERS, INC. DBA THE BETHLEHEM CENTER - P.O. BOX 2156 -CHATTANOOGA, TN 37409 62-6066210 501(C)(3) 0 UNRESTRICTED 10,000 UNITED METHODIST NEIGHBORHOOD CENTERS, INC. DBA THE BETHLEHEM CENTER - P.O. BOX 2156 -THE BETHLEHEM CENTER -CHATTANOOGA, TN 37409 62-6066210 501(C)(3) 16,500 0. GENERAL OPERATING SUPPORT UNITED WAY OF GENTRY, INC P. O. BOX 425 58-1808761 501(C)(3) 0 UNRESTRICTED GENTRY, AR 72734 44,000. UNITED WAY OF GENTRY, INC P. O. BOX 425 58-1808761 501(C)(3) 0. GENTRY, AR 72734 25,000 UNRESTRICTED UNITED WAY OF GREATER AUGUSTA 24 IDLEWOOD BLVD., SUITE 106-112 STAUNTON, VA 24401 54-0955100 501(C)(3) 28,500 0. UNRESTRICTED UNITED WAY OF GREATER AUGUSTA 24 IDLEWOOD BLVD. SUITE 106-112 STAUNTON, VA 24401 54-0955100 501(C)(3) 39 000 0. UNRESTRICTED UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402 62-0565962 501(C)(3) 10,000. 0. ADT UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402 62-0565962 501(C)(3) 0. UNRESTRICTED 50 000

Schedule I (Form 990) CHATTANOO	GA, INC.					6	52-6045999 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	50,000.	0.			ALEXIS DETOCQUEVILLE SOCIETY
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	12,500.	0.			ALEXIS DE TOQUEVILLE SOCIETY QUARTERLY DISTRIBUTION
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	10,000.	0.			LIVE UNITED, NOT DIVIDED
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	39,000.	0.			UNRESTRICTED
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	10,000.	0.			ANNUAL FUND - TOCQUEVILLE SOCIETY GIFT
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	12,500.	0.			ALEXIS DE TOQUEVILLE SOCIETY QUARTERLY DISTRIBUTION
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	200,000.	0.			CAPITAL CAMPAIGN/UNRESTRICTED
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	11,000.	0.			UNRESTRICTED
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	100,000.	0.			UNRESTRICTED

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant or assistance valuation non-cash assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402 62-0565962 501(C)(3) 0. 221,000 UNRESTRICTED UNITED WAY OF GREATER CHATTANOOGA ALEXIS DE TOQUEVILLE 630 MARKET STREET SOCIETY OUARTERLY CHATTANOOGA, TN 37402 62-0565962 501(C)(3) 0. DISTRIBUTION 12,500 UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402 62-0565962 501(C)(3) 10,000 0. UNRESTRICTED UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET 62-0565962 501(C)(3) 0 CHATTANOOGA, TN 37402 10,000 UNRESTRICTED UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET 62-0565962 501(C)(3) 50,000 CHATTANOOGA, TN 37402 0. ANNUAL CAMPAIGN UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET 62-0565962 501(C)(3) CHATTANOOGA, TN 37402 10,000 0. UNRESTRICTED UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402 62-0565962 501(C)(3) 11,000. 0. TOCOUEVILLE SOCIETY UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402 62-0565962 501(C)(3) 7,500. 0. UNRESTRICTED UNITED WAY OF GREATER CHATTANOOGA ANNUAL FUND - CBL'S 630 MARKET STREET CHATTANOOGA, TN 37402 62-0565962 501(C)(3) 0. EMPLOYEE CAMPAIGN 5,250.

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV, assistance appraisal, other) UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402 62-0565962 501(C)(3) 20,000 0. UNRESTRICTED UNITED WAY OF GREATER CHATTANOOGA ALEXIS DE TOQUEVILLE 630 MARKET STREET SOCIETY OUARTERLY CHATTANOOGA, TN 37402 62-0565962 501(C)(3) 12,500 0 DISTRIBUTION UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402 62-0565962 501(C)(3) 40,000 0. UNRESTRICTED UNITED WAY OF NORTHWEST GEORGIA 816 S. THORNTON AVENUE 58-0905881 501(C)(3) 0 ANNUAL DONATION DALTON, GA 30722 25,000 UNITED WAY OF THE COASTAL EMPIRE P.O. BOX 2946 58-0623603 501(C)(3) SAVANNAH, GA 31402 10,000 0. 2023 CAMPAIGN UNIVERSITY OF CHATTANOOGA FOUNDATION, INC - 615 MCCALLIE AVENUE DEPT. 6806 - CHATTANOOGA BUSINESS ADMINISTRATION TN 37403 62-0476521 501(C)(3) SCHOLARSHIP 8,578. 0. UNIVERSITY OF CHATTANOOGA FOUNDATION, INC - 615 MCCALLIE MCKEE CHAIR OF EXCELLENCE AVENUE DEPT. 6806 - CHATTANOOGA -1 FT GRADUATE ASSISTANT TN 37403 62-0476521 501(C)(3) 30 000 0. 2 PT GRADUATE ASSISTANTS UNIVERSITY OF CHATTANOOGA FOUNDATION, INC - 615 MCCALLIE AVENUE DEPT. 6806 - CHATTANOOGA TN 37403 62-0476521 501(C)(3) 10,722. 0. MUSIC SCHOLARSHIP UNIVERSITY OF CHATTANOOGA FOUNDATION, INC - 615 MCCALLIE AVENUE DEPT. 6806 - CHATTANOOGA TN 37403 62-0476521 501(C)(3) 0. TENNIS SCHOLARSHIP 6 433.

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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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) UNIVERSITY OF CHATTANOOGA FOUNDATION, INC - 615 MCCALLIE ROBERT & CHAMBERLAIN AVENUE, DEPT. 6806 - CHATTANOOGA. MCALLESTER FUND FINANCIAL TN 37403 62-0476521 501(C)(3) 8,578 0 NEED SCHOLARSHIP UNIVERSITY OF CHATTANOOGA FOUNDATION, INC - 615 MCCALLIE AVENUE DEPT. 6806 - CHATTANOOGA TN 37403 62-0476521 501(C)(3) 0 UTC CHALLENGER CENTER 15,000 UNIVERSITY OF TENNESSEE AT CHATTANOOGA - OFFICE OF DEVELOPMENT, 615 MCCALLIE AVENUE, DEPT. 6806 - CHATTANOOGA, TN 37403 62-6001636 STATE OF TN 50,000 0 SCHOOL OF NURSING UNIVERSITY OF TENNESSEE AT CHATTANOOGA - OFFICE OF DEVELOPMENT, 615 MCCALLIE AVENUE, DEPT. 6806 - CHATTANOOGA, TN 37403 62-6001636 STATE OF TN 0 ENGINEERING SCHOLARSHIPS 10,000 DR. NAVIN'S SINGLE CELL SEQUENCING AND DR. UNIVERSITY OF TEXAS FOUNDATION TRIPATHY'S MOON SHOT PO BOX 4486 74-1587488 501(C)(3) RESEARCH HOUSTON, TX 77210 50,000 0. UNIVERSITY OF VIRGINIA P.O. BOX 400204 CHARLOTTESVILLE, VA 22904 54-6001796 501(C)(3) 20,000 0. UVA CENTER FOR THE ARTS UNLEARN EVERYTHING AND LIVE, LLC 1101 ELAINE TRAIL EXECUTIVE LEADERSHIP 82-1884550 OTHER CHATTANOOGA TN 37421 5 600 0. DEVELOPMENT SERVICES VANDERBILT UNIVERSITY MEDICAL DR. MICHAEL SAVONA CENTER - PO BOX 290369 -RESEARCH AND DR. KRISTEN NASHVILLE, TN 37229 35-2528741 501(C)(3) 50,000. 0. CIOMBER RESEARCH VANDERBILT UNIVERSITY MEDICAL CENTER - PO BOX 290369 -DR. KRISTEN CIOMBOR'S NASHVILLE, TN 37229 35-2528741 501(C)(3) 0. CANCER RESEARCH 30 000

CHATTANOOGA, INC. Schedule I (Form 990) Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) VANDERBILT UNIVERSITY MEDICAL CENTER - PO BOX 290369 -NASHVILLE, TN 37229 35-2528741 501(C)(3) 37,800 0. DR. CIOMBOR RESEARCH VANDERBILT UNIVERSITY MEDICAL CENTER - PO BOX 290369 -HEMATOLOGIC MALIGNANCY NASHVILLE, TN 37229 35-2528741 501(C)(3) 1,000,000 0 INNOVATION FUND VANDERBILT UNIVERSITY MEDICAL CENTER - PO BOX 290369 -NASHVILLE, TN 37229 35-2528741 501(C)(3) 31,200 0. DR. CIOMBOR RESEARCH LAB VIRGINIA ATHLETICS FOUNDATION P. O. BOX 400833 CHARLOTTESVILLE, VA 22904 54-0517188 501(C)(3) 0 MEN'S BASKETBALL PROGRAM 20,000 VISION OF MERCY 600 EAST 52ND STREET CHATTANOOGA, TN 37410 86-3922275 501(C)(3) 16,500. 0. IMPACTING THE HOPELESS ACCESS TO FREE HEALTH VOLUNTEERS IN MEDICINE. CARE FOR MEDICALLY CHATTANOOGA, INC. - P.O. BOX 81057 UNDERSERVED, VIM - CHATTANOOGA, TN 37414 71-0959332 501(C)(3) CHATTANOOGA CLINIC 16,500 0. WALTON HIGH SCHOOL FOUNDATION INC 1590 BILL MURDOCK ROAD CONTINUING EDUCATION MARIETTA GA 30062 58-1985878 501(C)(3) 7 000 0. SCHOLARSHIPS FOR TEACHERS WALTON HIGH SCHOOL FOUNDATION INC 1590 BILL MURDOCK ROAD CONTINUING EDUCATION FOR MARIETTA, GA 30062 58-1985878 501(C)(3) 11,000. 0. TEACHERS WARM SPRINGS COMMUNITY ACTION TEAM P.O. BOX 1419 \$3,222 FOR IDA PROGRAM WARM SPRINGS, OR 97761 16-1633303 501(C)(3) 0. AND \$3,222 UNRESTRICTED 6 444.

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government valuation non-cash assistance or assistance if applicable cash grant noncash (book, FMV, assistance appraisal, other) WARRIOR FREEDOM SERVICE DOGS INC P.O. BOX 31 47-3304033 501(C)(3) 10,000 0. RESTORING FREEDOM FLINTSTONE, GA 30725 WASHINGTON & LEE UNIVERSITY 204 W. WASHINGTON STREET LEXINGTON, VA 24450 54-0505977 501(C)(3) 0. UNRESTRICTED 10,000 WASHINGTON LEGAL FOUNDATION 2009 MASSACHUSETTS AVE NW WASHINGTON, DC 20036 52-1071570 501(C)(3) 15,000 0. UNRESTICTED WAUHATCHIE SCHOOL 403 GARDEN ROAD 82-2812020 501(C)(3) 0 UNRESTRICTED CHATTANOOGA, TN 37419 25,000 \$8,000 FOR 2023-2024 WAUHATCHIE SCHOOL 403 GARDEN ROAD SCHOLARSHIP - \$4,000 FOR 82-2812020 501(C)(3) CHATTANOOGA, TN 37419 0. SCHOLARSHIP FUNDRAISER 12,000 WAUHATCHIE SCHOOL 403 GARDEN ROAD CHATTANOOGA, TN 37419 82-2812020 501(C)(3) UNRESTRICTED 15,000 0. WEIMAR INSTITUTE WORTHY STUDENT NURSING PO BOX 486 PROGRAM (1ST MASTERS, 2ND WEIMAR, CA 95736 94-2423430 501(C)(3) 37,500. 0. UNDERGRADUATE) WEIMAR INSTITUTE NEWSTART LIFESTYLE PO BOX 486 WEIMAR, CA 95736 94-2423430 501(C)(3) 15,000. 0. PROGRAM WELCOME HOME OF CHATTANOOGA P. O. BOX 4247 WELCOME HOME OF CHATTANOOGA, TN 37405 46-2613489 501(C)(3) 0. CHATTANOOGA DEI FUNDING 20,000.

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) WELCOME HOME OF CHATTANOOGA P. O. BOX 4247 HOSPICE/RESPITE FOR CHATTANOOGA, TN 37405 46-2613489 501(C)(3) 10,000 0. HOMELESS WELCOME HOME OF CHATTANOOGA P. O. BOX 4247 CHATTANOOGA, TN 37405 46-2613489 501(C)(3) 0. UNRESTRICTED 10,000 WELCOME HOME OF CHATTANOOGA P. O. BOX 4247 CHATTANOOGA, TN 37405 46-2613489 501(C)(3) 50,000 0. UNRESTRICTED WELCOME HOME OF CHATTANOOGA P. O. BOX 4247 46-2613489 501(C)(3) 0. CHATTANOOGA, TN 37405 8,934. UNRESTRICTED WELCOME HOME OF CHATTANOOGA TRAUMA-INFORMED SHELTER P. O. BOX 4247 FOR CANCER RESPITE AND CHATTANOOGA, TN 37405 46-2613489 501(C)(3) END-OF-LIFE CARE 7,566. 0. WELCOME HOME OF CHATTANOOGA P. O. BOX 4247 46-2613489 501(C)(3) UNRESTRICTED CHATTANOOGA, TN 37405 10,000 0. WESTERN UNIVERSITY OF HEALTH SCIENCES - 309 E. SECOND ST. -POMONA, CA 91766 95-3127273 501(C)(3) 10,000 0. WINSTON AWARD WOFFORD COLLEGE 429 NORTH CHURCH STREET SPARTANBURG, SC 29303 57-0314422 501(C)(3) 10,000. 0. ANNUAL WOFFORD FUND GIFT YALE UNIVERSITY PO BOX 208214 LAND, BUILDING, AND NEW HAVEN, CT 06520 06-0646973 501(C)(3) 10,722. 0. EOUIPMENT

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance noncash (book, FMV, assistance appraisal, other) YALE UNIVERSITY PO BOX 208214 LAND, BUILDING, AND NEW HAVEN, CT 06520 06-0646973 501(C)(3) 5,584. 0. EQUIPMENT YMCA OF METROPOLITAN CHATTANOOGA 301 W. SIXTH STREET CAMP OCOEE CAPITAL CHATTANOOGA, TN 37402 62-0475699 501(C)(3) 10,000 0. CAMPAIGN YMCA OF METROPOLITAN CHATTANOOGA 301 W. SIXTH STREET YMCA COMMUNITY SUPPORT CHATTANOOGA, TN 37402 62-0475699 501(C)(3) 30,000 0. CAMPAIGN YMCA OF METROPOLITAN CHATTANOOGA 301 W. SIXTH STREET YCAP SWIMMING PROGRAM OR CHATTANOOGA, TN 37402 62-0475699 501(C)(3) 15,000. 0. YCAP UNRESTRICTED YOUNG WOMEN'S LEADERSHIP ACADEMY FOUNDATION, INC. - P.O. BOX 3837 -CHATTANOOGA, TN 37404 26-0557874 501(C)(3) 0. UNRESTRICTED 20,000

CHATTANOOGA, INC.

Schedule I (Form 990) 2023

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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				
COLLEGE SCHOLARSHIPS	381	1,416,654.	0.						
		, ,							
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.					
PART II, LINE 1, COLUMN (H):									
NAME OF ORGANIZATION OR GOVERNMENT:	I								
A STEP AHEAD FOUNDATION CHATTANOOGA	A, INC								
(H) PURPOSE OF GRANT OR ASSISTANCE	: INCREAS	SING ACCESS	TO REPROD	UCTIVE					
HEALTH INFORMATION FOR INDIVIDUALS	WITH DIS	SABILITIES							
NAME OF ORGANIZATION OR GOVERNMENT	: CHATTAN	OOGA THEAT	RE CENTRE	INC					
(H) PURPOSE OF GRANT OR ASSISTANCE	: EDUCATI	ONAL OUTRE	EACH PROGRA	M SUPPORT					
FOR THE VERY YOUNG TOUR AND YOUTH I	EDUCATION	I RECRUITME	NT PROJECT						

NAME OF ORGANIZATION OR GOVERNMENT: CRABTREE FARMS OF CHATTANOOGA, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: GREENHOUSE GAS LINE REPAIRS AND UPGRADES / ORGANIZATION WEBSITE UPDATE / 2 INDUSTRIAL WEED EATERS WITH BRUSH ATTACHMENTS/ 2 METAL PICNIC TABLES/ 2 SETS OF ELECTRIC FENCING NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF CHICKAMAUGA & CHATTANOOGA NATIONAL MILITARY PARK (H) PURPOSE OF GRANT OR ASSISTANCE: HISTORIC LAND PRESERVATION ASSOCIATED WITH BROWNS FERRY AND TAVERN, REED'S BRIDGE AND THE ESTABLISHMENT OF A LAND PRESERVATION FUND NAME OF ORGANIZATION OR GOVERNMENT: GREENSPACES (H) PURPOSE OF GRANT OR ASSISTANCE: BIG ASSISTANCE IN ACQUIRING A NEW VEHICLE, TRAILER, AND PPE NECESSARY TO CONDUCT PROJECTS NAME OF ORGANIZATION OR GOVERNMENT: HAMILTON COUNTY SCHOOLS FOUNDATION (H) PURPOSE OF GRANT OR ASSISTANCE: TRANSPORTATION COSTS TO STATE CHAMPIONSHIP SEMI-FINALS FOR BRAINERD HIGH SCHOOL BOYS BASKETBALL TEAM NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL UKRAINIAN CRISIS FUND (H) PURPOSE OF GRANT OR ASSISTANCE: ADDITIONAL MATCH OPPORTUNITY, TO BE USED FOR FOOD, MEDICAL SUPPLIES AND EVACUATION SUPPORT NAME OF ORGANIZATION OR GOVERNMENT: LAUNCH, INC (H) PURPOSE OF GRANT OR ASSISTANCE: LAUNCH BUSINESS TRAINING, SUPPORT, AND INCUBATION FOR THOSE UNDERREPRESENTED IN ENTREPRENEURSHIP

Part IV | Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LULA LAKE LAND TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: TRAIL WORK, IMPROVED SIGNAGE,

MAINTENANCE OF TRAIL OR PARKING AREAS, OR EXPANSION OF ANY TRAILS OPEN TO

THE PUBLIC WITHOUT MEMBERSHIP OR RESERVATION

NAME OF ORGANIZATION OR GOVERNMENT: ORANGE GROVE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ORANGE GROVE CENTER: BASIC NEEDS FOR

INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES

FORM 990, SCHEDULE I, PART IV:

TO INSPIRE GIVING AND ENCOURAGE ACTION TO IMPROVE LIVES IN THE GREATER

CHATTANOOGA AREA.

GRANTS AWARDED FROM MAIN ENDOWMENT FUND ARE REQUIRED TO BENEFIT

RESIDENTS OF HAMILTON COUNTY.

SCHOLARSHIPS AWARDED ARE MONITORED THROUGH PERSONAL CONTACT WITH THE

AWARD RECIPIENT TO ENSURE SCHOLARSHIPS ARE USED FOR EDUCATIONAL

PURPOSES.

GRANTS FROM OTHER FUNDS ARE REVIEWED AT THE TIME THE GRANT IS ISSUED TO

ENSURE THE AWARD IS FOR A CHARITABLE PURPOSE. DUE DILIGENCE IS

PERFORMED FOR EACH GRANT TO VERIFY THE TAX STATUS OF THE ORGANIZATION

AT THE TIME THE GRANT IS MADE. STAFF VERIFIES GRANTEE 501(C)3 STATUS

THROUGH GUIDESTAR AND/OR INTERNAL REVENUE SERVICE PUBLICATION 78.

GRANTS ARE APPROVED BY THE PRESIDENT OF THE ORGANIZATION, THE VP OF

DONOR SERVICES, A COMMITTEE AUTHORIZED BY THE BOARD OF DIRECTORS AND/OR

THE COMMUNITY FOUNDATION OF GREATER

Sched Part	ule I (Form 99	₀₀₎ Iementa	CHA?	TTANOOGA,	INC.	62-6045999	Page 2
			RECTORS.				
AUD	ITORS R	EVIEW	GRANTS	ANNUALLY.			

SCHEDULE J (Form 990)

Compensation Information

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.

Employer identification number 62-6045999

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 Х reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, Х trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 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. X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 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: X a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: X a The organization? 6a X b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 X 7 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 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2023

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) MAEGHAN JONES	(i)	213,191.	0.	0.	21,320.	10,726.	245,237.	0.	
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) REBECCA UNDERWOOD	(i)	144,206.	0.	0.	14,442.	14,317.	172,965.	0.	
VP OF FINANCE & ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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. THE COMMUNITY FOUNDATION OF GREATER

CHATTANOOGA, INC.

Employer identification number 62-6045999

Par	t I	Types of Property							
			(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de			
			applicable	contributions or litems contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	ition am	ounts	i
1	Art -	Works of art			, ,				
2		Historical treasures							
3		Fractional interests							
4		ks and publications							
5		ning and household goods							
6		and other vehicles							
7		s and planes							
8		lectual property							
9	Seci	urities - Publicly traded	X	84	16,139,295.	PUBLISHED V	ALUE	S	
10	Seci	urities - Closely held stock							
11		urities - Partnership, LLC, or							
	trust	interests							
12	Seci	urities - Miscellaneous							
13	Qua	ified conservation contribution -							
	Histo	oric structures							
14	Qua	ified conservation contribution - Other							
15		estate - Residential							
16	Real	estate - Commercial							
17	Real	estate - Other							
18	Colle	ectibles							
19	Food	d inventory							
20	Drug	s and medical supplies							
21		dermy							
22		orical artifacts							
23		ntific specimens							
24	Arch	eological artifacts							
25	Othe	`							
26	Othe								
27	Othe	er ()							
28	Othe								
29		ber of Forms 8283 received by the organiz	=	•					
	for v	hich the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29		1.	. 1	
					=			Yes	No
30a		ng the year, did the organization receive by							
		t hold for at least 3 years from the date of t							v
		npt purposes for the entire holding period?	,				30a		<u> </u>
		es," describe the arrangement in Part II.				:0			v
31		s the organization have a gift acceptance p				IONS?	31	\dashv	<u>X</u>
32a		s the organization hire or use third parties of		•			00-		v
							32a		<u>X</u>
		es," describe in Part II.	aluman (=\ f=	o time of	, for which column (a) is also	also d			
33		e organization didn't report an amount in co cribe in Part II.	olullili (C) fol	a type of property	nor which column (a) is chec	reu,			

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

Schedule M (Form 990) 2023

THE COMMUNITY FOUNDATION OF GREATER

Schedule M	1 (Form 990) 2023	CHATTANOOGA,	INC.		62-6045999	Page 2
Part II	1 (Form 990) 2023 Supplementa is reporting in Par this part for any a	I Information. Provident I, column (b), the number dditional information.	e the information rec er of contributions, th	quired by Part I, lines 30b, 3 ne number of items received	2b, and 33, and whether the organization of both. Also combination of both.	ation plete

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.

Employer identification number 62-6045999

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROSPEROUS AND JUST CHATTANOOGA WHERE ALL CAN THRIVE AND ACHIEVE THEIR FULL POTENTIAL. FORM 990, PART VI, SECTION B, LINE 11B: COPY IS PROVIDED TO AND REVIEWED BY FINANCE AND AUDIT COMMITTEES AND PROVIDED TO FULL BOARD. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS, NON-BOARD COMMITTEE MEMBERS AND CURRENT EMPLOYEES ARE REQUIRED TO REVIEW THE POLICY ON AN ANNUAL BASIS AND SUBMIT TO THE PRESIDENT A SIGNED COPY OF THE CONFLICT OF INTEREST STATEMENT TO INDICATE ACCEPTANCE OF THE POLICY STATED AND DISCLOSE ANY POTENTIAL CONFLICTS OF INTERESTS. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION DETERMINED BY THE EXECUTIVE COMMITTEE. THE COMMITTEE REVIEWS DATA PROVIDED BY THE COUNCIL ON FOUNDATIONS FOR COMPARABLE POSITIONS. FOR THE PRESIDENT, THE COMMITTEE ALSO REVIEWS RESPONSIBILITIES AND COMPARES SALARIES TO OTHER ORGANIZATIONS IN THE AREA. FORM 990, PART VI, SECTION C, LINE 19: THE 990, 990T AND AUDIT IS MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

IN ADDITION, THE 990 IS ALSO AVAILABLE AT WWW.GUIDESTAR.ORG AND UPON

REQUEST.

Schedule O (Form 990) 2023 Page 2 THE COMMUNITY FOUNDATION OF GREATER Name of the organization **Employer identification number** 62-6045999 CHATTANOOGA, INC. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN VALUE OF CONTRIBUTIONS RECEIVABLE 2,266,590. FORM 990, PART XI, LINE 2C: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. FORM 990, SCHEDULE O: HOWEVER, THE ORGANIZATION'S ACTIVITIES ARE LIMITED TO, AND OPERATED EXCLUSIVELY FOR, RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY AND EDUCATIONAL PURPOSES, AND NO PART OF THE NET EARNINGS OF THE CORPORATION WILL INURE TO THE BENEFIT OF ANY PRIVATE MEMBER OR INDIVIDUAL. ALSO, NO SUBSTANTIAL PART OF THE ACTIVITIES SHALL CONSIST OF THE CARRYING ON OF PROPAGANDA OR OTHERWISE ATTEMPTING TO INFLUENCE LEGISLATION, AND IT SHALL NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLICATION OR DISTRIBUTION OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF ANY CANDIDATE FOR PUBLIC OFFICE.

332212 11-14-23

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. THE COMMUNITY FOUNDATION OF GREATER

Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	(e) ome End-of-year		Direct o	(f) controlling	9
		loreign country)						
	- -							
	_							
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990	D, Part IV, line 34, I	pecause it had one	or more	related tax-exe	mpt	
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity		(f)		rolled
of related organization		foreign country)	section	status (if section 501(c)(3))		entity	Yes	No
THE HOWARD FUND - 81-3722308							1.00	
1400 WILLIAMS STREET #1100 CHATTANOOGA, TN 37408	SUPPORTING ORGANIZATION	TENNESSEE	501(C)(3)	TYPE I SUPPORTING				х

CHATTANOOGA, INC.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

62-6045999

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		, , ,		1			_		T	_		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	al or Per	rcentage
of related organization		(state or foreign	entity	(related, unrelated, lexcluded from tax under	income	end-of-year assets	alloca	tions?	amount in box	partn	er? Ow	ercentage wnership
		country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
-												
										\vdash	_	
										\vdash	_	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Giπ, grant, or capital contribution to related organization(s)				ar	
c Gift, grant, or capital contribution from related organization(s)				1c	X
d Loans or loan guarantees to or for related organization(s)				1d	X
e Loans or loan guarantees by related organization(s)				1e	X
f Dividends from related organization(s)				1f	<u> X</u>
g Sale of assets to related organization(s)				1g	X
h Purchase of assets from related organization(s)				1h	X
i Exchange of assets with related organization(s)				1i	X
j Lease of facilities, equipment, or other assets to related organization(s	;)			1j	X
					V
k Lease of facilities, equipment, or other assets from related organization				1k	X
l Performance of services or membership or fundraising solicitations for					X
m Performance of services or membership or fundraising solicitations by				1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with relat				1n	X
Sharing of paid employees with related organization(s)				10	^_
p Reimbursement paid to related organization(s) for expenses				1p	Х
q Reimbursement paid by related organization(s) for expenses				1a	X
The impured ment paid by related organization (b) for expenses				14	
r Other transfer of cash or property to related organization(s)				1r	Х
				1s	X
2 If the answer to any of the above is "Yes," see the instructions for info	rmation on who must complete th	is line, including covered relati	onships and transaction thresholds.		
(a) Name of related organization	_ (b)	(c)	(d)		
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount in	/olved	
1)					
2)					
3)					
<u> </u>					
4)					
5)					
6)					
6)			<u> </u>	D /F: -	00) 0000
32163 09-28-23			Schedule	R (Form 9	90) 2023

62-6045999

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- ate tions?	General manage partne	(k) Percentage ownership
			,	100 110		100	110		
	_								
									_
	-								000) 0000

THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA TNC

	THE COMMUNITY FOUNDATION OF GREATER		
Schedule R	(Form 990) 2023 CHATTANOOGA, INC.	62-6045999	Page 5
Part VII	(Form 990) 2023 CHATTANOOGA, INC. Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		
	Trovide additional information for responses to questions on ochequie 11. Oce instructions.		

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2024

6/11111 6VE11 B/11/11 10 2021		
Name THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.	Employer Identif	
Based on the information provided with this return, the following are possible carryover amounts to next year.		
SECTION 1231 LOSS - INVESTMENT ACTIVITIES CONDUCTED TE	HROUGH	33,193.
FEDERAL POST-2017 NET OPERATING LOSS - INVESTMENT ACT	IVITIES	190,198.
FEDERAL CONTRIBUTION - 50% CASH		112,524,604.
CA NET OPERATING LOSS		8,177.
MA NET OPERATING LOSS		93.
		_
		_
		_
		_

Nama:	mur	COMMITMITMV	FOUNDATION	$\cap \mathbb{F}$	CDEXMED

FEIN: 62-6045999

ection 382	2 Annual Limitation		Section 382 Carryover Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amour
ear	Original	Total	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used fo
rigi-	Carryover	Amount	12/31/22	12/31/23	0000 101	0000101	0000101	0000 101	0000101	0000101	
ated	Amount	Used									-
2018	223,785. 76,184.	109,771.	25,717.	84,054.							
2020	76,184.										
etail S ype E	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amou
etail S	S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used
ype E	3										
	<i>j</i>										
							1			1	_
											1

THE COMMUNITY FOUNDATION OF GREA

	and Entity: PRE	-2018 NOL FED	Section 382 Carryover		DETAIL CA	ARRYOVER SCH	EDULE				
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/17	Amount Used for 12/31/19	Amount Used for 12/31/21	Amount Used for 12/31/22	Amount Used for 12/31/12	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 2010 B 2011 C 2013 D 2014 E 2015 F 2016 G	12,415. 12,664. 184,067. 92,399. 139,820.	12,415. 12,664. 184,067. 92,399. 139,820. 11,423.	4,964. 36,820.	147,247. 37,900.	54,499. 123,057.	16,763. 11,423.	12,415. 7,700.				
X M M O											
R S S S S S S S S S S S S S S S S S S S	E Amount S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3											
И											
) 											

FEIN:

62-6045999

312571 04-01-23

Name. The community foundation of Greater	Name: THE COMMUNITY FOUNDATION OF	GREATER	FEIN:	62-6045999
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	and Entity: CON	TRIBUTION - 50)% CASH FED Section 382 Carryover		DETAIL C	ARRYOVER SCH	IEDULE				
Year Origi	Original Carryover	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 201 B 201 C 202	8 15,049,560. 9 20,378,037. 0 19,713,130.										
D 202 E 202 F 202 G	2 23,168,820.										
J K L											
M N O P											
Q R S T											
U V W											
Deta Type		Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A B C D											
D E F G											
J K L											
M N O P											
Q R S											
U V W											

312571 04-01-23

Name: The community foundation of greater		FEIN:	62-6045999
Type and Entity: NOT G	DETAIL CARRYOVER SCHEDULE		

Type a	nd Entity: NOL 82 Annual Limitation	CA	Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
2022	2,131. 6,046.										
Detail Type	E Amount S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for

312571 04-01-23

d Entity: NOL											
pe and Entity: NOL MA DETAIL CARRYOVER SCHEDULE tion 382 Annual Limitation Section 382 Carryover											
Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amoun Used fo	
93.											
Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amou	
S Used for	Usea for	Used for	Usea for	Used for	Used for	Used for	Used for	Used for	Used for	Used 1	
	-									_	
	Carryover Amount 93.	Carryover Amount Used 93. E Amount Amount Carryover Amount Used E Amount Used for Used for Used for	Original Carryover Amount Used 93. E Amount Amount Amount S Used for Used	Original Carryover Amount Used 93. 93. E Amount Amount Amount Used for U	Original Carryover Amount Used 93. 93. Amount Amount Amount Amount Used for Used	Original Carryover Amount Used for Used	Original Carryover Amount Used for Used	Original Carryover Amount Used for Used	Original Carryover Amount Used for Used	Original Carryover Amount Used for Used	

312571 04-01-23

PUBLIC DISCLOSURE COPY

	000 T		EXTENDED TO NOVEMB	ER 15, 2024	Tov Dobum	I	0140 11 4545 0045
Form	990-T		Exempt Organization Busine and proxy tax under se		rax Retur	n	OMB No. 1545-0047
		For cal	, , , ,	, and ending			2023
	=	, 0, 04	Go to www.irs.gov/Form990T for instructi		formation.	— ·	
Departn Internal	nent of the Treasury Revenue Service	ı	Do not enter SSN numbers on this form as it may be ma				Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if		Name of organization (Check box if name change	d and see instructions.)		D Emp	ployer identification number
	address changed.		THE COMMUNITY FOUNDATION	OF GREATER			
	empt under section	Print	·				2-6045999
	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see	instructions.		(see	up exemption number instructions)
	408(e) 220(e)	''	1400 WILLIAMS ST. City or town, state or province, country, and ZIP or forei	an nootal anda		-	
	408A 530(a) 529(a) 529A		CHATTANOOGA, TN 37408	gii postai code		F -	Check box if
	020(u) 020A	C Bo	pok value of all assets at end of year	226,608	,341.	┥	an amended return.
G C	heck organization t		X 501(c) corporation 501(c) trust	401(a) trust	Other trust	State	college/university
		,,	6417(d)(1)(A) Applicable entity				
н с	heck if filing only to	o claim	Credit from Form 8941 Refund sho	own on Form 2439	Elective payme	ent amo	unt from Form 3800
I C	heck if a 501(c)(3)	organiz	zation filing a consolidated return with a 501(c)(2) tit	leholding corporation			
							1
			e corporation a subsidiary in an affiliated group or a	parent-subsidiary co	ntrolled group?		Yes X No
			nd identifying number of the parent corporation	Talaa	la a cara de a cara	/ / 2 2	1265 0506
Par	ne books are in car		MAEGHAN JONES ed Business Taxable Income	Telep	none number	(423)265-0586
1			less taxable income computed from all unrelated tra	idae or husinassas (sa	e instructions)	1	21,013.
2			ess taxable income computed from all differated tra	·		2	21/0131
3						3	21,013.
4	Charitable contrib	2	4	2,001.			
5	Total unrelated be	5	19,012.				
6	Deduction for net	t operat	ting loss. See instructions			6	
7	Total of unrelated	d busine	ess taxable income before specific deduction and s				
	Subtract line 6 fro		***************************************			7	19,012.
8			erally \$1,000, but see instructions for exceptions)				1,000.
9			eduction. See instructions			9	1,000.
10 11			lines 8 and 9			10	18,012.
	t II Tax Com			o is greater triair line	, enter zero	''	10,012.
1		•	as corporations. Multiply Part I, line 11 by 21% (0.	21)		1	3,783.
2			rates. See instructions for tax computation. Incom				
	Part I, line 11, fro			n 1041)		2	
3	Proxy tax. See in	struction	ions			3	
4			instructions			4	
5	Alternative minim	ıum tax	<			5	
6			facility income. See instructions			6	3,783.
7 Par			ngh 6 to line 1 or 2, whichever appliesnents			7	3,703.
1a			orations attach Form 1118; trusts attach Form 1116	i) 1a			
b	Other credits (see						
С	•		. Attach Form 3800 (see instructions)				
d			imum tax (attach Form 8801 or 8827)				
е	Total credits. Ad	ld lines	s 1a through 1d			1e	
2	Subtract line 1e f	rom Pa	art II, line 7			2	3,783.
За	Amount due from					_	
b	Amount due from					-	
C	Amount due from		0000			-	
d	Amount due from					-	
e f	Other amounts du	•	e instructions) Il lines 3a through 3e			3f	0.
4			nd 3f (see instructions).			31	•
•			ax amount here	. ,		4	3,783.
5			ility paid from Form 965-A, Part II, column (k)			5	0.

Part		lax and Payments (continued)									
6 a	Paym	ents: Preceding year's overpayment cred	ited to the current year		6a		1,040	•			
b	Curre	nt year's estimated tax payments. Check	if section 643(g) election	on							
	applie	es		[6b						
С	Tax d	eposited with Form 8868			6c		30,000	<u>.</u>			
d	Forei	gn organizations: Tax paid or withheld at s	source (see instructions	s)	6d						
е	Backı	up withholding (see instructions)			6e						
f		t for small employer health insurance prer			٠						
g	Electi	ve payment election amount from Form 3	800		6g						
h		ent from Form 2439									
i		t from Form 4136									
j	Other	(see instructions)			6j						
7		payments. Add lines 6a through 6j						7	3:	1,04	<u>40.</u>
8	Estim	ated tax penalty (see instructions). Check	if Form 2220 is attach	ed				8			
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed											
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 27, 2											57 .
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax 27, 257. Refunded 11										
Part	IV :	Statements Regarding Certain <i>I</i>	Activities and Oth	er Informa	tion (se	e instru	ctions)				
1	At an	y time during the 2023 calendar year, did	the organization have a	an interest in c	or a signat	ure or o	ther authority	y		Yes	No
	over a	a financial account (bank, securities, or ot	her) in a foreign country	y? If "Yes," the	e organiza	tion may	y have to file				
	FinCE	EN Form 114, Report of Foreign Bank and	Financial Accounts. If	"Yes," enter th	ne name c	of the for	eign country				
											X
2											
	is significant to the significan										<u>X</u>
	If "Yes," see instructions for other forms the organization may have to file.										
3 Enter the amount of tax-exempt interest received or accrued during the tax year\$											
4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover											
shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.											
5	Post-	2017 NOL carryovers. Enter the Business	Activity Code and avai	lable post-201	7 NOL ca	rryovers	. Don't reduc	ce			
	the ar	mounts shown below by any NOL claimed	l on any Schedule A, P	art II, line 17 fo	or the tax	year. Se	e instruction	s.			
		Business Activity Co			Ava	ailable p	ost-2017 NO				
		900	001		\$			<u> 274</u>	,252.		
					\$						
					\$						
					\$						
6 a	Reser	ved for future use									
b											
Part	V -	Supplemental Information									
Provide	any a	dditional information. See instructions.									
	1	and a second	de la contraction de				h t - f l				
Sign		nder penalties of perjury, I declare that I have examined to prect, and complete. Declaration of preparer (other than						ledge ar	nd belief, it is true	,	
Here			1	DDDGT	D = 3.75				IRS discuss this		rith
iicic	=	ignature of officer	Doto	PRESII	DENT				arer shown below		
	0	1	Date	Title			E		ons)? X Ye	S	No
		Print/Type preparer's name	Preparer's signature		Date		Check	- 1	PTIN		
Paid					11 /1 ^		self-employed		D01000		
Prepa	ırer		MATTHEW T. I	HISEY	11/13	/ 24	Г		P01293		
Use C	nly	Firm's name MAULDIN & JEI		1100			Firm's EIN		58-0692	<u> 4 U 4 .</u>	<u> </u>
			K. BLVD, STE					400	7FC C	1 2 2	
		Firm's address	A, TN 37402-	-1239			Phone no.	423	-756-61	L 3 3	

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
FOUNDATION GRANTS	N/A	25,948,575.
CHARITABLE CONTRIBUTIONS - RESOLUTE CAPITAL PARTNERS III	N/A	2.
CHARITABLE CONTRIBUTIONS - HEADLANDS CAPITAL II	N/A	3.
CHARITABLE CONTRIBUTIONS - ENERGY & MINERALS GROUP FUND	N/A	
IV		3.
TOTAL TO FORM 990-T, PART I, LI	INE 4	25,948,583.

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT 2
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2018		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	101,627,582 25,948,583	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	127,576,165 2,001	_
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	127,574,164 0 127,574,164	_
ALLOWABLE CONTRIBUTIONS DEDUCTION		2,001
TOTAL CONTRIBUTION DEDUCTION		2,001

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only THE COMMUNITY FOUNDATION OF GREATER Name of the organization B Employer identification number CHATTANOOGA, INC. 62-6045999 900001 Unrelated business activity code (see instructions) **D** Sequence: E Describe the unrelated trade or business INVESTMENT ACTIVITIES CONDUCTED THROUGH LIMIT Part I Unrelated Trade or Business Income (B) Expenses (A) Income (C) Net 1a Gross receipts or sales **b** Less returns and allowances 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D (Form 1041 or Form 301. 301 1120)). See instructions 4a 3.957. b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3 104,646. 104,646. 6 Rent income (Part IV) Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 11 11 Advertising income (Part IX) Other income (see instructions; attach statement) 12 12 13 108,904. **Total.** Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 2 2 Salaries and wages 3 3 Repairs and maintenance 4 4 Interest (attach statement). See instructions 5 5 104. Taxes and licenses 6 6 Depreciation (attach Form 4562). See instructions 7 Less depreciation claimed in Part III and elsewhere on return 289. 8a 8b 8 9 Depletion _____ 9 10 10 Contributions to deferred compensation plans 11 11 Employee benefit programs Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 13 Other deductions (attach statement) SEE STATEMENT 4 3,444. 14 14 3,837. 15 15 **Total deductions.** Add lines 1 through 14

For Paperwork Reduction Act Notice, see instructions.

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,

Deduction for net operating loss. See instructions STMT 5 STMT 8

column (C)

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2023

16

17

18

105,067.

84,054.

21,013.

16

17

 Inventory at beginning of year Purchases Cost of labor 	
	1
3 Cost of labor	2
	3
4 Additional section 263A costs (attach statement)	4
5 Other costs (attach statement)	5
6 Total. Add lines 1 through 5	6
7 Inventory at end of year	7
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
Part IV Rent Income (From Real Property and Personal Property Leased With Real Proper	ty)
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.	
A	
В	
c <u> </u>	
D	
A B C	D
2 Rent received or accrued	
a From personal property (if the percentage of	
rent for personal property is more than 10%	
but not more than 50%)	
b From real and personal property (if the	
percentage of rent for personal property exceeds	
50% or if the rent is based on profit or income)	
c Total rents received or accrued by property.	
Add lines 2a and 2b, columns A through D	
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.
Deductions directly connected with the income	
4 in lines 2a and 2b (attach statement)	
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.
Part V Unrelated Debt-Financed Income (see instructions)	
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.	
A	
B	
<u>c</u>	
D	
A B C	D
2 Gross income from or allocable to debt-financed	
property	
3 Deductions directly connected with or allocable	
to debt-financed property	
a Straight line depreciation (attach statement)	
b Other deductions (attach statement)	
- T-t-1 de de de la	
c Total deductions (add lines 3a and 3b,	
columns A through D)	
columns A through D)	
columns A through D) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	
columns A through D)	
columns A through D)	
columns A through D)	% %
columns A through D) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 5 Average adjusted basis of or allocable to debt-financed property (attach statement) 6 Divide line 4 by line 5 % % 7 Gross income reportable. Multiply line 2 by line 6	
columns A through D)	
columns A through D)	
columns A through D) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 5 Average adjusted basis of or allocable to debt-financed property (attach statement) 6 Divide line 4 by line 5 % % 7 Gross income reportable. Multiply line 2 by line 6	0.

Page 3

Part VI	Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)										
						E	xempt Contro	lled Org	ganization	s	
1.	Name of controlled	t	2. Employer	3. Net	unrelated	4. Tota	al of specified		rt of colur		6. Deductions directly
	organization		identification	1	ne (loss)	payn	nents made	that is included in the controlling organization			connected with
			number	(see ins	structions)				gross inc		income in column 5
<u>(1)</u>											
(2)											
(3)											
(4)											
	abla la acusa	0.1		· · · ·	Controlled Or otal of specifi		1	-£ l	0	44.5	Dadinationa dinasti.
7. Tax			Net unrelated				10. Part of that is inc				Deductions directly connected with
			e instructions)	payments mad		-	controlling organization's		ation's		ome in column 10
(4)		(000			gross income		e				
(1) (2)											
(3)											
(4)											
1.7	-						Add columns 5 and 10.			Add	columns 6 and 11.
							Enter here		,	Enter	here and on Part I,
							line 8, c	olumn	(A).	lir	ne 8, column (B).
Totals									0.		0.
Part VII	Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)										
1. Description of income 2. Amount of 3. Deductions 4. Set-a									5. Total deductions and set-asides		
					income directly connect (attach stateme		,		atemeni	(add cols 3 and 4)	
(4)								,			
(1)											
(2) (3)											
(4)											
(1)					Add amou	ınts in					Add amounts in
					column 2.						column 5. Enter
					here and or line 9, colu	,					here and on Part I, line 9, column (B).
Totals						0.					0.
Part VIII	Exploited Ex	xempt A	ctivity Income,	Other T	han Adve	rtisinç	g Income (see ins	tructions)		
1 Des	cription of exploite	d activity:									
2 Gro	ss unrelated busine	ess incom	e from trade or busir	ness. Ente	r here and or	n Part I,	line 10, columi	n (A)		2	
3 Exp	enses directly conr	nected wit	h production of unre	elated busi	ness income	. Enter l	here and on Pa	art I,			
	, , , , , , , , , , , , , , , , , , , ,									3	
	- · · · · · · · · · · · · · · · · · · ·										
	lines 5 through 7 Gross income from activity that is not unrelated business income								4		
										5	
			entered on line 5							6	
			act line 5 from line 6								
4. E	nter nere and on P	art II, line	12							7	

Schedule A (Form 990-T) 2023

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if report	ing two or	more periodicals on a	consolidated basi	S.	
	A \square	Ü	,			
	B					
	c					
	D					
Enter	amounts for each periodical listed above in the	correspo	nding column.			
			A	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and o		e 11 column (A)	,	•	0.
_	rida dolarimo ri ambagir b. Emor moro ana o					
а 3	Diversity and contribution of a section by a sectional					
	Direct advertising costs by periodical		44 1 (D)			0.
а	Add columns A through D. Enter here and o	n Part I, IIr	e 11, column (B)			
4	Advertising gain (loss). Subtract line 3 from I	ine				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column	in				
	line 4 showing a loss or zero, do not comple	te				
	lines 5 through 7, and enter -0- on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
•	line 5, subtract line 6 from line 5. If line 5 is less than					
•	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the	greater of	he line 8a columns to	al or -0- here and	on	
	Part II, line 13					0.
Part	X Compensation of Officers, D	irectors	, and Trustees 🤫	see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
					%	
(4)					70	
						0
Part	Lenter here and on Part II, line 1					0.
Part	XI Supplemental Information (s	ee instruc	tions)			
						_
_						

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION	NET INCOME OR (LOSS)
MIT PRIVATE EQUITY FUND III, LP - ORDINARY BUSINESS INCOME	
(LOSS)	1,657.
PALLADIAN PARTNERS VII - ORDINARY BUSINESS INCOME (LOSS)	61.
PALLADIAN PARTNERS VII - OTHER INCOME (LOSS)	-16.
ENERGY AND MINERAL GROUP FUND II, LP - ORDINARY BUSINESS	
INCOME (LOSS)	18,057.
ENERGY AND MINERAL GROUP FUND II, LP - DIVIDEND INCOME	25.
ENERGY AND MINERAL GROUP FUND II, LP - OTHER INCOME (LOSS)	-9,019.
PALLADIAN PARTNERS VIII - ORDINARY BUSINESS INCOME (LOSS)	1,270.
PALLADIAN PARTNERS VIII - INTEREST INCOME	25.
RESOLUTE CAPITAL PARTNERS III - ORDINARY BUSINESS INCOME	
(LOSS)	11,940.
HEADLANDS CAPITAL II - ORDINARY BUSINESS INCOME (LOSS)	2,507.
HEADLANDS CAPITAL II - INTEREST INCOME	1.
HEADLANDS CAPITAL II - ROYALTIES	5.
HEADLANDS CAPITAL II - OTHER INCOME (LOSS)	-38.
MTP ENERGY OPPORTUNITIES FUND II - ORDINARY BUSINESS	50.
INCOME (LOSS)	133.
ENERGY & MINERALS GROUP FUND IV - ORDINARY BUSINESS INCOME	155.
(LOSS)	97,222.
ENERGY & MINERALS GROUP FUND IV - OTHER INCOME (LOSS)	-12,408.
ENERGY & MINERALS GROUP FUND IV - OTHER INCOME (LOSS) ENERGY & MINERALS GROUP ASCENT - ORDINARY BUSINESS INCOME	-12,400.
(LOSS)	2,448.
PALLADIAN PARTNERS IX LP - ORDINARY BUSINESS INCOME (LOSS)	321.
	1.
PALLADIAN PARTNERS IX LP - INTEREST INCOME	12.
PALLADIAN PARTNERS IX LP - DIVIDEND INCOME	
GT PRIVATE EQUITY X, LP - ORDINARY BUSINESS INCOME (LOSS) IMPACT ENGINE PRIVATE EQUITY FUND - ORDINARY BUSINESS	-516.
INCOME (LOSS)	-9,339.
CORBIN SUSTAINABILITY & ENGAGEMENT FUND, LP - ORDINARY	
BUSINESS INCOME (LOSS	297.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	104,646.
FORM 990-T (A) OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION	AMOUNT
	
INVESTMENT EXPENSES FOR PARTNERSHIPS	3,444.
TOTAL TO SCHEDULE A, PART II, LINE 14	3,444.
	=======================================

FORM 990-T (A)		POST 2017 NOL SCHE	DULE STATEMENT 5
PRIOR YEAR PO	ST	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
274,252.		84,054.	190,198.
			
FORM 990-T	DESCRIPTION	OF ORGANIZATION'S TRUSTNESS ACTIVITY	UNRELATED STATEMENT 6

INVESTMENT ACTIVITIES CONDUCTED THROUGH LIMITED PARTNERSHIPS.

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 7
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18 223,785. 12/31/20 76,184.		25,717. 0.	198,068. 76,184.	198,068. 76,184.
NOL CARRYO	VER AVAILABLE THIS	YEAR	274,252.	274,252.

SCH A (990-T)	SCHEDULE A NOL DETAIL	STATEMENT 8
TAXABLE INCOME FROM THIS ENTITIES PORTIC	ALL ENTITIES ON OF TAXABLE INCOME	105,067. 105,067.
	NTAGE OF PRE-2018 NET OPERATING LOSS ED PRE-2018 NET OPERATING LOSS	100.00%
TAXABLE INCOME AFTER	R PRE-2018 NET OPERATING LOSS ON	105,067. 84,054.
POST-2017 AVAILABLE LESSER OF POST-2017	NET OPERATING LOSS OR 80% LIMITATION	274,252. 84,054.

SCHEDULE D (Form 1120)

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2023

Employer identification number

THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

62-6045999 _____Yes X No

Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					4.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kind				5	
6 Unused capital loss carryover (attach computa				6	()
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in columr	ı h		7	4.
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Thar	n One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	149,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					297.
44 5			•	11	
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kind				13	

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h

Note: If losses exceed gains, see Capital Losses in the instructions.

297

297

14

15

16

17

18

LHA

14 Capital gain distributions

Part III Summary of Parts I and II

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

C

C

Name(s) shown on return

THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA INC.

Social security number or taxpayer identification no.

62-6045999

statement will hav broker and may ev	Box A, B, or C below the the same informativen tell you which be	ation as Form 109 oox to check.	99-B. Either will's	show whether you	r basis (usually you	r cost) was	reported to the IF	bstitute 'S by your	
transac Note: Y	t-Term. Transacti tions, see page 2. ou may aggregate all are required. Enter the	short-term transac	tions reported on I	Form(s) 1099-B show	ing basis was reporte	d to the IRS	and for which no ad	justments or ctions).	
You must check Bo	ox A, B, or C below. O erm transactions than will rm transactions rep	Check only one bo I fit on this page for on	e or more of the boxes	oox applies for your short s, complete as many form	t-term transactions, comp ns with the same box che	lete a separat cked as you n	e Form 8949, page 1, for eed.		
(B) Short-te	rm transactions reports remains actions reports and transactions actions actio	oorted on Form(s) 1099-B showin	g basis wasn't re	•				
1 (Description	a) of property sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If you in column (f)	nt, if any, to gain or bu enter an amount (g), enter a code in . See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &	
					see Column (e) in the instructions	Code(s)	Amount of adjustment	combine the result with column (g)	
PALLADIAN IX LP	PARTNERS							5.	
GT PRIVAT	E EQUITY								
X, LP								-1.	
negative amou Schedule D, lir	e amounts in colur ints). Enter each to ne 1b (if Box A abo ked), or line 3 (if B	tal here and incluove is checked),	ide on your line 2 (if Box B					4.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an

Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.

Social security number or taxpayer identification no.

62-6045999

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Cabadala D. line Service aren't required to report these transactions on Form 8949 (see instructions). codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) see *Column (*e) ir combine the result Amount of Code(s) with column (g) the instructions adjustment PALLADIAN PARTNERS VII HEADLANDS CAPITAL 436. PALLADIAN PARTNERS IX LP GT PRIVATE EQUITY -120. X, LP CORBIN SUSTAINABILITY & 23. ENGAGEMENT FUND, 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E 297. above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (a) in the separate instructions for how to figure the amount of the adjustment.

Form **4797**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment 2

Identifying number

THE COMMUNITY FOUNDATION OF GREATER 62-6045999 CHATTANOOGA, INC. 1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) (a) Description (b) Date acquired (C) Date sold (d) Gross sales basis, plus allowed or Subtract (f) from the of property allowable since (mo., day, yr.) (mo., day, yr.) price improvements and sum of (d) and (e) SEE STATEMENT 9 acquisition expense of sale Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 3,957. 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years. See instructions SEE STATEMENT 10 37,150. 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 3,957 12 12 Gain, if any, from line 31 13 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 3,957. 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 18b (Form 1040), Part I, line 4

Form 4797 (2023) CHATTANOOGA, INC.

(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	(b) Date acqu (mo., day, y		(c) Date sold (mo., day, yr.)			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
1							
)							
These columns relate to the properties on lines 19A through 19D.		Property A	Property	В	Property	C	Property [
Gross sales price (Note: See line 1a before completing.)	20						
Cost or other basis plus expense of sale	21						
Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24						
If section 1245 property: a Depreciation allowed or allowable from line 22	25a						
Enter the smaller of line 24 or 25a	25b						
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
a Additional depreciation after 1975. See instructions	26a						
Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976	26d						
Enter the smaller of line 26c or 26d	26e						
Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f	26g						
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
a Soil, water, and land clearing expenses	27a						
Line 27a multiplied by applicable percentage	27b						
Enter the smaller of line 24 or 27b	27c						
If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
Enter the smaller of line 24 or 28a	28b						
If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
Enter the smaller of line 24 or 29a. See instructions	29b						
mmary of Part III Gains. Complete property of	ممسام	A through D through	lina 20h hafara	aoina	to line 20		
Complete property of	Joiuitiis	A through b through	i iii le 23b belore	gonig	to line 30.		
Total gains for all properties. Add property columns	A throu	gh D, line 24				30	
Add property columns A through D, lines 25b, 26g,	27c, 28	b, and 29b. Enter he	re and on line 13			31	
Subtract line 31 from line 30. Enter the portion from	casualt	y or theft on Form 46	884, line 33. Ente	er the p	oortion		
from other than casualty or theft on Form 4797, line	6	<u></u>	<u></u>			32	
art IV Recapture Amounts Under Section (see instructions)	ns 179	9 and 280F(b)(2)	When Busin	ess l	Jse Drops to	50 % c	or Less
					(a) Sectio 179	n	(b) Section 280F(b)(2)
Section 179 expense deduction or depreciation allo	wable ir	n prior years		33			

FORM 4797	PROPI	ERTY HELI	MORE T	HAN ONE	YEAR	STA	ATEMENT 9
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEP	COS PR. OR BA		GAIN OR LOSS
MIT PRIVATE EQUITY FUND III,							
ΣP							-3,526
PALLADIAN PARTNERS VII ENERGY AND							-2
MINERAL GROUP FUND II, LP PALLADIAN							-324
PARTNERS VIII HEADLANDS CAPITAL							50
II MTP ENERGY							-24
OPPORTUNITIES FUND II							-55
ENERGY & MINERALS GROUP FUND IV							7,839
PALLADIAN PARTNERS IX LP							-1
TOTAL TO 4797, PA	RT I, LINE	- 2 =					3,957
FORM 4797	NONRECA	PTURED NE	ET SECTI	ON 1231	LOSSES	STA	ATEMENT 10
		FROM	PRIOR Y	EARS			
		SECTION LOSS			ION 1231 RECAPTURED	SEC	ECAPTURED TION 1231 OSSES
rax year							
2018 2019			2,098. 9,078.		0. 2,098.		2,098 6,980
2018		:					

INVESTMENT ACTIVITIES CONDUCTED THROUG

A PG1

Asset No.	Description	Date Acquired	Method	Life	C o Lin	Unadjusted Cost Or Basi	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
3	FROM K-1 * TOTAL 990-T SCH A PG 1	12/31/23	200DB	5.00	HY19	DB 289.		289.				289.	289.	
	DEPR					289.		289.		0.	0.	289.	289.	0.

SCHEDULE D (Form 1120)

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2023

Employer identification number

THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

62-6045999 _____Yes X No

Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					4.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kind				5	
6 Unused capital loss carryover (attach computa				6	()
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in columr	ı h		7	4.
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Thar	n One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	149,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					297.
44 5			•	11	
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kind				13	

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h

Note: If losses exceed gains, see Capital Losses in the instructions.

297

297

14

15

16

17

18

LHA

14 Capital gain distributions

Part III Summary of Parts I and II

Form **8949**Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

2023

Attachment

Name(s) shown on return

THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.

Social security number or taxpayer identification no.

62-6045999

Befo state brok	ore you check Box A, B, or C belo ement will have the same informa ker and may even tell you which b	oox to check.						bstitute 'S by your
Pa	short-Term. Transactivansactions, see page 2. Note: You may aggregate all codes are required. Enter the	I short-term transac	tions reported on I	Form(s) 1099-B show	ring basis was reporte	d to the IRS	and for which no ad	
	must check Box A, B, or C below. on have more short-term transactions than will (A) Short-term transactions report (B) Short-term transactions report (C) Short-term transactions not consider the short transactions are short transactions.	I fit on this page for on ported on Form(s ported on Form(s	e or more of the boxes s) 1099-B showin s) 1099-B showin	s, complete as many forming basis was reporting basis wasn't re	ns with the same box che ted to the IRS (see	cked as you n	eed.	each applicable box.
1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If you	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
	LLADIAN PARTNERS							
	LP							5.
$\frac{GT}{X}$	PRIVATE EQUITY LP							<1.
								_
r	Fotals. Add the amounts in colur negative amounts). Enter each to Schedule D, line 1b (if Box A about it should be characterised by the second of the second	tal here and incluove is checked),	ude on your line 2 (if Box B					4

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Attachment Sequence No. 12A Form 8949 (2023)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.

Social security number or taxpayer identification no.

62-6045999

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Cabadala D. line Service aren't required to report these transactions on Form 8949 (see instructions). codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) see *Column (*e) ir combine the result Amount of Code(s) with column (g) the instructions adjustment PALLADIAN PARTNERS VII 1. HEADLANDS CAPITAL 436. PALLADIAN PARTNERS IX LP < 43 GT PRIVATE EQUITY <120.> X, LP CORBIN SUSTAINABILITY & 23. ENGAGEMENT FUND,

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

297.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

THE COMMUNITY FOUNDATION OF GREATER

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates Identifying number INVESTMENT ACTIVITIES

1

CHATTANOOGA, INC.		CC	NDUCTED	THROUGH	LIMI	re 62-6045999
Part I Election To Expense Certain Propert	y Under Section 17	'9 Note: If you have any	listed property,	complete Part	V before y	ou complete Part I.
1 Maximum amount (see instructions)					1	1,160,000.
2 Total cost of section 179 property place	d in service (see	instructions)			2	289.
3 Threshold cost of section 179 property b						2,890,000.
4 Reduction in limitation. Subtract line 3 fr					1	0.
5 Dollar limitation for tax year. Subtract line 4 from line 1					5	1,160,000.
6 (a) Description of prop			siness use only)	(c) Elected	cost	
FROM K-1			289.		289.	
7 Listed property. Enter the amount from I	ine 20		7			
8 Total elected cost of section 179 proper		in column (c) lines 6 an	· · · · · · · · · · · · · · · · · · ·		8	289.
9 Tentative deduction. Enter the smaller						289.
10 Carryover of disallowed deduction from						203.
						1,160,000.
11 Business income limitation. Enter the sm						289.
12 Section 179 expense deduction. Add lin					12	209.
13 Carryover of disallowed deduction to 20 Note: Don't use Part II or Part III below for li		<u> </u>	13			
B		· · ·	ida liatad propa	-t. , \		
		•				
14 Special depreciation allowance for quality	ried property (oth	er than listed property) i	placed in service	during		
the tax year						
15 Property subject to section 168(f)(1) elec	tion					
					16	
Part III MACRS Depreciation (Don't i	nclude listed pro	· · · · · · · · ·				
		Section A			<u> </u>	<u> </u>
17 MACRS deductions for assets placed in	service in tax ye	ars beginning before 20	23		17	
18 If you are electing to group any assets placed in service						
Section B - Assets I		e During 2023 Tax Yea	r Using the Gen	ieral Deprecia	tion Syste	· m I
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
	/		27.5 yrs.	MM	S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
 Nonresidential real property 	/			MM	S/L	
Section C - Assets PI	aced in Service	During 2023 Tax Year	Using the Alteri	native Depreci	ation Sys	tem
20a Class life		_			S/L	
b 12-year			12 yrs.		S/L	
c 30-year	,		30 yrs.	ММ	S/L	
d 40-year	,		40 yrs.	MM	S/L	
Part IV Summary (See instructions.)	'	ı	1 ,	1		<u> </u>
Canna y (Coo mon actions.)						
21 Listed property. Enter amount from line	28				21	
21 Listed property. Enter amount from line22 Total Add amounts from line 12 lines 1		es 19 and 20 in column	(a) and line 21		21	
22 Total. Add amounts from line 12, lines 1	4 through 17, lin					289
	4 through 17, lin of your return. Pa	rtnerships and S corpor		r	21	289.

Part V

62-6045999 Page 2

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? Yes Nο Yes Nο (b) (c) (e) (i) (f) (g) (a) Type of property Date Business/ Basis for depreciation Elected Cost or Recovery Method/ Depreciation placed in investment (business/investment section 179 (list vehicles first) Convention deduction other basis period use percentage use only) service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use % S/L · S/L · % % S/L 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 year (don't include commuting miles) Total commuting miles driven during the year ... 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 _____ Yes Yes Yes Yes Yes Yes 34 Was the vehicle available for personal use No No No No No No during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners **39** Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Part VI | Amortization (b) (f) (c) (d) (e) Description of costs Date amortization Amortization for this year Code section begins amount period or percentage 42 Amortization of costs that begins during your 2023 tax year 43 43 Amortization of costs that began before your 2023 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Identifying number

	E COMMUNITY FOUNDAT: ATTANOOGA, INC.	ION OF GR	REATER					62-6045999
	Enter the gross proceeds from sales	or exchanges rep	orted to you for	2023 on Form(s) 1	099-B or 1099-S	T		
	(or substitute statement) that you are		•				1a	
b	Enter the total amount of gain that yo	u are including o	n lines 2, 10, an					
	MACRS assets						1b	
С	Enter the total amount of loss that yo							
D-	assets	Duran anta Har		Di			1c	- Franco Otto an
Pa	rt I Sales or Exchanges of Than Casualty or Theft					-	sions	s From Other
	man Casualty of There		ity Held Wio		(see instruction	(f) Cost or o	thor	
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	allowed or	basis, plus	;	(g) Gain or (loss) Subtract (f) from the
SE	• • • • • • • • • • • • • • • • • • • •	(IIIO., day, yr.)	(IIIO., day, yr.)	price	allowable since acquisition	improvements expense of s		sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment sa						4	
5	Section 1231 gain or (loss) from like-k						5	
6	Gain, if any, from line 32, from other t	han casualty or t	heft				6	
7	Combine lines 2 through 6. Enter the	gain or (loss) her	e and on the ap	propriate line as fo	llows		7	3,957.
	Partnerships and S corporations. R				r Form 1065, Sche	edule K,		
	line 10, or Form 1120-S, Schedule K,	•						
	Individuals, partners, S corporation							
	from line 7 on line 11 below and skip 1231 losses, or they were recaptured		-	•				
	the Schedule D filed with your return	•			ig torri oapital gan			
8	Nonrecaptured net section 1231 loss	es from prior vea	re See instructi	one		ŀ	8	37,150.
	Subtract line 8 from line 7. If zero or le				e 7 on line 12 held	If		3772301
Ŭ	line 9 is more than zero, enter the am	•	•	•		I		
	capital gain on the Schedule D filed w			-		·	9	0.
Da	rt II Ordinary Gains and I							•
Га	Ordinary dams and i	LUSSES (see ins	structions)					
10	Ordinary gains and losses not include	ed on lines 11 th	rough 16 (includ	de property held 1	year or less):			
							11	2 057
	Gain, if any, from line 7 or amount fro						12	3,957.
	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, line						14	
	Ordinary gain from installment sales f						15	
	Ordinary gain or (loss) from like-kind e Combine lines 10 through 16						16 17	3,957.
	For all except individual returns, enter			appropriate line of			1/	3,557.
10	a and b below. For individual returns,			appropriate iirie 01	your return and Sr	nh iii iea		
9	If the loss on line 11 includes a loss fr	•		(h)(ii) enter that par	rt of the loss here	Enter the		
a	loss from income-producing property	•	*					
	as an employee.) Identify as from "Fo						18a	
b	Redetermine the gain or (loss) on line							
	(Form 1040), Part I, line 4	-	•				18b	

Form 4797 (2023) CHATTANOOGA, INC.

9 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: A					(b) Date acquired (mo., day, yr.)		(c) Date sold (mo., day, yr.)
1							
)							
These columns relate to the properties on lines 19A through 19D.		Property A	Property	В	Property	C	Property [
Gross sales price (Note: See line 1a before completing.)	20						
Cost or other basis plus expense of sale	21						
Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24						
If section 1245 property: a Depreciation allowed or allowable from line 22	25a						
Enter the smaller of line 24 or 25a	25b						
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
a Additional depreciation after 1975. See instructions	26a						
Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976	26d						
Enter the smaller of line 26c or 26d	26e						
Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f	26g						
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
a Soil, water, and land clearing expenses	27a						
Line 27a multiplied by applicable percentage	27b						
Enter the smaller of line 24 or 27b	27c						
If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
Enter the smaller of line 24 or 28a	28b						
If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
Enter the smaller of line 24 or 29a. See instructions	29b						
mmary of Part III Gains. Complete property of	olumno	A through D through	lina 20h hafara	aoina	to line 20		
Complete property of	olulilis	A through b through	i iii le 23b belore	gonig	to line 30.		
Total gains for all properties. Add property columns	A throu	gh D, line 24				30	
Add property columns A through D, lines 25b, 26g,	27c, 28	b, and 29b. Enter he	re and on line 13			31	
Subtract line 31 from line 30. Enter the portion from	casualt	y or theft on Form 46	884, line 33. Ente	er the p	oortion		
from other than casualty or theft on Form 4797, line	6	<u></u>	<u></u>			32	
art IV Recapture Amounts Under Section (see instructions)	ns 179	9 and 280F(b)(2)	When Busin	ess l	Jse Drops to	50% c	or Less
					(a) Sectio 179	n	(b) Section 280F(b)(2)
Section 179 expense deduction or depreciation allo	wable ir	n prior years		33			

FORM 4797	PROI	PERTY HEL	D MORE THAN	ONE YEAR	ST	ATEMENT 11
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
MIT PRIVATE EQUITY FUND III, LP PALLADIAN PARTNERS VII ENERGY AND						-3,526. -2.
MINERAL GROUP FUND II, LP PALLADIAN						-324.
PARTNERS VIII HEADLANDS CAPITAL II MTP ENERGY OPPORTUNITIES						50. -24.
FUND II ENERGY & MINERALS						-55.
GROUP FUND IV PALLADIAN						7,839.
PARTNERS IX LP						-1.
TOTAL TO 4797, PAI	RT I, LINE	2				3,957.