Public Disclosure Copy

EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2021 calendar year, or tax year beginning

<u> </u>	• • • • • • • • • • • • • • • • • • • •	and the second s			
B c	heck if	C Name of organization THE COMMUNITY FOUNDATION OF GREATER		D Employer identifi	cation number
	Addre	SS CITATORANOCCA TNO			
	Name			62-60459	99
	Initial return		Room/suite		
	Final return	1400 WILLIAMS ST.		(423)265	
	termir ated	, ', ', ', ', ', ', ', ', ', ', ', ', ',		G Gross receipts \$	103,695,650.
	Amen	CHAITANOOGA, IN 3/408		H(a) Is this a group re	
	Applic tion pendi	F Name and address of principal officer: MAEGHAN OONES		for subordinates	? Yes X No
		1400 WILLIAMS STREET, CHATTANOOGA, TN	37408	⊣ `′	
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	⊣	list. See instructions
		te: WWW.CFGC.ORG	1	H(c) Group exemptio	
	orm of	organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 1963	M State of legal domicile; TN
1 6		Briefly describe the organization's mission or most significant activities: TO IN	TCDTDE	CTVING AND	ENCOMPAGE
Ge	1	ACTION TO IMPROVE LIVES IN THE GREATER CH.			ENCOURAGE
Jan	2	Check this box if the organization discontinued its operations or dispos		eate	
Veri	l			3	15
င်	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
م د	l	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			16
iţie	6	Total number of volunteers (estimate if necessary)		_	27
Activities & Governance	7 a			7a	199,943.
A	b			7b	0.
				Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)		27,105,273.	38,362,556.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		14,054,738.	13,516,947.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		44,287.	227,260.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		41,204,298.	52,106,763.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		19,374,039.	23,337,756.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,238,069.	1,227,654.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	_b	Total fundraising expenses (Part IX, column (D), line 25) 239,52		1 046 410	1 540 400
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,046,418. 21,658,526.	1,549,499. 26,114,909.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		19,545,772.	25,991,854.
_ s		Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year
t Assets or d Balances	20	Total assets (Part X, line 16)		203,018,326.	242,437,300.
Asse Bal	21	Total liabilities (Part X, line 26)	······ <u> </u>	8,024,602.	8,206,843.
Net		Net assets or fund balances. Subtract line 21 from line 20		194,993,724.	234,230,457.
Pa	ırt II	Signature Block	<u> </u>	•	
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is
true,	corre	et, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparei	r has any knowledge.	
Sigr	า	Signature of officer		Date	
Her	е	MAEGHAN JONES, PRESIDENT			
		Type or print name and title		D.I.	
		Print/Type preparer's name Preparer's signature	1	Date Check if	PTIN
Paid		REBECCA C. FINGERLE REBECCA C. FINGE	SKLE]	11/07/22 self-employ	P00971894
	arer	Firm's name MAULDIN & JENKINS, LLC		Firm's EIN	58-0692043
use	Only	Firm's address 200 W M.L.K. BLVD, STE 1100		D. 40	2 756 6122
		CHATTANOOGA, TN 37402-1239		Phone no. 4 Z	3-756-6133
May	the l	RS discuss this return with the preparer shown above? See instructions			X Yes No

orm	990 (2021)	CHATTA	NOOGA, I	NC.		62-604	15999	Page 2
	t III Statemer	nt of Program S	Service Accor	mplishments				
	Check if Scl	hedule O contains a	response or note	e to any line in this Part I	II			
1	TO INSPIR			RAGE ACTION T	O IMPROVE LI	VES IN THE	GREATI	ER
	CHATTANOO	GA AREA.						
2	Did the organization			n services during the yea			Yes	X No.
•	If "Yes," describe	these new services	on Schedule O.					
3	If "Yes," describe	these changes on S	Schedule O.	cant changes in how it c				IZ NO
4	Section 501(c)(3) a		zations are requir	shments for each of its the red to report the amount				nd
4a	(Code:)	(Expenses \$23	3,666,522	• including grants of \$ FUNDS FOR ARI			rown	
				ISSUES, CIV		-		
	AND EDUCA	TIONAL AND	HUMANIT	ARIAN PROGRAM	ıs.			
4b	(Code:)	(Expenses \$		including grants of \$		_) (Revenue \$		
4c	(Code:)	(Expenses \$		including grants of \$		_) (Revenue \$		
4d	Other program se	nvices (Describe on S	Schedule ())					

including grants of \$ 23,666,522.

) (Revenue \$

Total program service expenses

Form 990 (2021) 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4_		<u> </u>
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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		37	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		<u> </u>
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?	_		37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "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,		37	
	Part VI	11a	X	_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l	17	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	١		- v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
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	l		- v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	-
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			x
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Λ	х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
Ø	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			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		1
10	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."	_ <u> </u>		 -
		19		X
202	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 -
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	Х	
	g			i

CHATTANOOGA, INC. Part IV Checklist of Required Schedules (continued)

Yes No 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 Х 22 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 Х 23 Schedule J 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 Х Schedule K. If "No," go to line 25a 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 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 Х 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 Х 25b 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% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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 Х 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 87 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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O21) CHATTANOOGA, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2021) **Part V** Sta

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 16		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		v	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		X
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		_^
b	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).			
5 0		5a		х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
C 62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u> </u>		
ua	any contributions that were not tax deductible as charitable contributions?	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ua		
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
и а	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		Х
b	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	7.5		
·	to file Form 8282?	7с		X
d	16 M 4 M 4 M 4 M 4 M 4 M 4 M 4 M 4 M 4 M			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			
b	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			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<i></i>		_~
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Ves." complete Form 6069	17		

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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.

<u> </u>	·					X
Sec	tion A. Governing Body and Management					·
		1 1	4 - 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15			
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervision	า			
	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 S	990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as:			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 a					
	more members of the governing body?			7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			, u		
				7b		х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			7.0		
8				0-	Х	
	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					₩.
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)				Γ
			1		Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters, affiliates,				
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the f	orm?	11a	X	
	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Yes," describe				
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
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 approve	al 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 arrange	ment 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 evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filed ▶TN					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section F	01(0)(3)e	only	availak	nle
.0	for public inspection. Indicate how you made these available. Check all that apply.	000 1 (3600011)		Ji iiy)	avandl	510
		0-1				
40	(4.7-4	n on Schedule O)	ا ا	fin	اماد	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ninici oi interest po	лісу, апа	iiiiano	ıldı	
00	statements available to the public during the tax year.	alea amal ne e enele				
20	State the name, address, and telephone number of the person who possesses the organization's bo	uks and records				
	MAEGHAN JONES - (423)265-0586					
	1400 WILLIAMS ST., CHATTANOOGA, TN 37408					

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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, 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.

(A)	(B)	organization compensated (C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	a a a	recto	r/trus	iee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		1099-NEC)	1000 NEO)	and related
	below	idual	ution	er	Key employee	est co oyee	ler	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) MAEGHAN JONES	40.00	1								
PRESIDENT				Х				188,103.	0.	28,259.
(2) CHARLIE BROCK	1.00]								
DIRECTOR		Х						0.	0.	0.
(3) BEN BROWN	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(4) BARRY LARGE	1.00	ļ								
DIRECTOR	1 00	Х		X				0.	0.	0.
(5) DANIELA PETERSON	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(6) ANSLEY MOSES	1.00	٠,,		7.7					_	
SECRETARY (7)	1 00	Х		Х				0.	0.	0.
(7) DR. RUTH LIU	1.00	х							_	_
DIRECTOR (8) DR. SHEWANEE HOWARD-BAPTISTE	1.00	^						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(9) JULIE STOWE	1.00	^						0.	0.	· ·
EX-OFFICIO	1.00	Х		Х				0.	0.	0.
(10) DR. DAVE BHATTACHARYA	1.00							•	•	•
DIRECTOR	1,00	х		х				0.	0.	0.
(11) RAY RYAN	1.00	1							•	
DIRECTOR		Х						0.	0.	0.
(12) GREG WILLETT	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(13) SILVIA RAMOS	1.00									
DIRECTOR		Х						0.	0.	0.
(14) DALLAS JOSEPH	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(15) RONDELL CRIER	1.00									
DIRECTOR		Х						0.	0.	0.
(16) CHERYL KEY	1.00]								
VICE CHAIR		Х						0.	0.	0.
(17) LORIE RUNGE	1.00	1_							_	_
TREASURER		Х						0.	0.	0.

CHATTANOOGA, INC. 6

Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			_ (C				(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Es	timate	ed
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensatio			nount (of
	week		Ler an	u a di	recto	r/trus	iee)	from	from related			other	
	(list any	recto						the	organization			pensa	
	hours for related	or di	ee			ated		organization	(W-2/1099-MIS			om the	
	organizations	ustee	trust		e e	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizati d relate	
	below	lual tr	tional		ploye	st con	_	1099-NEO)				anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orge	ai iizati	5110
			_		×	1 0							
								100 100					
1b Subtotal								188,103.		0.	2	8,2	
c Total from continuation sheets to Part VI	, Section A						ightharpoons	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	188,103.		0.	2	8,2	<u> 59.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	9			
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for si	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch r	oers	on .					5		Х
Section B. Independent Contractors													
Complete this table for your five highest cor	mpensated ind	epe	nder	nt cc	ontra	acto	rs th	nat received more than \$	100,000 of comp	pensat	tion fro	om	
the organization. Report compensation for t													
(A)			_			_		(B)			(0		
Name and business	address	NC	ONE	C				Description of s	ervices	С	ompe	nsatio	า
							\dashv						
							\dashv						
2 Total number of independent contractors (in	ncludina hut na	ot lin	niter	to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz					()		,					
w. 100,000 of componential from the organiz													

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THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.

Form 990 (2021) CHATTAN
Part VIII Statement of Revenue

		Check if Schedule O co	ontains a	response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							Turiction revenue	business revenue	sections 512 - 514
S, S	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts				1b					
جَ ۾		Fundraising events		1c					
fts, r A		Related organizations		1d					
ig ig		Government grants (contrib		1e	725,908.				
Sin		All other contributions, gifts, g		16	,				
ē Ħ	'			4.	37,636,648.				
ë₽	_	similar amounts not included a		1f	15,840,508.				
o d	g			1g \$	13,040,300.	38,362,556.			
Oa	n	Total. Add lines 1a-1f			Business Code	30,302,330.			
					Business Code				
<u>:</u>	2 a								
er v	b								
n S	С								
an Sev	d								
Program Service Revenue	е								
₫.	f	All other program service re							
	g	Total. Add lines 2a-2f							
	3	Investment income (includi	-		·				
		other similar amounts)			2,669,765.		224,517.	2445248.	
	4	Income from investment of	tax-exem	pt bond p	roceeds				
	5	Royalties							
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6с						
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of	(i) S	ecurities	(ii) Other				
		assets other than inventory	7a 62,4	136,069.					
	b	Less: cost or other basis							
e		and sales expenses	7b 51,5	588,887.					
ē	С	Gain or (loss)	7c 10,8	347,182.					
Revenue		Net gain or (loss)				10,847,182.		-24,574.	10871756.
ther		Gross income from fundraising							
튐		including \$	•	of					
		contributions reported on I		.					
		Part IV, line 18	-						
	b	Less: direct expenses							
		Net income or (loss) from fi			b				
		Gross income from gaming							
	_	Part IV, line 19	-						
	b	Less: direct expenses							
		Net income or (loss) from g			•				
		Gross sales of inventory, le							
		and allowances							
	h	Less: cost of goods sold							
		Net income or (loss) from s			.				
$\overline{}$. J. 1. O. y	Business Code				
Sn	11 a	OTHER INCOME			561499	227,260.	227,260.		
neo Iue	ii a b					,			
Miscellaneous Revenue	C								
See		All other revenue							
Σ		Total. Add lines 11a-11d				227,260.			
	12	Total revenue. See instruction				52,106,763.	227,260.	199,943.	13317004.
						,,		, •	•

Form 990 (2021) CHATTANOOGA, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must comple	ete all columns. All other or	ganizations must com	plete column (A).

secti	ion 501(c)(3) and 501(c)(4) organizations must comp		-	іріете соіитп (А).	
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	00 456 444			
	and domestic governments. See Part IV, line 21	22,456,411.	22,456,411.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	881,345.	881,345.		
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	189,330.	47,332.	47,332.	94,666.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	799,839.	218,800.	470,813.	110,226.
8	Pension plan accruals and contributions (include	,		=::,	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	166,759.	43,433.	102,007.	21,319.
10	Payroll taxes	71,726.	19,201.	39,213.	13,312.
		71,720.	13,201.	33,213.	13,312.
11	Fees for services (nonemployees):				
	Management	61,932.		61,932.	
	Legal	27,000.		27,000.	
	Accounting	27,000.		27,000.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	1 000 445		1 000 445	
f	Investment management fees	1,023,445.		1,023,445.	
g	Other. (If line 11g amount exceeds 10% of line 25,	70 006		70 006	
	column (A), amount, list line 11g expenses on Sch O.)	78,986.		78,986.	
12	Advertising and promotion	21,138.		21,138.	
13	Office expenses	22,126.		22,126.	
14	Information technology	97,873.		97,873.	
15	Royalties	50.001			
16	Occupancy	78,231.		78,231.	
17	Travel	3,306.		3,306.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,747.		27,747.	
20	Interest	47,349.		47,349.	
21	Payments to affiliates	=			
22	Depreciation, depletion, and amortization	52,401.		52,401.	
23	Insurance	15,490.		15,490.	
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 0.)				
а	DUES AND SUBSCRIPTIONS	13,702.		13,702.	
b	EQUIPMENT MAINTENANCE	13,332.		13,332.	
С	POSTAGE AND SHIPPING	6,853.		6,853.	
d	MISCELLANEOUS	-41,412.		-41,412.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	26,114,909.	23,666,522.	2,208,864.	239,523.
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)				
	, , , , , , , , , , , , , , , , , , ,		ı l	l	Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

<u>ra</u> r	τX	Balance Sneet					
		Check if Schedule O contains a response or not	e to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			220,206.	1	152,760
	2	Savings and temporary cash investments			33,852,762.	2	27,334,642
	3	Pledges and grants receivable, net			21,224,120.	3	21,765,748
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	2,157,779.			
	b						
	11	Investments - publicly traded securities	108,340,284.	11	144,226,766		
	12	Investments - other securities. See Part IV, line	37,257,134.	12	46,832,014		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	27 224	14	1 11 22		
	15	Other assets. See Part IV, line 11		87,081.	15	141,032	
	16	Total assets. Add lines 1 through 15 (must equ	203,018,326.	16	242,437,300		
	17	Accounts payable and accrued expenses	737,325.	17	371,653		
	18	Grants payable	1,199,796.	18	1,424,955		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of these			1 400 255	22	000 674
-	23	Secured mortgages and notes payable to unrela			1,409,355.	23	980,674
	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	5 17-24)	. Complete Part X	4,678,126.	O.E.	5,429,561
	06				8,024,602.		8,206,843
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che		<u> </u>	0,024,002.	20	0,200,043
ဖွ		and complete lines 27, 28, 32, and 33.	CKIICI				
ا <u>څ</u>	27				142,827,136.	27	174,542,968
<u> </u>	28	Net assets with donor restrictions	52,166,588.	28	59,687,489		
<u> </u>	20	Organizations that do not follow FASB ASC 9	32/100/3001	20	3370077103		
ᆵ		and complete lines 29 through 33.	00, cric	ick fiere P			
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			194,993,724.	32	234,230,457
z	33				203,018,326.	33	242,437,300

THE COMMUNITY FOUNDATION OF GREATER

Form 990 (2021) 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	52,10						
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,11	4,9	<u>09.</u>				
3	Revenue less expenses. Subtract line 2 from line 1	3	25,99	1,8	<u>54.</u>				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	194,99	3,7	<u>24.</u>				
5	Net unrealized gains (losses) on investments								
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	2,43	2,0	69.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	234,23	0,4	57.				
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	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate								
	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	X					
	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 Sin	gle Audit							
	Act and OMB Circular A-133?		За		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		1				

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

THE COMMUNITY FOUNDATION OF GREATER **Employer identification number** Name of the organization CHATTANOOGA 62-6045999 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

CHATTANOOGA, INC.

62-6045999 Page 2

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	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	31478182.	28376919.	41377436.	27105273.	38362556.	166700366
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	21 470100	00076010	41277426	07105072	20262556	1.66700266
	Total. Add lines 1 through 3	314/8182.	283/6919.	413//436.	2/1052/3.	38362556.	166700366
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						42878175.
6	Public support. Subtract line 5 from line 4.						123822191
	etion B. Total Support						<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	31478182.	28376919.	41377436.	27105273.	38362556.	166700366
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	796,192.	1238283.	2120209.	2516790.	2669765.	9341239.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		154,201.	139,751.	11 207	227 260	565,499.
	assets (Explain in Part VI.)		134,201.	139,731.	44,207.	221,200.	176607104
	Total support. Add lines 7 through 10	ata (ana inatrustia				12	<u>μ/000/104</u>
	Gross receipts from related activities, First 5 years. If the Form 990 is for the			fourth or fifth tax y			
13	organization, check this box and sto	_					ightharpoonup
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (column (f))		14	70.11 %
	Public support percentage from 2020					15	74.84 %
	33 1/3% support test - 2021. If the	organization did no	ot check the box or	n line 13, and line	14 is 33 1/3% or m		
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			=	· ·	VI how the organiz	zation
	meets the facts-and-circumstances to	-	•		-		
t	10% -facts-and-circumstances test	_				•	10% or
	more, and if the organization meets the						ightharpoonup
12	organization meets the facts-and-circ Private foundation. If the organization						
.0	i intato roundadoni il die organizado	on all the chieck a		u, 100, 17a, 01 17k	, officer tills box a	na see manuendin	· ·······

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	clow, picase com	piete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
• • • • • • • • • • • • • • • • • • • •	T () 22/2	1 (1) 22/2		()) 0000	1 () 2221	T (0.7
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
paguired after June 20, 1075						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First 5 years. If the Form 990 is for t	he organization's f	irst second third	fourth or fifth tax	vear as a section !	501(c)(3) organizatio	on .
check this box and stop here	•			•		
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2021 (line 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020) Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If the						7 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2020. If the	•			•	•	
line 18 is not more than 33 1/3%, che			•	. ,	•	
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	▶∟

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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		
	n.		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	•		
	8		
	9a		
	9b		
	9c		
	46		
	10a		
	10b		
ماريا	A (Forn	n 000)	2021

Pai	art IV Supporting Organizations (continued)			
			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	b A family member of a person described on line 11a above?	11b		
С	c 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	ction B. Type I Supporting Organizations			
			Yes	No
1	5 5 77 5 1 77			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(effectively operated, supervised, or controlled the organization's activities. If the organization had more than one su			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amo	, ,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2				
	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,			
0	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	, , , , , , , , , , , , , , , , , , , ,			
	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			
800	the supported organization(s). ction D. All Type III Supporting Organizations	1		<u> </u>
566	Ction b. All Type in Supporting Organizations		V	
_			Yes	No
1		,		
	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		•		
_	organization(s) or (ii) serving on the governing body of a supported organization? <i>If</i> "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3		_		
	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	ction 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 in	nstructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
С		entity (see instruction		
2			Yes	No
а				
	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	0-		
h	that these activities constituted substantially all of its activities.	2a		
b	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		2.0		
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	'			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

THE COMMUNITY FOUNDATION OF GREATER

CHATTANOOGA, INC. Schedule A (Form 990) 2021

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b **c** Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

62-6045999 Page 6

instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ed)	
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	ot 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 2021 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) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
<u>d</u>	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2021 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
b	Excess from 2018				
<u>C</u>	Excess from 2019				
	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

THE COMMUNITY FOUNDATION OF GREATER 62-604<u>5999 Page</u> 8 CHATTANOOGA, INC. Schedule A (Form 990) 2021 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.)

132028 01-04-22 Schedule A (Form 990) 2021

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 CHATTANOGA, INC.

Part L. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Employer identification number 62-6045999

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	4.50	. ,
2	Aggregate value of contributions to (during year)	32,200,751.	
3	Aggregate value of grants from (during year)	16,763,088.	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		nds
•	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ad		······ — —
•	for charitable purposes and not for the benefit of the donor or		
Pai	_ ' _ '		
1	Purpose(s) of conservation easements held by the organization	·	
	Preservation of land for public use (for example, recreat		torically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a c	onservation 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			2b
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		nization 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 peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conservati	ion easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conservation e	asements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(E	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ment and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statements the	hat describes the
	organization's accounting for conservation easements.	A	O
Pa	rt III Organizations Maintaining Collections of		Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for pub		ance of public
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		, provide
	the following amounts required to be reported under FASB AS	_	
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

		MUNITY FOUN	NDATION OF	GREATER	62.60	45000 p. 2
	edule D (Form 990) 2021 CHATTAN rt III Organizations Maintaining C	OOGA, INC.	Historical Tre	asures or Othe	o ∠ − o ∪ or Similar ∆ssets	45999 Page 2
3 a	Using the organization's acquisition, accessicollection items (check all that apply): Public exhibition		s, check any of the fo			(continuea)
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co		•	· ·		XIII.
5	During the year, did the organization solicit of		•	·] v
Dar	to be sold to raise funds rather than to be mart IV Escrow and Custodial Arran					Yes No
ı aı	reported an amount on Form 990, Pa		ete if the organization	answered Yes or	1 Form 990, Part IV, I	ine 9, or
1a	Is the organization an agent, trustee, custodi		ary for contributions	or other assets not	included	
	on Form 990, Part X?		•			Yes X No
b	If "Yes," explain the arrangement in Part XIII					
	, ,	•	· ·			Amount
С	Beginning balance				1c	
d	Additions during the year					
	Distributions during the year					
f	Ending balance					
2a	Did the organization include an amount on F					Yes No
	If "Yes," explain the arrangement in Part XIII.					
Par	rt V Endowment Funds. Complete	if the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
	Beginning of year balance	27,078,260.	10,293,291.	1,171,277.	1,268,944.	957,928.
b	Contributions	1,900,775.	16,980,293.	8,499,440.		209,941.
	Net investment earnings, gains, and losses	4,136,848.	382,465.	657,718.	-92,303.	106,949.
	Grants or scholarships	777,007.	577,789.	35,144.	5,364.	5,874.
е	Other expenditures for facilities					
	and programs					
	Administrative expenses	22 220 076	27 070 260	10 202 201	1 171 077	1 260 044
		32,338,876.	27,078,260.	10,293,291.	1,171,277.	1,268,944.
2	Provide the estimated percentage of the curr	rent year end balance • 0 0 0 0		held as:		
	Board designated or quasi-endowment		_%			
	Permanent endowment ► 93.0000 Term endowment ► 7.0000	%				
С	• •	_%				
2-	The percentages on lines 2a, 2b, and 2c sho	•	tion that are hald an	d administered for t	ha arganization	
Sa	Are there endowment funds not in the posse	ession of the organiza	tion that are neid an	a administered for ti	ne organization	Yes No
	by: (i) Unrelated organizations					3a(i) X
						3a(ii) X
h	(ii) Related organizations					3b 21
4	Describe in Part XIII the intended uses of the					

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land		735,067.		735,067.		
b Buildings		1,301,593.	97,341.	1,204,252.		
c Leasehold improvements						
d Equipment		121,119.	76,100.	45,019.		
e Other						
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)						

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 CHAT TANOOGA	, 1110.	02	OO 40000 Page O
Part VII Investments - Other Securities. Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization answered "Yes" of the organization and the organiz	on Form 000. Dort IV line 1	1h Coo Form 000 Port V line 10	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
, , , , , , , , , , , , , , , , , , , ,	(b) DOOK value	(c) Welliod of Valuation. Cost of end	roryear market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A) LIMITED PARTNERSHIPS	20,014,028.	END-OF-YEAR MARKET	VALUE
(B) GLOBAL HEDGE FUNDS	24,229,897.	END-OF-YEAR MARKET	
(C) REAL ESTATE FUNDS	1,486,094.	END-OF-YEAR MARKET	
(D) OTHER	1,101,995.	END-OF-YEAR MARKET	
(E)	, , , , , , , , ,		-
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	46,832,014.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	E 000 D 1 11/11 1	1 0 F 000 D	
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	(h) Dook volue
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	. 15)	.	
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) FUNDS HELD AS AGENCY ENDOW	WENTS		5,429,561.
(3)			•
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	•	5,429,561.

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

Schedule D (Form 990) 2021

		Reconciliation of Revenue per Audited Financial Statement	s Wit	h Revenue per Re	turn.	ee = e z z z r age :
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		-		
1	Total	revenue, gains, and other support per audited financial statements			1	64,328,197.
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a	10,812,810.		
b		ted services and use of facilities	2b			
С		veries of prior year grants	2c	0.400.000		
d		(Describe in Part XIII.)	2d	2,432,069.		12 044 050
		nes 2a through 2d			2e	13,244,879. 51,083,318.
3		act line 2e from line 1			3	51,083,318.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	ا ما	1 022 445		
a		tment expenses not included on Form 990, Part VIII, line 7b	4a	1,023,445.		
b		(Describe in Part XIII.)	4b		40	1 023 445
		ines 4a and 4b			4c 5	1,023,445. 52,106,763.
5 Pa	rt XII	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statemen	ıts W	ith Expenses per R		1.
. u	7411	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		itii Exponicco poi i	.o.a	••
1	Total				1	25,091,464.
2		expenses and losses per audited financial statements			-	23,031,404.
a		ted services and use of facilities	2a			
b		year adjustments	2b			
c		losses	2c			
d		(Describe in Part XIII.)	2d			
		ines 2a through 2d			2e	0.
3		act line 2e from line 1			3	25,091,464.
4		ints included on Form 990, Part IX, line 25, but not on line 1:				, ,
а		tment expenses not included on Form 990, Part VIII, line 7b	4a	1,023,445.		
b		(Describe in Part XIII.)	4b			
С	Add li	nes 4a and 4b			4c	1,023,445.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	26,114,909.
Pa	rt XIII	Supplemental Information.				
Prov	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines [·]	1b and 2b; Part V, line 4;	; Part)	K, line 2; Part XI,
lines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal inf	ormation.		
PAI	RT V	, LINE 4:				
			D 611	TDG 331D G11DD	0 D III	TO
ENI	DOWM	ENT FUNDS ARE INTENDED TO PROVIDE SCHOLA	RSH	IPS AND SUPP	ORT	то
VAI	RIOU	S ORGANIZATIONS IN HAMILTON COUNTY FOR A	REA	BEAUTIFICAT	ION	, DOWNTOWN
DEV	/ELO	PMENT, HEALTH RELATED ISSUES, CIVIC AND	CUL	TURAL IMPROV	EMEI	NTS, AND
	T (TONAL AND HIMANIMADIAN DROGRAMS				
EDU	JCAT	IONAL AND HUMANITARIAN PROGRAMS.				
D 7. I	ייי ע	., LINE 2:				
בעו	<u> </u>	, DINE Z.				
THI	E FO	UNDATION FOLLOWS THE STATUTORY REQUIREME	NTS	FOR ITS INC	OME	TAX
AC	COUN	TING AND GENERALLY AVOIDS RISKS ASSOCIAT	ED	WITH POTENTI	AL	
PRO)BLF	MATIC TAX POSITIONS THAT MAY BE CHALLENG	ED	UPON EXAMINA	TIO	N.
MAT	NAGE	MENT BELIEVES ANY LIABILITY RESULTING FR	MOM	TAXING AUTHO.	KTT,	TED

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) 2021 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 2019. PART XI, LINE 2D - OTHER ADJUSTMENTS: 2,432,069. 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 COMMINITY FOIDDATION OF CREATER

2021

OMB No. 1545-0047

Open to Public Inspection

CHATTANOO		DATION OF G.	KEALEK				62-6045999
Part I General Information on Grants a							
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's property.	tance?ocedures 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 "\	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
31 HOUSING OF MAINE 4 UNION PARK ROAD TOPSHAM, ME 04086	85-2568325	501(C)(3)	6,750.	0.			AFFORDABLE/ACCESSIBLE & SUPPORTIVE HOUSING FOR PEOPLE WITH DISABILITIES
5 STRONG SCHOLARSHIP FOUNDATION, INC 3643 PRINCETON AVENUE - COLLEGE PARK, GA 30337	47-1332851	501(C)(3)	10,000.	0.			COLLEGE READY PREP SESSIONS PROGRAM
7TH WELL P.O. BOX 22481 CHATTANOOGA, TN 37422	82-3440372	501(C)(3)	15,000.	0.			GENERAL OPERATIONS
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)	10,000.	0.			UNRESTRICTED
ABLE SOUTH CAROLINA 720 GRACERN ROAD, SUITE 106 COLUMBIA, SC 29210	58-2336332	501(C)(3)	10,000.	0.			SUCCESSFUL POST-SECONDARY TRANSITION FOR YOUTH WITH DISABILITIES
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations	•	•					

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) AIM CENTER, INC. 472 WEST M. L. KING BLVD EMERGING YOUNG ADULTS CHATTANOOGA, TN 37402 58-1718368 501(C)(3) 15,000 0. (WORKING TITLE) AIM CENTER, INC. 472 WEST M. L. KING BLVD CHATTANOOGA, TN 37402 58-1718368 501(C)(3) 7,500 0. 2021 ANNUAL FUND \$5,000 FOR BONNIE CURREY AIM CENTER, INC. 472 WEST M. L. KING BLVD ART AND \$5,000 FOR CHATTANOOGA, TN 37402 58-1718368 501(C)(3) 10,000 0. GENERAL OPERATING AIM CENTER, INC. 472 WEST M. L. KING BLVD CHATTANOOGA, TN 37402 58-1718368 501(C)(3) 15,000. 0 AIM FORWARD - FALL 2021 ALLIANCE DEFENDING FREEDOM 15100 N. 90TH STREET 54-1660459 501(C)(3) SCOTTSDALE, AZ 85260 0. 50,000 UNRESTRICTED AMAZING FACTS INTERNATIONAL P.O. BOX 1058 82-2966470 501(C)(3) ROSEVILLE, CA 95678 25,000 0. COVID RELIEF FOR INDIA AMERICAN CANCER SOCIETY P.O. BOX 332047 13-1788491 501(C)(3) NASHVILLE, TN 37203 7 070 0. ANNUAL DISTRIBUTION AMERICAN HEART ASSOCIATION -CHATTANOOGA - 519 EAST 4TH STREET - CHATTANOOGA, TN 37403 13-5613797 501(C)(3) 7,070. 0. ANNUAL DISTRIBUTION AMERICAN PROGRAM BUREAU, INC. ONE GATEWAY CENTER, SUITE 751 DEPOSIT FOR SPEAKER EDDIE NEWTON, MA 02458 04-2371423 OTHER 0. GLAUDE 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 organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) AMERICAN PROGRAM BUREAU, INC. ONE GATEWAY CENTER, SUITE 751 SPEAKER EDDIE GLAUDE FOR NEWTON, MA 02458 04-2371423 OTHER 20,000 0. EVENT AMERICAN RED CROSS 4115 S. ACCESS ROAD FLOOD RELIEF FOR CHATTANOOGA, TN 37406 53-0196605 501(C)(3) 50,000 0. HUMPHREYS COUNTY AMERICAN RIVERS 1101 14TH STREET NW WASHINGTON, DC 20005 23-7305963 501(C)(3) 10,000 0. UNRESTRICTED AND THEN THERE WERE NONE P.O. BOX 2571 ROUND ROCK, TX 78680 45-3839973 501(C)(3) 0. UNRESTRICTED 10,000 ANDREWS UNIVERSITY OFFICE OF DEVELOPMENT 38-1627600 501(C)(3) 0. BERRIEN SPRINGS, MI 49104-0660 50,000 UNRESTRICTED ANIMAL CARE TRUST (MCKAMEY ANIMAL CENTER) - 4500 NORTH ACCESS ROAD -CHATTANOOGA, TN 37415 01-0824858 501(C)(3) 0. 10,000 SPAY/NEUTERING PROGRAM ARCHER FOUNDATION PO BOX 12386 CHARLOTTE, NC 28220 83-4647579 501(C)(3) 12 000 0. "ADOPT A CHILD" ARTSBUILD 301 E. 11TH ST. SUITE 300 COVID-19 VACCINE CHATTANOOGA, TN 37403 23-7005188 501(C)(3) 68,000. 0. EDUCATION ARTSBUILD 301 E. 11TH ST. SUITE 300 CHATTANOOGA, TN 37403 23-7005188 501(C)(3) 0. UNRESTRICTED 17,000.

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 if applicable valuation non-cash assistance or assistance organization or government cash grant noncash (book, FMV, assistance appraisal, other) ARTSBUILD 301 E. 11TH ST. SUITE 300 CHATTANOOGA, TN 37403 23-7005188 501(C)(3) 6,250 0. 2021 ANNUAL CAMPAIGN ARTSBUTLD 301 E. 11TH ST. SUITE 300 CHATTANOOGA, TN 37403 23-7005188 501(C)(3) 7,272. 0. UNRESTRICTED ARTSBUILD 301 E. 11TH ST. SUITE 300 CHATTANOOGA, TN 37403 23-7005188 501(C)(3) 12,500 0. SCHOOL SUPPORT ARTSBUILD 301 E. 11TH ST. SUITE 300 VACCINE EDUCATION CHATTANOOGA, TN 37403 23-7005188 501(C)(3) 10,472. 0 CAMPAIGN ASI MISSIONS, INC 9705 PATUXENT WOODS DR 52-1302275 501(C)(3) COLUMBIA, MD 21046 0. 65,000. UNRESTRICTED ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED SOUTH CAROLINA -1 CARRIAGE LANE, BUILDING A -CHARLESTON, SC 29407 57-0324912 501(C)(3) 0. 10,000 OWN YOUR LIFE ASSOCIATION FOR VISUAL ARTS LISA BROCK BEST IN SHOW 30 FRAZIER AVE AWARD FOR BEST ARTIST 58-1728801 501(C)(3) CHATTANOOGA, TN 37405 6 000 0. (YEAR 1 OF 5) ATHENS-MCMINN FAMILY YMCA P.O. BOX 376 ATHENS, TN 37371 62-0586361 501(C)(3) 25,000. 0. YCAP PROGRAM AUSTIN HATCHER FOUNDATION FOR PEDIATRIC CANCER - 1705 S. HOLTZCLAW AVE. - CHATTANOOGA, TN 37404 20-8065108 501(C)(3) 0. UNRESTRICTED 10,000.

Schedule I (Form 990) CHATTANOC							52-6045999 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	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.							
HOLTZCLAW AVE CHATTANOOGA, TN							MENTAL HEALTH AND
37404	20-8065108	501(C)(3)	15,000.	0.			WELLBEING FOR FAMILIES
AUSTIN HATCHER FOUNDATION FOR							
PEDIATRIC CANCER - 1705 S.							2021 PEDIATRIC CANCER PT
HOLTZCLAW AVE CHATTANOOGA, TN							PROGRAMS AND SERVICES -
37404	20-8065108	501(C)(3)	82,385.	0.			BALANCE
AUSTIN PEAY STATE UNIVERSITY							
FOUNDATION - 318 COLLEGE STREET -							
CLARKSVILLE, TN 37044	62-0961836	501(C)(3)	10,000.	0.			2021 DONATION
MIONDALE CDA COUOCI							620 000 EOD CHITDENIA
AVONDALE SDA SCHOOL 1201 N ORCHARD KNOB AVE							\$30,000 FOR STUDENT SCHOLARSHIPS AND \$20,000
	62-1217369	501/C\/3\	50,000.	0.			FOR VAN
CHATTANOOGA, TN 37406	02-1217303	501(0)(3)	30,000.	0.			FOR VAIN
BATON ROUGE YOUTH COALITION, INC.							
448 NORTH 11TH STREET							DIVERSITY, EQUITY, AND
BATON ROUGE, LA 70802	26-2477597	501(C)(3)	10,000.	0.			INCLUSION ACTION PLAN
BAYLOR SCHOOL							
171 BAYLOR SCHOOL ROAD							FINANCIAL NEED
CHATTANOOGA, TN 37405	62-0126365	501(C)(3)	7,655.	0.			SCHOLARSHIP
BAYLOR SCHOOL							
171 BAYLOR SCHOOL ROAD							
CHATTANOOGA, TN 37405	62-0126365	501(C)(3)	35,000.	0.			Q3 2021 DISTRIBUTION
BAYLOR SCHOOL							
171 BAYLOR SCHOOL ROAD							
CHATTANOOGA, TN 37405	62-0126365	501(C)(3)	100,000.	0.			SCHOLARSHIPS
DAVI OD GOVOOT							
BAYLOR SCHOOL							
171 BAYLOR SCHOOL ROAD	62 0126265	E01/Q\/2\	35.000	•			01 2021 DIGMETERING
CHATTANOOGA, TN 37405	62-0126365	DOT(C)(3)	35,000.	0.			Q1 2021 DISTRIBUTION

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) 15,000 FOR THE ANNUAL BAYLOR SCHOOL FUND; 35,000 FOR CAPITAL (4 OF 5); 25 000 FOR THE 171 BAYLOR SCHOOL ROAD CHATTANOOGA, TN 37405 62-0126365 501(C)(3) 75,000 0. SCOTT & SUSAN WILSON POOL BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD SUPPORT OF WILSON CHATTANOOGA, TN 37405 62-0126365 501(C)(3) 0. ACTIVITY CENTER 10,000 BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD CHATTANOOGA, TN 37405 62-0126365 501(C)(3) 35,000 0. Q2 2021 DISTRIBUTION BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD 62-0126365 501(C)(3) 0. CHATTANOOGA, TN 37405 10,000 COOL POOL BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD FOREVER FORWARD CAMPAIGN 62-0126365 501(C)(3) CHATTANOOGA, TN 37405 25,000. 0. PLEDGE BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD 62-0126365 501(C)(3) CHATTANOOGA, TN 37405 35,000 0. 04 2021 DISTRIBUTION BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD FOREVER FORWARD CAMPAIGN 25,000 CHATTANOOGA, TN 37405 62-0126365 501(C)(3) 0. PLEDGE BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD CHATTANOOGA, TN 37405 62-0126365 501(C)(3) 10,000. 0. THE BAYLOR FUND BEACON CENTER OF TENNESSEE PO BOX 198646 NASHVILLE, TN 37219 20-1808567 501(C)(3) 0. UNRESTRICTED 10,000.

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
BIBLE IN THE SCHOOLS							
P. O. BOX 4228							
CHATTANOGA, TN 37405	62-0523361	501(C)(3)	10,000.	0.			UNRESTRICTED
BIBLE IN THE SCHOOLS							
P. O. BOX 4228							
CHATTANOOGA, TN 37405	62-0523361	501(C)(3)	6,000.	0.			UNRESTRICTED
BILLY GRAHAM EVANGELISTIC							
ASSOCIATION - 1 BILLY GRAHAM							
PARKWAY - CHARLOTTE, NC 28201-0001	41-0692230	501(C)(3)	10,000.	0.			UNRESTRICTED
	11 0032200		10,000.	•			
B'NAI ZION CONGREGATION							
923 MCCALLIE AVE							SUPPORT FOR RABBI'S
CHATTANOOGA, TN 37403	62-0549373	501(C)(3)	8,333.	0.			SALARY
,			1,777				
B'NAI ZION CONGREGATION							
923 MCCALLIE AVE							SUPPORT FOR RABBI'S
CHATTANOOGA, TN 37403	62-0549373	501(C)(3)	8,333.	0.			SALARY
,			,,,,,,				
B'NAI ZION CONGREGATION							
923 MCCALLIE AVE							SUPPORT FOR RABBI'S
CHATTANOOGA, TN 37403	62-0549373	501(C)(3)	8,333.	0.			SALARY
B'NAI ZION CONGREGATION							
923 MCCALLIE AVE							SUPPORT FOR RABBI'S
CHATTANOOGA, TN 37403	62-0549373	501(C)(3)	8,333.	0.			SALARY
B'NAI ZION CONGREGATION							
923 MCCALLIE AVE							SUPPORT FOR RABBI'S
CHATTANOOGA, TN 37403	62-0549373	501(C)(3)	8,333.	0.			SALARY
B'NAI ZION CONGREGATION							
923 MCCALLIE AVE							SUPPORT FOR RABBI'S
	62-0549373	501/C)/3)	9 222	0.			
CHATTANOOGA, TN 37403	62-0549373	DOT(C)(3)	8,333.	<u> </u>			SALARY

	OGA, INC.						2-60 4 5999 Page
Part II Continuation of Grants and Othe	r Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	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
B'NAI ZION CONGREGATION							
923 MCCALLIE AVE							SUPPORT FOR RABBI'S
CHATTANOOGA, TN 37403	62-0549373	501/01/31	8,333.	0.			SALARY
CHATTANOOGA, IN 37403	02-0349373	501(0)(3)	0,333.	0.			SAUAKI
B'NAI ZION CONGREGATION							
923 MCCALLIE AVE							SUPPORT FOR RABBI'S
CHATTANOOGA, TN 37403	62-0549373	501(C)(3)	8,333.	0.			SALARY
,			,,,,,,				
B'NAI ZION CONGREGATION							
923 MCCALLIE AVE							SUPPORT FOR RABBI'S
CHATTANOOGA, TN 37403	62-0549373	501(C)(3)	8,333.	0.			SALARY
B'NAI ZION CONGREGATION							
923 MCCALLIE AVE							SUPPORT FOR RABBI'S
CHATTANOOGA, TN 37403	62-0549373	501(C)(3)	8,333.	0.			SALARY
B'NAI ZION CONGREGATION							
923 MCCALLIE AVE							SUPPORT FOR RABBI'S
CHATTANOOGA, TN 37403	62-0549373	501(C)(3)	8,333.	0.			SALARY
P'MAT STON GONGDEGASTON							
B'NAI ZION CONGREGATION 923 MCCALLIE AVE							GUDDODE HOD DARRI'G
	62 0540272	E01/G)/3)	0 222	0			SUPPORT FOR RABBI'S
CHATTANOOGA, TN 37403	62-0549373	501(C)(3)	8,333.	0.			SALARY
BOOTS2ROOTS							
428 FORE STREET, 3RD FLOOR							VETERAN TRANSITION TO
PORTLAND, ME 04101	47-3939212	501(C)(3)	10,000.	0.			WORK PROGRAM
TORTHAND, ME 04101	47 3333212	501(0/(3/	10,000.	0.			WORK PROGRAM
BOY SCOUTS OF AMERICA MIDDLE							
TENNESSEE COUNCIL - P. O. BOX							FRIENDS OF SCOUTING 202
150409 - NASHVILLE, TN 37215	62-0477729	501(C)(3)	10,000.	0.			PLEDGE
	12 01,,,25		10,000.	••			
BOY SCOUTS OF AMERICA MIDDLE							
TENNESSEE COUNCIL - P. O. BOX							
150409 - NASHVILLE, TN 37215	62-0477729	501(C)(3)	10,000.	0.			HERITAGE FUND

86-1799553 501(C)(3)

62-6045999 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) BOYS & GIRLS CLUBS OF SOUTHERN MAINE - 277 CUMBERLAND AVENUE -01-0211543 501(C)(3) 0. PORTLAND, ME 04101 10,000 RAISING OUR VOICES BOYS AND GIRLS CLUBS OF CHATTANOOGA, INC. - P.O. BOX 11567 - CHATTANOOGA, TN 37401 62-0557179 501(C)(3) 0. 12,000 UNRESTRICTED BOYS AND GIRLS CLUBS OF CHANGE MAKERS SOCIAL CHATTANOOGA, INC. - P.O. BOX 11567 JUSTICE LEADERSHIP - CHATTANOOGA, TN 37401 62-0557179 501(C)(3) 10,000 0. PROGRAM BOYS AND GIRLS CLUBS OF CHATTANOOGA, INC. - P.O. BOX 11567 MEETING COMMUNITY NEEDS - CHATTANOOGA, TN 37401 62-0557179 501(C)(3) 0 OF YOUTH AND FAMILIES 15,000. BOYS AND GIRLS CLUBS OF CHATTANOOGA, INC. - P.O. BOX 11567 - CHATTANOOGA, TN 37401 62-0557179 501(C)(3) 25,000. 0. STEAK & BURGER DINNER BOYS AND GIRLS CLUBS OF CHATTANOOGA, INC. - P.O. BOX 11567 62-0557179 501(C)(3) - CHATTANOOGA, TN 37401 30,000 0. 2021 SCHOLARSHIP FUND BOYS AND GIRLS CLUBS OF \$25,000 FOR DIRECT CHATTANOOGA, INC. - P.O. BOX 11567 FINANCIAL ASSISTANCE AND - CHATTANOOGA, TN 37401 62-0557179 501(C)(3) 27,500. 0. \$2 500 FOR STAFF SUPPORT BRADLEY CLEVELAND PUBLIC EDUCATION FOUNDATION - P.O. BOX 4354 -CLEVELAND, TN 37320 20-0585134 501(C)(3) 100,000. 0. UNRESTRICTED BRIDGE CITY COMMUNITY 2800 MCCALLIE AVENUE

10,000.

0.

CONSCIOUS VOLUNTEERS

CHATTANOOGA, TN 37404

Schedule I (Form 990) CHATTANOO							52-6045999 Page 1
Part II Continuation of Grants and Other	Assistance to Doi	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
BRIDGE CITY COMMUNITY 2800 MCCALLIE AVENUE CHATTANOOGA, TN 37404	86-1799553	501(C)(3)	10,000.	0.			COHORT PLANNING AND EXECUTION
BRIDGE REFUGEE SERVICES 4791-A HAL DRIVE	58-1505955	E01/G)/2)	8 000	0.			UNRESTRICTED
CHATTANOOGA, TN 37416	38-1303933	501(C)(3)	8,000.	0.			ONRESTRICTED
BRIDGE TO HEALING FOUNDATION, INC. 830 LONDON BRIDGE ROAD WINTER GARDEN, FL 34787	27-2165497	501(C)(3)	25,000.	0.			MATCHING GIFTS TO SPECIAL NEEDS CHILDREN
BRIDGE TO HEALING FOUNDATION, INC. 830 LONDON BRIDGE ROAD	00.0165400	E01 (G) (2)	20.000				
WINTER GARDEN, FL 34787	27-2165497	501(C)(3)	20,000.	0.			UNRESTRICTED
BRIDGE TO HEALING FOUNDATION, INC. 830 LONDON BRIDGE ROAD WINTER GARDEN, FL 34787	27-2165497	501(C)(3)	50,000.	0.			MATCHING GIFTS FOR SPECIAL NEEDS KIDS.
BRIDGE TO HEALING FOUNDATION, INC. 830 LONDON BRIDGE ROAD WINTER GARDEN, FL 34787	27-2165497	501(C)(3)	35,000.	0.			SCHOLARSHIPS FOR SPECIAL NEEDS CHILDREN
BRIDGE TO HEALING FOUNDATION, INC. 830 LONDON BRIDGE ROAD	27 2165407	F01/G)/2)	25 750				MATRIANTING AGNOT NO SWITTE
WINTER GARDEN, FL 34787 BUILDING & CONSTRUCTION WORKFORCE CENTER - 1601 GULF STREET -	27-2165497		35,750.	0.			MATCHING SCHOLARSHIPS
CHATTANOOGA, TN 37408	84-5019012	501(C)(3)	75,000.	0.			CENTER BUILDOUT
BUILDING & CONSTRUCTION WORKFORCE CENTER - 1601 GULF STREET - CHATTANOOGA, TN 37408	84-5019012	501(C)(3)	30,000.	0.			CAPITAL CAMPAIGN

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) BUILDING & CONSTRUCTION WORKFORCE CENTER - 1601 GULF STREET -CHATTANOOGA, TN 37408 84-5019012 501(C)(3) 200,000 0. CENTER BUILD-OUT CALVARY CHAPEL CHATTANOOGA, INC. 3415 BROAD STREET CHATTANOOGA, TN 37409 62-1821314 501(C)(3) 0 UNRESTRICTED 20,000 CALVARY CHAPEL CHATTANOOGA, INC. 3415 BROAD STREET CHATTANOOGA, TN 37409 62-1821314 501(C)(3) 10,000 0. BIANNUAL GIVING CALVARY CHAPEL CHATTANOOGA, INC. 3415 BROAD STREET CHATTANOOGA, TN 37409 62-1821314 501(C)(3) 0 UNRESTRICTED 10,000 CALVARY CHAPEL CHATTANOOGA, INC. 3415 BROAD STREET 62-1821314 501(C)(3) CHATTANOOGA, TN 37409 0. 34,000 RENEW PROGRAM CARAVAN TRIBE, LLC 1711 LONG STREET CONSULTING FOR APRIL AND CHATTANOOGA, TN 37408 83-0637925 OTHER 0. MAY 2021 6,261 CARSON SCHOLARS FUND, INC. 305 W. CHESAPEAKE AVENUE HAMILTON COUNTY TN 52-1851346 501(C)(3) TOWSON MD 21204 15 000 0. SCHOLARSHIPS \$7,000.00 FOR HAMILTON CARSON SCHOLARS FUND, INC. CO., TN SCHOLARSHIPS AND \$3,000.00 FOR RED BANK 305 W. CHESAPEAKE AVENUE TOWSON, MD 21204 52-1851346 501(C)(3) 10,000. 0. HIGH SCHOOL SCHOLARSHIPS CARSON SCHOLARS FUND, INC. 305 W. CHESAPEAKE AVENUE 2022 HAMILTON COUNTY TN SCHOLARS TOWSON, MD 21204 52-1851346 501(C)(3) 0. 15 000

Part II Continuation of Grants and Other	Assistance to Dor	nestic 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
CATHOLIC CHARITIES OF EAST							
TENNESSEE - CHATTANOOGA - 318 N							
GAY STREET, SUITE 100 - KNOXVILLE,							
TN 37917	62-1377551	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT
CBMC, INC.							
SUITE 310, FRANKLIN BLDG							CHATTANOOGA BRANCH;
CHATTANOGA, TN 37411	36-2004402	501(C)(3)	10,000.	0.			GENERAL FUND DONATION
	, ,	, . ,		•			
CENTER FOR DEVELOPMENTAL SERVICES							
29 N ACADEMY STREET							PROGRAM SUPPORT OF
GREENVILLE, SC 29601	57-0988275	501(C)(3)	8,950.	0.			DISABILITY SERVICES
CENTER FOR DISASTER PHILANTHROPY, INC ONE THOMAS CIRCLE, NW - WASHINGTON, DC 20005	45-5257937	501(C)(3)	25,000.	0.			UNRESTRICTED
·							
CENTER FOR EXECUTIVE LEADERSHIP,							
INC 200 UNION HILL, SUITE 200 -							
BIRMINGHAM, AL 35209	63-1263584	501(C)(3)	6,000.	0.			UNRESTRICTED
CENTER FOR ORGANIZATIONAL RESEARCH AND EDUCATION - 1090 VERMONT AVENUE NW, SUITE 800 - WASHINGTON, DC 20005	26-0006579	501(C)(3)	50,000.	0.			CENTER FOR CONSUMER FREEDOM
CENTRAL HIGH SCHOOL							
5728 HIGHWAY 58							BOOKS ON HISTORY, SCIENCE
HARRISON, TN 37341	62-6000638	HAMILTON CO.	7,000.	0.			AND TECHNOLOGY
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD CHAMBLANOGO TRI 37411	62-0505514	501(C)(3)	10,000.	0.			UNRESTRICTED
CHATTANOOGA, TN 37411	32 0303314	501(0/(5/	10,000.	<u> </u>			DIRECTED
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD CHATTANOOGA, TN 37411	62-0505514	501(C)(3)	10,000.	0.			EARLY CHILDHOOD EXPANSION OVERAGES

Schedule I (Form 990) CHATTANOO	GA, INC.					6	2-6045999 Page 1
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
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD CHATTANOOGA, TN 37411	62-0505514	501(C)(3)	30,000.	0.			CAPITAL PROJECT
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD							
CHATTANOOGA, TN 37411 CHAMBLISS CENTER FOR CHILDREN	62-0505514	501(C)(3)	10,000.	0.			UNRESTRICTED
315 GILLESPIE ROAD CHATTANOOGA, TN 37411	62-0505514	501(C)(3)	100,000.	0.			UNRESTRICTED
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD							
CHATTANOOGA, TN 37411	62-0505514	501(C)(3)	15,000.	0.			THE ISAIAH 117 HOUSE UNRESTRICTED \$20,000;
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD CHATTANOOGA, TN 37411	62-0505514	501(C)(3)	25,000.	0.			\$2,000 FOR STAFF CELEBRATION; \$3,000 FOR CHRISTMAS CARD DONATIONS
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD							
CHATTANOOGA, TN 37411	62-0505514	501(C)(3)	10,000.	0.			UNRESTRICTED
CHARLES H. COOLIDGE MEDAL OF HONOR HERITAGE CENTER - P.O. BOX 11467 - CHATTANOOGA, TN 37401	58-1739072	501(C)(3)	16,667.	0.			3RD AND FINAL PLEDGE PAYMENT FOR JULY 2021
CHARLES H. COOLIDGE MEDAL OF HONOR HERITAGE CENTER - P.O. BOX 11467 -	F0 17300F0	F01/G)/2)	2 222				
CHATTANOOGA, TN 37401	58-1739072	DUI(C)(3)	8,000.	0.			UNRESTRICTED
CHARLESTON PROMISE NEIGHBORHOOD 1834 SUMMERVILLE AVENUE, SUITE 200 CHARLESTON SC 29405	80_0507710	501/01/31	10.000	•			CODE MICCION GUDDODE
CHARLESTON, SC 29405	80-0597710	DOT(C)(2)	10,000.	0.			CORE MISSION SUPPORT

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) 0. DEI PLANNING 20,000 CHATTANOOGA AREA FOOD BANK 2009 CURTAIN POLE ROAD CHATTANOOGA, TN 37406 62-0867645 501(C)(3) 0. UNRESTRICTED 15,000 CHATTANOOGA AREA FOOD BANK 2009 CURTAIN POLE ROAD PRODUCE EMPOWERMENT CHATTANOOGA, TN 37406 62-0867645 501(C)(3) 100,000 0. PROGRAM CHATTANOOGA AREA FOOD BANK 2009 CURTAIN POLE ROAD 62-0867645 501(C)(3) 0. CHATTANOOGA, TN 37406 10,000. UNRESTRICTED 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 CHATTANOOGA, TN 37406 62-0867645 501(C)(3) 6,000 0. UNRESTRICTED 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 CHATTANOOGA, TN 37406 62-0867645 501(C)(3) 10,000. 0. UNRESTRICTED CHATTANOOGA AREA FOOD BANK 2009 CURTAIN POLE ROAD CHATTANOOGA, TN 37406 62-0867645 501(C)(3) 0. 7 000 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) CHATTANOOGA AREA FOOD BANK 2009 CURTAIN POLE ROAD CHATTANOOGA, TN 37406 62-0867645 501(C)(3) 25,000 0 FY 2022 FEEDING PROGRAMS CHATTANOOGA AUDUBON SOCIETY PRESERVATION AND 900 N SANCTUARY RD. CONSERVATION EFFORTS OF CHATTANOOGA, TN 37421 62-6047636 501(C)(3) 0 SANCTUARY PROPERTIES 10,000 CHATTANOOGA AUTISM CENTER 1400 MCCALLIE AVE, STE 100 COVID-19 VACCINE CHATTANOOGA, TN 37404 45-3179418 501(C)(3) 32,875 0 EDUCATION CHATTANOOGA AUTISM CENTER 1400 MCCALLIE AVE, STE 100 CHATTANOOGA, TN 37404 45-3179418 501(C)(3) 0 UNRESTRICTED 25,000 CHATTANOOGA AUTISM CENTER 1400 MCCALLIE AVE, STE 100 CHATTANOOGA, TN 37404 45-3179418 501(C)(3) 0. 15,000 UNRESTRICTED \$29,000 TO SUPPORT THE CHATTANOOGA BALLET HIRING OF A DANCER AND 817 N MARKET STREET, SUITE B \$4,500 TO SUPPORT THE CHATTANOOGA, TN 37405 23-7247009 501(C)(3) ARTS IN THE BURG PROJECT 33,500 0. CHATTANOOGA CARES, INC. D/B/A CEMPA COMMUNITY CARE - 1000 E. THIRD STREET, SUITE 300 -COVID-19 VACCINE CHATTANOOGA, TN 37403 62-1325543 501(C)(3) 73 987 0. EDUCATION CHATTANOOGA CARES, INC. D/B/A CEMPA COMMUNITY CARE - 1000 E. FUTURE READY PUBLIC THIRD STREET, SUITE 300 -HEALTH INSTITUTE AT EAST CHATTANOOGA, TN 37403 62-1325543 501(C)(3) 25,000. 0. RIDGE HS CHATTANOOGA CHRISTIAN SCHOOL, INC. THE KING SCHOOL 3354 CHARGER DRIVE 01/08/2021 ADMINISTRATIVE 62-0840156 501(C)(3) CHATTANOOGA, TN 37409-1005 0. EXPENSES 36 488

Schedule I (Form 990) CHATTANOO							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
CHATTANOOGA CHRISTIAN SCHOOL, INC. 3354 CHARGER DRIVE CHATTANOOGA, TN 37409-1005	62-0840156	501(C)(3)	36,488.	0.			THE KING SCHOOL ADMIN EXPENSES 04/21/2021
CHATTANOOGA CHRISTIAN SCHOOL, INC. 3354 CHARGER DRIVE CHATTANOOGA, TN 37409-1005	62-0840156	501(C)(3)	36,488.	0.			THE KING SCHOOL ADMINISTRATIVE EXPENSES
CHATTANOOGA COMMUNITY KITCHEN P.O. BOX 11203 CHATTANOOGA, TN 37401-2203	62-1151413	501(C)(3)	20,000.	0.			2021 FAST DAY CAMPAIGN
CHATTANOOGA COMMUNITY KITCHEN P.O. BOX 11203 CHATTANOOGA, TN 37401-2203	62-1151413		10,718.	0.			ROBERT AND CHAMBERLAIN MCALLESTER FUND
CHATTANOOGA COMMUNITY KITCHEN P.O. BOX 11203 CHATTANOOGA, TN 37401-2203	62-1151413	501(C)(3)	7,000.	0.			UNRESTRICTED
CHATTANOOGA COMMUNITY KITCHEN P.O. BOX 11203 CHATTANOOGA, TN 37401-2203	62-1151413	501(C)(3)	10,000.	0.			UNRESTRICTED
CHATTANOOGA COMMUNITY KITCHEN P.O. BOX 11203 CHATTANOOGA, TN 37401-2203	62-1151413	501(C)(3)	10,000.	0.			UNRESTRICTED
CHATTANOOGA GIRLS LEADERSHIP ACADEMY - P.O. BOX 3859 - CHATTANOOGA, TN 37404	26-3492860	501(C)(3)	10,000.	0.			UNRESTRICTED
CHATTANOOGA GIRLS LEADERSHIP ACADEMY - P.O. BOX 3859 - CHATTANOOGA, TN 37404	26-3492860	501(C)(3)	15,000.	0.			CGLA MEDICAL CLINIC, FOOD PANTRY, AND COUNSELING SUPPORT

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) CHATTANOOGA GIRLS LEADERSHIP ACADEMY - P.O. BOX 3859 -MONTESSORI SCHOOL PROJECT CHATTANOOGA, TN 37404 26-3492860 501(C)(3) 33,000 0. (2ND OF 3 YEAR PLEDGE) CHATTANOOGA NEIGHBORHOOD ENTERPRISE INC. - 1500 CHESTNUT STREET, SUITE 102 - CHATTANOOGA, EVICTION PREVENTION TN 37408 62-1300726 501(C)(3) 100,000 0. INITIATIVE CHATTANOOGA PREP INC. P.O. BOX 3809 FRIENDS OF CHATTANOOGA CHATTANOOGA, TN 37404 81-3512812 501(C)(3) 25,000 0. PREP CHATTANOOGA PREP INC. P.O. BOX 3809 81-3512812 501(C)(3) 0 GYM CAPITAL PROJECT CHATTANOOGA, TN 37404 75,000 CHATTANOOGA PREP INC. P.O. BOX 3809 81-3512812 501(C)(3) 15,000. CHATTANOOGA, TN 37404 0. GENERAL OPERATING SUPPORT CHATTANOOGA PREP INC. P.O. BOX 3809 3RD AND FINAL INSTALLMENT 81-3512812 501(C)(3) CHATTANOOGA, TN 37404 16,667. 0. OF \$50,000 PLEDGE CHATTANOOGA PREP INC. P.O. BOX 3809 HEALTH AND WELLNESS, SEL, 81-3512812 501(C)(3) CHATTANOOGA, TN 37404 15 000 0. AND FOOD ASSISTANCE 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) 0. 2021 BOYS LEADERSHIP 20,000.

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 organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) CHATTANOOGA PUBLIC LIBRARY FOUNDATION - ATTN: FRIENDS OF THE CHATTANOOGA LIBRARY - CHATTANOOGA 62-6050405 501(C)(3) 0 TN 37402 5,188 UNRESTRICTED CHATTANOOGA REGIONAL HOMELESS COALITION - P.O. BOX 3690 -COVID-19 VACCINE CHATTANOOGA, TN 37404 62-1549023 501(C)(3) 0 EDUCATION 35,350 CHATTANOOGA ROOM IN THE INN UNRESTRICTED FROM THE P.O. BOX 3564 SIGNAL CARES GOLF CHATTANOOGA, TN 37404 62-1402358 501(C)(3) 10,000 0 FUNDRAISER CHATTANOOGA STATE COMMUNITY COLLEGE - 4501 AMNICOLA HIGHWAY -62-0725362 STATE OF TN 0 CHATTANOOGA, TN 37406 10,000 ENGINEERING SCHOLARSHIPS CHATTANOOGA STATE COMMUNITY COLLEGE - 4501 AMNICOLA HIGHWAY -CHATTANOOGA, TN 37406 62-0725362 STATE OF TN 6,792. 0. POLYTECH SCHOLARSHIPS CHATTANOOGA STATE COMMUNITY COLLEGE FOUNDATION - CBIH MICHAEL P. HENNEN BUILDING, SUITE 210 - CHATTANOOGA, HOSPITALITY & TOURISM TN 37406 58-1311669 501(C)(3) MANAGEMENT SCHOLARSHIP 12,000 0. CHATTANOOGA STATE COMMUNITY COLLEGE FOUNDATION - CBIH BUILDING, SUITE 210 - CHATTANOOGA, DUAL ENROLLMENT TN 37406 58-1311669 501(C)(3) 55 000 0. OPPORTUNITY SCHOLARSHIP CHATTANOOGA STATE COMMUNITY COLLEGE FOUNDATION - CBIH BUILDING, SUITE 210 - CHATTANOOGA DUAL ENROLLMENT TN 37406 58-1311669 501(C)(3) 55,000. 0. OPPORTUNITY SCHOLARSHIP CHATTANOOGA STATE COMMUNITY COLLEGE FOUNDATION - CBIH BUILDING, SUITE 210 - CHATTANOOGA, DUAL ENROLLMENT TN 37406 58-1311669 501(C)(3) 0. OPPORTUNITY SCHOLARSHIP 48,208,

THE COMMUNITY FOUNDATION OF GREATER 62-6045999 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) CHATTANOOGA STATE COMMUNITY COLLEGE FOUNDATION - CBIH BUILDING SUITE 210 - CHATTANOOGA DUAL ENROLLMENT TN 37406 58-1311669 501(C)(3) 55,000 0 OPPORTUNITY SCHOLARSHIP CHATTANOOGA STATE COMMUNITY COLLEGE FOUNDATION - CBIH BUILDING, SUITE 210 - CHATTANOOGA, DUAL ENROLLMENT TN 37406 58-1311669 501(C)(3) 0 OPPORTUNITY SCHOLARSHIP 55,000 CHATTANOOGA SYMPHONY & OPERA 736 GEORGIA AVE STE 101 CHATTANOOGA, TN 37402 62-6002098 501(C)(3) 25,000 0. 2021 ANNUAL FUND CHATTANOOGA UNITE VETERANS COALITION - 426 MARKET STREET -81-4937558 501(C)(3) 0 CHATTANOOGA, TN 37402 15,000 ASSISTANCE FOR VETERANS CHATTANOOGA WOODWORKING ACADEMY. INC. - 1604 S MARKET ST -CHATTANOOGA, TN 37408 80-0153945 501(C)(3) 7,000 0. SCHOLARSHIP FUND CHATTANOOGA-HAMILTON COUNTY CONVENTION AND TRADE CENTER -ATTN: LISA HYMAN - CHATTANOOGA, TN WOMEN OF DISTINCTION 62-1125122 501(C)(3) EVENT RENTAL 37402 11,793. 0. CHATTANOOGA-HAMILTON COUNTY PUBLIC EDUCATION FUND - 835 GEORGIA AVENUE SUITE 400 - CHATTANOOGA TN 37402 62-1356764 501(C)(3) 6 000 0. TWO EICHENTHAL FELLOWS CHATTANOOGA-HAMILTON COUNTY PUBLIC EDUCATION FUND - 835 GEORGIA AVENUE SUITE 400 - CHATTANOOGA TN 37402 62-1356764 501(C)(3) 25,000. 0. UNRESTRICTED

30,254.

0.

EVICTION PREVENTION

INITIATIVE

CHATTANOOGANS IN ACTION FOR LOVE

BOX 11202 - CHATTANOOGA, TN 37401

81-4124279 501(C)(3)

EQUALITY AND BENEVOLENCE - P.O.

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
CHATTANOOGANS IN ACTION FOR LOVE							
EQUALITY AND BENEVOLENCE - P.O.							
BOX 11202 - CHATTANOOGA, TN 37401	81-4124279	501(C)(3)	12,000.	0.			TENNESSEE UNITED
BOX 11202 CIMITIMOODI, IN 37401	01 4124273	301(0)(3)	12,000.	<u> </u>			I I I I I I I I I I I I I I I I I I I
CHATTANOOGANS IN ACTION FOR LOVE							
EQUALITY AND BENEVOLENCE - P.O.							CATALYST: EPI WORK 08/01
BOX 11202 - CHATTANOOGA, TN 37401	81-4124279	501(C)(3)	7,275.	0.			- 08/27
			, -	-			
CHATTANOOGANS IN ACTION FOR LOVE							
EQUALITY AND BENEVOLENCE - P.O.							
BOX 11202 - CHATTANOOGA, TN 37401	81-4124279	501(C)(3)	11,860.	0.			UNRESTRICTED
<u> </u>							
CHATTANOOGANS IN ACTION FOR LOVE							CATALYST GRANT: EVICTION
EQUALITY AND BENEVOLENCE - P.O.							PREVENTION INITIATIVE
BOX 11202 - CHATTANOOGA, TN 37401	81-4124279	501(C)(3)	10,000.	0.			STAFF SUPPORT
CHATTANOOGANS IN ACTION FOR LOVE							
EQUALITY AND BENEVOLENCE - P.O.							EVICTION PREVENTION
BOX 11202 - CHATTANOOGA, TN 37401	81-4124279	501(C)(3)	6,555.	0.			INITIATIVE
CHATTANOOGANS IN ACTION FOR LOVE							
EQUALITY AND BENEVOLENCE - P.O.							EVICTION PREVENTION
BOX 11202 - CHATTANOOGA, TN 37401	81-4124279	501(C)(3)	31,845.	0.			INITIATIVE
CHATTANOOGANS IN ACTION FOR LOVE							
EQUALITY AND BENEVOLENCE - P.O.							CATALYST: SEPTEMBER EPI
BOX 11202 - CHATTANOOGA, TN 37401	81-4124279	501(C)(3)	9,875.	0.			BRIDGE FUNDING
CHILDREN'S ADVOCACY CENTER OF							
HAMILTON COUNTY - 5705 UPTAIN							MENTAL HEALTH THERAPY
ROAD, SUITE C - CHATTANOOGA, TN							SERVICES FOR VICTIMS OF
37411	58-1953669	501(C)(3)	15,000.	0.			CHILD SEXUAL ABUSE
CHILDREN'S ADVOCACY CENTER OF							
HAMILTON COUNTY - 5705 UPTAIN							
ROAD, SUITE C - CHATTANOOGA, TN							
37411	58-1953669	501(C)(3)	15,000.	0.			HELP US. HELP KIDS.

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) 10,000 0. UNRESTRICTED CHILDREN'S HOSPITAL OF ALEXANDER DISEASH PHILADELPHIA FOUNDATION - THREE RESEARCH AND FDA CHILDREN'S CENTER - PHILADELPHIA COMPLIANT DATABASE FOR PA 19104 23-2237932 501(C)(3) 133,836 0 CLINICAL TRIAL READINESS CHILDREN'S NUTRITION PROGRAM OF HAITI, INC. - P. O. BOX 3720 -CHATTANOOGA, TN 37404 20-1394468 501(C)(3) 10,000 0. UNRESTRICTED CHILDREN'S NUTRITION PROGRAM OF HAITI, INC. - P. O. BOX 3720 -CHATTANOOGA, TN 37404 20-1394468 501(C)(3) 0 2021 DONATION 10,000 CHILDREN'S NUTRITION PROGRAM OF HAITI, INC. - P. O. BOX 3720 -20-1394468 501(C)(3) 0. CHATTANOOGA, TN 37404 15,000 UNRESTRICTED CHOATE ROSEMARY HALL 333 CHRISTIAN STREET LAND, BUILDING, AND WALLINGFORD, CT 06492 06-0910420 501(C)(3) EOUIPMENT 7,655. 0. CHOATE ROSEMARY HALL 333 CHRISTIAN STREET LAND, BUILDING, AND WALLINGFORD, CT 06492 06-0910420 501(C)(3) EOUIPMENT 5 872 0. TORNADO RELIEF FUND -CHRISTIAN AID MINISTRIES DISASTER RESPONSE ATTN: DAVE ROPP SERVICES IN CHATTANOOGA BERLIN, OH 44610-0360 34-1344364 501(C)(3) 15,000. 0. TN CHRISTIAN AID MINISTRIES ATTN: DAVE ROPP BERLIN, OH 44610-0360 34-1344364 501(C)(3) 0. HOME REPAIRS 20 000

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 or assistance valuation non-cash assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) CHURCH OF THE FIRST BORN 3418 SAINT ELMO AVENUE FOOD AND MENTAL HEALTH CHATTANOOGA, TN 37409 62-1021634 CHURCH/NOT 501(C 15,000 0. SUPPORT CIBY THOMAS INTERNATIONAL MINISTRIES, INC. - 7 NORTH TUXEDO DRIVE - CHATTANOOGA, TN 37411 47-2015513 501(C)(3) 8,000 0. MISSION OUTREACH CITY OF DREAMS P.O. BOX 24037 CITY OF DREAMS MENTORING SAN FRANCISCO, CA 94124 20-0719899 501(C)(3) 10,000 0. PROGRAM CIVIC TN 5016 CENTENNIAL BLVD, SUITE 200 NASHVILLE, TN 37209 84-2967597 501(C)(3) 0 UNRESTRICTED 25,000 CLEVELAND FELLOWSHIP P.O. BOX 5327 46-4428720 CHURCH/NOT 501(C 50,000 0. CLEVELAND, TN 37320 CHURCH BUILDING PROJECT COLLEGE GUILD 30 PLEASANT STREET, #696 BRUNSWICK, ME 04011 01-0545944 501(C)(3) 10,000 0. GENERAL PROGRAMMING COLLEGE POSSIBLE COLLEGE POSSIBLE COLLEGE 755 PRIOR AVENUE NORTH, SUITE 210 ACCESS AND SUCCESS SAINT PAUL, MN 55104 41-1968798 501(C)(3) 10,000 0. PROGRAMMING COLLEGEDALE COMMUNITY CHURCH P.O. BOX 627 COLLEGEDALE, TN 37315 62-1867334 CHURCH/NOT 501(C 40,000. 0. TITHE COLLEGEDALE SEVENTH DAY ADVENTIST CHURCH - 4829 COLLEGE DRIVE -COLLEGEDALE, TN 37315-3002 62-0784963 CHURCH/NOT 501(C 0. 8 000. CHURCH BUDGET

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) COLLEGEDALE SEVENTH DAY ADVENTIST CHURCH - 4829 COLLEGE DRIVE -COLLEGEDALE, TN 37315-3002 62-0784963 CHURCH/NOT 501(C 0 9,188 GENERAL TITHE COLLEGEDALE SEVENTH DAY ADVENTIST CHURCH - 4829 COLLEGE DRIVE -COLLEGEDALE, TN 37315-3002 62-0784963 CHURCH/NOT 501(C 0 10,000 SAMARITAN CENTER COLLEGEDALE SEVENTH DAY ADVENTIST CHURCH - 4829 COLLEGE DRIVE -COLLEGEDALE, TN 37315-3002 62-0784963 CHURCH/NOT 501(C 50,000 0. CHURCH BUDGET COLLEGEDALE SEVENTH DAY ADVENTIST CHURCH - 4829 COLLEGE DRIVE -62-0784963 CHURCH/NOT 501(C 0 COLLEGEDALE, TN 37315-3002 90,000 TITHE COLLEGEDALE TOMORROW FOUNDATION. INC. - P.O. BOX 1670 -COLLEGEDALE, TN 37315 46-3824536 501(C)(3) 15,000 0. UNRESTRICTED COLLEGEDALE TOMORROW FOUNDATION. INC. - P.O. BOX 1670 -THE ANNEX TO FOUNDER'S COLLEGEDALE, TN 37315 46-3824536 501(C)(3) 300,000 0. HALL COLLEGEDALE TOMORROW FOUNDATION. INC. - P.O. BOX 1670 -COLLEGEDALE TN 37315 46-3824536 501(C)(3) 25 000 0. UNRESTRICTED COLLEGEDALE TOMORROW FOUNDATION. CHESTNUT HALL OR OTHER INC. - P.O. BOX 1670 -COLLEGEDALE, TN 37315 46-3824536 501(C)(3) 128,000. 0. NEEDS COMMUNITY CHRISTIAN SCHOOL 6256 HIGHWAY 39 N. MERIDIAN, MS 39305 64-0794899 501(C)(3) 0. UNRESTRICTED

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) COMMUNITY CHRISTIAN SCHOOL 6256 HIGHWAY 39 N. MERIDIAN, MS 39305 64-0794899 501(C)(3) 25,000 0. UNRESTRICTED COMMUNITY CHRISTIAN SCHOOL 6256 HIGHWAY 39 N. MERIDIAN, MS 39305 64-0794899 501(C)(3) 0 UNRESTRICTED 25,000 COMMUNITY FOUNDATION OF CLEVELAND AND BRADLEY COUNTY - P. O. BOX JACK MCKEE DONOR ADVISED 4474 - CLEVELAND, TN 37320-4474 26-2101084 501(C)(3) 500,000 0. FUND COMMUNITY FOUNDATION OF GREATER BIRMINGHAM - 2100 FIRST AVENUE MENTAL HEALTH INITIATIVE NORTH - BIRMINGHAM, AL 35203 63-6019864 501(C)(3) 0 DIRECTOR 7,709. COMMUNITY FOUNDATION OF NORTHWEST GEORGIA, INC. - P.O. BOX 942 -JACK MCKEE DONOR ADVISED 58-2360356 501(C)(3) FUND DALTON, GA 30721 500,000 0. CONNECTIONS EDUCATION CENTER OF THE PALM BEACHES, INC. - 1310 OLD CONGRESS AVENUE, SUITE 100 - WEST 47-3805751 501(C)(3) PALM BEACH, FL 33409 10,000 0. GRADUATION GIFT CONNECTIONS EDUCATION CENTER OF THE PALM BEACHES, INC. - 1310 OLD CONGRESS AVENUE, SUITE 100 - WEST MATCHING GIFT PROGRAM FOR PALM BEACH, FL 33409 47-3805751 501(C)(3) 20 000 0. DIRECT MAIL CONTEMPORARY PERFORMING ARTS OF CHATTANOOGA, INC. - 1307 DODDS AVENUE - CHATTANOOGA, TN 37404 58-1978586 501(C)(3) 10,000. 0. CULTURAL CROSS TIES COSETTE CONSULTING, LLC 3712 RINGGOLD ROAD, #120 PROJECT DIRECTOR AND DATA SPECIALIST CHATTANOOGA, TN 37412 87-2176501 OTHER 0. 8 903

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) COSETTE CONSULTING, LLC PROJECT DIRECTOR, DATA 3712 RINGGOLD ROAD, #120 SPECIALIST, AND INTAKE CHATTANOOGA, TN 37412 87-2176501 OTHER 0 SPECIALIST 10,344 COVENANT COLLEGE OFFICE OF DEVELOPMENT. OPERATIONS, 14049 SCENIC HIGHWAY -LOOKOUT MOUNTAIN 43-0719506 501(C)(3) 0 CAPITAL CAMPAIGN PLEDGE 10,000 CRABTREE FARMS OF CHATTANOOGA. INC. - P.O. BOX 2250 -COMMUNITY GARDENING CHATTANOOGA, TN 37409 62-1760383 501(C)(3) 15,000 0. PROGRAM CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 62-1509462 501(C)(3) 0 IGNITE DISCOVERY CAMPAIGN CHATTANOOGA, TN 37401-9813 100,000 CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 62-1509462 501(C)(3) CHATTANOOGA, TN 37401-9813 400,000 0. FARM AND GARDEN EXHIBIT CREATIVE DISCOVERY MUSEUM \$75K FOR CAPITAL CAMPAIGN P. O. BOX 6339 AND \$10K FOR ANNUAL 62-1509462 501(C)(3) OPERATING SUPPORT CHATTANOOGA, TN 37401-9813 85,000 0. CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 CAPITAL CAMPAIGN PLEDGE 62-1509462 501(C)(3) CHATTANOOGA, TN 37401-9813 50 000 0. (3RD OF 4 INSTALLMENTS) CREATIVE DISCOVERY MUSEUM IGNITE DISCOVERY CAMPAIGN P. O. BOX 6339 CHATTANOOGA, TN 37401-9813 62-1509462 501(C)(3) 40,000. 0. PLEDGE (PAYMENT 2 OF 2) CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 IGNITE DISCOVERY CAPITAL CAMPAIGN CHATTANOOGA, TN 37401-9813 62-1509462 501(C)(3) 0. 50 000

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) CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 CHATTANOOGA, TN 37401-9813 62-1509462 501(C)(3) 0. IGNITE DISCOVERY CAMPAIGN 12,500 CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 CHATTANOOGA, TN 37401-9813 62-1509462 501(C)(3) 0. CAPITAL CAMPAIGN PLEDGE 10,000 CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 CHATTANOOGA, TN 37401-9813 62-1509462 501(C)(3) 20,000 0. 2022 PLEDGE PAYMENT CREATIVE DISCOVERY MUSEUM ACCESSIBILITY AND P. O. BOX 6339 INCLUSION COMMUNITY-WIDE 62-1509462 501(C)(3) 0 TRAINING CHATTANOOGA, TN 37401-9813 10,000 CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 IGNITE CAPITAL CAMPAIGN 62-1509462 501(C)(3) 20,000 CHATTANOOGA, TN 37401-9813 0. (3RD OF 5 YEAR PLEDGE) CREATIVE PORTLAND CORPORATION BLACK OWNED MAINE, ONE P.O. BOX 690 MAINE GROUP: INCUBATOR 27-0843775 501(C)(3) PILOT SACO, ME 04072 10,000 0. CROSS WALK CHATTANOOGA SDA CHURCH 2288 GUNBARREL ROAD 83-2961104 CHURCH/NOT 501(C CHATTANOOGA, TN 37421 8 000 0. CHURCH BUDGET CUMBERLAND TRAILS CONFERENCE 125 VISTA DRIVE PUBLIC MEETINGS WITH KINGSTON, TN 37763 47-4348191 501(C)(3) 6,000. 0. EXPERT SPEAKERS DADE COUNTY ACADEMIC FOUNDATION. INC. - CITIZEN'S BANK AND TRUST -TRENTON, GA 30752 58-2073009 501(C)(3) 0. UNRESTRICTED 10,000

Schedule I (Form 990) CHATTANOO							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 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
							FREEZER, E-LAB EQUIPMENT,
DALEWOOD MIDDLE SCHOOL							CASTLE STORE INCENTIVES,
1300 SHALLOWFORD ROAD							CONFERENCE ROOM
CHATTANOOGA, TN 37411	62-6000638	HAMILTON CO.	23,000.	0.			FURNITURE, AND TN READY
DAVID HOROWITZ FREEDOM CENTER							
14724 VENTURA BLVD							
SHERMAN OAKS, CA 91403	95-4194642	501(C)(3)	25,000.	0.			UNRESTRICTED
DAVID HOROWITZ FREEDOM CENTER							
14724 VENTURA BLVD	05 4404640	504 (5) (0)	05.000				
SHERMAN OAKS, CA 91403	95-4194642	501(C)(3)	25,000.	0.			UNRESTRICTED
DONORS OF COLOR NETWORK, INC.							
36 S. PORTLAND AVENUE							
BROOKLYN, NY 11217	81-1676971	501(C)(3)	10,000.	0.			UNRESTRICTED
DROOKLIN, NI IIII.	01 10,03,1	301(0)(3)	10,000.	•			
EDUCATE MAINE							STARTING HERE AND
482 CONGRESS STREET, SUITE 303							STARTING NOW FOR SOCIAL
PORTLAND, ME 04101	20-3559947	501(C)(3)	7,500.	0.			JUSTICE IN MAINE SCHOOLS
			,				
EMORY UNIVERSITY							
OFFICE OF FINANCIAL AID							FOOD FORTIFICATION
ATLANTA, GA 30322	58-0566256	501(C)(3)	23,000.	0.			INITIATIVE
EDI MGED HEN MU GVGMEN							HEADE AND LING INCHIENCED
ERLANGER HEALTH SYSTEM							HEART AND LUNG INSTITUTE
975 E. 3RD STREET	50 4664005	504 (5) (0)	4= 006				2019 WOD OF GREATER
CHATTANOOGA, TN 37403	58-1664027	501(C)(3)	17,886.	0.			CHATTANOOGA FUNDRAISER
ERLANGER HEALTH SYSTEM FOUNDATION							
975 E. THIRD STREET, SUITE B508							CHILDREN'S BELIEVE
CHATTANOOGA, TN 37403	58-1664027	501(C)(3)	50,000.	0.			CAMPAIGN (PAYMENT 3 OF 3)
ERLANGER HEALTH SYSTEM FOUNDATION							
975 E. THIRD STREET, SUITE B508							BELIEVE CAMPAIGN (FINAL
CHATTANOOGA, TN 37403	58-1664027	501(C)(3)	7,500.	0.			PAYMENT)

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) FAITH PRESBYTERIAN CHURCH ATTN: SUSAN BEASON 63-0704515 CHURCH/NOT 501(C 6,000 0. BIRMINGHAM, AL 35242 UNRESTRICTED FAMILY FIT TOGETHER, INC. OPERATING SUPPORT FOR 4944 GOLDWING WAY COMMUNITY WELLNESS & CHATTANOOGA, TN 37416 36-4677546 501(C)(3) 7,272. 0. HEALTH INITIATIVES FAMILY PROMISE OF GREATER CHATTANOOGA - 1184 BALDWIN STREET - CHATTANOOGA, TN 37401 31-1529222 501(C)(3) 8,116, 0. UNRESTRICTED FAMILY PROMISE OF GREATER CHATTANOOGA - 1184 BALDWIN STREET SERVICES FOR HOMELESS AND 31-1529222 501(C)(3) 0 NEAR-HOMELESS FAMILIES - CHATTANOOGA, TN 37401 15,000. FAMILY PROMISE OF GREATER CHATTANOOGA - 1184 BALDWIN STREET HELPING FAMILIES ACHIEVE 31-1529222 501(C)(3) SELF-SUFFICIENCY - CHATTANOOGA, TN 37401 15,000. 0. FELLOWSHIP OF CHRISTIAN ATHLETES P.O. BOX 338 44-0610626 501(C)(3) HIXSON, TN 37343-0338 10,000 0. UNRESTRICTED FIRST BAPTIST CARES, INC. 506 E. 8TH STREET HUNGER AND SAFE HAVEN CHATTANOOGA, TN 37403 82-4710069 501(C)(3) 15 000 0. COMMUNITY OUTREACH FIRST CUMBERLAND PRESBYTERIAN CHURCH - 1505 N. MOORE ROAD -CHATTANOOGA, TN 37411 62-0560298 CHURCH/NOT 501(C 7,000. 0. POOL REPAIRS FIRST HORIZON BANK 701 MARKET STREET CHATTANOOGA, TN 37402 62-0201385 OTHER 0. 100 \$50 GIFT CARDS 5,345.

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) \$8,000.00 FOR DAD'S FIRST THINGS FIRST MAKING A DIFFERENCE 620 LINDSAY STREET, SUITE 100 PROGRAM AND \$2,000.00 FOR CHATTANOOGA, TN 37403 62-1678048 501(C)(3) 10,000 0 DATE NIGHT FIRST THINGS FIRST 620 LINDSAY STREET, SUITE 100 CHATTANOOGA, TN 37403 62-1678048 501(C)(3) 6,000 0 UNRESTRICTED FORREST SPENCE FUND P O BOX 770478 CHATTANOOGA GENERAL MEMPHIS, TN 38177 27-0151429 501(C)(3) 15,000 0 OPERATING FUND ADDRESSING THE FOUNDATION FOR PORTLAND PUBLIC OPPORTUNITY GAP: SCHOOLS - 353 CUMBERLAND AVENUE -PROFESSIONAL DEVELOPMENT 22-3179738 501(C)(3) 0 FOR PUBLIC SCHOOLS PORTLAND, ME 04101 10,000 FRIENDS OF CHICKAMAUGA & CHATTANOOGA NATIONAL MILITARY PARK - NATIONAL PARK PARTNERS -NATIONAL PARK PARTNERS 58-1708782 501(C)(3) CHATTANOOGA, TN 37401 CAMPAIGN (PAYMENT 1 OF 5) 10,000 0. FRIENDS OF CHICKAMAUGA & CHATTANOOGA NATIONAL MILITARY PARK - NATIONAL PARK PARTNERS -FOREVER MOCCASIN BEND CHATTANOOGA, TN 37401 58-1708782 501(C)(3) PROJECT 8,000 0. FRIENDS OF ST. STEPHEN'S 419 SHAWMUT AVENUE BOSTON MA 02118 26-1749602 501(C)(3) 10 000 0. PARENT MENTORING PROGRAM FRIENDS OF THE ZOO, INC. 301 N HOLTZCLAW AVENUE CHATTANOOGA, TN 37404 58-1661267 501(C)(3) 50,000. 0. UNRESTRICTED GALAPAGOS CONSERVANCY 11150 FAIRFAX BOULEVARD FAIRFAX, VA 22030 13-3281486 501(C)(3) 0. UNRESTRICTED 10 000

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) GALEO LATINO COMMUNITY DEVELOPMENT FUND, INC. - P.O. BOX 29506 -ATLANTA, GA 30359 20-1565775 501(C)(3) 10,000 0. VOTER SUPPORT ACTIVITIES GENERAL CONFERENCE OF SEVENTH DAY ADVENTISTS - 255 CONFERENCE RD NE - CALHOUN, GA 30701 58-6035029 501(C)(3) 0 23,000 тттне WORTHY STUDENT FUND GENERAL CONFERENCE OF SEVENTH-DAY 2022-2023 SCHOOL YEAR. ADVENTISTS, SOUTHERN UNION CONFERENCE - 302 RESEARCH DRIVE -EXCLUDE FORREST LAKE PEACHTREE CORNERS, GA 30039 58-6002274 501(C)(3) 400,000 0. ACADEMY AND N. TAMPA PARTIAL FUNDING FOR THE GEORGIA MUSEUMS, INC. P. O. BOX 3663 NEW TELLUS SCIENCE MUSEUM CARTERSVILLE, GA 30120 20-1234015 501(C)(3) 0 EXHIBITION 5,100. GEORGIA-ALABAMA LAND TRUST, INC. 226 OLD LADIGA ROAD 58-2069352 501(C)(3) PIEDMONT, AL 36272 10,000 0. UNRESTRICTED GIRL STANCE, INC. P.O BOX 8782 84-1806154 501(C)(3) CHATTANOOGA, TN 37414 15,000 0. MIND OVER MATTER GIRL STANCE, INC. P.O BOX 8782 CHATTANOOGA, TN 37414 84-1806154 501(C)(3) 7 272 0. UNRESTRICTED GIRL STANCE, INC. P.O BOX 8782 CHATTANOOGA, TN 37414 84-1806154 501(C)(3) 15,000. 0. MIND OVER MATTER (MOM) GIRLS INC. OF CHATTANOOGA 4505 BRAINERD ROAD, SUITE 110 CHATTANOOGA, TN 37411 62-0647145 501(C)(3) 7 272. 0. CIVIC ENGAGEMENT GRANT

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Т
(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
GIRLS INC. OF CHATTANOOGA 4505 BRAINERD ROAD, SUITE 110 CHATTANOOGA, TN 37411	62-0647145	501(C)(3)	5,500.	0.			UNRESTRICTED
GIRLS INC. OF CHATTANOOGA 4505 BRAINERD ROAD, SUITE 110 CHATTANOOGA, TN 37411	62-0647145	501(C)(3)	7,100.	0.			UNRESTRICTED
GIRLS INCORPORATED OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	04-2123666	501(C)(3)	10,000.	0.			RACIAL EQUITY AND DIVERSITY TRAINING
GIRLS PREPARATORY SCHOOL P.O. BOX 4736 CHATTANOOGA, TN 37405	62-0475682	501(C)(3)	25,000.	0.			UNRESTRICTED
GLASS HOUSE COLLECTIVE P.O. BOX 5566 CHATTANOOGA, TN 37406	46-3585789	501(C)(3)	16,000.	0.			TRANSITION MANAGER
GLASS HOUSE COLLECTIVE P.O. BOX 5566 CHATTANOOGA, TN 37406	46-3585789	501(C)(3)	6,000.	0.			UNRESTRICTED
GLOBAL CENTER FOR MEDICAL INNOVATION - 575 14TH ST NW - ATLANTA, GA 30318	26-4723391	501(C)(3)	50,000.	0.			IV INFILTRATION AND DEVELOPMENT AND COMMERCIALIZATION PROJEC
GLOBAL GENEROSITY, INC. P.O. BO 511 ALPHARETTA, GA 30009	47-5209151	501(C)(3)	25,000.	0.			ILLUMINATIONS
GLOBAL OUTREACH INTERNATIONAL, INC P. O. BOX 1 - TUPELO, MS 38802	48-1256219	501(C)(3)	10,000.	0.			MOLDOVA SUMMER CAMPS

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) GLOBAL RESCUE RELIEF AND RESILIENCE, INC. - 11450 NELLIE OAKS BEND - CLERMONT, FL 34711 59-3715468 501(C)(3) 7,500 0. UNRESTRICTED GREATER CHATTANOOGA PUBLIC TELEVISION CORPORATION/WTCI - 7540 WHAT WE CHOOSE TO BONNYSHIRE DRIVE - CHATTANOOGA, TN REMEMBER: WTCI'S RACIAL 37416 62-1137597 501(C)(3) 0 JUSTICE BROADCAST PACKAGE 10,000 GREATER CHATTANOOGA PUBLIC TELEVISION CORPORATION/WTCI - 7540 BONNYSHIRE DRIVE - CHATTANOOGA, TN 37416 62-1137597 501(C)(3) 15,000 0. UNRESTRICTED GREENSPACES 63 E. MAIN STREET 27-2113695 501(C)(3) 0 UNRESTRICTED CHATTANOOGA, TN 37408-1317 15,000 GREENSPACES 63 E. MAIN STREET 27-2113695 501(C)(3) 0. CHATTANOOGA, TN 37408-1317 30,000 UNRESTRICTED GRIND SMART FOUNDATION 8615 PETTY ROAD 84-4687483 501(C)(3) CHATTANOOGA, TN 37421 20,680 0. GRIND SMART FEEDS GUARDIAN ANGELS 1220 JOHNSON BLVD, SE DIRECT FINANCIAL CLEVELAND, TN 37311 35-2554955 501(C)(3) 32 000 0. ASSISTANCE AND REPAIRS GUARDIAN ANGELS 1220 JOHNSON BLVD. SE CLEVELAND, TN 37311 35-2554955 501(C)(3) 15,000. 0. BACK TO NORMAL 2021 GULF STATES CONFERENCE OF SEVENTH-DAY ADVENTISTS - 10633 ATLANTA HIGHWAY - MONTGOMERY, AL 36117 64-6001060 501(C)(3) 0. 16,000. MISSIONARY 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 organization or government if applicable cash grant noncash or assistance (book, FMV, assistance appraisal, other) 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 37408 62-1260347 501(C)(3) 0 UNRESTRICTED 10,000 HABITAT FOR HUMANITY OF GREATER CHATTANOOGA AREA, INC. - 1201 EAST MAIN STREET - CHATTANOOGA, TN 37408 62-1260347 501(C)(3) 10,000 0. UNRESTRICTED HABITAT FOR HUMANITY OF GREATER CHATTANOOGA AREA, INC. - 1201 EAST MAIN STREET - CHATTANOOGA, TN 37408 62-1260347 501(C)(3) 0 MCALLESTER/EWING FUND 7,655. HABITAT FOR HUMANITY OF GREATER CHATTANOOGA AREA, INC. - 1201 EAST MAIN STREET - CHATTANOOGA, TN MATCHING CONTRIBUTION FOR 62-1260347 501(C)(3) 0. 37408 25,000 PARTNERS FOR PLACES GRANT HABITAT FOR HUMANITY OF GREATER CHATTANOOGA AREA, INC. - 1201 EAST EVICTION PREVENTION MAIN STREET - CHATTANOOGA, TN INITIATIVE (PAYMENT 2 OF 62-1260347 501(C)(3) 37408 37,960 0. HABITAT FOR HUMANITY OF GREATER CHATTANOOGA AREA, INC. - 1201 EAST MAIN STREET - CHATTANOOGA, TN EVICTION PREVENTION 37408 62-1260347 501(C)(3) 37 960 0. INITIATIVE HABITAT FOR HUMANITY OF GREATER CHATTANOOGA AREA, INC. - 1201 EAST MAIN STREET - CHATTANOOGA, TN 37408 62-1260347 501(C)(3) 8,000. 0. UNRESTRICTED HAMILTON COUNTY DEPARTMENT OF EDUCATION - 3074 HICKORY VALLEY COVID-19 VACCINE EDUCATION ROAD - CHATTANOOGA, TN 37421 62-6000638 HAMILTON CO. 0. 8 450.

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) HAMILTON COUNTY DEPARTMENT OF EDUCATION - 3074 HICKORY VALLEY COVID-19 VACCINE ROAD - CHATTANOOGA, TN 37421 62-6000638 HAMILTON CO. 0 EDUCATION 13,450 HAMILTON COUNTY SCHOOLS FOUNDATION 3074 HICKORY VALLEY ROAD CHATTANOOGA, TN 37421 85-2766414 501(C)(3) 0. UNRESTRICTED 56,130 HAMILTON COUNTY SCHOOLS FOUNDATION 3074 HICKORY VALLEY ROAD INNOVATION LAB AT BATTLE CHATTANOOGA, TN 37421 85-2766414 501(C)(3) 10,000 0. ACADEMY HAMILTON COUNTY SHERIFF'S OFFICE 600 MARKET STREET 62-6000636 HAMILTON CO. 0 K9 DONATION CHATTANOOGA, TN 37402 25,000 HELEN ROSS MCNABB CENTER \$25,000 FOR DIRECT 6049 SHALLOWFORD ROAD FINANCIAL ASSISTANCE AND CHATTANOOGA, TN 37421 62-0548914 501(C)(3) \$2,500 FOR STAFF SUPPORT 27,500. 0. HELEN ROSS MCNABB CENTER 6049 SHALLOWFORD ROAD CHATTANOOGA, TN 37421 62-0548914 501(C)(3) 11,000 0. PLAYGROUND EQUIPMENT HERITAGE ACADEMY, INC. 2SERVE DISASTER TRAINING 23100 CLARKRANGE HIGHWAY & RESPONSE TEAM 2021-2022 30,000 MONTEREY TN 38574 62-1566104 501(C)(3) 0. SCHOOL YEAR HIGH SOCKS FOR HOPE INC. 3617 MCFARLAND BOULEVARD NORTHPORT, AL 35476 46-1490170 501(C)(3) 25,000. 0. WAVERLY FLOOD RELIEF HILLSDALE COLLEGE 33 E. COLLEGE STREET HILLSDALE, MI 49242-9989 38-1374230 501(C)(3) 0. URESTRICTED 25 000

Part II Continuation of Grants and Other A	ASSISTANCE TO DOI	liesuc Organizations	and Domestic do	verninents (OCIN	cadic r (r orrir 550), r a		I
(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
HILLSDALE COLLEGE							
33 E. COLLEGE STREET							
HILLSDALE, MI 49242-9989	38-1374230	501(C)(3)	25,000.	0.			UNRESTRICTED
·			,				
HISTORIC COLUMBIA FOUNDATION							
1601 RICHLAND STREET							LGBTQ COLUMBIA HISTORY
COLUMBIA, SC 29201	57-6020250	501(C)(3)	10,000.	0.			INITIATIVE
HIXSON UNITED METHODIST CHURCH							
5301 OLD HIXSON PIKE HIXSON, TN 37343	62-0926853	CHURCH/NOT 501(C	15,000.	0.			UNRESTRICTED
IIABON, IN 37343	02 0320033	enoken/Not 301(c	13,000.	0.			ONKESTRICIED
HOLBROOK ADVENTIST INDIAN SCHOOL							
2001 MCLAWS ROAD							
HOLBROOK, AZ 86025	86-0137280	CHURCH/NOT 501(C	25,000.	0.			UNRESTRICTED
HOPE FOR THE INNER CITY							
P. O. BOX 11584	62 1650021	E01/G)/3)	15 000	0			GENERAL OPERAMENG GURRON
CHATTANOOGA, TN 37401	62-1659831	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPOR
HOPE HEALS							
4279 ROSWELL RD NE							
ATLANTA, GA 30342	46-2623503	501(C)(3)	10,000.	0.			UNRESTRICTED
HOPE INCLUDED							
PO BOX 4669				_			RIVERVIEW PARK COMMUNITY
CHATTANOOGA, TN 37405	84-5117858	501(C)(3)	25,000.	0.			PLAYGROUND PROJECT
HOSPICE OF CHATTANOOGA, INC.							
2030 HAMILTON PLACE BOULEVARD, SUIT							
CHATTANOGA, TN 37421	58-1426458	501(C)(3)	7,000.	0.			UNRESTRICTED
HUMANE EDUCATIONAL SOCIETY OF	22 2120130		,,,,,,,,	0.			
CHATTANOOGA TENNESSEE - 4155							
RANDOLPH CIRCLE - CHATTANOOGA, TN							
37406	62-0478240	501(C)(3)	10,000.	0.			COMMUNITY VACCINE CLINIC

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) 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) 0 ART IN ACTION 10,000 HUNTER MUSEUM OF ART 10 BLUFF VIEW DRIVE CHATTANOOGA, TN 37403 62-0511893 501(C)(3) 20,000 0. 2021 ANNUAL FUND INSTITUTE FOR CHILD SUCCESS IMPLICIT BIAS TRAINING 613 E MCBEE AVENUE FOR EARLY LEARNING GREENVILLE, SC 29601 27-1904900 501(C)(3) 0 EDUCATORS 10,000 INTEGRATED LIVING OPPORTUNITIES HELPING ADULTS WITH 5603 POTOMAC AVENUE, NW DISABILITIES LIVE 47-2723676 501(C)(3) WASHINGTON, DC 20016 10,000 INDEPENDENTLY 0. JEWBELONG, INC. P.O. BOX 3013 MEMORIAL STATION UPPER MONTCLAIR, NJ 07043 81-3739789 501(C)(3) 18,000 0. ANNUAL GIFT JEWISH FEDERATION OF GREATER CHATTANOOGA - P. O. BOX 8947 -CHATTANOOGA, TN 37414 62-0475677 501(C)(3) 39 836 0. ANNUAL CAMPAIGN JEWISH FEDERATION OF GREATER CHATTANOOGA - P. O. BOX 8947 -CHATTANOOGA, TN 37414 62-0475677 501(C)(3) 7,500. 0. BUILDING REFRESH PROJECT JEWISH FEDERATION OF GREATER CHATTANOOGA - P. O. BOX 8947 -LIFE INSURANCE PREMIUM CHATTANOOGA, TN 37414 62-0475677 501(C)(3) 0. BEOUEST 6 000.

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 organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) \$7,000 FOR FAMILY LA PAZ DE DIOS RESOURCE PROGRAMS AND P.O. BOX 3058 \$3,000 FOR CHATTANOOGA, TN 37404 20-1115026 501(C)(3) 10,000 0. COMPANIACHATT.COM LA PAZ DE DIOS P.O. BOX 3058 CARING FOR CHATTANOOGA'S CHATTANOOGA, TN 37404 20-1115026 501(C)(3) 15,000 0. LATINO COMMUNITY LA PAZ DE DIOS P.O. BOX 3058 WE ARE CHATTANOOGA: CITY CHATTANOOGA, TN 37404 20-1115026 501(C)(3) 10,000 0. ID CAMPAIGN LAND TRUST FOR TENNESSEE P. O. BOX 41027 NASHVILLE, TN 37204 62-1770549 501(C)(3) 0. THE WALDEN RIDGE PARK 14,000. LAND TRUST FOR TENNESSEE P. O. BOX 41027 FINAL PAYMENT OF \$20,000 62-1770549 501(C)(3) 0. PLEDGE NASHVILLE, TN 37204 10,000 LAUNCH P.O. BOX 903 46-2203112 501(C)(3) CHATTANOOGA, TN 37401 15,000 0. FABRIC \$16,544 FOR MEALS FOR LAUNCH FOOD-INSECURE SENIORS AND P.O. BOX 903 \$1,654.40 FOR STAFF 46-2203112 501(C)(3) SUPPORT CHATTANOOGA, TN 37401 18 198 0. LAUNCH P.O. BOX 903 INCREASING EQUITY IN CHATTANOOGA, TN 37401 46-2203112 501(C)(3) 15,000. 0. ENTREPRENEURSHIP LAUNCH P.O. BOX 903 CHATTANOOGA, TN 37401 46-2203112 501(C)(3) 0. UNRESTRICTED 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 or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) LAUNCH SKYE STRATEGIES P.O. BOX 903 CONSULTING FEES: CATALYST 46-2203112 501(C)(3) 9,500 0 GRANT APPLICATION CHATTANOOGA, TN 37401 **LAUNCH** CREATING ECONOMIC P.O. BOX 903 INCLUSION AND INCREASING CHATTANOOGA, TN 37401 46-2203112 501(C)(3) 0 FOOD ACCESS 15,000 LAUNCH EMPOWERING P.O. BOX 903 UNDERREPRESENTED CHATTANOOGA, TN 37401 46-2203112 501(C)(3) 10,000 0 ENTRPRENEURS LEE UNIVERSITY OFFICE OF FINANCIAL AID, P.O. BOX 3 STRING THEORY 21/22 CLEVELAND, TN 37320-3450 62-0502739 501(C)(3) 0 15,000 SEASON LEGAL AID OF EAST TENNESSEE 100 W MARTIN LUTHER KING BLVD. EVICTION PREVENTION 58-9132803 501(C)(3) CHATTANOOGA, TN 37402 14,353. INITIATIVE 0. LEGAL AID OF EAST TENNESSEE 100 W MARTIN LUTHER KING BLVD. EVICTION PREVENTION CHATTANOOGA, TN 37402 58-9132803 501(C)(3) INITIATIVE 60,000 0. LEGAL AID OF EAST TENNESSEE 100 W MARTIN LUTHER KING BLVD. EVICTION PREVENTION CHATTANOOGA, TN 37402 58-9132803 501(C)(3) 6 050 0. INITIATIVE LEGAL AID OF EAST TENNESSEE 100 W MARTIN LUTHER KING BLVD. EVICTION PREVENTION CHATTANOOGA, TN 37402 58-9132803 501(C)(3) 118,175. 0. INITIATIVE LEGAL AID OF EAST TENNESSEE EVICTION PREVENTION 100 W MARTIN LUTHER KING BLVD. INITIATIVE (PAYMENT 2 OF CHATTANOOGA, TN 37402 58-9132803 501(C)(3) 0. 118 175

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
LEGAL AID OF EAST TENNESSEE 100 W MARTIN LUTHER KING BLVD. CHATTANOOGA, TN 37402	58-9132803	501(C)(3)	6,598.	0.			EVICTION PREVENTION PROJECT	
LIFESPRING COMMUNITY HEALTH 1042 E. 3RD STREET, SUITE 103 CHATTANOOGA, TN 37403	27-3856741	501(C)(3)	15,000.	0.			2021 STRATEGIC PRIORITIES	
LIFESPRING COMMUNITY HEALTH 1042 E. 3RD STREET, SUITE 103 CHATTANOOGA, TN 37403	27-3856741	501(C)(3)	15,000.	0.			CAPACITY BUILDING	
LIFESPRING COMMUNITY HEALTH 1042 E. 3RD STREET, SUITE 103 CHATTANOOGA, TN 37403	27-3856741	501(C)(3)	10,000.	0.			PHYSICAL AND MENTAL HEALTH FOR HAMILTON COUNTY STUDENTS	
LIFESPRING COMMUNITY HEALTH 1042 E. 3RD STREET, SUITE 103 CHATTANOOGA, TN 37403	27-3856741	501(C)(3)	44,209.	0.			COVID-19 TESTING IN URBAN CHATTANOOGA	
LITTLE MISS MAG EARLY LEARNING CENTER - 225 LOOKOUT STREET - CHATTANOOGA, TN 37403	62-0483209	501(C)(3)	7,655.	0.			CHRISTMAS PARTY AND TOYS	
LOMA LINDA UNIVERSITY SDA CHURCH 11125 CAMPUS STREET LOMA LINDA, CA 92354	95-2111211	CHURCH/NOT 501(C	8,000.	0.			CHURCH BUDGET	
LOMA LINDA UNIVERSITY SDA CHURCH 11125 CAMPUS STREET LOMA LINDA, CA 92354	95-2111211	CHURCH/NOT 501(C	50,000.	0.			CHURCH BUDGET	
LOOKOUT MOUNTAIN CONSERVANCY P.O. BOX 76 LOOKOUT MOUNTAIN, TN 37350	62-1460535	501(C)(3)	8,000.	0.			INTERN AND LEADERSHIP PROGRAM WITH HOWARD HIGH SCHOOL	

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Schedule I (Form 990) CHATTANOO	GA, INC.					6	2-6045999 Page 1
Part II Continuation of Grants and Other	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
LOOKOUT MOUNTAIN PRESBYTERIAN CHURCH - 316 NORTH BRAGG AVENUE - LOOKOUT MOUNTAIN, TN 37350	62-0514467	501(C)(3)	20,000.	0.			RENEW CAPITAL CAMPAIGN
LOOKOUT MOUNTAIN PRESBYTERIAN CHURCH - 316 NORTH BRAGG AVENUE - LOOKOUT MOUNTAIN, TN 37350	62-0514467	501(C)(3)	100,000.	0.			RENEW CAPITAL CAMPAIGN FOR FACILITES
LOVE'S ARM OUTREACH MINISTRIES P O BOX 21488 CHATTANOOGA, TN 37424	47-2951001	501(C)(3)	15,000.	0.			RESIDENTIAL TRANSPORTATION COORDINATOR
LOVE'S ARM OUTREACH MINISTRIES P O BOX 21488 CHATTANOOGA, TN 37424	47-2951001	501(C)(3)	15,000.	0.			GENERAL OPERATION - SUCCESSION PLAN SUPPORT
LYTLE FOUNDATION 2323 GLENCROFTE LANE CHATTANOOGA, TN 37421	81-4667503	501(C)(3)	7,272.	0.			UNRESTRICTED
MAINE BOYS TO MEN 170 US ROUTE 1, #230 FALMOUTH, ME 04105	20-1117811	501(C)(3)	8,500.	0.			ENGAGING IMMIGRANT MEN IN VIOLENCE PREVENTION
MAINE HISTORICAL SOCIETY 489 CONGRESS STREET PORTLAND, ME 04101	01-0211530	501(C)(3)	10,000.	0.			BEGIN AGAIN: RECKONING WITH INTOLERANCE IN MAINE
MAINE MATHEMATICS AND SCIENCE ALLIANCE - 343 WATER STREET - AUGUSTA, ME 04338	22-3181644	501(C)(3)	10,000.	0.			MAINE STEM WORKFORCE AND EMERGENT BILINGUAL LEARNERS PLANNING GRANT
MARK MAKING PO BOX 4271 CHATTANOOGA, TN 37405	26-2959326	501(C)(3)	30,000.	0.			SCENIC CITY ANGEL Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (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) MARK MAKING PO BOX 4271 26-2959326 501(C)(3) 30,000 0. CHATTANOOGA, TN 37405 SCENIC CITY ANGEL CHATTANOOGA LANDMARKS MARK MAKING ADVENTURE SERIES & PO BOX 4271 SOUTHERN BELLE/DUCKS CHATTANOOGA, TN 37405 26-2959326 501(C)(3) 0. RIDES 10,000 MARK MAKING PO BOX 4271 CHATTANOOGA, TN 37405 26-2959326 501(C)(3) 30,000 0. SCENIC CITY ANGEL MARK MAKING PO BOX 4271 SCENIC CITY ANGEL 26-2959326 501(C)(3) 0. EMERGENCY NEEDS PROJECT CHATTANOOGA, TN 37405 15,000 MARK MAKING PO BOX 4271 26-2959326 501(C)(3) 0. CHATTANOOGA, TN 37405 30,000 SCENIC CITY ANGEL MARY CAMERON ROBINSON FOUNDATION 1400 MCCALLIE AVE., SUITE 210 PAYROLL AND OVERHEAD CHATTANOOGA, TN 37404 20-5282783 501(C)(3) COSTS 10,000 0. MATTHEWS INTERNATIONAL CORPORATION TWO NORTHSHORE CENTER 25-0644320 OTHER PITTSBURGH, PA 15212 17,901. 0. BRONZE STORY WALLS MCCALLIE SCHOOL, INC. DEVELOPMENT OFFICE CHATTANOOGA, TN 37404 62-0475837 501(C)(3) 7,500. 0. 2021 HONOR FUND MCCALLIE SCHOOL, INC. DEVELOPMENT OFFICE CHATTANOOGA, TN 37404 62-0475837 501(C)(3) 0. CAMPUS IMPROVEMENT 50,000.

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 or assistance valuation non-cash assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) MCCALLIE SCHOOL, INC. DEVELOPMENT OFFICE NEW MCCALLIE FACULTY CHATTANOOGA, TN 37404 62-0475837 501(C)(3) 15,000 0. TOWNHOME MCCALLIE SCHOOL, INC. DEVELOPMENT OFFICE CHATTANOOGA, TN 37404 62-0475837 501(C)(3) 0. FACULTY HOUSING PROJECT 30,000 MCCALLIE SCHOOL, INC. DEVELOPMENT OFFICE FOUNDERS CLUB - FIRST CHATTANOOGA, TN 37404 62-0475837 501(C)(3) 100,000 0. PAYMENT MCCALLIE SCHOOL, INC. DEVELOPMENT OFFICE 62-0475837 501(C)(3) 35,000 0. CAPITAL CAMPAIGN CHATTANOOGA, TN 37404 MCKEE PARKS, TRAILS AND GREENWAYS P.O. BOX 750 85-1121910 501(C)(3) COLLEGEDALE, TN 37315-0750 0. 60,000 LITTLE DEBBIE PARK MEDIA RESEARCH CENTER 1900 CAMPUS COMMONS DRIVE 54-1429009 501(C)(3) UNRESTRICTED RESTON, VA 20191 50,000 0. MEDICAL FOUNDATION OF CHATTANOOGA INC. - 1917 E. 3RD STREET -CHATTANOOGA, TN 37404 58-1696660 501(C)(3) 28,000 0. PROJECT ACCESS MEDICOS MISSION FUND 1300 E 23RD STREET CHATTANOOGA, TN 37404 86-3384114 501(C)(3) 50,000. 0. NEW BUILDING MEDICOS MISSION FUND 1300 E 23RD STREET CHATTANOOGA, TN 37404 86-3384114 501(C)(3) 0.

75,316.

FUND CLOSING

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) MEDICOS MISSION FUND 1300 E 23RD STREET CEPHEID DIAGNOSTIC CHATTANOOGA, TN 37404 86-3384114 501(C)(3) 0 EQUIPMENT 24,371 MEMORIAL HEALTH CARE SYSTEM FOUNDATION - 2525 DESALES AVENUE -INDIGENT CANCER PATIENT CHATTANOOGA, TN 37404 62-1839548 501(C)(3) 0 SCREENINGS 50,000 MEMORIAL HEALTH CARE SYSTEM INC BUZ STANDEFER LUNG CENTER 2019 WOD OF GREATER 2525 DESALES AVENUE CHATTANOOGA, TN 37404 62-0532345 501(C)(3) 17,886 0 CHATTANOOGA FUNDRAISER METRO WORSHIP CENTER METRO MINISTRIES 63-1000232 501(C)(3) 0 UNRESTRICTED MOBILE, AL 36601 10,000 METROPOLITAN MINISTRIES, INC. 4001 ROSSVILLE BLVD 27-0203084 501(C)(3) CHATTANOOGA, TN 37407 15,000 0. EMERGENCY SHELTER SUPPORT METROPOLITAN MINISTRIES, INC. 4001 ROSSVILLE BLVD CHATTANOOGA, TN 37407 27-0203084 501(C)(3) UNRESTRICTED 12,000 0. METROPOLITAN MINISTRIES, INC. \$50,000 FOR RENTAL 4001 ROSSVILLE BLVD ASSISTANCE FUNDS AND CHATTANOOGA TN 37407 27-0203084 501(C)(3) 55 000 0. \$5 000 FOR STAFF SUPPORT METROPOLITAN MINISTRIES, INC. 4001 ROSSVILLE BLVD CHATTANOOGA, TN 37407 27-0203084 501(C)(3) 10,000. 0. UNRESTRICTED METROPOLITAN MINISTRIES, INC. 4001 ROSSVILLE BLVD CHATTANOOGA, TN 37407 27-0203084 501(C)(3) 0. 10 000 GENERAL 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) METROPOLITAN MINISTRIES, INC. 4001 ROSSVILLE BLVD CHATTANOOGA, TN 37407 27-0203084 501(C)(3) 7,000 0. UNRESTRICTED MISSION DENTAL D/B/A FOUNDRY DENTAL CENTER - 1700 6TH AVE N -BESSEMER, AL 35243 27-1406376 501(C)(3) 0. DODDS AVE DENTAL CLINIC 15,000 MISSION INCREASE 5015 SAINT ELMO AVENUE CHATTANOOGA, TN 37409 83-4503439 501(C)(3) 10,000 0. MISSION INCREASE MIZPAH CONGREGATION 923 MCCALLIE AVENUE 62-0534807 501(C)(3) 0. UNRESTRICTED CHATTANOOGA, TN 37403 7,000. MIZPAH CONGREGATION 923 MCCALLIE AVENUE CHATTANOOGA, TN 37403 62-0534807 501(C)(3) 5,254. 0. UNRESTRICTED MIZPAH CONGREGATION 923 MCCALLIE AVENUE CHATTANOOGA, TN 37403 62-0534807 501(C)(3) UNRESTRICTED 5,254. 0. MIZPAH CONGREGATION \$7700 FOR 2021-2022 DUES 923 MCCALLIE AVENUE AND \$300 FOR PHYSICAL CHATTANOOGA, TN 37403 62-0534807 501(C)(3) 8 000 0. PROPERTIES MIZPAH CONGREGATION 923 MCCALLIE AVENUE CHATTANOOGA, TN 37403 62-0534807 501(C)(3) 7,000. 0. MUSIC AT MIZPAH MIZPAH CONGREGATION 923 MCCALLIE AVENUE CHATTANOOGA, TN 37403 62-0534807 501(C)(3) 0. UNRESTRICTED 11,662,

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) MIZPAH CONGREGATION 923 MCCALLIE AVENUE CHATTANOOGA, TN 37403 62-0534807 501(C)(3) 8,902 0. UNRESTRICTED MIZPAH CONGREGATION 923 MCCALLIE AVENUE CHATTANOOGA, TN 37403 62-0534807 501(C)(3) 5,249 0. UNRESTRICTED MIZPAH CONGREGATION 923 MCCALLIE AVENUE CHATTANOOGA, TN 37403 62-0534807 501(C)(3) 11,000 0. UNRESTRICTED MOUNT PISGAH ACADEMY 75 ACADEMY DRIVE 56-0713794 501(C)(3) 0 RENOVATION OF GIRLS' DORM CANDLER, NC 28715 100,000 MOUNTAIN EDUCATION FOUNDATION P.O. BOX 81 26-3004434 501(C)(3) SIGNAL MOUNTAIN, TN 37377 22,000 0. LEARNING CENTER MOUNTAIN EDUCATION FOUNDATION P.O. BOX 81 26-3004434 501(C)(3) SIGNAL MOUNTAIN, TN 37377 6,750 0. IB PROGRAM MOUNTAIN EDUCATION FOUNDATION P.O. BOX 81 ANNUAL FUND "LOVE OUR 26-3004434 501(C)(3) SCHOOL" MATCHING GRANT SIGNAL MOUNTAIN, TN 37377 10,000 0. MOUNTAIN EDUCATION FOUNDATION P.O. BOX 81 SIGNAL MOUNTAIN, TN 37377 26-3004434 501(C)(3) 50,000. 0. UNRESTRICTED RESEARCH, TRAINING, NAMI OF CHATTANOOGA TREATMENT AND TEACHING IN THE MENTAL HEALTH P.O. BOX 17062 CHATTANOOGA, TN 37415 58-1755205 501(C)(3) 0. DISCIPLINES 6 000.

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 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	
NORTH PACIFIC UNION CONFERENCE ASSOCIATION OF SEVENTH DAY ADVENTISTS - 5709 N. 20TH STREET - RIDGEFIELD, WA 98642	93-6022695	501(C)(3)	23,000.	0.			YOUTH MINISTRIES DEPARTMENT DISCIPLE TREK	
NORTH PACIFIC UNION CONFERENCE ASSOCIATION OF SEVENTH DAY ADVENTISTS - 5709 N. 20TH STREET - RIDGEFIELD, WA 98642	93-6022695	501(C)(3)	35,000.	0.			DISCIPLETREK MINISTRIES	
	33 0022033	301(0)(3)	33,000.				PIDELI BUINDA MINIBINIUS	
NORTH SHORE FELLOWSHIP 118 WOODLAND AVENUE CHATTANOOGA, TN 37405	47-0953937	501(C)(3)	24,750.	0.			FRAZIER PROPERTY	
NORTHSIDE NEIGHBORHOOD HOUSE 211 MINOR STREET CHATTANOOGA, TN 37405	62-0481801	501(C)(3)	6,000.	0.			UNRESTRICTED	
NORTHSIDE NEIGHBORHOOD HOUSE 211 MINOR STREET CHATTANOOGA, TN 37405	62-0481801	501(C)(3)	33,000.	0.			\$30,000 FOR RENT AND MORTGAGE ASSISTANCE AND \$3,000 FOR STAFF SUPPORT	
NORTHSIDE NEIGHBORHOOD HOUSE 211 MINOR STREET CHATTANOOGA, TN 37405	62-0481801		15,000.	0.			GENERAL OPERATIONS	
NURTURE THE NEXT FORMERLY PREVENT CHILD ABUSE TENNESSEE - 600 HILL AVENUE, SUITE 202 - NASHVILLE, TN 37210	58-1567835	501(C)(3)	15,000.	0.			UNRESTRICTED	
OAKFIELD SEVENTH DAY ADVENTIST CHURCH - 20 WAPATI ROAD - MT. CHASE, ME 04765		CHURCH/NOT 501(C	25,000.	0.			TO CRY FOR GRACE ORGANIZATION'S USE ONLY	
ON POINT 4509 HIXSON PIKE, SUITE 1 HIXSON, TN 37343	68-0533402	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 valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) ONE ON ONE 6414 S COTTAGE GROVE AVENUE 47-2715039 501(C)(3) 0. ADULT EMPLOYMENT PROGRAM CHICAGO, IL 60637 10,000 OPEN ATR CAMPATGNERS ATTN: JOHN SOVJAN CHURCH PLANT FUND NAZARETH, PA 18064 36-2420024 501(C)(3) 0. ALBANIA 25,000 OPEN AIR CAMPAIGNERS ATTN: JOHN SOVJAN CHURCH PLANT FUND NAZARETH, PA 18064 36-2420024 501(C)(3) 25,000 0. ALBANIA OPEN AIR CAMPAIGNERS ATTN: JOHN SOVJAN CHURCH PLANT FUND 36-2420024 501(C)(3) 0 ALBANIA NAZARETH, PA 18064 50,000 OPERATION UNDERGROUND RAILROAD INC P.O. BOX 560902 46-3614979 501(C)(3) DENVER, CO 80256 25,000. 0. UNRESTRICTED ORANGE GROVE CENTER 615 DERBY STREET 62-0549365 501(C)(3) CHATTANOOGA, TN 37404 10,000 0. UNRESTRICTED ORANGE GROVE CENTER 615 DERBY STREET SHADY FORK PROJECT -CHATTANOOGA, TN 37404 62-0549365 501(C)(3) 10,000 0. FURNISHING AND DECORATING ORANGE GROVE CENTER 615 DERBY STREET BOYNTON DRIVE PROJECT -CHATTANOOGA, TN 37404 62-0549365 501(C)(3) 40,000. 0. FURNISHING AND DECORATING ORANGE GROVE CENTER \$5,000 FOR SHADY FORK PROJECT & \$10,000 FOR 615 DERBY STREET 62-0549365 501(C)(3) CHATTANOOGA, TN 37404 0. BOYNTON DR. PROJECT 15,000.

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) ORANGE GROVE CENTER EXPANSION OF NUTRITION PROGRAM - EATING TOOLS 615 DERBY STREET CHATTANOOGA, TN 37404 62-0549365 501(C)(3) 25,000 0 AND SUPPLIES \$20,000 FOR COMMUNITY OUR LADY OF PERPETUAL HELP MEMBERS IN NEED DUE TO CATHOLIC SCHOOL - 505 S. MOORE COVID-19 AND \$2,000 FOR ROAD - CHATTANOOGA, TN 37412 62-0481467 501(C)(3) 0 STAFF SUPPORT 22,000 OZARK ADVENTIST ACADEMY 20997 DAWN HILL EAST RD WORTHY STUDENT GENTRY, AR 72734 71-6014243 501(C)(3) 75,000 0 SCHOLARSHIP FUND PACIFIC RESEARCH INSTITUTE P.O. BOX 60485 94-2528433 501(C)(3) 0 UNRESTRICTED PASADENA, CA 91116 25,000 PALM BEACH COUNTY FISHING FOUNDATION - P. O. BOX 468 - WEST 65-0213715 501(C)(3) 21,000 PALM BEACH, FL 33402 0. ARTIFICIAL REEF PROGRAM PARKRIDGE MEDICAL CENTER, INC. 2333 MCCALLIE AVENUE 2019 WOD OF GREATER CHATTANOOGA, TN 37404 62-0840204 OTHER CHATTANOOGA FUNDRAISER 17,886. 0. PARTNERS FOR CHRISTIAN MEDIA, INC. P. O. BOX 24297 62-1535834 501(C)(3) CHATTANOOGA, TN 37422-4297 10 000 0. COLG 2021 PARTNERSHIP FOR FAMILIES, CHILDREN AND ADULTS, INC. - 5600 BRAINERD \$25,000 FOR DIRECT ROAD, SUITE E-3 - CHATTANOOGA, TN FINANCIAL ASSISTANCE AND 37411 62-1326050 501(C)(3) 27,500. 0. \$2 500 FOR STAFF SUPPORT PARTNERSHIP FOR FAMILIES, CHILDREN AND ADULTS, INC. - 5600 BRAINERD ROAD, SUITE E-3 - CHATTANOOGA, TN OPERATING SUPPORT FOR IMPACT 37411 62-1326050 501(C)(3) 0. 15 000

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) PATHWAY YOUNG ADULT PROGRAM INC. 7521 JOHN HENRY RD CHATTANOOGA, TN 37421 80-0214573 501(C)(3) 15,000 0 BRAINERD PROJECT PATHWAY YOUNG ADULT PROGRAM INC. 7521 JOHN HENRY RD CHATTANOOGA, TN 37421 80-0214573 501(C)(3) 0 BRAINERD PROJECT 15,000 PATHWAY YOUNG ADULT PROGRAM INC. 7521 JOHN HENRY RD CHATTANOOGA, TN 37421 80-0214573 501(C)(3) 9,394 0 UNRESTRICTED \$2,500 FOR THE GENERAL FUND, \$6,500 FOR THE PENLAND SCHOOL OF CRAFTS, INC. 67 DORAS TRAIL PENLAND GALLERY, AND PENLAND, NC 28765 56-0623948 501(C)(3) 0 \$1,000 FOR DISCRETIONARY 10,000 POINTE GENERAL CONTRACTORS, LLC 1209 POINTE CENTRE DRIVE, SUITE 105 MEMORIAL CONSTRUCTION CHATTANOOGA, TN 37421 14-1881081 OTHER 0. CONTRACT 370,676. POINTE GENERAL CONTRACTORS, LLC 1209 POINTE CENTRE DRIVE, SUITE 105 CONSTRUCTION CHANGE CHATTANOOGA, TN 37421 14-1881081 OTHER ORDERS 6,997. 0. PRINCETON UNIVERSITY P. O. BOX 5357 PRINCETON, NJ 08543-5357 21-0634501 501(C)(3) 10,000 0. 2021 ANNUAL FUND PROJECT RETURN, NASHVILLE CHATTANOOGA: SUCCESSFUL 712 4TH AVENUE SOUTH REENTRY FOR THE FORMERLY NASHVILLE, TN 37210 62-1058325 501(C)(3) 10,000. 0. INCARCERATED PROJECT VERITAS 1214 BOSTON POST ROAD NO. 148 MAMARONECK, NY 10543 27-2894856 501(C)(3) 0. UNRESTRICTED 25 000

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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) RESTORATIVE JUSTICE PROJECT MAINE 39A SPRING STREET RESTORATIVE DIVERSION AND BELFAST, ME 04915 26-1508416 501(C)(3) 10,000 0. YOUTH LEADERSHIP RICHLAND COUNTY PUBLIC LIBRARY 1431 ASSEMBLY STREET LET'S TALK RACE COLUMBIA, SC 29201 57-6000396 501(C)(3) 0 CURRICULUM 10,000 RIDGEDALE BAPTIST CHURCH 1831 HICKORY VALLEY ROAD CHATTANOOGA, TN 37421 62-0524536 CHURCH/NOT 501(C 100,000 0. UNRESTRICTED COMMUNITY SUPPORT & RISE CHATTANOOGA/JAZZANOOGA PO BOX 406 INVESTMENT REQUEST (INV 47-2972148 501(C)(3) 0 22601) CHATTANOOGA, TN 37401 14,544. RISE CHATTANOOGA/JAZZANOOGA PO BOX 406 47-2972148 501(C)(3) CHATTANOOGA, TN 37401 30,000 0. NEW BUILDING RENOVATION RIVER CITIES UNITED WAY OF ARIZONA P. O. BOX 966 KINGMAN OFFICE 23-7373816 501(C)(3) UNRESTRICTED LAKE HAVASU CITY, AZ 86405 24,000 0. RIVER CITY COMPANY PATTEN PARKWAY PROJECT 2ND FLOOR MILLER PLAZA (2ND PAYMENT OF \$250,000 CHATTANOOGA, TN 37402 62-1273871 501(C)(3) 125,000 0. PLEDGE) RIVER CITY COMPANY 2ND FLOOR MILLER PLAZA CHATTANOOGA, TN 37402 62-1273871 501(C)(3) 20,000. 0. PATTEN SOUARE ACTIVATION ROCK CREEK FELLOWSHIP 2008 DURHAM ROAD RISING FAWN, GA 30738 58-2662872 501(C)(3) 0. UNRESTRICTED 15 000

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 or assistance valuation non-cash assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) ROCK CREEK FELLOWSHIP 2008 DURHAM ROAD 58-2662872 501(C)(3) 15,000 0 UNRESTRICTED RISING FAWN, GA 30738 ROOT & REBOUND 1610 HARRISON STREET SECOND CHANCE JUSTICE OAKLAND, CA 94612 46-3876220 501(C)(3) 0. COLLABORATIVE 10,000 ROYAL CIRCLE OF SISTERS, INC. P.O. BOX 4637 CHATTANOOGA, TN 37405 83-4409303 501(C)(3) 6,750 0. SELF LOVE BOOT CAMP SAVE THE REDWOODS LEAGUE 111 SUTTER STREET, FLOOR 11 SAN FRANCISCO, CA 94104-4556 94-0843915 501(C)(3) 0 EDUCATION PROGRAM 25,000 SC WOMEN'S LEADERSHIP NETWORK 1520 MAIN STREET, 2A 47-4116299 501(C)(3) COLUMBIA, SC 29201 10,000 0. MATCHBOARD SENIOR HOUSING ALTERNATIVES 825 RUNYAN DR 59-3763503 501(C)(3) CHATTANOOGA, TN 37405 8,148, 0. COVID RESILIENCE PROGRAM SEWANEE, THE UNIVERSITY OF THE SOUTH - 735 UNIVERSITY AVENUE -SEWANEE TN 37383-1000 62-0475697 501(C)(3) 10,000 0. FILM PROJECT SEWANEE, THE UNIVERSITY OF THE SOUTH - 735 UNIVERSITY AVENUE -SEWANEE, TN 37383-1000 62-0475697 501(C)(3) 10,500. 0. b1 2021 DISTRIBUTION \$17,931 FOR LIFE SEWANEE, THE UNIVERSITY OF THE INSURANCE PAYMENT AND SOUTH - 735 UNIVERSITY AVENUE -\$10,000 FOR THE ANNUAL SEWANEE, TN 37383-1000 62-0475697 501(C)(3) 0. FUND 27,931.

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
SEWANEE, THE UNIVERSITY OF THE SOUTH - 735 UNIVERSITY AVENUE - SEWANEE, TN 37383-1000	62-0475697	501(C)(3)	10,000.	0.			CIVIC ENGAGEMENT LAB
SEWANEE, THE UNIVERSITY OF THE SOUTH - 735 UNIVERSITY AVENUE - SEWANEE, TN 37383-1000	62-0475697	501(C)(3)	10,500.	0.			Q2 2021 DISTRIBUTION
SEWANEE, THE UNIVERSITY OF THE SOUTH - 735 UNIVERSITY AVENUE - SEWANEE, TN 37383-1000	62-0475697	501(C)(3)	7,500.	0.			CORNERSTONE SCHOLARSHIP
SEWANEE, THE UNIVERSITY OF THE SOUTH - 735 UNIVERSITY AVENUE - SEWANEE, TN 37383-1000	62-0475697	501(C)(3)	10,500.	0.			Q4 2021 DISTRIBUTION
SEWANEE, THE UNIVERSITY OF THE SOUTH - 735 UNIVERSITY AVENUE - SEWANEE, TN 37383-1000	62-0475697	501(C)(3)	10,500.	0.			Q3 2021 DISTRIBUTION
SEWANEE, THE UNIVERSITY OF THE SOUTH - 735 UNIVERSITY AVENUE - SEWANEE, TN 37383-1000	62-0475697	501(C)(3)	10,000.	0.			2021 ANNUAL FUND
SHENANDOAH VALLEY ACADEMY 234 W LEE HWY NEW MARKET, VA 22844	54-0697221	501(C)(3)	75,000.	0.			WORTHY STUDENT SCHOLARSHIP FUND
SIGNAL CENTERS 109 NORTH GERMANTOWN ROAD CHATTANOOGA, TN 37411-2756	62-0587285	501(C)(3)	15,000.	0.			SIGNAL SUPPORTS FAMILIES
SIGNAL CENTERS 109 NORTH GERMANTOWN ROAD CHATTANOOGA, TN 37411-2756	62-0587285	501(C)(3)	25,000.	0.			ENDOWMENT

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) SIGNAL CENTERS 109 NORTH GERMANTOWN ROAD CHATTANOOGA, TN 37411-2756 62-0587285 501(C)(3) 6,000 0 BABY UNIVERSITY SIGNAL CENTERS 109 NORTH GERMANTOWN ROAD CHATTANOOGA, TN 37411-2756 62-0587285 501(C)(3) 8,000 0. UNRESTRICTED SIGNAL CENTERS 109 NORTH GERMANTOWN ROAD CHATTANOOGA, TN 37411-2756 62-0587285 501(C)(3) 10,000 0 ADULT PROGRAM SIGNAL CENTERS 109 NORTH GERMANTOWN ROAD 62-0587285 501(C)(3) 0. BABY UNIVERSITY CHATTANOOGA, TN 37411-2756 10,000 SIGNAL CREST UNITED METHODIST CHURCH - ATTN: ALLISON MAYNARD -62-0816196 CHURCH/NOT 501(C SIGNAL MOUNTAIN, TN 37377 6,000 0. ANNUAL PLEDGE SIMPLE FOCUS, LLC 2527 BROAD AVENUE ED JOHNSON PROJECT STORY MEMPHIS, TN 38112 27-0743996 OTHER 10,000 0. WALLS (1 OF 3) SIMPLE FOCUS, LLC 2527 BROAD AVENUE STORY WALL DESIGN CONCEPT MEMPHIS, TN 38112 27-0743996 OTHER 10,000 0. (3 OF 3) SIMPLE FOCUS, LLC 2527 BROAD AVENUE STORY WALL DESIGN CONCEPT 27-0743996 OTHER MEMPHIS, TN 38112 10,000. 0. (2 OF 3) SISKIN HOSPITAL FOR PHYSICAL REHABILITATION - ONE SISKIN PLAZA - CHATTANOOGA, TN 37403 62-1220402 501(C)(3) 0. UNRESTRICTED 6 000.

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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 valuation non-cash assistance or assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) SKYUKA HALL PO BOX 8567 ANNUAL FUND MATCHING 62-6075837 501(C)(3) 10,000 0 CONTRIBUTION CHATTANOOGA, TN 37414 \$15,000 FOR THE CAPITAL SKYUKA HALL BUILDING CAMPAIGN AND PO BOX 8567 \$8 250 FOR THE BOARD CHATTANOOGA, TN 37414 62-6075837 501(C)(3) 0. DIRECTORS SCHOLARSHIP 23,250 SKYUKA HALL PO BOX 8567 CHATTANOOGA, TN 37414 62-6075837 501(C)(3) 8,400 0. NAZSAKOR SCHOLARSHIP SLAVE 2 NOTHING FOUNDATION 4199 CAMPUS DR., 9TH FLOOR 47-4712082 501(C)(3) 0 HUMAN TRAFFICKING IRVINE, CA 92612 25,000 SLEEP IN HEAVENLY PEACE ATTN: KEVIN LOVEDAY PENSACOLA, FL 32507 46-4346568 501(C)(3) 25,000 0. UNRESTRICTED SMALL STEPS FOR COMPASSION P.O. BOX 190 81-2115167 501(C)(3) SAN CLEMENTE, CA 92674 10,000 0. UNRESTRICTED SMITH VALLEY VOLUNTEER FIRE RESCUE INC - 1 HARDIE LANE - SMITH, NV 89430 46-1389978 501(C)(3) 35 000 0. UNRESTRICTED SOUTH CAROLINA ASSOCIATION FOR COMMUNITY ECONOMIC DEVELOPMENT -P.O. BOX 20577 - CHARLESTON, SC COLLABORATING TO ADVANCE 29413 56-2049813 501(C)(3) 10,000. 0. PUBLIC POLICY SOUTH CENTRAL CONFERENCE OF SEVENTH DAY ADVENTISTS - 715 YOUNGS LANE - NASHVILLE, TN 37207 62-6001383 CHURCH/NOT 501(C 0. 28 000 TITHE

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) TRAIL MAINTENANCE OF SOUTHERN ADVENTIST UNIVERSITY WHITE OAK MOUNTAIN AND BAUXITE RIDGE TRAIL ADVANCEMENT OFFICE COLLEGEDALE, TN 37315-0370 62-0536733 501(C)(3) 7,700 0 SYSTEM SOUTHERN ADVENTIST UNIVERSITY ADVANCEMENT OFFICE COLLEGEDALE, TN 37315-0370 62-0536733 501(C)(3) 200,000 0 GENERAL ENDOWMENT FUND SOUTHERN ADVENTIST UNIVERSITY ADVANCEMENT OFFICE WISE SCHOLARSHIP -COLLEGEDALE, TN 37315-0370 62-0536733 501(C)(3) 50,000 0 CURRENT YEAR SOUTHERN ADVENTIST UNIVERSITY \$100,000 FOR WORTHY ADVANCEMENT OFFICE STUDENT FUND AND \$100,000 62-0536733 501(C)(3) 0 FOR LIBRARY COLLEGEDALE, TN 37315-0370 200,000 SOUTHERN ADVENTIST UNIVERSITY ADVANCEMENT OFFICE PIERSON INSTITUTE OF 62-0536733 501(C)(3) COLLEGEDALE, TN 37315-0370 EVANGELISM 25,000 0. SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN STREET, SUITE 14 CHARLOTTESVILLE, VA 22902 52-1436778 501(C)(3) 10,000 0. UNRESTRICTED SOUTHWEST INDIAN FOUNDATION 100 W. COAL AVENUE UNRESTRICTED (2019 - 2021 85-0203522 501(C)(3) GALLUP, NM 87301 5 673 0. ANNUAL DISTRIBUTIONS) SPECIAL OLYMPICS SOUTH CAROLINA 109 OAK PARK DRIVE UNIFIED CHAMPION CITY IRMO, SC 29063 57-0680248 501(C)(3) 10,000. 0. SCHOOLS PROGRAM SPEECH & HEARING CENTER \$5,000 FOR AUDIOMETER UPGRADE AND \$5,000 FOR 6016 SHALLOWFORD ROAD, SUITE 1500 CHATTANOOGA, TN 37421 62-0526644 501(C)(3) 0. GENERAL OPERATING 10 000

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THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.

Part II Continuation of Grants and Othe	r 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
SPLASH 1814 WHEELER AVENUE CHATTANOOGA, TN 37406	90-0824026	501(C)(3)	15,000.	0.			SHELTER IN ART
SPLASH 1814 WHEELER AVENUE CHATTANOOGA, TN 37406	90-0824026	501(C)(3)	7,272.	0.			UNRESTRICTED
SPLASH 1814 WHEELER AVENUE CHATTANOOGA, TN 37406	90-0824026	501(C)(3)	15,000.	0.			SHELTER IN ART
ST. AUGUSTINE CHURCH 1716 ANDERSON PIKE SIGNAL MOUNTAIN, TN 37377	62-0787846	CHURCH/NOT 501(C	11,000.	0.			\$1,000 FOR SEMINARIAN EDUCATION, \$100 PER SECOND COLLECTION, AND THE BALANCE FOR THE
ST. FRANCIS MISSION P. O. BOX 499 ST. FRANCIS, SD 57572	46-6000411	501(C)(3)	5,673.	0.			UNRESTRICTED (2019 - 2021 ANNUAL DISTRIBUTIONS)
ST. GEORGE'S EPISCOPAL CHURCH 4715 HARDING ROAD NASHVILLE, TN 37205	62-6002162	CHURCH/NOT 501(C	10,000.	0.			SHEFFIELD BRYAN BUILDING PLEDGE PAYMENT (3RD PAYMENT)
ST. GEORGE'S EPISCOPAL CHURCH 4715 HARDING ROAD NASHVILLE, TN 37205	62-6002162	CHURCH/NOT 501(C	15,000.	0.			2021 PLEDGE
ST. LABRE INDIAN SCHOOL P. O. BOX 216 ASHLAND, MT 59003	81-0244542	501(C)(3)	5,673.	0.			UNRESTRICTED (2019 - 2021 ANNUAL DISTRIBUTIONS)
ST. PAUL'S EPISCOPAL CHURCH 305 W. 7TH STREET CHATTANOOGA, TN 37402	31-1629166	501(C)(3)	6,124.	0.			LAND, BUILDING, AND EQUIPMENT

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Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Т
(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
ST. PAUL'S EPISCOPAL CHURCH							
305 W. 7TH STREET							
CHATTANOGA, TN 37402	31-1629166	501(C)(3)	10,000.	0.			ANNUAL OPERATING SUPPORT
STRAWBERRY FIELDS ANIMAL RESCUE							
1465 SANDSTONE DRIVE							
WELLINGTON, NV 89444	45-4328952	501(C)(3)	25,000.	0.			UNRESTRICTED
STS. PETER & PAUL CATHOLIC CHURCH							\$20,000 FOR COVID-19
214 EAST 8TH STREET							DIRECT ASSISTANCE AND
CHATTANOOGA, TN 37402	62-0477619	501(C)(3)	22,000.	0.			\$2,000 FOR STAFF SUPPORT
SUMTER BLACK CHAMBER OF COMMERCE							
301 SOUTH MAIN STREET							YOUTH FINANCIAL LITERACY
SUMTER, SC 29150	80-6263888	501(C)(3)	10,000.	0.			PILOT PROGRAM
SWEET BRIAR INSTITUTE							
ATTN: MARY POPE HUTSON							
SWEET BRIAR, VA 24595	54-0534105	501(C)(3)	500,000.	0.			UNRESTRICTED
,			,				
SWEET BRIAR INSTITUTE							
ATTN: MARY POPE HUTSON							
SWEET BRIAR, VA 24595	54-0534105	501(C)(3)	25,000.	0.			2021 ANNUAL FUND
TEACH FOR AMERICA - NEW YORK							
315 W. 36TH STREET							2021 EQUITY IN EDUCATION
NEW YORK, NY 10018	13-3541913	501(C)(3)	10,000.	0.			CONFERENCE FOR TEACHERS
NIM TOKK, NI 10010	13 3341313	501(0)(3)	10,000.	· ·			CONTENENCE TON TEMERENCE
TENNESSEE AQUARIUM							
P. O. BOX 11048							
CHATTANOOGA, TN 37401	58-1837154	501(C)(3)	100,000.	0.			ANNUAL FUND FOR 2021
MENINEGGEE AGITADIUM							
TENNESSEE AQUARIUM P. O. BOX 11048							
CHATTANOOGA, TN 37401	58-1837154	501 (C) (3)	10,000.	0.			GENERAL OPERATING SUPPORT
, 111 0/101	1 30 100,104		1 20,000.	٠.		1	C OI DIGITING DOLLOW

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) TENNESSEE AOUARIUM P. O. BOX 11048 CHATTANOOGA, TN 37401 58-1837154 501(C)(3) 25,000 0. SPONSORSHIP TENNESSEE GOLF FOUNDATION 400 FRANKLIN ROAD FRANKLIN, TN 37069 58-1893478 501(C)(3) 0 UNRESTRICTED 10,000 TENNESSEE HUMANE ANIMAL LEAGUE (DBA PET PLACEMENT CENTER) - PET VETERINARY COSTS PLACEMENT CENTER - CHATTANOOGA, TN ASSOCIATED WITH PLACEMENT 37415-1211 58-1576912 501(C)(3) 10,000 0. WORK TENNESSEE INTERSTATE CONSERVANCY. INC. - 6148 LEE HIGHWAY, SUITE 115 GATEWAY TO CHATTANOOGA - CHATTANOOGA, TN 37421 82-1723469 501(C)(3) 0 PROJECT 10,000 TENNESSEE KIDS BELONG 1229 LAKEVIEW DR. 82-4703564 501(C)(3) 0. FRANKLIN, TN 37067 10,000 BELONG PROJECT TENNESSEE RIVER GORGE TRUST 1214 DARTMOUTH STREET SUPPLIES FOR STEWARDSHIP CHATTANOOGA, TN 37405 62-1278612 501(C)(3) AND RESEARCH PROGRAMS 7,000 0. TENNESSEE RIVER GORGE TRUST 1214 DARTMOUTH STREET 62-1278612 501(C)(3) CHATTANOOGA, TN 37405 6 000 0. UNRESTRICTED TEXAS PUBLIC POLICY FOUNDATION 901 CONGRESS AVENUE AUSTIN, TX 78701 74-2524057 501(C)(3) 10,000. 0. RIGHT ON CRIME: TENNESSEE THE AOPA FOUNDATION, INC. 421 AVIATION WAY FREDERICK, MD 21701 20-8817225 501(C)(3) 0. MATCHING DONATION 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) THE ASPEN INSTITUTE 2300 N STREET SUITE 700 WASHINGTON, DC 20037 84-0399006 501(C)(3) 0. 15,000 UNRESTRICTED THE BLEXIT FOUNDATION 1906 GLEN ECHO ROAD NASHVILLE, TN 37215 83-3032236 501(C)(3) 0. THE BLEXIT FUND 10,000 THE BRIGHT SCHOOL 1950 MCDADE LANE LAND, BUILDING, AND CHATTANOOGA, TN 37405-9968 62-0476284 501(C)(3) 7,655 0. EQUIPMENT THE CAMELLIA FOUNDATION 1300 EAST 23RD STREET INTEGRATED BEHAVIORAL 31-1692697 501(C)(3) 0 HEALTH CHATTANOOGA, TN 37404 50,000 THE CHATTERY 1624 E. 13TH STREET MEMORIAL DEDICATION 47-3709953 501(C)(3) CHATTANOOGA, TN 37404 6,588. 0. OVERSIGHT/MARKETING/MISC THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD 62-0553431 CHURCH/NOT 501(C LOOKOUT MOUNTAIN, TN 37350 6,000 0. PLEDGE PAYMENT THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350 62-0553431 CHURCH/NOT 501(C 16,000 0. ANNUAL PLEDGE FULFILLMENT THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD FULFILLMENT OF 2021 LOOKOUT MOUNTAIN, TN 37350 62-0553431 CHURCH/NOT 501(C 25,000. 0. STEWARDSHIP PLEDGE THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350 62-0553431 CHURCH/NOT 501(C 0. UNRESTRICTED 22,000.

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 organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV, assistance appraisal, other) THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD 62-0553431 CHURCH/NOT 501(C 0. LOOKOUT MOUNTAIN, TN 37350 12,000 ANNUAL FUND THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350 62-0553431 CHURCH/NOT 501(C 0. 125,000 UNRESTRICTED THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350 62-0553431 CHURCH/NOT 501(C 7,000 0. ANNUAL PLEDGE THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LAND, BUILDING, AND 62-0553431 CHURCH/NOT 501(C 0. EQUIPMENT LOOKOUT MOUNTAIN, TN 37350 5,872. THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LAND, BUILDING, AND 62-0553431 CHURCH/NOT 501(C EQUIPMENT LOOKOUT MOUNTAIN, TN 37350 7,655. 0. THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD 62-0553431 CHURCH/NOT 501(C LOOKOUT MOUNTAIN, TN 37350 10,500 0. UNRESTRICTED THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350 62-0553431 CHURCH/NOT 501(C 25,000 0. OUTREACH PURPOSES THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350 62-0553431 CHURCH/NOT 501(C 50,000. 0. OUTREACH PURPOSES THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD 62-0553431 CHURCH/NOT 501(C 0. LOOKOUT MOUNTAIN, TN 37350 10,000. STEWARDSHIP CAMPAIGN

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	- cc-cc-cc-cc-cc-cc-cc-cc-cc-cc-cc-cc-cc
(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
THE ENTERPRISE CENTER/TECH GOES							
HOME CHATTANOGA - 1100 MARKET							SMART CITY STUDENT
STREET - CHATTANOOGA, TN 37402	20-0062024	501(C)(3)	500,000.	0.			CONNECTIVITY PROJECT
THE GIVING KITCHEN INITIATIVE 970 JEFFERSON ST NW SUITE 8							
ATLANTA, GA 30318	46-2176788	501(C)(3)	10,000.	0.			UNRESTRICTED
THE HOWARD SCHOOL 2500 S. MARKET ST. CHATTANOOGA, TN 37408	62_6000638	HAMILTON CO.	5,700.	0.			CHOIR ROOM RECOVERY
CHATTANOOGA, IN 37400	02 0000030	HAMILION CO.	3,700.	<u> </u>			CHOIR ROOM RECOVERI
THE NAOMI PROJECT P.O. BOX 13143 FLORENCE, SC 29504	36-4611487	501(C)(3)	10,000.	0.			PLANTED WHERE THEY WILL GROW PROGRAM
THE NATURE CONSERVANCY TENNESSEE CHAPTER - 2 MARYLAND FARMS, SUITE 150 - BRENTWOOD, TN 37027	53-0242652	501(C)(3)	8,000.	0.			UNRESTRICTED
ENDATHOOD, IN 3,02,	33 0212032	301(0)(3)	0,000.	•			OMILIO INTO LID
THE NATURE CONSERVANCY TENNESSEE CHAPTER - 2 MARYLAND FARMS, SUITE 150 - BRENTWOOD, TN 37027	53-0242652	501(C)(3)	7,000.	0.			UNRESTRICTED
THE NET RESOURCE FOUNDATION 4001 HUGHES AVENUE SUITE 205							
CHATTANOOGA, TN 37410	81-1168775	501(C)(3)	15,000.	0.			NET RESOURCE FOUNDATION
THE NET RESOURCE FOUNDATION 4001 HUGHES AVENUE SUITE 205 CHATTANOOGA, TN 37410	81-1168775	501(C)(3)	15,000.	0.			GENERAL OPERATIONS
THE NET RESOURCE FOUNDATION 4001 HUGHES AVENUE SUITE 205	81_1168775	501(C)(3)	10 465	0.			HIIGHES DDOIECT DIAV ADEA
CHATTANOOGA, TN 37410	81-1168775	DOT(C)(2)	10,465.	U.			HUGHES PROJECT PLAY AREA

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 NET RESOURCE FOUNDATION 4001 HUGHES AVENUE SUITE 205 CHATTANOOGA, TN 37410 81-1168775 501(C)(3) 7,272 0 UNRESTRICTED THE NEXT DOOR, INC. P.O. BOX 526 CORRECTIONAL RELEASE CHATTANOOGA, TN 37401 43-2001774 501(C)(3) 0. CENTER 15,000 THE SALVATION ARMY 822 MCCALLIE AVENUE CHATTANOOGA, TN 37403 58-0660607 501(C)(3) 6,000 0 UNRESTRICTED THE SAMARITAN CENTER, INC. 9231 LEE HIGHWAY 62-1600668 501(C)(3) 0 OOLTEWAH, TN 37363 50,000 UNRESTRICTED THE TIVOLI THEATRE FOUNDATION. INC. - 399 MCCALLIE AVENUE -BOBBY STONE FOUNDATION CHATTANOOGA, TN 37402 47-4405861 501(C)(3) 10,000 0. CHALLENGE GRANT THE URBAN LEAGUE OF GREATER CHATTANOOGA - 730 E. ML KING BLVD. CATALYST GRANT: STATE OF BLACK CHATTANOOGA REPORT 58-1436933 501(C)(3) - CHATTANOOGA, TN 37403 10,000 0. THE URBAN LEAGUE OF GREATER URBAN LEAGUE WORKFORCE CHATTANOOGA - 730 E. ML KING BLVD. DEVELOPMENT AND ECONOMIC - CHATTANOOGA TN 37403 58-1436933 501(C)(3) 15 000 0. EMPOWERMENT PROGRAMMING THE URBAN LEAGUE OF GREATER CHATTANOOGA - 730 E. ML KING BLVD. CENTER FOR EQUITY AND - CHATTANOOGA, TN 37403 58-1436933 501(C)(3) 10,000. 0. INCLUSIVE LEADERSHIP THE URBAN LEAGUE OF GREATER CHATTANOOGA - 730 E. ML KING BLVD. - CHATTANOOGA, TN 37403 58-1436933 501(C)(3) 0. 15,000. GENERAL OPERATIONS

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) THE URBAN LEAGUE OF GREATER CHATTANOOGA - 730 E. ML KING BLVD. - CHATTANOOGA, TN 37403 58-1436933 501(C)(3) 0 PRESIDENT'S SOCIETY 11,500 THE URBAN LEAGUE OF GREATER CHATTANOOGA - 730 E. ML KING BLVD. - CHATTANOOGA, TN 37403 58-1436933 501(C)(3) 0 BUILDING PURCHASE 50,000 THE YELLOW TULIP PROJECT 239 FIRESIDE ROAD EXPANSION OF DIVERSITY & FALMOUTH, ME 04105 81-4133634 501(C)(3) 7,500 0 EQUITY TASK FORCE THREE ANGELS BROADCASTING NETWORK INC - PO BOX 220 - WEST FRANKFURT 37-1179056 501(C)(3) 0 TRANSPONDER FEE IL 62896 50,000 PARKS, PLAYGROUNDS, HIKING TRAILS, \$2,465,17 TOWN OF LOOKOUT MOUNTAIN 710 SCENIC HIGHWAY FOR THE BEAUTIFICATION OF 62-6000344 TOWN OF LOOKOUT LOOKOUT MOUNTAIN, TN 37350 5,872. 0. LOOKOUT MOUNTAIN TOWN OF SIGNAL MOUNTAIN 1111 RIDGEWAY AVENUE CONSTRUCTION PROJECT FOR 62-6000408 TOWN OF SIGNAL M NEW READING ROOM SIGNAL MOUNTAIN, TN 37377 259,800 0. TOWN OF SIGNAL MOUNTAIN 1111 RIDGEWAY AVENUE READING ROOM CONSTRUCTION SIGNAL MOUNTAIN, TN 37377 62-6000408 TOWN OF SIGNAL M 500,000 0. SERVICES TRI-COMMUNITY VOLUNTEER FIRE DEPARTMENT - P O BOX 509 -COLLEGEDALE, TN 37315 62-6047226 501(C)(3) 35,000. 0. UNRESTRICTED TRINITY UNITED METHODIST CHURCH \$6,000 FOR APARTMENT PROJECT AND \$4,000 FOR 606 TURNER MCCALL BLVD.

10,000.

0.

58-1601611 CHURCH/NOT 501(C

OPERATING BUDGET

ROME, GA 30165

Schedule I (Form 990) CHATTANOO	OGA, 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
MDT CMAME FOOD DANMEN INC							
TRI-STATE FOOD PANTRY, INC. P.O. BOX 213							
TRENTON, GA 30752	20-3427202	501(C)(3)	10,000.	0.			FRUITS AND VEGETABLES
			,				
TRUST FOR PUBLIC LAND							STRINGER'S RIDGE
P.O. BOX 3240							CONNECTOR PROJECT - PHASE
CHATTANOOGA, TN 37404	23-7222333	501(C)(3)	200,000.	0.			II
TRUST FOR PUBLIC LAND							
P.O. BOX 3240							
CHATTANOOGA, TN 37404	23-7222333	501(C)(3)	250,000.	0.			SOUTH CHATTANOOGA PROGRAM
TRUST FOR PUBLIC LAND							
P.O. BOX 3240							OPERATING SUPPORT FOR
CHATTANOGA, TN 37404	23-7222333	501(C)(3)	20,000.	0.			TENNESSEE PROGRAM
,							
UNIFIED							
P.O. BOX 5503							
CHATTANOOGA, TN 37406	46-5366288	501(C)(3)	25,000.	0.			UNRESTRICTED
UNIFIED							
P.O. BOX 5503	46 5366000	501 (3) (2)	10.000				STUDENT VOICE TEAM
CHATTANOOGA, TN 37406	46-5366288	501(C)(3)	10,000.	0.			SUPPORT
UNIFIED							
P.O. BOX 5503							STUDENT VOICE TEAM
CHATTANOOGA, TN 37406	46-5366288	501(C)(3)	10,000.	0.			SUPPORT
UNITED METHODIST NEIGHBORHOOD							
CENTERS, INC. DBA THE BETHLEHEM							AFTER SCHOOL LITERACY
CENTER - P.O. BOX 2156 -							PROGRAMS AND COMMUNITY
CHATTANOOGA, TN 37409-0156	62-6066210	501(C)(3)	7,500.	0.			IMPROVEMENT
UNITED METHODIST NEIGHBORHOOD							
CENTERS, INC. DBA THE BETHLEHEM							AFTER SCHOOL LITERACY
CENTER - P.O. BOX 2156 -							PROGRAMS AND COMMUNITY
CHATTANOOGA, TN 37409-0156	62-6066210	501(C)(3)	7,500.	0.			IMPROVEMENT

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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 organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) UNITED METHODIST NEIGHBORHOOD \$25,000 FOR THE GOOD CENTERS, INC. DBA THE BETHLEHEM SAMARITAN (LUKE 10:25) CENTER - P.O. BOX 2156 -FUND AND \$2,500 FOR STAFF CHATTANOOGA, TN 37409-0156 62-6066210 501(C)(3) 27,500 0 SUPPORT UNITED METHODIST NEIGHBORHOOD CENTERS, INC. DBA THE BETHLEHEM AFTER SCHOOL LITERACY CENTER - P.O. BOX 2156 -PROGRAMS AND COMMUNITY CHATTANOOGA, TN 37409-0156 62-6066210 501(C)(3) 7,500 0 TMPROVEMENT UNITED METHODIST NEIGHBORHOOD CENTERS, INC. DBA THE BETHLEHEM AFTER SCHOOL LITERACY CENTER - P.O. BOX 2156 -PROGRAMS AND COMMUNITY CHATTANOOGA, TN 37409-0156 62-6066210 501(C)(3) 7,500 0 IMPROVEMENT UNITED METHODIST NEIGHBORHOOD CENTERS, INC. DBA THE BETHLEHEM CENTER - P.O. BOX 2156 -CHATTANOOGA, TN 37409-0156 62-6066210 501(C)(3) 0 8,000 UNRESTRICTED UNITED METHODIST NEIGHBORHOOD CENTERS, INC. DBA THE BETHLEHEM CENTER - P.O. BOX 2156 -CHATTANOOGA, TN 37409-0156 62-6066210 501(C)(3) 7,000 0. UNRESTRICTED UNITED METHODIST NEIGHBORHOOD CENTERS, INC. DBA THE BETHLEHEM CENTER - P.O. BOX 2156 -62-6066210 501(C)(3) CHATTANOOGA, TN 37409-0156 15,000 0. GENERAL OPERATIONS UNITED PARENTS AND STUDENTS 1149 S HILL STREET, SUITE 600 CIVIC EMPOWERMENT TO LOS ANGELES CA 90015 81-3413763 501(C)(3) 10 000 0. ADDRESS SOCIAL INEOUITY UNITED WAY OF CENTRAL MASSACHUSETTS, INC. - 484 MAIN STREET, SUITE 300 - WORCESTER, MA WORCESTER EDUCATION 01608 04-2104017 501(C)(3) 7,500. 0. COLLABORATIVE UNITED WAY OF GENTRY, INC. P. O. BOX 425 GENTRY, AR 72734 58-1808761 501(C)(3) 0. UNRESTRICTED 42,000.

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 organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV, assistance appraisal, other) UNITED WAY OF GREATER AUGUSTA 24 IDLEWOOD BLVD. SUITE 106-112 STAUNTON, VA 24401 54-0955100 501(C)(3) 38,000 0. UNRESTRICTED UNITED WAY OF GREATER CHATTANOOGA 630 MARKET, ST. DUALITY MATTERS FUND CHATTANOOGA, TN 37402 62-0565962 501(C)(3) 0. CHILDCARE COVID-19 SAFETY 5,242 UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027 CHATTANOOGA, TN 37405 62-0565962 501(C)(3) 75,000 0. OUALITY MATTERS FUND UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027 62-0565962 501(C)(3) 0 UNRESTRICTED CHATTANOOGA, TN 37405 10,000. UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027 62-0565962 501(C)(3) CHATTANOOGA, TN 37405 12,500. 0. Q1 2021 DISTRIBUTION UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027 62-0565962 501(C)(3) CHATTANOOGA, TN 37405 10,000 0. UNRESTRICTED UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027 CHATTANOOGA, TN 37405 62-0565962 501(C)(3) 12 500 0. D2 2021 DISTRIBUTION UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027 CHATTANOOGA, TN 37405 62-0565962 501(C)(3) 150,000. 0. DUALITY MATTERS FUND UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027 CHATTANOOGA, TN 37405 62-0565962 501(C)(3) 0. UNRESTRICTED 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 organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV, assistance appraisal, other) UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027 62-0565962 501(C)(3) 0. UNRESTRICTED CHATTANOOGA, TN 37405 11,000 UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027 CHATTANOOGA, TN 37405 62-0565962 501(C)(3) 0. 10,000 TOQUEVILLE ANNUAL GIFT UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027 62-0565962 501(C)(3) 12,500 0. Q4 2021 DISTRIBUTION CHATTANOOGA, TN 37405 UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027 ANNUAL FUND - CBL'S 62-0565962 501(C)(3) 0 EMPLOYEE CAMPAIGN CHATTANOOGA, TN 37405 5,250. UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027 62-0565962 501(C)(3) 10,000 CHATTANOOGA, TN 37405 0. TOCQUEVILLE SOCIETY UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027 62-0565962 501(C)(3) CHATTANOOGA, TN 37405 7,500 0. TOCQUEVILLE SOCIETY UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027 2021 ALEXIS DETOCQUEVILLE 50,000 CHATTANOOGA, TN 37405 62-0565962 501(C)(3) 0. SOCIETY UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027 CHATTANOOGA, TN 37405 62-0565962 501(C)(3) 20,000. 0. UNRESTRICTED UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027 TOCQUEVILLE SOCIETY MEMBERSHIP CHATTANOOGA, TN 37405 62-0565962 501(C)(3) 0. 10,000.

Schedule I (Form 990) CHATTANOO							52-6045999 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	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
UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027							
CHATTANOGA, TN 37405	62-0565962	501(C)(3)	12,500.	0.			Q3 2021 DISTRIBUTION
UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027							
CHATTANOOGA, TN 37405	62-0565962	501(C)(3)	39,000.	0.			ANNUAL CAMPAIGN
UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027							
CHATTANOOGA, TN 37405	62-0565962	501(C)(3)	37,000.	0.			ANNUAL GIVING
UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027							
CHATTANOOGA, TN 37405	62-0565962	501(C)(3)	11,000.	0.			ANNUAL OPERATING FUNDS
UNITED WAY OF KENNEBEC VALLEY 121 COMMERCIAL STREET AUGUSTA, ME 04330	01-6004404	501(C)(3)	10,000.	0.			UNITED WAYS OF MAINE: DIVERSITY, EQUITY, AND INCLUSION TRAINING
UNITED WAY OF NORTHWEST GEORGIA 816 S. THORNTON AVENUE							
DALTON, GA 30722	58-0905881	501(C)(3)	15,000.	0.			UNRESTRICTED
UNIVERSITY OF ARKANSAS 114 SILAS HUNT HALL							MCKEE FOODS CORP. ENDOWED
FAYETTEVILLE, AR 72701	71-6056774	501(C)(3)	18,000.	0.			SCHOLARSHIP
UNIVERSITY OF CHATTANOOGA FOUNDATION - 615 MCCALLIE AVENUE -							ROBERT & CHAMBERLAIN MCALLESTER FUND FINANCIAI
CHATTANOOGA, TN 37403	62-0476521	501(C)(3)	6,124.	0.			NEED SCHOLARSHIP
UNIVERSITY OF CHATTANOOGA FOUNDATION - 615 MCCALLIE AVENUE -							BUSINESS ADMINISTRATION
CHATTANOOGA, TN 37403	62-0476521	501(C)(3)	6,124.	0.			SCHOLARSHIP

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 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			
UNIVERSITY OF CHATTANOOGA FOUNDATION - 615 MCCALLIE AVENUE - CHATTANOOGA, TN 37403	62-0476521	501(C)(3)	7,655.	0.			MUSIC SCHOLARSHIP			
UNIVERSITY OF CHATTANOOGA FOUNDATION - 615 MCCALLIE AVENUE - CHATTANOOGA, TN 37403	62-0476521	501(C)(3)	27,500.	0.			COVID-19 VACCINE EDUCATION			
UNIVERSITY OF CHATTANOOGA FOUNDATION - 615 MCCALLIE AVENUE - CHATTANOOGA, TN 37403	62-0476521	501(C)(3)	30,000.	0.			STUDENT INTERN PROGRAM			
UNIVERSITY OF NASHVILLE MONTGOMERY BELL ACADEMY - ALUMNI & DEVELOPMENT OFFICE - NASHVILLE, TN 37205	62-0513741	501(C)(3)	10,000.	0.			PLEDGE PAYMENT (4 OF 5)			
UNIVERSITY OF NASHVILLE MONTGOMERY BELL ACADEMY - ALUMNI & DEVELOPMENT OFFICE - NASHVILLE, TN 37205	62-0513741	501(C)(3)	10,000.	0.			PLEDGE PAYMENT 5 OF 5			
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 208 W. FRANKLIN STREET - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	30,000.	0.			DANIEL KENNEDY EXCELLENCE IN MATHEMATICS FUND			
UNIVERSITY OF TENNESSEE AT CHATTANOOGA - OFFICE OF DEVELOPMENT, 615 MCCALLIE AVENUE, DEPT. 6806 - CHATTANOOGA, TN 37403	62-6001636	STATE OF TN	10,000.	0.			ENGINEERING SCHOLARSHIPS			
UNIVERSITY OF TENNESSEE AT CHATTANOOGA - OFFICE OF DEVELOPMENT, 615 MCCALLIE AVENUE, DEPT. 6806 - CHATTANOOGA, TN 37403	62-6001636	STATE OF TN	15,000.	0.			SCHOOL OF BUSINESS			
UNIVERSITY OF TEXAS FOUNDATION PO BOX 4486 HOUSTON, TX 77210-4486	74-1587488	501(C)(3)	100,000.	0.			MD ANDERSON CANCER CENTER - \$50,000 FOR BREAST CANCER MOONSHOT AND \$50,000 FOR THE SINGLE			

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) UNIVERSITY OF VIRGINIA STUDENT FINANCIAL SERVICES MEMORIAL TO ENSLAVED CHARLOTTESVILLE, VA 22904-4204 54-6001796 501(C)(3) 10,000 0. LABORERS UNIVERSITY OF VIRGINIA ALUMNI ASSOCIATION - P. O. BOX 400314 -DEPARTMENT OF DRAMA CHARLOTTESVILLE, VA 22904-4314 54-0485595 501(C)(3) 0 ANNUAL FUND 10,000 URBAN LEAGUE OF THE UPSTATE 15 REGENCY HILL DRIVE RACE EQUITY ECONOMIC GREENVILLE, SC 29607 57-0541039 501(C)(3) 10,000 0. MOBILITY COMMISSION VALLEY FEST INC COOPS CREEK GREENWAY AND 287 PINE STREET VALLEY FEST PROPERTY 27-5044333 501(C)(3) 0 DEVELOPMENT DUNLAP, TN 37327 400,000 VANDERBILT UNIVERSITY MEDICAL CENTER - VUMC GIFT & DONOR PLEDGE PAYMENT (YEAR 5 OF SERVICES - NASHVILLE, TN 37229 35-2528741 501(C)(3) 50,000 0. 5 YEAR PLEDGE) VINTAGE FAITH CHURCH ATTN: JACKIE HINZ TRINITY AL 35673 20-4576060 CHURCH/NOT 501(C 110,000 0. UNRESTRICTED VIRGINIA ATHLETICS FOUNDATION P. O. BOX 400833 CHARLOTTESVILLE, VA 22904-4833 54-0517188 501(C)(3) 20 000 0. MEN'S BASKETBALL PROGRAM VOICE OF PROPHECY 255 E. 6TH STREET UNRESTRICTED LOVELAND, CO 80537 95-2414749 501(C)(3) 50,000. 0. VOLUNTEERS IN MEDICINE CHATTANOOGA FREE MEDICAL CLINIC - 2021 GENERAL CHATTANOOGA, INC. - P.O. BOX 81057 SUPPORT; - CHATTANOOGA, TN 37414-8257 71-0959332 501(C)(3) 0. 15 000

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) VOLUNTEERS IN MEDICINE CHATTANOOGA, INC. - P.O. BOX 81057 - CHATTANOOGA, TN 37414-8257 71-0959332 501(C)(3) 10,000 0. 2021 DONATION VOLUNTEERS IN MEDICINE. CHATTANOOGA, INC. - P.O. BOX 81057 - CHATTANOOGA, TN 37414-8257 71-0959332 501(C)(3) 0 UNRESTRICTED 10,000 WALDENS RIDGE EMERGENCY SERVICE FOR PURCHASE OF BATTERY P. O. BOX 215 POWERED RESCUE AND SIGNAL MOUNTAIN, TN 37377 62-0988335 501(C)(3) 7,500 0. EXTRACTION DEVICES WALTER E. BOEHM BIRTH DEFECTS CENTER - 975 E. 3RD STREET -51-0175126 501(C)(3) 0 CHATTANOOGA, TN 37403 8,116, UNRESTRICTED WALTON HIGH SCHOOL FOUNDATION INC 1590 BILL MURDOCK RD CONTINUING EDUCATION MARIETTA, GA 30062 58-1985878 501(C)(3) 25,000 0. SCHOLARSHIPS FOR TEACHERS WASHINGTON & LEE UNIVERSITY DEVELOPMENT DEPARTMENT LEXINGTON, VA 24450-0303 54-0505977 501(C)(3) 20,000 0. ANNUAL FUND PLEDGE WE ARE FAMILY 1801 REYNOLDS AVENUE, UNIT B MENTAL HEALTH ASSISTANCE CHARLESTON, SC 29405 57-1008020 501(C)(3) 10,000 0. PROGRAM FOR LGBTQI+ YOUTH WELCOME HOME OF CHATTANOOGA TRAUMA-INFORMED END-OF-LIFE CAREGIVING P. O. BOX 4247 CHATTANOOGA, TN 37405 46-2613489 501(C)(3) 15,000. 0. PROGRAM WELCOME HOME OF CHATTANOOGA P. O. BOX 4247 CHATTANOOGA, TN 37405 46-2613489 501(C)(3) 0. HOME RENOVATION 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 organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV, assistance appraisal, other) WESTBROOK SCHOOL DEPARTMENT 117 STROUDWATER STREET 01-6000038 CITY OF WESTBROO 0 WESTBROOK, ME 04092 10,000 CHALLENGE DAY WESTERN UNIVERSITY OF HEALTH SCIENCES - ADVANCEMENT INFORMATION SERVICES OFFICE - POMONA, CA 91766 95-3127273 501(C)(3) 0. 10,000 WINSTON AWARD WILDWOOD SANITARIUM, INC. 435 LIFESTYLE LANE WILDWOOD, GA 30757 58-6039864 501(C)(3) 50,000 0 GARDENING PROJECT WOFFORD COLLEGE OFFICE OF ADVANCEMENT 57-0314422 501(C)(3) 0 SPARTANBURG, SC 29303-3663 10,000 ANNUAL FUND GIFT WOMEN'S FUND OF GREATER CHATTANOOGA - 1100 MARKET STREET 46-5020109 501(C)(3) SUITE 600 - CHATTANOOGA, TN 37402 10,000 0. DEEPEN LOCAL FOOTPRINT WOMEN'S FUND OF GREATER CHATTANOOGA - 1100 MARKET STREET SUITE 600 - CHATTANOOGA, TN 37402 46-5020109 501(C)(3) 10,000 0. ADVOCACY INSTITUTE WOMEN'S FUND OF GREATER CHATTANOOGA - 1100 MARKET STREET. SUITE 600 - CHATTANOOGA, TN 37402 46-5020109 501(C)(3) 7 000 0. UNRESTRICTED WOMEN'S FUND OF GREATER CHATTANOOGA - 1100 MARKET STREET. SUITE 600 - CHATTANOOGA, TN 37402 46-5020109 501(C)(3) 351,879. 0. WOMEN'S FUND FINAL PAYOUT WOMEN'S FUND OF GREATER CHATTANOOGA - 1100 MARKET STREET, SUITE 600 - CHATTANOOGA, TN 37402 46-5020109 501(C)(3) 0. 7 500 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) WORCESTER CENTER FOR PERFORMING HANOVER THEATRE ARTS, INC. - 2 SOUTHBRIDGE STREET ORGANIZATIONAL DEIB - WORCESTER, MA 01608 05-0521735 501(C)(3) 10,000 0. ASSESSMENT AND TRAINING WORCESTER HIP HOP CONGRESS, INC. ATTN: MEGAN ROSS, MUSIC DEPARTMENT SOCIAL JUSTICE FUND WORCESTER, MA 01610 86-3086516 501(C)(3) 0 GRANTEE 10,000 WORCESTER REFUGEE ASSISTANCE PROJECT INC. - P.O. BOX 1142 -WRAP EDUCATION AND FAMILY WORCESTER, MA 01613 32-0309547 501(C)(3) 7,500 0. SUPPORT PROGRAM WORCESTER YOUTH CENTER, INC. 326 CHANDLER STREET WORCESTER, MA 01602 04-3245867 501(C)(3) 0 10,000 CIVIC PARTICIPATION YALE UNIVERSITY PO BOX 208214 LAND, BUILDING, AND 06-0646973 501(C)(3) EOUIPMENT NEW HAVEN, CT 06520-8214 7,655. 0. YALE UNIVERSITY PO BOX 208214 LAND, BUILDING, AND 06-0646973 501(C)(3) EOUIPMENT NEW HAVEN, CT 06520-8214 5,872. 0. \$5000 FOR CAMP OCCEE YMCA OF METROPOLITAN CHATTANOOGA CAPITAL CAMPAIGN PLEDGE 301 WEST 6TH STREET AND \$1000 FOR CAMP OCOEE CHATTANOOGA, TN 37402 62-0475699 501(C)(3) 6 000 0. SCHOLARSHIP FUND YMCA OF METROPOLITAN CHATTANOOGA 301 WEST 6TH STREET CHATTANOOGA, TN 37402 62-0475699 501(C)(3) 7,100. 0. J.A. HENRY COMMUNITY YMCA YMCA OF METROPOLITAN CHATTANOOGA 301 WEST 6TH STREET CHATTANOOGA, TN 37402 62-0475699 501(C)(3) 0. 10 000 YCAP

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) YMCA OF METROPOLITAN CHATTANOOGA CAMP OCOEE CAPITAL 301 WEST 6TH STREET CHATTANOOGA, TN 37402 62-0475699 501(C)(3) 10,000 0 CAMPAIGN (3RD OF 5) \$5 000 FOR CAMP OCOEE YMCA OF METROPOLITAN CHATTANOOGA CAPITAL CAMPAIGN PLEDGE 301 WEST 6TH STREET AND \$1,000 FOR CAMP OCOEE CHATTANOOGA, TN 37402 62-0475699 501(C)(3) 6,000 0. SCHOLARSHIP FUND YMCA OF METROPOLITAN CHATTANOOGA 301 WEST 6TH STREET CHATTANOOGA, TN 37402 62-0475699 501(C)(3) 7,000 0. FOOD RX PROGRAM YMCA OF METROPOLITAN CHATTANOOGA 301 WEST 6TH STREET SOCIAL AND RACIAL JUSTICE 62-0475699 501(C)(3) 0. INITIATIVE PROGRAM CHATTANOOGA, TN 37402 10,000 YOUNG WOMEN'S LEADERSHIP ACADEMY FOUNDATION, INC. - P.O. BOX 3837 -MONTESSORI ELEMENTARY CHATTANOOGA, TN 37404 26-0557874 501(C)(3) 100,000 0. CAMPAIGN YOUNG WOMEN'S LEADERSHIP ACADEMY FOUNDATION, INC. - P.O. BOX 3837 -MONTESSORI ELEMENTARY CHATTANOOGA, TN 37404 26-0557874 501(C)(3) PLEDGE PAYMENT (FINAL) 100,000 0. YOUNG WOMEN'S LEADERSHIP ACADEMY FOUNDATION, INC. - P.O. BOX 3837 -CHATTANOOGA, TN 37404 26-0557874 501(C)(3) 20,000 0. UNRESTRICTED

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CHATTANOOGA, INC.

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	<u> </u>
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	of non- tance (e) Method of valuation (book, FMV, appraisal, other) 0. other additional information. T, CASTLE URN UP N CONFERENCE 2-2023 SCHOOL	(f) Description of noncash assistance
COLLEGE SCHOLARSHIPS	224	881,345.	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	: DALEWOO	D MIDDLE S	CHOOL		
(H) PURPOSE OF GRANT OR ASSISTANCE	: FREEZER	t, E-LAB EQ	UIPMENT, C	ASTLE	
STORE INCENTIVES, CONFERENCE ROOM I	FURNITURE	., AND TN R	READY TURN	UP	
NAME OF ORGANIZATION OR GOVERNMENT	•				
GENERAL CONFERENCE OF SEVENTH-DAY	ADVENTIST	S, SOUTHER	N UNION CO	NFERENCE	
(H) PURPOSE OF GRANT OR ASSISTANCE	: WORTHY	STUDENT FU	IND 2022-20	23 SCHOOL	
YEAR, EXCLUDE FORREST LAKE ACADEMY	AND N. I	AMPA CHRIS	TIAN ACADE	MY	

NAME OF ORGANIZATION OR GOVERNMENT:

PARTNERSHIP FOR FAMILIES, CHILDREN AND ADULTS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EFFECTIVELY PROMOTE RESEARCH,

TRAINING, TREATMENT AND TEACHING IN THE MENTAL HEALTH DISCIPLINES IN THE

CHATTANOOGA, TN AREA.

NAME OF ORGANIZATION OR GOVERNMENT: PENLAND SCHOOL OF CRAFTS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$2,500 FOR THE GENERAL FUND, \$6,500

FOR THE PENLAND GALLERY, AND \$1,000 FOR DISCRETIONARY USE

NAME OF ORGANIZATION OR GOVERNMENT: SKYUKA HALL

(H) PURPOSE OF GRANT OR ASSISTANCE: \$15,000 FOR THE CAPITAL BUILDING

CAMPAIGN AND \$8,250 FOR THE BOARD DIRECTORS SCHOLARSHIP FUND

NAME OF ORGANIZATION OR GOVERNMENT: ST. AUGUSTINE CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: \$1,000 FOR SEMINARIAN EDUCATION,

\$100 PER SECOND COLLECTION, AND THE BALANCE FOR THE PARISH

NAME OF ORGANIZATION OR GOVERNMENT: ST. AUGUSTINE CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR KNIGHTS OF COLUMBUS IN HONOR OF

THE VESSEL'S 50TH WEDDING ANNIVERSARY, TONY NEUHOFF, AND THE GOOD WORK OF

THE KNIGHTS.

NAME OF ORGANIZATION OR GOVERNMENT:

THE URBAN LEAGUE OF GREATER CHATTANOOGA

(H) PURPOSE OF GRANT OR ASSISTANCE: NONPARTISAN VOTER PARTICIPATION

OUTREACH FOR THE CITY OF CHATTANOOGA MUNICIPAL RUNOFF ELECTION 2021

62-6045999 Page 2

Part IV | Supplemental Information NAME OF ORGANIZATION OR GOVERNMENT: THE URBAN LEAGUE OF GREATER CHATTANOOGA (H) PURPOSE OF GRANT OR ASSISTANCE: NONPARTISAN VOTER PARTICIPATION OUTREACH FOR THE CITY OF CHATTANOOGA MUNICIPAL RUNOFF ELECTION 2021 NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CHATTANOOGA FOUNDATION (H) PURPOSE OF GRANT OR ASSISTANCE: UTC ACCOUNTING DEPARTMENT FOR PROFESSIONAL DEVELOPMENT IN COLLABORATION WITH THE TN SOCIETY OF CPAS NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF TENNESSEE AT CHATTANOOGA (H) PURPOSE OF GRANT OR ASSISTANCE: \$1,000 FOR THE DEPARTMENT OF CREATIVE WRITING AND \$1,000 FOR THE CERASI & TEMPLE ENDOWED SCHOLARSHIP NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF TEXAS FOUNDATION (H) PURPOSE OF GRANT OR ASSISTANCE: MD ANDERSON CANCER CENTER - \$50,000 FOR BREAST CANCER MOONSHOT AND \$50,000 FOR THE SINGLE CELL SEQUENCING **PROGRAM** 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.

Part IV Supplemental Information
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 BOARD OF DIRECTORS.
AUDITORS REVIEW 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.

Open to Public Inspection

OMB No. 1545-0047

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 Health or social club dues or initiation fees Tax indemnification and gross-up payments 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 X 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 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 Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2021

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-MISG 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)	188,103.	0.	0.	18,810.	9,449.	216,362.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

THE COMMUNITY FOUNDATION OF GREATER

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	rt I Types of Property				•			
	·	(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	_	s
1	Art - Works of art		itemo contributed	Tomi ood, i die viii, iiile ig				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	Х	127	15,840,508.	DIIRI.TCHED V	ΔΤ.ΤΤ	70	
9	Securities - Publicly traded		127	13,040,300.	TODDISHED V	АПОТ	טנ	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
40	trust interests							
12	Securities - Miscellaneous Qualified conservation contribution -							
13								
11	Qualified conservation contribution - Other							
14	Real estate - Residential							
15 16	Real estate - Commercial							
17								
18	Real estate - Other							
19	Collectibles							
20	Food inventory							
21	Drugs and medical supplies							
22	Taxidermy							
23	Historical artifacts							
24	Scientific specimens Archeological artifacts							
25								
26	Other							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for e	ontributions				
23	for which the organization completed Form 82							
	for which the organization completed form ozi	00, 1 ait v, D	once Acknowledg	ement 29			Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it		103	110
ooa	must hold for at least three years from the date							
	exempt purposes for the entire holding period?		ŕ	Willow low troquiled to be us		30a		х
h	If "Yes," describe the arrangement in Part II.	•				OUA		
31	Does the organization have a gift acceptance p	oolicy that re	auires the review	of any nonstandard contribut	ions?	31		х
	Does the organization hire or use third parties	-	•	•				
JŁU	contributions?		9	, ,		32a		х
h	If "Yes," describe in Part II.					u		- <u>-</u>
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	cked.			
-	describe in Part II.	2.2 (0) 101	,po or proport)	minori solarili (a) lo oriot	,			

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

Schedule M (Form 990) 2021

LHA

THE COMMUNITY FOUNDATION OF GREATER

Schedule M	l (Form 990) 2021	CHATTANO	OGA,	INC.	62-6045999	Page 2
Part II	Supplemental is reporting in Part	Information. I, column (b), the	Provide number	the information required by Part I, lines 30b, 32b, and of contributions, the number of items received, or a co	33, and whether the organization bination of both. Also compl	on ete
	this part for any ad	dditional informati	on.			

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.

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.

Employer identification number 62-6045999

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. THE COMMITTEE ALSO REVIEWS RESPONSIBILITIES AND COMPARES THE PRESIDENT, 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. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN VALUE OF CONTRIBUTIONS RECEIVABLE 2,432,069.

Schedule O (Form 990) 2021 Page 2 THE COMMUNITY FOUNDATION OF GREATER Name of the organization **Employer identification number** 62-6045999 CHATTANOOGA, INC. 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.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

OMB No. 1545-0047

THE COMMUNITY FOUNDATION OF GREATER **Employer identification number** Name of the organization 62-6045999 CHATTANOOGA, INC. Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) (f) (a) (b) (c) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (a) (b) (f) (c) (d) (e) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or Exempt Code Public charity Direct controlling Primary activity controlled

	foreign country)	section	status (if section	entity	ent	ity?
			501(c)(3))		Yes	No
			TYPE I			
SUPPORTING ORGANIZATION	TENNESSEE	501(C)(3)	SUPPORTING			X
	SUPPORTING ORGANIZATION	foreign country) SUPPORTING ORGANIZATION TENNESSEE	-	501(c)(3)) TYPE I	501(c)(3)) TYPE I	501(c)(3)) Yes

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

Page 2

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.

	I						1			т —	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year		ortionate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managin	Percentage ownership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes N	
	1										
	1										
	1										
	1										
	-										
	-										
	-										
									<u> </u>		

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	(c) 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		tion b)(13) rolled tity?
		country						Yes	No

Yes No

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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a	X
	Gift, grant, or capital contribution to related organization(s)				1b	Х
С	Gift, grant, or capital contribution from related organization(s)				1c	X
	Loans or loan guarantees to or for related organization(s)				1d	X
	Loans or loan guarantees by related organization(s)				1e	X
	•					
f	Dividends from related organization(s)				1f	X
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
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11	X
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X
0	Sharing of paid employees with related organization(s)				10	X
р	Reimbursement paid to related organization(s) for expenses				1p	X
q	Reimbursement paid by related organization(s) for expenses				1q	X
r	Other transfer of cash or property to related organization(s)				1r	X
	Other transfer of cash or property from related organization(s)				1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered re	lationships and transaction thresholds.		
	(a) Name of related organization	(b)	(c)	(d)		
	Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved	
		type (a-s)				
1)						
2)						
3)						
4)						
_,						
5)						
C \						
6)		l		O-tradition	D /F	200) 0004
3216	3 11-17-21			Schedule	K (Form	990) 2021

Schedule R (Form 990) 2021

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) Al or Percentage ownership
			,	Tes No		163	140		1031	10
	-									
	-									
										<u> </u>
	-							Och dala		

THE COMMUNITY FOUNDATION OF GREATER

Schedule R	(Form 990) 2021	CHATTANOOGA,	INC.	62-6045999	Page 5
Part VII	(Form 990) 2021 Supplemental Info	ormation			
			tions on Schedule R. See instructions.		
	_				

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2022

Name THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.	Employer Identi 62-604	fication Number 5999
Based on the information provided with this return, the following are possible carryover amounts to next year.	·	
SECTION 1231 LOSS - INVESTMENT ACTIVITIES CONDUCTED	THROUGH	34,934.
CA SECTION 1231 LOSSES		25,856.
FEDERAL POST-2017 NET OPERATING LOSS - INVESTMENT AC	TIVITIES	299,969.
FEDERAL NET POSITIVE ACE ADJUSTMENT		17,542.
FEDERAL PRE-2018 NET OPERATING LOSS		28,186.
FEDERAL CONTRIBUTION - 50% CASH		396,442,580.
FEDERAL CONTRIBUTION CARRYOVER HAS BEEN ADJUSTED		
DUE TO NET OPERATING LOSS CARRYOVER PER INCOME		<u> </u>
TAX REGULATIONS SEC. 1.170A-11(C)(2) AS FOLLOWS:		_
CONTRIBUTION DEDUCTION BEFORE NOL		19,729.
LESS CONTRIBUTION DEDUCTION AFTER NOL		0.
ADJUSTMENT TO CONTRIBUTION CARRYOVER		19,729.
		_
		<u> </u>

Name: THE COMMUNITY FOUNDATION OF GREATER FEIN:	
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62-6045999

	and Entity: INV	ESTMENT ACTIV	ITIES POST - 20: Section 382 Carryover	17 NO	DETAIL C	ARRYOVER SCH	IEDULE				
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
A 2018 B 2020	223,785.										
A 2018 B 2020 C D E F	,										
E F											
G H											
j J											
K L											
M N											
O P											
Q											
R S T											
U											
V W											
Detai		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
Туре	c ——										
A B C											
C D											
D E F											
G H											
J											
K L											
M N											
O P											
Q R											
Q R S T											
Ů V											
w											

Name. The community foundation of Greater	Name: THE COMMUNITY FOUNDATION OF	GREATER	FEIN:	62-6045999
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	and Entity: NET 382 Annual Limitation	POSITIVE ACE	ADJUSTMENT FI Section 382 Carryover	≅D	DETAIL C	ARRYOVER SCH	IEDULE				
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
A 2012 B 2017											
B 2017 C D E F											
F G											
H I											
J K											
L M N											
O P											
Q R											
S T U											
v W											
Detail 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											
B C D											
D E F											
H I											
J K											
L M N											
O P											
Q R S											
S T U											
V W											

Name: THE COMMUNITY FOUNDATION OF GREATER	FEIN:	62-6045999
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	Type and Entity: PRE-2018 NOL FED DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover										
Yea Orig	r Original i- Carryover	Total Amount Used	Amount Used for 12/31/17	Amount Used for 12/31/19	Amount Used for 12/31/12	Amount Used for 12/31/21	Amount Used for				
A 201 B 201 C 201 D 201 E 201 F 201 G H I J K L M N O P	12,415. 1 12,664. 3 184,067. 4 92,399. 5 139,820.	12,415. 12,664. 184,067. 92,399. 123,057.	4,964. 36,820.	147,247. 37,900.	12,415.	54,499. 123,057.					
Q R S T U V W Deta Type A B C D E F G		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
H											

Name: THE COMMUNITY FOUNDATION OF GREATER FEIN: 62-6
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	Type and Entity: CONTRIBUTION - 50% CASH FED DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover										
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 201 D 201 E 202 F 202	7 317983818. 8 15,049,560.										
E 202 F 202 G	0 19.713.130.										
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 T											
U V W											

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or THE COMMUNITY FOUNDATION OF GREATER print CHATTANOOGA, INC. 62-6045999 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1400 WILLIAMS ST. return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 37408 CHATTANOOGA, TN Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) MAEGHAN JONES • The books are in the care of ▶ 1400 WILLIAMS ST. - CHATTANOOGA, TN 37408 Telephone No. ► (423)265-0586 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

. If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or ___ tax year beginning , and ending Final return If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

EXTENDED TO NOVEMBER 15, 2022 Form **990-T Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2021 or other tax year beginning ► 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 Check box if Name of organization (Check box if name changed and see instructions.) address changed. THE COMMUNITY FOUNDATION OF GREATER **B** Exempt under section Print CHATTANOOGA, INC. 62-6045999 Group exemption number (see instructions) X 501(c)(3 or Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) 220(e) 1400 WILLIAMS ST. 408A []530(a) City or town, state or province, country, and ZIP or foreign postal code]529(a) [529A CHATTANOOGA, TN 37408 Check box if 242,437,300. C Book value of all assets at end of year an amended return. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust Claim credit from Form 8941 Check if filing only to Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ MAEGHAN JONES Telephone number ► (423)265-0586 **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see 197,285. 1 instructions) 2 Reserved 2 197,285. 3 3 Add lines 1 and 2 Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2 4 4 197,285. Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 STATEMENT 3 6 197,285 Deduction for net operating loss. See instructions 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 7 Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 Trusts. Section 199A deduction. See instructions 9 9 1,000. 10 **Total deductions.** Add lines 8 and 9 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 11 Tax Computation Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Schedule D (Form 1041) Tax rate schedule or Part I line 11 from: 2 Proxy tax. See instructions 3 3 Other tax amounts. See instructions 4 4 Alternative minimum tax (trusts only) 5 5 6 Tax on noncompliant facility income. See instructions 6

Form 990-T (2021)

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Total. Add lines 3 through 6 to line 1 or 2, whichever applies

For Paperwork Reduction Act Notice, see instructions.

Part I	III Tax and Payments							
1a	Foreign tax credit (corporations attach Form	1118; trusts attach Form 1	116)	1a				
	Other credits (see instructions)			1b				
	General business credit. Attach Form 3800 (1c				
	Credit for prior year minimum tax (attach For			l I				
	Total credits. Add lines 1a through 1d					1e		
	Culativa et line de franco David II, line 7					2		0.
3		m 4255 Form 8611						
		er (attach statement)				3		
4	Total tax. Add lines 2 and 3 (see instructions							
	section 1294. Enter tax amount here		=	-		4		0.
	Current net 965 tax liability paid from Form 9					5		0.
	Payments: A 2020 overpayment credited to 3			6a				
	2021 estimated tax payments. Check if secti			6b				
				6с				
d	Foreign organizations: Tax paid or withheld a			6d				
	Backup withholding (see instructions)			6e				
	Credit for small employer health insurance pr			6f				
g	Other credits, adjustments, and payments:	Form 2439						
	Form 4136	Other	Total >	6g				
7	Total payments. Add lines 6a through 6g					7		
	Estimated tax penalty (see instructions). Che					8		
9	Tax due. If line 7 is smaller than the total of I	lines 4, 5, and 8, enter amo				9		
10	Overpayment. If line 7 is larger than the total	al of lines 4, 5, and 8, enter	amount overpai	d b	>	10		
	Enter the amount of line 10 you want: Credi				Refunded >	11		
Part I	V Statements Regarding Certain	n Activities and Othe	r Informatio	1 (see instr	ructions)			
	At any time during the 2021 calendar year, d						Yes	No
	over a financial account (bank, securities, or							
	FinCEN Form 114, Report of Foreign Bank at	nd Financial Accounts. If "Y	es," enter the n	ame of the f	oreign country			
	here							<u> </u>
2	During the tax year, did the organization rece	eive a distribution from, or v	vas it the granto	r of, or trans	feror to, a			
	foreign trust?							<u> </u>
	If "Yes," see instructions for other forms the $$							
	Enter the amount of tax-exempt interest rece							
	Enter available pre-2018 NOL carryovers here	•				•		
	shown on Schedule A (Form 990-T). Don't re	•			=	ırt I, line 4.		
	Post-2017 NOL carryovers. Enter available B			-				
	the amounts shown below by any NOL claim		t II, line 17 for th					
	Business Acti			Available p	ost-2017 NOL			
	90	0001	\$			<u>299,969</u>	•	
			\$					37
	Did the organization change its method of ac	• (,					<u> </u>
	If 6a is "Yes," has the organization described	the change on Form 990,	990-EZ, 990-PF	or Form 11	28? If "No,"			
Part \	explain in Part V V Supplemental Information							
Provide	the explanation required by Part IV, line 6b.	Also, provide any other add	itional informati	on. See instr	ructions.			
	Under penalties of perjury, I declare that I have examine	ed this return, including accompanyir	ng schedules and stat	ements, and to t	he best of my know	ledge and belief, it	is true.	
Sign	correct, and complete. Declaration of preparer (other th					, j		
Here			PRESIDE	NΤ		May the IRS discus the preparer shown		with
	Signature of officer	Date	Title				Yes	No
	Print/Type preparer's name	Preparer's signature	Dat	e.	Check	if PTIN		
Dela!	Τιπο τγρο ριοραιοι ο πάπισ	REBECCA C.		U	self- employe			
Paid	rer REBECCA C. FINGERLE	FINGERLE	11 1	/07/22	J John Gillpidye		71894	
Prepa	- NATITED TALE OF		<u> </u>	, , , , , ,	Firm's EIN		69204	
Use O		.K. BLVD, STE	1100					-
	Firm's address CHATTANOO				Phone no	423-756	-6133	

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
FOUNDATION GRANTS PASS THROUGH CHARITABLE CONTRIBUTIONS FROM	N/A N/A	23,337,756.
PARTNERSHIPS CHARITABLE CONTRIBUTIONS - ENERGY & MINERALS GROUP FUND	N/A	4.
IV CHARITABLE CONTRIBUTIONS - AGHAP FEEDER, LLC	N/A	3. 1.
TOTAL TO FORM 990-T, PART I, I	JINE 4	23,337,764.

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 2016 164,257,789 FOR TAX YEAR 2017 317,983,818 FOR TAX YEAR 2018 15,049,560 FOR TAX YEAR 2019 20,378,037 FOR TAX YEAR 2020 19,713,130		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	537,382,334 23,337,764	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	560,720,098 0	_
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	560,720,098 0 560,720,098	
ALLOWABLE CONTRIBUTIONS DEDUCTION		0
TOTAL CONTRIBUTION DEDUCTION		0

FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 3
PRE-2018 NOL CARRY FORWARI PRE-2018 NOL DEDUCTION INC		205,742. 197,285.
SCHEDULE A PORTION OF PRE- SCHEDULE A ENTITY	2018 NOL SCHEDULE A SHARE	
1	0.	
TOTAL SCHEDULE A SHARE OF NET OPERATING DEDUCTION BALANCE AFTER PRE-2018 NOI	0. 197,285. 0.	
EXPIRING NET OPERATING LOS CARRY FORWARD OF NET OPERA	93,005,733. 8,457.	

FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/10	12,415.	12,415.	0.	0.
12/31/11	12,664.	12,664.	0.	0.
12/31/13	184,067.	184,067.	0.	0.
12/31/14	92,399.	37,900.	54,499.	54,499.
12/31/15	139,820.	0.	139,820.	139,820.
12/31/16	11,423.	0.	11,423.	11,423.
NOL CARRYOV	ER AVAILABLE THIS Y	EAR	205,742.	205,742.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

	A TIOTOTION OCT TIOS	-				50 I(c)(3) Organizations Only
A	Name of the organization THE COMMUNITY FOUNDATION CHATTANOOGA, INC.	identification number) 4 5 9 9 9				
<u>c </u>	Unrelated business activity code (see instructions) > 90000	e: 1	of 1			
<u>E [</u>	Describe the unrelated trade or business INVESTMENT A	CTIV	TITIES CONDUC	TED THRO	UGH I	LIMIT
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a	1,282.			1,282.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b	1,282. -25,856.			1,282. -25,856.
c	Capital loss deduction for trusts	4c	, , , , ,			
5	Income (loss) from a partnership or an S corporation (attach	10				
Ū	statement) STATEMENT 5	5	182,762.			182,762.
6	Rent income (Part IV)	6	102//021			102//021
	Unrelated debt-financed income (Part V)	7				
7	Interest, annuities, royalties, and rents from a controlled	- '-				
8	• • • •					
_	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9			-	
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11	44 855			44 855
12	Other income (see instructions; attach statement) STMT 6	12	41,755.			41,755.
<u>13</u>	Total. Combine lines 3 through 12	13	199,943.			199,943.
	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come				must be
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	481.
6	Taxes and licenses				6	401.
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)			<u></u>	13	
14	Other deductions (attach statement)		SEE STAT	EMENT 7	14	2,177.
15	Total deductions. Add lines 1 through 14				15	2,658.
16	Unrelated business income before net operating loss deduction. So				_	107 205
	column (C)				16	197,285. 0.
17	Deduction for net operating loss. See instructions				17	
18	Unrelated business taxable income. Subtract line 17 from line 16	3			18	197,285.

Part	III Cost of Goods Sold Enter met	hod of inventory valuat	ion		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter l				
9	Do the rules of section 263A (with respect to property				Yes No
<u>Part</u>	IV Rent Income (From Real Property and	l Personal Prope	ty Leased with I	Real Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See ins	tructions.	
	A				
	В				
	c <u> </u>				
	D	r			
		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	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 2(a) and 2(b) (attach statement)				
					_
5	Total deductions. Add line 4 columns A through D. Er		line 6, column (B)	>	0.
Part	/6	ee instructions)			
1	Description of debt-financed property (street address, or	city, state, ZIP code). 0	theck if a dual-use. Se	ee instructions.	
	A				
	В				
	c				
	D	Г		T _ T	
		Α	В	С	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)				
С	Total deductions (add lines 3a and 3b,				
_	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	%	9	6 %	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	rt I, line 7, column (A)	>	0.
_	All 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			 	
9	Allocable deductions. Multiply line 3c by line 6		l D	(D)	
10	Total allocable deductions. Add line 9, columns A thr				0.
11	Total dividends-received deductions included in line	ιυ			U •

⊃age :

	VI Interest, Annu		oyalties, and Re	ents fror	n Control	led Or	ganizations	s (se	e instruct	ions)	r age o
			_			E	xempt Contro	lled Org	ganization	s .	
	1. Name of controlled 2. Employer organization identification number				al of specified nents made 5. Part of colu that is included controlling org tion's gross in		included olling orga	in the aniza-	6. Deductions directly connected with income in column 5		
(1)											
(2)											
(3)											
(4)					2						
	/ Tayahla Inaama		No Net unrelated		Controlled Or otal of specif			of oolur	mm 0	44	Doductions directly
,	. Taxable Income	in	net unrelated scome (loss) e instructions)		yments mad		that is inc controlling gross	luded i	n the ation's		Deductions directly connected with come in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c	and on	Part I,	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B)
Totals						•			0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instr	ructions)		
		cription of			2. Amou incon	nt of	3. Deduction directly connected (attach states	ons ected	4. Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					A -1 -1						A del anno accepto de
					Add amou column 2.						Add amounts in column 5. Enter
					here and or	n Part I,					here and on Part I,
					line 9, colu						line 9, column (B)
Totals Part	VIII Evaloited E	vomnt A	Activity Income,	Other 1	Than Adve	0.	l lnoomo				0.
	Description of exploite		ctivity income,	, Other	Illali Auve	ı uəni	g income (see ins	tructions)		
1 2	Gross unrelated busin	-	e from trade or busi	ness Ente	r here and or	n Part I	line 10 colum	- (Δ)		2	
3	Expenses directly con						•				
3										3	
4	Net income (loss) from										
•							-			4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F	Part II, line	12							7	

Schedule A (Form 990-T) 2021

Sched Part	ule A (Form 990-T) 2021 IX Advertising Income					Page 4
1	Name(s) of periodical(s). Check box if reporting	ng two or more per	iodicals on a	consolidated basis	S.	
	A ()					
	В					
	с					
	D					
Enter a	amounts for each periodical listed above in the	corresponding col	ımn			
Littor	arroante for each periodical neces above in the		A	В	С	D
2	Gross advertising income					
_	Add columns A through D. Enter here and or		ımn (A)			0.
а	Add coldining A through B. Enter here and or	TT art i, iii c TT, con				
3	Direct advertising costs by periodical					
	Add columns A through D. Enter here and or		ımn (D)	1		0.
а	Add Coldinins A through D. Enter here and or	rearti, iirle i i, coit	инн (D)		/	
	Adventision wais (lass) Culaturat line Of from li			1		
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column i	l l				
	line 4 showing a loss or zero, do not complet					
_	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income	l l				
7	Excess readership costs. If line 6 is less than	l l				
	line 5, subtract line 6 from line 5. If line 5 is le					
_	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g	reater of the line 8a	a, columns to	otal or zero here and	d on	^
David	Part II, line 13				·····	0.
Part	X Compensation of Officers, Di	rectors, and 11	rustees (see instructions)	1	
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
(2)					%	
(3)					%	
(4)					%	
	Enter here and on Part II, line 1					0.
Part	XI Supplemental Information (Se	ee instructions)				

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 5
DESCRIPTION	NET INCOME OR (LOSS)
	
MIT PRIVATE EQUITY FUND III, LP - ORDINARY BUSINESS INCOME	C 1C1
(LOSS) MIT PRIVATE EQUITY FUND III, LP - OTHER INCOME (LOSS)	6,161. 12,807.
PALLADIAN PARTNERS VII - ORDINARY BUSINESS INCOME (LOSS)	628.
PALLADIAN PARTNERS VII - ORDINARI BUSINESS INCOME (LOSS)	-242.
ENERGY AND MINERAL GROUP FUND II, LP - ORDINARY BUSINESS	-242.
INCOME (LOSS)	20,769.
ENERGY AND MINERAL GROUP FUND II, LP - OTHER INCOME (LOSS)	-23,352.
PALLADIAN PARTNERS VIII - ORDINARY BUSINESS INCOME (LOSS)	1,679.
PALLADIAN PARTNERS VIII - OTHER INCOME (LOSS)	-884.
HEADLANDS CAPITAL FUND I - ORDINARY BUSINESS INCOME (LOSS)	321.
RESOLUTE CAPITAL PARTNERS III - ORDINARY BUSINESS INCOME	
(LOSS)	433.
HEADLANDS CAPITAL II - ORDINARY BUSINESS INCOME (LOSS)	-2,201.
HEADLANDS CAPITAL II - INTEREST INCOME	327.
AGHAP FEEDER, LLC - ORDINARY BUSINESS INCOME (LOSS)	83,815.
AGHAP FEEDER, LLC - NET RENTAL REAL ESTATE INCOME	11.
AGHAP FEEDER, LLC - INTEREST INCOME	1,201.
AGHAP FEEDER, LLC - DIVIDEND INCOME	1,227.
AGHAP FEEDER, LLC - OTHER INCOME (LOSS)	-83,834.
MTP ENERGY OPPORTUNITIES FUND II - ORDINARY BUSINESS	172 102
INCOME (LOSS) MTP ENERGY OPPORTUNITIES FUND II - OTHER INCOME (LOSS)	173,103. -2,706.
ENERGY & MINERALS GROUP FUND IV - ORDINARY BUSINESS INCOME	-2,700.
(LOSS)	41,437.
ENERGY & MINERALS GROUP FUND IV - OTHER INCOME (LOSS)	-31,571.
ENERGY & MINERALS GROUP ASCENT - ORDINARY BUSINESS INCOME	31,371.
(LOSS)	14,874.
ENERGY & MINERALS GROUP ASCENT - OTHER INCOME (LOSS)	-13,878.
TIGER GLOBAL PIP X PARTNERS - OTHER INCOME (LOSS)	-13,327.
TIGER GLOBAL PIP IX, L.P OTHER INCOME (LOSS)	-3.
TIGER GLOBAL PIP VIII - OTHER INCOME (LOSS)	-235.
PALLADIAN PARTNERS IX LP - ORDINARY BUSINESS INCOME (LOSS)	628.
PALLADIAN PARTNERS IX LP - INTEREST INCOME	1.
PALLADIAN PARTNERS IX LP - DIVIDEND INCOME	61.
GT PRIVATE EQUITY X, LP - ORDINARY BUSINESS INCOME (LOSS) IMPACT ENGINE PRIVATE EQUITY FUND - ORDINARY BUSINESS	-36.
INCOME (LOSS)	-4,452.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	182,762.
•	

FORM 990-T (A)	OTHER INCOME	STATEMENT 6
DESCRIPTION		AMOUNT
CANCELLATION OF DEBT - ENERG	Y & MINERALS GROUP FUND IV	41,755.
TOTAL TO SCHEDULE A, PART I,	LINE 12	41,755.
FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION		AMOUNT
INVESTMENT EXPENSES FOR PART	NERSHIPS	2,177.
TOTAL TO SCHEDULE A, PART II	, LINE 14	2,177.
FORM 990-T DESCRIPTION O SCHEDULE A	F ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 8

INVESTMENT ACTIVITIES CONDUCTED THROUGH LIMITED PARTNERSHIPS.

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A	POST-201	NET OPERATING	LOSS DEDUCTION	STATEMENT 9
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18 12/31/20	223,785. 76,184.	0.	223,785. 76,184.	223,785. 76,184.
NOL CARRYOV	ER AVAILABLE THIS	/EAR	299,969.	299,969.

SCHEDULE D (Form 1120)

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-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Yes X No

Name

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?

62-6045999

If "Yes," attach Form 8949 and see its instru					
Part I Short-Term Capital Gai	ins 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	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
round off cents to whole dollars. 1a Totals for all short-term transactions	, ,	,	, ,		result with column (g)
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					-1,416.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ation)			6	()
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gai	e lines 1a through 6 in column	h		7	-1,416.
	ns and Losses - Ass	ets Held More Tha	n One Year		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column	(g)	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					2,698.
44 Fatanasia (mass Faura 4707 line 7 and				11	2,050.
12 Long-term capital gain from installment sales	from Form 6252 line 26 or 3			12	
13 Long-term capital gain or (loss) from like-kin				13	
4.4. One that each attack the others				14	
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in colum			15	2,698.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lii		l loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term				17	1,282.
18 Add lines 16 and 17. Enter here and on Form				18	1,282.
Note: If losses exceed gains, see Capital Los					,

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Form **8949**Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074
2021

Attachment Sequence No. 12A

Name(s) shown on return

THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA. INC.

Social security number or taxpayer identification no.

62-6045999

	C11111 1111 C C C C C C C C C C C C C C	.,				02 0	0 4 3 3 3 3
state	re you check Box A, B, or C belo ment will have the same informa er and mav even tell vou which b	atión as Form 109	you received any 99-B. Either will s	v Form(s) 1099-B o show whether your	r substitute statem basis (usually you	nent(s) from your broker. A sur cost) was reported to the IF	ıbstitute RS by your
_	transactions, see page 2. Note: You may aggregate all	ons involving capit	tions reported on F	Form(s) 1099-B showi	ing basis was reporte	e instructions). For long-term ad to the IRS and for which no ac actions on Form 8949 (see instru	
lf you l	nust check Box A, B, or C below. C nave more short-term transactions than will (A) Short-term transactions rep (B) Short-term transactions rep (C) Short-term transactions no	Check only one bo I fit on this page for one ported on Form(s ported on Form(s	x. If more than one be or more of the boxes 1099-B showin 1099-B showin	nox applies for your shorts, complete as many form g basis was report g basis wasn't re	term transactions, comp ns with the same box che ted to the IRS (see	olete a separate Form 8949, page 1, for ecked as you need.	
1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.	Gain or (loss)

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	tt, 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)
PALLADIAN PARTNERS						-	
VIII							842.
AGHAP FEEDER, LLC							-2,267.
PALLADIAN PARTNERS							
IX LP							1.
GT PRIVATE EQUITY							
X, LP							8.
_							
_							
2 Totals. Add the amounts in colur negative amounts). Enter each to Schedule D, line 1b (if Box A about 1) and the schedule D, line 1b (if Box A)	tal here and inclu	ude on your					
above is checked) or line 3 (if B		· · · · · · · · · · · · · · · · · · ·					-1.416.

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

C

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.

<u>roker and may even tell you which l</u>							
Part II Long-Term. Transaction	ons involving capita	al assets you held n	nore than 1 year are	generally long-term (s	ee instruction	ons). For short-term tr	ansactions,
see page 1. Note: You may aggregate al	I long-term transact	ions reported on F	orm(s) 1099-B show	ing basis was reported	d to the IRS	and for which no adi	ustments or
codes are required. Enter the	e totals directly on S	Schedule D, line 8a	ı; voù aren't required	I to report these trans	actions on F	orm 8949 (see instru	ctions).
You must check Box D, E, or F below. Of you have more long-term transactions than will	Check only one bo	X. If more than one be or more of the boxes.	ox applies for your long complete as many forn	term transactions, compl	ete a separate ked as vou ne	Form 8949, page 2, for e	ach applicable box.
(D) Long-term transactions rep			· · · · · · · · · · · · · · · · · · ·		·=		
(E) Long-term transactions rep	•		•	•	NOTE abo	540)	
				ported to the ins			
(F) Long-term transactions not				1	Adiustman	at if any to gain or	
(a)	(b)	(c)	(d) Proceeds	(e) Cost or other	loss. If v	nt, if any, to gain or ou enter an amount	(h)
Description of property	Date acquired	Date sold or	(sales price)	basis. See the	in column	(g), enter a code in	Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(**************************************	Note below and	`	. See mstructions.	from column (d) &
		(Mo., day, yr.)		see Column (e) in	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
PALLADIAN PARTNERS							
/III							119.
AGHAP FEEDER, LLC							-187.
PALLADIAN PARTNERS							2071
IX LP							2,766.
LA LIP							2,700.
							_
2 Totals. Add the amounts in colur							
negative amounts). Enter each to	tal here and inclu	ude on your					
Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E					
above is checked), or line 10 (if E							2,698.

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.

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.	TON OF GE	REATER					62-6045999
1a	Enter the gross proceeds from sales	or exchanges rep	orted to you for	2021 on Form(s) 1	099-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 yo	ou are including o	n lines 2, 10, an	d 24 due to the pa	rtial dispositions o	of		
	MACRS assets						1b	
С	Enter the total amount of loss that yo	ou are including o	n lines 2 and 10	due to the partial of	dispositions of MA	CRS		
D -	assets Int I Sales or Exchanges of	D		D - '			1c	F Other
Pa	rt I Sales or Exchanges of Than Casualty or Thefi					_	sions	From Otner
	Than Casualty or Then	- wost Prope	rty neid iviol	Te man i fear	(222222	· /	1	
2	(a) Description	(b) Date acquired	(C) Date sold	(d) Gross sales	(e) Depreciation allowed or	(f) Cost or basis, plu		(g) Gain or (loss) Subtract (f) from the
SE	of property EE STATEMENT 10	(mo., day, yr.)	(mo., day, yr.)	price	allowable since acquisition	improvement expense of		sum of (d) and (e)
25	E STATEMENT TO							
3	Gain if any from Form 4684 line 30					1	3	
4	Gain, if any, from Form 4684, line 39 Section 1231 gain from installment sa	alos from Form 6	252 line 26 or 3	7			4	
5	Section 1231 gain or (loss) from like-l	5						
6	Gain, if any, from line 32, from other	6						
7	Combine lines 2 through 6. Enter the	7	-25,856.					
•	Partnerships and S corporations. F	Report the gain or	(loss) following	the instructions for		edule K,	,	== 7 7 7 7 7
	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 term capital gai	11 011		
•	Name and washing 4004 last			CE	EE STATEME	11 יחדאי		
8	Nonrecaptured net section 1231 loss	. ,					8	
9	Subtract line 8 from line 7. If zero or I line 9 is more than zero, enter the am			-				
	capital gain on the Schedule D filed v			-		-	9	
_							9	
Pa	rt II Ordinary Gains and	Losses (see ins	structions)					
10	Ordinary gains and losses not include	ded on lines 11 th	rough 16 (includ	de property held 1 v	vear or less):			
	, 3		<u> </u>		, , ,			
11	Loss, if any, from line 7	•					11	(25,856.)
12	Gain, if any, from line 7 or amount from						12	,
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, lin	es 31 and 38a					14	
15	Ordinary gain from installment sales						15	
16	Ordinary gain or (loss) from like-kind e						16	
	0 11 11 1011 110						17	-25,856.
18	For all except individual returns, ente							
	a and b below. For individual returns,					•		
а	If the loss on line 11 includes a loss f	•		(b)(ii), enter that par	rt of the loss here.	Enter the		
	loss from income-producing property	•	*	. , . , ,				
	as an employee.) Identify as from "Fo						18a	
b	Redetermine the gain or (loss) on line							
	(Form 1040) Part Lline 4	ŭ					18h	

Form 4797 (2021) CHATTANOOGA, INC.

(a) Description of section 1245, 1250, 1252, 1254, o	or 1255 p	property:			(b) Date acqu (mo., day, y		(c) Date sold (mo., day, yr.
These columns relate to the properties on lines 19A through 19D.	•	Property A	Propert	у В	Property	С	Property I
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: 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.							
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						
Additional depreciation after 1969 and before 1976	26d						
Enter the smaller of line 26c or 26d	26e						
Section 291 amount (corporations only)	26f						
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.							
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: 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	olumns	A through D through	line 29b before	e going	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, 28l	o, and 29b. Enter he	re and on line 1	3		31	
Subtract line 31 from line 30. Enter the portion from	casualt	y or theft on Form 46	84, line 33. En	ter the	portion		
from other than casualty or theft on Form 4797, line	6			<u></u> .		32	
Recapture Amounts Under Section (see instructions)	ns 179	and 280F(b)(2)	When Busin	ness	Jse Drops to	50 % c	or Less
· · · · ·					(a) Sectio 179	n	(b) Section 280F(b)(2)
Section 179 expense deduction or depreciation allo	wahla in	nrior vears		33			- (-)(-)
	wanie ii				i .	1	

FORM 4797	PROP	ERTY HELD	MORE T	HAN ONE Y	EAR	STATEME	NT 10
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR	COST OR BAS		
MIT PRIVATE EQUITY FUND III, LP						-13	3,049.
PALLADIAN PARTNERS VII							31.
PALLADIAN PARTNERS VIII HEADLANDS CAPITAL							577
II AGHAP FEEDER, LLC MTP ENERGY							-1. -97.
OPPORTUNITIES FUND II						134	1,443.
ENERGY & MINERALS GROUP FUND IV PALLADIAN						-147	7,761.
PARTNERS IX LP							1.
TOTAL TO 4797, PAR	RT I, LINE	2 =				-25	5,856.
FORM 4797	NONRECA		T SECTI PRIOR Y	ON 1231 L EARS	OSSES	STATEMEI	NT 11
TAX YEAR		SECTION LOSS			ON 1231 ECAPTURED	NONRECAPT SECTION LOSSES	1231
2016 2017 2018			0. 0. 2,098. 9,078.		0. 0. 0. 2,098.		2,098 5,980
2019 2020			0.		0.		•

SCHEDULE D (Form 1120)

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-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Yes X No

Name

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?

62-6045999

If "Yes," attach Form 8949 and see its instru					
Part I Short-Term Capital Gai	ins 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	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
round off cents to whole dollars. 1a Totals for all short-term transactions	, , ,	,			result with column (g)
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					-1,416.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ation)			6	()
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gai	e lines 1a through 6 in column	h		7	-1,416.
	ns and Losses - Ass	ets Held More Thai	n One Year		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column	(g)	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					2,698.
44 Fatanasia (mass Faura 4707 line 7 and				11	2,050.
12 Long-term capital gain from installment sales	from Form 6252 line 26 or 3			12	
13 Long-term capital gain or (loss) from like-kin				13	
4.4. One that each attack the others				14	
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in colum			15	2,698.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lii		l loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term				17	1,282.
18 Add lines 16 and 17. Enter here and on Form				18	1,282.
Note: If losses exceed gains, see Capital Los					,

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Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Name(s) shown on return

THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.

Social security number or taxpayer identification no.

62-6045999

Before you check Box A, B, or C below statement will have the same informat	ion as Form 105	you received any 99-B. Either will s	/ Form(s) 1099-B o show whether your	r substitute statem basis (usually you	nent(s) from your broker. A su r cost) was reported to the IR	bstitute S by your
broker and may even tell you which be						
Part I Short-Term. Transaction	ns involving capit	al assets you held	1 year or less are ger	nerally short-term (see	e instructions). For long-term	
transactions, see page 2.						
					ed to the IRS and for which no ad actions on Form 8949 (see instru	
You must check Box A, B, or C below. Colf you have more short-term transactions than will f						each applicable box.
(A) Short-term transactions repo	· -		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
(B) Short-term transactions repo	orted on Form(s) 1099-B showin	g basis wasn't re	ported to the IRS		
X (C) Short-term transactions not	reported to you	on Form 1099-l	3			
1 (a)	(b)	(c)	(d)	(e)	Adjustment, if any, to gain or	(h)

X (C) Short-term transactions not (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(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 ou enter an amount (g), enter a code in). See instructions.	(h) Gain or (loss). Subtract column (e from column (d) &
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
PALLADIAN PARTNERS							
VIII							842.
AGHAP FEEDER, LLC							<2,267.
PALLADIAN PARTNERS							
IX LP							1.
GT PRIVATE EQUITY							
X, LP							8.
2 Totals. Add the amounts in colur	nne (d) (a) (a) a	nd (h) (subtract					
negative amounts). Enter each to		•					
Schedule D, line 1b (if Box A abo	ove is checked),	iine 2 (iī Box B		1		I	1

above is checked), or line 3 (if Box C above is checked)

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.

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.

Part II Long-Term. Transaction	ons involving capita	al assets you held r	nore than 1 year are	generally long-term (s	ee instruction	ons). For short-term to	ransactions,
see page 1. Note: You may aggregate all codes are required. Enter the	long-term transact	ions reported on F	orm(s) 1099-B show	ring basis was reported	d to the IRS	and for which no adj	ustments or
You must check Box D, E, or F below. (you have more long-term transactions than will	Check only one bo	x. If more than one b	ox applies for your long	-term transactions, compl	ete a separate	Form 8949, page 2, for e	
(D) Long-term transactions rep	· -		•		-		
(E) Long-term transactions rep	•	•	•	•		,	
X (F) Long-term transactions not	• • •		•				
(a)	(b)	(c)	(d)	(e)	Adiustmer	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If y	ou enter an amount	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	in column Column (f	(g), enter a code in). See instructions.	Subtract column (e)
,	` , ,,,,	(Mo., day, yr.)		Note below and	(f)	(g)	from column (d) &
				see Column (e) in the instructions	Code(s)	Amount of	combine the result with column (g)
				tile ilistructions	(-)	adjustment	with column (g)
PALLADIAN PARTNERS							110
/III							119. <187.
AGHAP FEEDER, LLC							<187.
PALLADIAN PARTNERS							
IX LP							2,766.
				+			
				+			
				1			
				1			
2 Totals. Add the amounts in colur							
negative amounts). Enter each to	tal here and inclu	ıde on your					
Schedule D, line 8b (if Box D abo	• •	•					
above is absolved) or line 10 (if E	Pay E above is of	analand)	I	1		1	2 698

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.

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

Identifying number

Attachment 27

THE COMMUNITY FOUNDATION OF GREATER 62-6045999 CHATTANOOGA, INC. 1a Enter the gross proceeds from sales or exchanges reported to you for 2021 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 12 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 -25,856. 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. 8 Nonrecaptured net section 1231 losses from prior years. See instructions 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): 25,856 Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 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 -25,856. 17 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 (2021) CHATTANOOGA, INC.

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:						(b) Date acqui		(c) Date sold (mo., day, yr.)
A								(,,, ,)
<u></u> В								
<u></u>								
<u> </u>								
	These columns relate to the properties on							
	lines 19A through 19D.	▶	Property A	Property	В	Property	С	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:							
а	Depreciation allowed or allowable from line 22	25a						
b	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.							
а	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						
	Additional depreciation after 1969 and before 1976	26d						
е	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
	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.							
	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage	27b						
	Enter the smaller of line 24 or 27b	27c						
а	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b	Enter the smaller of line 24 or 28a	28b						
a	If section 1255 property: Applicable percentage of payments excluded	29a						
	from income under section 126. See instructions Enter the smaller of line 24 or 29a. See instructions	29b						
				1				
ın	nmary of Part III Gains. Complete property c	olumns	A through D through	n line 29b before	going	to line 30.		
	Total gains for all properties. Add property columns	A through	gh D line 24				30	
	rotal game for all proportion. And proporty columns	, ((, , , , , , , , , , , , , , , , ,	gir 2, iii i 2 i					
	Add property columns A through D, lines 25b, 26g,	27c. 28l	o, and 29b. Enter he	re and on line 13	1		31	
	Subtract line 31 from line 30. Enter the portion from		·					
	from other than casualty or theft on Form 4797, line				- 1		32	
	t IV Recapture Amounts Under Sectio		and 280F(b)(2)	When Busin	ess l	Jse Drops to		or Less
	(see instructions)							
						(a) Section 179	n	(b) Section 280F(b)(2)
	Section 179 expense deduction or depreciation allo	wahla in	nrior vears		33			- (· /(-/
	Recomputed depreciation. See instructions				34			

FORM 4797	PRO	PERTY HELI	MORE THAN	ONE YEAR	ST	ATEMENT 12
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
MIT PRIVATE EQUITY FUND III, LP						-13,049.
PALLADIAN PARTNERS VII PALLADIAN						31.
PARTNERS VIII HEADLANDS CAPITAL						577.
II AGHAP FEEDER, LLC MTP ENERGY						-1. -97.
OPPORTUNITIES FUND II						134,443.
ENERGY & MINERALS GROUP FUND IV PALLADIAN						-147,761.
PARTNERS IX LP		_				1.
TOTAL TO 4797, PAR	RT I, LINE	2				-25,856.

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

► Go to www.irs.gov/Form8621 for instructions and the latest information.

OMB No. 1545-1002

Attachment Sequence No. 69

		· · · · · · · · · · · · · · · · · · ·	•					
Name of shareholder THE COMMUNITY FOUNDATION OF GREATER								
		ANOOGA, INC.	62-6045999					
		reet, and room or suite no. If a P.O. box, see instructions.	Shareholder tax year: calendar year 2021 or other tax year beginning					
14	00 1	WILLIAMS ST.	, and ending , .					
		n, state, and ZIP code or country ANOOGA, TN 37408						
Chec	k type	of shareholder filing the return: $igsqcup Individual \ensuremath{\overline{X}} Corporation igsqcup Partnership$	S Corporation Nongrantor Trust Estate					
		y Excepted Specified Foreign Financial Assets are reported on this form. See instructions						
		nsurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to tre						
		Corporation under the alternative facts and circumstances test within the meaning of section						
		gn corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) I CORPORATION	Employer identification number (if any)					
Addr	ess (Er	nter number, street, city or town, and country.)	Reference ID number (see instructions) 999999999999999999999999999999999999					
		X 613 CAYMAN, CAYMAN ISLANDS KY1-1107	Tax year of foreign corporation, PFIC, or QEF: Calendar year 2021 or other tax year beginning , and ending , .					
	art I							
		following information with respect to all shares of the PFIC held by the shareholder:	DED					
1	Desc	ription of each class of shares held by the shareholder: SERIES D PREFER Check if shares jointly owned with spouse.	KED					
2	∟ Date	shares acquired during the tax year, if applicable:						
_	5410							
3	Num	ber of shares held at the end of the tax year: 2,631.						
4		e of shares held at the end of the tax year (check the appropriate box, if applicable):	(4)					
	٠,	X \$0-50,000 (b) \$50,001-100,000 (c) \$100,001-150,000 (d) \$150,001-200,000 If more than \$200,000, list value:						
	(6)	11 more than \$200,000, list value.						
5	Туре	of PFIC and amount of any excess distribution or gain treated as an excess distribution un	der section 1291, inclusion under section 1293,					
	and i	inclusion or deduction under section 1296 (check all boxes that apply):						
	(a)	Section 1291 \$						
	(b)	X Section 1293 (Qualified Electing Fund) \$	ann ann mhann 12					
В	(c)	Section 1296 (Mark to Market) \$	SEE STATEMENT 13					
A	art II	Elections (see instructions) Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as	2055 2 4 4 5 2 4 5 4 5 4 5 4 5 4 5 4 5 4 5					
В		Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend the QEF until this election is terminated. Complete lines 8a through 9c of Part III to Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may	e time for payment of tax on the undistributed earnings and profits					
С		1294(c) and 1294(f) and the related regulations for events that terminate this election. Election To Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-mark	at the PEIC stock that is marketable within the meaning of section					
Ŭ	ш	1296(e). Complete Part IV.	of the FFTO Stock that is marketable within the incaning of section					
D		Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF.	elect to recognize gain on the deemed sale of my interest in the					
		PFIC. Enter gain or loss on line 15f of Part V.						
Ε		Deemed Dividend Election . I, a shareholder on the first day of a PFIC's first tax year as a amount equal to my share of the post-1986 earnings and profits of the CFC as an excess of						
_		excess distribution is greater than zero, also complete line 16 of Part V.						
F		Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a former PFIC of distribution the gain recognized on the deemed sale of my interest in the PFIC on the last of gain on line 15f of Part V.	or a PFIC to which section 1297(d) applies, elect to treat as an excess day of its last tax year as a PFIC under section 1297(a). <i>Enter</i>					
G		Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I, a shareholder of 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). <i>E</i>	PFIC. My holding period in the stock of the Section 1297(e)					
н		distribution is greater than zero, also complete line 16, Part V. Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a former elect to make a deemed dividend election with respect to the former PFIC. My holding peri defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e, complete line 16. Part V.	od in the stock of the former PFIC includes the termination date, as					

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	art III Income From a Qualified Electing Fund (QEF). All QEF shar	reholders complete lines 6a through	7c. If you	
	Election B, also complete lines 8a through 9c. See instructions.			-
6 a	Enter your pro rata share of the ordinary earnings of the QEF	6a		
	Enter the portion of line 6a that is included in income under section 951 or that may be			
	excluded under section 1293(g)	6b		
C	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income		6c	
7 a	Enter your pro rata share of the total net capital gain of the QEF	7a		
	Enter the portion of line 7a that is included in income under section 951 or that may be			
	excluded under section 1293(g)	7b		
С	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount	t in Part II of the Schedule D		
	used for your income tax return. See instructions		7c	
	Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the			
8 a	Add lines 6c and 7c		8a	
b	Enter the total amount of cash and the fair market value of other property distributed			
	or deemed distributed to you during the tax year of the QEF. See instructions	8b		
C	Enter the portion of line 8a not already included in line 8b that is attributable to shares			
	in the QEF that you disposed of, pledged, or otherwise transferred during the tax year	8c		
d	Add lines 8b and 8c		8d	
е	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brack		8e	
	Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible	e in income under section 951,		
	you may make Election B with respect to the amount on line 8e.			
9 a	Enter the total tax for the tax year. See instructions	9a		
b	Enter the total tax for the tax year determined without regard to the amount entered			
	on line 8e	9b		
C	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is ex	ctended by making		
	Election B		9c	
P	art IV Gain or (Loss) From Mark-to-Market Election (see ins	structions)		
10a	Enter the fair market value of your PFIC stock at the end of the tax year		10a	
b	Enter your adjusted basis in the stock at the end of the tax year		10b	
	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amou			
	on your tax return. If a loss, go to line 11		10c	
11	Enter any unreversed inclusions (as defined in section 1296(d))		11	
	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include			
	loss on your tax return		12	
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the ${\bf t}$	ax year:		
а	Enter the fair market value of the stock on the date of sale or disposition		13a	
b	Enter the adjusted basis of the stock on the date of sale or disposition		13b	
C	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as or	dinary income on your		
	tax return. If a loss, go to line 14		13c	
14a	Enter any unreversed inclusions (as defined in section 1296(d))		14a	
	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Including the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Including the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Including the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Including the loss from line 14a. Inc	ude this amount as an ordinary		
	loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, \cos	mplete line 14c	14b	

return according to the rules generally applicable for losses provided elsewhere in the Code and regulations

Note: See instructions in case of multiple sales or dispositions.

Form **8621** (Rev. 12-2018)

Part V Distributions From and Dispositions of Stock of a Section 1291 Fund (see instructions) Complete a separate Part V for each excess distribution and disposition. See instructions. 15 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions 15a **b** Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) 15b c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) 15c **d** Multiply line 15c by 125% (1.25) 15d e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return 15e f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain. complete line 16. If a loss, show it in brackets and **do not** complete line 16 15f 16 a If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year. b Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income 16b c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions 16c d Foreign tax credit (see instructions) 16d e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions 16e f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions 16f

Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections

	Complete a se	parate column for ea	ch outstanding elec	tion.			
	Complete lines 17 through						
	20 to report the status of						
	outstanding prior year						
	section 1294 elections.						
		(i)	(ii)	(iii)	(iv)	(v)	(vi)
17	Tax year of outstanding						
	election						
18	Undistributed earnings to						
	which the election relates						
	Deferred tax						
20	Interest accrued on deferred						
	tax (line 19) as of the filing						
_	date						
	Complete lines 21 through						
	24 only if a section 1294						
	election is terminated in						
	the current year.						
21	Event terminating election						
	Earnings distributed or						
	deemed distributed during						
	the tax year						
23	Deferred tax due with this						
	return						
24	Accrued interest due with						
	this return						
	Complete lines 25 and 26						
	only if there is a partial						
	termination of a section						
	1294 election in the						
	current tax year.						
25	Deferred tax outstanding						
	after partial termination of						
	election. Subtract line 23						
	from line 19						
26	Interest accrued after partial						
	termination of election.						
	Subtract line 24 from line 20						

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund Attachment Sequence No. 69

ntern	al Rever	hue Service Go to www.irs.gov/Form8621 for instructions an	d the latest information. Sequence No. 09
ΓH:	E C	areholder OMMUNITY FOUNDATION OF GREATER ANOOGA, INC.	Identifying number (see instructions) 62-6045999
Num	ber, str	reet, and room or suite no. If a P.O. box, see instructions.	Shareholder tax year: calendar year 2021 or other tax year beginning
14	00 1	WILLIAMS ST.	, and ending ,
		n, state, and ZIP code or country ANOOGA, TN 37408	
Chec	k type	of shareholder filing the return: Individual X Corporation Partnershi	p S Corporation Nongrantor Trust Estate
		Excepted Specified Foreign Financial Assets are reported on this form. See instructions .	
		nsurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to tre	
		Corporation under the alternative facts and circumstances test within the meaning of section	
		gn corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) LECTRIC MOBILITY PVT LTD	Employer identification number (if any)
Addr	ess (Er	nter number, street, city or town, and country.)	Reference ID number (see instructions) 9999999999
		LOOR 4TH BLOCK, 17TH MAIN, 100 FEET RD	Tax year of foreign corporation, PFIC, or QEF: Calendar year 2021
KO.	RAM.	ANGALA BANGALORE, INDIA 560034	or other tax year beginning ,
P	art I	Summary of Annual Information (see instructions)	and ending , .
		following information with respect to all shares of the PFIC held by the shareholder:	
1		ription of each class of shares held by the shareholder: SERIES A PREFER	RED
		Check if shares jointly owned with spouse.	
2	Date	shares acquired during the tax year, if applicable:	
3	Num	ber of shares held at the end of the tax year:	
4		e of shares held at the end of the tax year (check the appropriate box, if applicable): X \$0-50,000 (b) \$50,001-100,000 (c) \$100,001-150,000	(d) \$150,001-200,000
	` '	If more than \$200,000, list value:	(d) \$150,001-200,000
	(0)		
5	Туре	of PFIC and amount of any excess distribution or gain treated as an excess distribution un	der section 1291, inclusion under section 1293,
	and i	inclusion or deduction under section 1296 (check all boxes that apply):	
	(a)	Section 1291 \$	
		X Section 1293 (Qualified Electing Fund) \$	SEE STATEMENT 14
P	(c) art II	Section 1296 (Mark to Market) \$ Elections (see instructions)	SEE STATEMENT 14
Ā	X	Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as	2 OFF Complete lines for through 7s of Part III
В		Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend the QEF until this election is terminated. Complete lines 8a through 9c of Part III to Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may 1294(c) and 1294(f) and the related regulations for events that terminate this election.	ne time for payment of tax on the undistributed earnings and profits
С		Election To Mark-to-Market PFIC Stock . I, a shareholder of a PFIC, elect to mark-to-mark 1296(e). <i>Complete Part IV</i> .	tet the PFIC stock that is marketable within the meaning of section
D		Deemed Sale Election . I, a shareholder on the first day of a PFIC's first tax year as a QEF PFIC. <i>Enter gain or loss on line 15f of Part V</i> .	, elect to recognize gain on the deemed sale of my interest in the
Ε		Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as a amount equal to my share of the post-1986 earnings and profits of the CFC as an excess of	
		excess distribution is greater than zero, also complete line 16 of Part V.	Entor time amount on line 100 or 1 art V. It the
F		Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a former PFIC distribution the gain recognized on the deemed sale of my interest in the PFIC on the last gain on line 15f of Part V.	
G		Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I, a shareholder of 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d).	PFIC. My holding period in the stock of the Section 1297(e)
н		distribution is greater than zero, also complete line 16, Part V. Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a former elect to make a deemed dividend election with respect to the former PFIC. My holding peridefined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e, complete line 16. Part V.	PFIC, within the meaning of Regulations section 1.1298-3(a), iod in the stock of the former PFIC includes the termination date, as

Form	8621 (Rev. 12-2018)			Page 2
	art III Income From a Qualified Electing Fund (QEF). All QEF share	reholders complete lines 6a through	7c. If you	
	Election B, also complete lines 8a through 9c. See instructions.			-
6 a	Enter your pro rata share of the ordinary earnings of the QEF	6a		
	Enter the portion of line 6a that is included in income under section 951 or that may be			
	excluded under section 1293(g)	6b		
C	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income		6c	
7 a	Enter your pro rata share of the total net capital gain of the QEF	7a		
	Enter the portion of line 7a that is included in income under section 951 or that may be			
	excluded under section 1293(g)	7b		
С	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount	t in Part II of the Schedule D		
	used for your income tax return. See instructions		7c	
	Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the			
8 a	Add lines 6c and 7c		8a	
b	Enter the total amount of cash and the fair market value of other property distributed			
	or deemed distributed to you during the tax year of the QEF. See instructions	8b		
C	Enter the portion of line 8a not already included in line 8b that is attributable to shares			
	in the QEF that you disposed of, pledged, or otherwise transferred during the tax year	8c		
d	Add lines 8b and 8c		8d	
е	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brack		8e	
	Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible	e in income under section 951,		
	you may make Election B with respect to the amount on line 8e.			
9 a	Enter the total tax for the tax year. See instructions	9a		
b	Enter the total tax for the tax year determined without regard to the amount entered			
	on line 8e	9b		
C	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is ex	ctended by making		
	Election B		9c	
P	art IV Gain or (Loss) From Mark-to-Market Election (see ins	structions)		
10a	Enter the fair market value of your PFIC stock at the end of the tax year		10a	
b	Enter your adjusted basis in the stock at the end of the tax year		10b	
	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amou			
	on your tax return. If a loss, go to line 11		10c	
11	Enter any unreversed inclusions (as defined in section 1296(d))		11	
	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include			
	loss on your tax return		12	
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the ${\bf t}$	ax year:		
а	Enter the fair market value of the stock on the date of sale or disposition		13a	
b	Enter the adjusted basis of the stock on the date of sale or disposition		13b	
C	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as or	dinary income on your		
	tax return. If a loss, go to line 14		13c	
14a	Enter any unreversed inclusions (as defined in section 1296(d))		14a	
	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Including the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Including the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Including the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Including the loss from line 14a. Inc	ude this amount as an ordinary		
	loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, \cos	mplete line 14c	14b	

return according to the rules generally applicable for losses provided elsewhere in the Code and regulations

Note: See instructions in case of multiple sales or dispositions.

Form **8621** (Rev. 12-2018)

Part V Distributions From and Dispositions of Stock of a Section 1291 Fund (see instructions) Complete a separate Part V for each excess distribution and disposition. See instructions. 15 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions 15a **b** Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) 15b c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) 15c **d** Multiply line 15c by 125% (1.25) 15d e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return 15e f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain. complete line 16. If a loss, show it in brackets and **do not** complete line 16 15f 16 a If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year. b Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income 16b c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions 16c d Foreign tax credit (see instructions) 16d e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions 16e f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions 16f

Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections

	Complete a se	parate column for ea	ch outstanding elec	tion.			
	Complete lines 17 through						
	20 to report the status of						
	outstanding prior year						
	section 1294 elections.						
		(i)	(ii)	(iii)	(iv)	(v)	(vi)
17	Tax year of outstanding						
	election						
18	Undistributed earnings to						
	which the election relates						
	Deferred tax						
20	Interest accrued on deferred						
	tax (line 19) as of the filing						
_	date						
	Complete lines 21 through						
	24 only if a section 1294						
	election is terminated in						
	the current year.						
21	Event terminating election						
	Earnings distributed or						
	deemed distributed during						
	the tax year						
23	Deferred tax due with this						
	return						
24	Accrued interest due with						
	this return						
	Complete lines 25 and 26						
	only if there is a partial						
	termination of a section						
	1294 election in the						
	current tax year.						
25	Deferred tax outstanding						
	after partial termination of						
	election. Subtract line 23						
	from line 19						
26	Interest accrued after partial						
	termination of election.						
	Subtract line 24 from line 20						

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund Attachment Sequence No. 69

ntern	al Reven	ine Service Go to www.irs.gov/Form8621 for instructions an	d the latest information. Sequence No. 09
ГΗ	E C	areholder OMMUNITY FOUNDATION OF GREATER ANOOGA, INC.	Identifying number (see instructions) $62-6045999$
Vum	ber, str	eet, and room or suite no. If a P.O. box, see instructions.	Shareholder tax year: calendar year 2021 or other tax year beginning
14	00	WILLIAMS ST.	, and ending ,
		ı, state, and ZIP code or country ANOOGA , TN 37408	
		of shareholder filing the return: Individual X Corporation Partnershi	S Corporation Nongrantor Trust Estate
		Excepted Specified Foreign Financial Assets are reported on this form. See instructions	
		nsurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to tre	
		orporation under the alternative facts and circumstances test within the meaning of section	Employer identification number (if any)
		gn corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) GIUOS MEDIA ONLINE NETWORK PRIVATE LIMI	Employer Identification number (If any)
Addr	ess (Er	nter number, street, city or town, and country.)	Reference ID number (see instructions) 999999999999999999999999999999999999
		NO. 204, WING B, 2ND FLOOR, NEW INDIA C	Tax year of foreign corporation, PFIC, or QEF: Calendar year 2021
AN.	DHE	RI (EAST), MUMBAI, INDIA	or other tax year beginning ,
D	art I	Summary of Annual Information (see instructions)	and ending , .
		following information with respect to all shares of the PFIC held by the shareholder:	
1		ription of each class of shares held by the shareholder: SERIES A PREFER	RED, SERIES A1 PREFERRED, SERI
		Check if shares jointly owned with spouse.	·
2	Date	shares acquired during the tax year, if applicable:	
3	Num	ber of shares held at the end of the tax year:5 .	
4		e of shares held at the end of the tax year (check the appropriate box, if applicable):	
	` '	X \$0-50,000 (b) \$50,001-100,000 (c) \$100,001-150,000	(d) \$150,001-200,000
	(e)	If more than \$200,000, list value:	
5	Tyne	of PFIC and amount of any excess distribution or gain treated as an excess distribution un-	der section 1291 inclusion under section 1293
Ü		nclusion or deduction under section 1296 (check all boxes that apply):	aut 300tion 1251, morasion under 300tion 1250,
	(a)	Section 1291 \$	
	(b)	X Section 1293 (Qualified Electing Fund) \$	
_	(c)	Section 1296 (Mark to Market) \$	SEE STATEMENT 15
	art II		
A B	X	Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as	
Ь		Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend the QEF until this election is terminated. <i>Complete lines 8a through 9c of Part III to</i> Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may 1294(c) and 1294(f) and the related regulations for events that terminate this election.	calculate the tax that may be deferred. / not make this election. Also, see sections
С		Election To Mark-to-Market PFIC Stock . I, a shareholder of a PFIC, elect to mark-to-mark 1296(e). <i>Complete Part IV</i> .	et the PFIC stock that is marketable within the meaning of section
D		Deemed Sale Election . I, a shareholder on the first day of a PFIC's first tax year as a QEF, PFIC. <i>Enter gain or loss on line 15f of Part V</i> .	elect to recognize gain on the deemed sale of my interest in the
Ε		Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as a amount equal to my share of the post-1986 earnings and profits of the CFC as an excess of	
		excess distribution is greater than zero, also complete line 16 of Part V.	Enter the amount on the 100 or 1 at 1. If the
F		Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a former PFIC distribution the gain recognized on the deemed sale of my interest in the PFIC on the last of gain on line 15f of Part V.	
G		Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I, a shareholder of 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). <i>E</i>	PFIC. My holding period in the stock of the Section 1297(e)
Н		distribution is greater than zero, also complete line 16, Part V. Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a former elect to make a deemed dividend election with respect to the former PFIC. My holding peri defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e,	PFIC, within the meaning of Regulations section 1.1298-3(a), od in the stock of the former PFIC includes the termination date, as

Form	8621 (Rev. 12-2018)			Page 2
	art III Income From a Qualified Electing Fund (QEF). All QEF share	reholders complete lines 6a through	7c. If you	
	Election B, also complete lines 8a through 9c. See instructions.			-
6 a	Enter your pro rata share of the ordinary earnings of the QEF	6a		
	Enter the portion of line 6a that is included in income under section 951 or that may be			
	excluded under section 1293(g)	6b		
C	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income		6c	
7 a	Enter your pro rata share of the total net capital gain of the QEF	7a		
	Enter the portion of line 7a that is included in income under section 951 or that may be			
	excluded under section 1293(g)	7b		
С	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount	t in Part II of the Schedule D		
	used for your income tax return. See instructions		7c	
	Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the			
8 a	Add lines 6c and 7c		8a	
b	Enter the total amount of cash and the fair market value of other property distributed			
	or deemed distributed to you during the tax year of the QEF. See instructions	8b		
C	Enter the portion of line 8a not already included in line 8b that is attributable to shares			
	in the QEF that you disposed of, pledged, or otherwise transferred during the tax year	8c		
d	Add lines 8b and 8c		8d	
е	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brack		8e	
	Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible	e in income under section 951,		
	you may make Election B with respect to the amount on line 8e.			
9 a	Enter the total tax for the tax year. See instructions	9a		
b	Enter the total tax for the tax year determined without regard to the amount entered			
	on line 8e	9b		
C	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is ex	ctended by making		
	Election B		9c	
P	art IV Gain or (Loss) From Mark-to-Market Election (see ins	structions)		
10a	Enter the fair market value of your PFIC stock at the end of the tax year		10a	
b	Enter your adjusted basis in the stock at the end of the tax year		10b	
	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amou			
	on your tax return. If a loss, go to line 11		10c	
11	Enter any unreversed inclusions (as defined in section 1296(d))		11	
	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include			
	loss on your tax return		12	
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the ${\bf t}$	ax year:		
а	Enter the fair market value of the stock on the date of sale or disposition		13a	
b	Enter the adjusted basis of the stock on the date of sale or disposition		13b	
C	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as or	dinary income on your		
	tax return. If a loss, go to line 14		13c	
14a	Enter any unreversed inclusions (as defined in section 1296(d))		14a	
	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Including the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Including the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Including the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Including the loss from line 14a. Inc	ude this amount as an ordinary		
	loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, \cos	mplete line 14c	14b	

return according to the rules generally applicable for losses provided elsewhere in the Code and regulations

Note: See instructions in case of multiple sales or dispositions.

Form **8621** (Rev. 12-2018)

Part V Distributions From and Dispositions of Stock of a Section 1291 Fund (see instructions) Complete a separate Part V for each excess distribution and disposition. See instructions. 15 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions 15a **b** Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) 15b c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) 15c **d** Multiply line 15c by 125% (1.25) 15d e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return 15e f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain. complete line 16. If a loss, show it in brackets and **do not** complete line 16 15f 16 a If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year. b Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income 16b c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions 16c d Foreign tax credit (see instructions) 16d e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions 16e f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions 16f

Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections

	Complete a se	parate column for ea	ch outstanding elec	tion.			
	Complete lines 17 through						
	20 to report the status of						
	outstanding prior year						
	section 1294 elections.						
		(i)	(ii)	(iii)	(iv)	(v)	(vi)
17	Tax year of outstanding						
	election						
18	Undistributed earnings to						
	which the election relates						
	Deferred tax						
20	Interest accrued on deferred						
	tax (line 19) as of the filing						
_	date						
	Complete lines 21 through						
	24 only if a section 1294						
	election is terminated in						
	the current year.						
21	Event terminating election						
	Earnings distributed or						
	deemed distributed during						
	the tax year						
23	Deferred tax due with this						
	return						
24	Accrued interest due with						
	this return						
	Complete lines 25 and 26						
	only if there is a partial						
	termination of a section						
	1294 election in the						
	current tax year.						
25	Deferred tax outstanding						
	after partial termination of						
	election. Subtract line 23						
	from line 19						
26	Interest accrued after partial						
	termination of election.						
	Subtract line 24 from line 20						

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund Attachment Sequence No. 69

ntern	al Reven	nue Service Go to www.irs.gov/Form8621 for instructions an	d the latest information. Sequence No. 09
ΓH:	E C	areholder OMMUNITY FOUNDATION OF GREATER ANOOGA, INC.	Identifying number (see instructions) $62-6045999$
		reet, and room or suite no. If a P.O. box, see instructions.	Shareholder tax year: calendar year 2021 or other tax year beginning
		WILLIAMS ST.	shareholder tax year: calendar year 2 0 2 1 or other tax year beginning , and ending ,
City (or town	n, state, and ZIP code or country ANOOGA, TN 37408	, and criding ,
		of shareholder filing the return: Individual X Corporation Partnershi	S Corporation Nongrantor Trust Estate
Chec	k if any	Excepted Specified Foreign Financial Assets are reported on this form. See instructions	
		nsurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to tre	
		Corporation under the alternative facts and circumstances test within the meaning of section	
		gn corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) LLMIND HONDINGS LIMITED	Employer identification number (if any)
Addr	ess (Er	nter number, street, city or town, and country.)	Reference ID number (see instructions) 99999999999
		FLOOR, STERLING TOWER, 14 POUDRIERE STR	Tax year of foreign corporation, PFIC, or QEF: Calendar year 2021
PO:	RT :	LOUIS, MAURITIUS	or other tax year beginning ,
D	t I	Common of Annual Information (assisted that	and ending , .
	art I	Summary of Annual Information (see instructions)	
7rovi 1		following information with respect to all shares of the PFIC held by the shareholder: ription of each class of shares held by the shareholder: SERIES C PREFER	RED SERIES C1 PREFERRED
•	D030	Check if shares jointly owned with spouse.	ndb, blittle of the lines
2	Date	shares acquired during the tax year, if applicable:	
3	Num	ber of shares held at the end of the tax year:	
4		e of shares held at the end of the tax year (check the appropriate box, if applicable):	(I)
	٠,	X \$0-50,000 (b) \$50,001-100,000 (c) \$100,001-150,000	(d) \$150,001-200,000
	(6)	If more than \$200,000, list value:	
5	Type	of PFIC and amount of any excess distribution or gain treated as an excess distribution unit	der section 1291, inclusion under section 1293.
		nclusion or deduction under section 1296 (check all boxes that apply):	
	(a)	Section 1291 \$	
	(b)	X Section 1293 (Qualified Electing Fund) \$	46
_	(c)	Section 1296 (Mark to Market) \$	SEE STATEMENT 16
	art II		055
A B	X	Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend the QEF until this election is terminated. Complete lines 8a through 9c of Part III to Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may	ne time for payment of tax on the undistributed earnings and profits
С		Election To Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-mark	
D		1296(e). Complete Part IV. Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF.	, elect to recognize gain on the deemed sale of my interest in the
_		PFIC. Enter gain or loss on line 15f of Part V.	05511.11
Е		Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as a amount equal to my share of the post-1986 earnings and profits of the CFC as an excess c excess distribution is greater than zero, also complete line 16 of Part V.	
F		Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a former PFIC (or a DEIC to which coction 1907(d) applies, alout to treat as an excess
•		distribution the gain recognized on the deemed sale of my interest in the PFIC on the last of gain on line 15f of Part V.	
G		Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I, a shareholder of 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). <i>E</i>	PFIC. My holding period in the stock of the Section 1297(e)
		distribution is greater than zero, also complete line 16, Part V.	
Н		Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a former elect to make a deemed dividend election with respect to the former PFIC. My holding peri defined in Regulations section 1.1298-3(d). <i>Enter the excess distribution on line 15e</i> , complete line 16. Best 17.	od in the stock of the former PFIC includes the termination date, as

orm	8621 (Rev. 12-2018)			Page :
Pa	art III Income From a Qualified Electing Fund (QEF). All QEF sha	areholders complete lines 6a througl	h 7c. If you are mak	ing
	Election B, also complete lines 8a through 9c. See instructions.			
6 a	Enter your pro rata share of the ordinary earnings of the QEF	6a		
b	Enter the portion of line 6a that is included in income under section 951 or that may be			
	excluded under section 1293(g)	6b		
C	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income		. 6c	
7 a	Enter your pro rata share of the total net capital gain of the QEF	7a		
b	Enter the portion of line 7a that is included in income under section 951 or that may be			
	excluded under section 1293(g)	7b		
C	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amou	nt in Part II of the Schedule D		
	used for your income tax return. See instructions		7c	
	Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the		•	
8 a	Add lines 6c and 7c		8a	
b	Enter the total amount of cash and the fair market value of other property distributed			
	or deemed distributed to you during the tax year of the QEF. See instructions	8b		
С	Enter the portion of line 8a not already included in line 8b that is attributable to shares			
·	in the QEF that you disposed of, pledged, or otherwise transferred during the tax year	8c		
d	Add lines 8b and 8c	<u>.</u>	8d	
e	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brac			
•	Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includib			
	you may make Election B with respect to the amount on line 8e.	ne in income ander section ser,		
9 a	Enter the total tax for the tax year. See instructions	9a		
b	Enter the total tax for the tax year determined without regard to the amount entered			
·	on line 8e	9b		
c	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is e			
·	Election B	Actinica by making	9c	
Pa	art IV Gain or (Loss) From Mark-to-Market Election (see in	structions)	1 00 1	
	Enter the fair market value of your PFIC stock at the end of the tax year	· · · · · · · · · · · · · · · · · · ·	10a	
	Enter your adjusted basis in the stock at the end of the tax year			
	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amo		100	
·	on your tax return. If a loss, go to line 11	•	10c	
11	Enter any unreversed inclusions (as defined in section 1296(d))			
	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Incl			
12	loss on your tax return	•	12	
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the		12	
	Enter the fair market value of the stock on the date of sale or disposition	•	13a	
			1	
	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as o	urdinary income on your	100	
U			130	
1/10	tax return. If a loss, go to line 14			
	Enter any unreversed inclusions (as defined in section 1296(d))		148	
U	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Inc		146	
	loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, c	omplete line 140	. 14b	

return according to the rules generally applicable for losses provided elsewhere in the Code and regulations

Note: See instructions in case of multiple sales or dispositions.

Form **8621** (Rev. 12-2018)

Part V Distributions From and Dispositions of Stock of a Section 1291 Fund (see instructions) Complete a separate Part V for each excess distribution and disposition. See instructions. 15 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions 15a **b** Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) 15b c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) 15c **d** Multiply line 15c by 125% (1.25) 15d e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return 15e f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain. complete line 16. If a loss, show it in brackets and **do not** complete line 16 15f 16 a If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year. b Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income 16b c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions 16c d Foreign tax credit (see instructions) 16d e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions 16e f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions 16f

Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections

	Complete a se	parate column for ea	ch outstanding elec	tion.			
	Complete lines 17 through						
	20 to report the status of						
	outstanding prior year						
	section 1294 elections.						
		(i)	(ii)	(iii)	(iv)	(v)	(vi)
17	Tax year of outstanding						
	election						
18	Undistributed earnings to						
	which the election relates						
	Deferred tax						
20	Interest accrued on deferred						
	tax (line 19) as of the filing						
_	date						
	Complete lines 21 through						
	24 only if a section 1294						
	election is terminated in						
	the current year.						
21	Event terminating election						
	Earnings distributed or						
	deemed distributed during						
	the tax year						
23	Deferred tax due with this						
	return						
24	Accrued interest due with						
_	this return						
	Complete lines 25 and 26						
	only if there is a partial						
	termination of a section						
	1294 election in the						
	current tax year.						
25	Deferred tax outstanding						
	after partial termination of						
	election. Subtract line 23						
	from line 19						
26	Interest accrued after partial						
	termination of election.						
	Subtract line 24 from line 20						

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

► Go to www.irs.gov/Form8621 for instructions and the latest information.

OMB No. 1545-1002

Attachment Sequence No. 69

		·	
		areholder	Identifying number (see instructions)
		ANOOGA, INC.	62-6045999
		reet, and room or suite no. If a P.O. box, see instructions.	Shareholder tax year: calendar year 2021 or other tax year beginning
		WILLIAMS ST.	, and ending ,
		n, state, and ZIP code or country ANOOGA, TN 37408	A, INC. 62-604599
		ROG LABS PRIVATE LIMITED	Employer ruenumeation number (if any)
Addr	ess (Er	nter number, street, city or town, and country.)	
		LOOR, 18/6 CAMBRIDGE ROAD, 2ND CROSS R, BANGALORE, INDIA 560008	or other tax year beginning ,
	art I		
Prov		following information with respect to all shares of the PFIC held by the shareholder:	
1	Desc		RED
2	Data		
2	Date	Shares acquired during the tax year, if applicable.	
3	Num	ber of shares held at the end of the tax year:	
	Volu	a of above hald at the end of the toy year (about the appropriate how if applicable):	
4			(d) \$150.001-200.000
	٠,		(u) [[] \$\psi 100,000 200,000
	(-)		
5	Type	of PFIC and amount of any excess distribution or gain treated as an excess distribution under	der section 1291, inclusion under section 1293,
	and i	inclusion or deduction under section 1296 (check all boxes that apply):	
	(a)	Section 1291 \$	
			CEE COAMEMENT 17
D	(c) art II		SEE STATEMENT 17
A	77		2 OEE O
В		Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend the QEF until this election is terminated. Complete lines 8a through 9c of Part III to Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may	ne time for payment of tax on the undistributed earnings and profits
С		1294(c) and 1294(f) and the related regulations for events that terminate this election.	
U	ш	1296(e). Complete Part IV.	et the PFIG Stock that is marketable within the meaning of section
D		Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF.	, elect to recognize gain on the deemed sale of my interest in the
		PFIC. Enter gain or loss on line 15f of Part V.	
Ε		Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as a amount equal to my share of the post-1986 earnings and profits of the CFC as an excess of	
_		excess distribution is greater than zero, also complete line 16 of Part V.	
F		Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a former PFIC of distribution the gain recognized on the deemed sale of my interest in the PFIC on the last of gain on line 15f of Part V.	or a PFIC to which section 1297(d) applies, elect to treat as an excess day of its last tax year as a PFIC under section 1297(a). <i>Enter</i>
G		Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I, a shareholder of 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). <i>E</i>	PFIC. My holding period in the stock of the Section 1297(e)
н		distribution is greater than zero, also complete line 16, Part V. Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a former elect to make a deemed dividend election with respect to the former PFIC. My holding peri defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e, complete line 16. Part V.	od in the stock of the former PFIC includes the termination date, as

orm	8621 (Rev. 12-2018)			Page :
Pa	art III Income From a Qualified Electing Fund (QEF). All QEF sha	areholders complete lines 6a througl	h 7c. If you are mak	ing
	Election B, also complete lines 8a through 9c. See instructions.			
6 a	Enter your pro rata share of the ordinary earnings of the QEF	6a		
b	Enter the portion of line 6a that is included in income under section 951 or that may be			
	excluded under section 1293(g)	6b		
C	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income		. 6c	
7 a	Enter your pro rata share of the total net capital gain of the QEF	7a		
b	Enter the portion of line 7a that is included in income under section 951 or that may be			
	excluded under section 1293(g)	7b		
C	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amou	nt in Part II of the Schedule D		
	used for your income tax return. See instructions	7c		
	Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the		•	
8 a	Add lines 6c and 7c		8a	
b	Enter the total amount of cash and the fair market value of other property distributed			
	or deemed distributed to you during the tax year of the QEF. See instructions	8b		
С	Enter the portion of line 8a not already included in line 8b that is attributable to shares			
·	in the QEF that you disposed of, pledged, or otherwise transferred during the tax year	8c		
d	Add lines 8b and 8c	8d		
e	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brac			
•	Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includib			
	you may make Election B with respect to the amount on line 8e.	ne in income ander section ser,		
9 a	Enter the total tax for the tax year. See instructions	9a		
b	Enter the total tax for the tax year determined without regard to the amount entered			
·	on line 8e	9b		
c	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is e			
·	Election B	Actinica by making	9c	
Pa	art IV Gain or (Loss) From Mark-to-Market Election (see in	structions)	1 00 1	
	Enter the fair market value of your PFIC stock at the end of the tax year	· · · · · · · · · · · · · · · · · · ·	10a	
	Enter your adjusted basis in the stock at the end of the tax year			
	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amo		100	
·	on your tax return. If a loss, go to line 11	•	10c	
11	Enter any unreversed inclusions (as defined in section 1296(d))			
	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Incl			
12	loss on your tax return	12		
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the	12		
	Enter the fair market value of the stock on the date of sale or disposition	13a		
			1	
	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as o	urdinary income on your	100	
U			130	
1/10	tax return. If a loss, go to line 14			
	Enter any unreversed inclusions (as defined in section 1296(d))		148	
U	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Inc		146	
	loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, c	. 14b		

return according to the rules generally applicable for losses provided elsewhere in the Code and regulations

Note: See instructions in case of multiple sales or dispositions.

Form **8621** (Rev. 12-2018)

Part V Distributions From and Dispositions of Stock of a Section 1291 Fund (see instructions) Complete a separate Part V for each excess distribution and disposition. See instructions. 15 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions 15a **b** Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) 15b c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) 15c **d** Multiply line 15c by 125% (1.25) 15d e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return 15e f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain. complete line 16. If a loss, show it in brackets and **do not** complete line 16 15f 16 a If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year. b Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income 16b c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions 16c d Foreign tax credit (see instructions) 16d e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions 16e f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions 16f

Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections

	Complete a se	parate column for ea	ch outstanding elec	tion.			
	Complete lines 17 through						
	20 to report the status of						
	outstanding prior year						
	section 1294 elections.						
		(i)	(ii)	(iii)	(iv)	(v)	(vi)
17	Tax year of outstanding						
	election						
18	Undistributed earnings to						
	which the election relates						
	Deferred tax						
20	Interest accrued on deferred						
	tax (line 19) as of the filing						
_	date						
	Complete lines 21 through						
	24 only if a section 1294						
	election is terminated in						
	the current year.						
21	Event terminating election						
	Earnings distributed or						
	deemed distributed during						
	the tax year						
23	Deferred tax due with this						
	return						
24	Accrued interest due with						
_	this return						
	Complete lines 25 and 26						
	only if there is a partial						
	termination of a section						
	1294 election in the						
	current tax year.						
25	Deferred tax outstanding						
	after partial termination of						
	election. Subtract line 23						
	from line 19						
26	Interest accrued after partial						
	termination of election.						
	Subtract line 24 from line 20						

FORM 8621	ADDITION	AL INFORMAT	ION	S	TATEMENT 13
NAME OF PASSIVE FOREI	GN INVESTMENT	COMPANY OR	QUALIFIED	ELECTING F	JND
KOUDAI CORPORATION					
CLASS OF STOCK ————————— SERIES D PREFERRED	NUMBER OF SHARES AT BEGINING OF YEAR			NUMBER OF SHARES AT END OF YEAR 2,631.000	SHARES HELD AT END
FORM 8621	ADDITION	AL INFORMAT	ION	S'	TATEMENT 14
NAME OF PASSIVE FOREI	GN INVESTMENT	COMPANY OR	QUALIFIED	ELECTING F	JND
OLA ELECTRIC MOBILITY	PVT LTD				
CLASS OF STOCK	NUMBER OF SHARES AT BEGINING OF YEAR	CHANGE IN NUMBER OF SHARES	DATE OF CHANGE	NUMBER OF SHARES AT END OF YEAR	VALUE OF SHARES HELD AT END OF YEAR
SERIES A PREFERRED				17,851.000	11,948.00
FORM 8621	ADDITION	AL INFORMAT	ION	S	TATEMENT 15
NAME OF PASSIVE FOREI	GN INVESTMENT	COMPANY OR	QUALIFIED	ELECTING FU	JND ——
CONTAGIUOS MEDIA ONLI	NE NETWORK PR	IVATE LIMI			
CLASS OF STOCK	NUMBER OF SHARES AT BEGINING OF YEAR	CHANGE IN NUMBER OF SHARES			VALUE OF SHARES HELD AT END OF YEAR
SERIES A PREFERRED SERIES A1 PREFERRED SERIES B PREFERRED SERIES C PREFERRED SERIES D PREFERRED				1.000 1.000 1.000 1.000 1.000	

FORM 8621					
	ADDITION	AL INFORMAT	ION	S	TATEMENT 16
NAME OF PASSIVE FOR	EIGN INVESTMENT	COMPANY OR	QUALIFIED	ELECTING F	UND
MA WILLMIND HONDING	S LIMITED				
CLASS OF STOCK	NUMBER OF SHARES AT BEGINING OF YEAR	CHANGE IN NUMBER OF SHARES	DATE OF CHANGE	NUMBER OF SHARES AT END OF YEAR	VALUE OF SHARES HELI AT END OF YEAR
SERIES C PREFERRED SERIES C1 PREFERRED				2.000	
FORM 8621	ADDITION	AI, TNFORMAT	TON	S	
FORM 8621	ADDITION	AL INFORMAT	ION	S	TATEMENT 17
FORM 8621 NAME OF PASSIVE FOR					
FORM 8621 NAME OF PASSIVE FOR MOONFROG LABS PRIVA	EIGN INVESTMENT				
NAME OF PASSIVE FOR	EIGN INVESTMENT				UND —— VALUE OF

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or THE COMMUNITY FOUNDATION OF GREATER print CHATTANOOGA, INC. 62-6045999 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1400 WILLIAMS ST. return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 37408 CHATTANOOGA, TN Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) MAEGHAN JONES The books are in the care of ► 1400 WILLIAMS ST. - CHATTANOOGA, TN 37408 Telephone No. ► (423)265-0586 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

. If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or ___ tax year beginning , and ending Final return If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)