

Return of Organization Exempt From Income Tax

2024

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Header section containing organization details: CHATTANOOGA AREA FOOD BANK, INC., EIN 62-0867645, website CHATFOODBANK.ORG, and tax-exempt status 501(c)(3).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (42,458,589), expenses (39,240,950), and net assets (18,942,727).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block and preparer information: Signature of officer TIM MADDOX, CHIEF FINANCIAL OFFICER; Preparer BRIDGET A. BUSH, MAULDIN & JENKINS, LLC.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO LEAD A NETWORK OF PARTNERS AND UNITE THE COMMUNITY TO ELIMINATE HUNGER BY FEEDING,
NOURISHING, AND EMPOWERING THOSE WE SERVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 36,754,516 including grants of \$ 32,660,946) (Revenue \$ 3,855,126)
PROGRAM SERVICE CONSISTS OF FOOD DISTRIBUTION TO ELIMINATE HUNGER AND PROMOTE BETTER NUTRITION.
VARIOUS ACTIVITIES WITHIN THE PROGRAM INCLUDE LEADING A MORE THAN 300 MEMBER NETWORK OF PARTNER
AGENCIES, PROVIDING SUPPLEMENTAL FOOD TO CHILDREN AND SENIORS AT RISK, AND PROVIDING EMERGENCY
FOOD TO INDIVIDUALS AND FAMILIES EXPERIENCING FINANCIAL HARDSHIP.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 36,754,516

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No
2a	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	81
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	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	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
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	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed GA, TN
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
THE ORGANIZATION, 2009 CURTAIN POLE ROAD, CHATTANOOGA, TN 37406, (423) 622-1800

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MELISSA BLEVINS PRESIDENT AND CEO	40.0			✓			181,614	0	12,624	
(2) TIM MADDOX CHIEF FINANCIAL OFFICER	40.0			✓			107,468	0	19,996	
(3) ANGELA NICHOLLETTE CHIEF OPERATING OFFICER	40.0			✓			104,495	0	14,956	
(4) JENNIFER MCINTYRE CHAIR	2.0	✓		✓			0	0	0	
(5) TRACEY SMITH VICE CHAIR	2.0	✓		✓			0	0	0	
(6) HARRIETTE STOKES SECRETARY	2.0	✓		✓			0	0	0	
(7) MURPHY SAUCEMAN TREASURER	2.0	✓		✓			0	0	0	
(8) ALISA BASARABA BOARD MEMBER	2.0	✓					0	0	0	
(9) EMILY BLACKWELL BOARD MEMBER	2.0	✓					0	0	0	
(10) SUE COLLINS BOARD MEMBER	2.0	✓					0	0	0	
(11) JUSTIN GRIERSON BOARD MEMBER	2.0	✓					0	0	0	
(12) CAROL HIERONYMUS BOARD MEMBER	2.0	✓					0	0	0	
(13) ELLIE LAPORTE BOARD MEMBER	2.0	✓					0	0	0	
(14) ANDREA LYONS BOARD MEMBER	2.0	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KEN MITCHELL BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(16) DECLAN O'CONNELL BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(17) C.J. RECHER BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(18) TAMARA STEWARD BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								393,577	0	47,576
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								393,577	0	47,576

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ALLEGIANCE FUNDRAISING, 3064 49TH STREET S, FARGO, ND 58104	FUNDRAISING COUNSEL	310,233

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,228,258				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	35,247,240				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 28,753,811				
	h	Total. Add lines 1a-1f		37,475,498				
	Program Service Revenue	2a	SHARED MAINTENANCE FEES	Business Code 624200	3,279,279	3,279,279		
b		COMMODITY SERVICE REVENUE	624200	566,042	566,042			
c		AGENCY FEES	624200	9,805	9,805			
d								
e								
f		All other program service revenue . .		0	0	0	0	
g		Total. Add lines 2a-2f		3,855,126				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		379,694			379,694	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c	0	0			
	d	Net gain or (loss)						
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a	OTHER REVENUE	Business Code 624200	944			944	
	b							
	c							
	d	All other revenue		0	0	0	0	
	e	Total. Add lines 11a-11d		944				
12	Total revenue. See instructions		41,711,262	3,855,126	0	380,638		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	32,660,946	32,660,946		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	462,574	161,901	138,772	161,901
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0		
7 Other salaries and wages	2,706,481	1,840,768	602,820	262,893
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	364,266	238,670	76,855	48,741
9 Other employee benefits				
10 Payroll taxes	247,979	148,023	64,068	35,888
11 Fees for services (nonemployees):				
a Management	0	0		
b Legal	0	0		
c Accounting	40,500		40,500	
d Lobbying	0	0		
e Professional fundraising services. See Part IV, line 17	310,233			310,233
f Investment management fees	0	0		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	154,151	0	113,499	40,652
12 Advertising and promotion	48,807			48,807
13 Office expenses	64,089	33,366	19,596	11,127
14 Information technology	0	0		
15 Royalties	0	0		
16 Occupancy	205,687	188,840	14,325	2,522
17 Travel	25,859	7,953	11,484	6,422
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0		
19 Conferences, conventions, and meetings	0	0		
20 Interest	0	0		
21 Payments to affiliates	0	0		
22 Depreciation, depletion, and amortization	598,699	449,024	149,675	
23 Insurance	146,748	112,411	31,189	3,148
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FREIGHT & PACKAGING	299,354	299,354		
b VEHICLE EXPENSES	232,060	232,060		
c WAREHOUSE SUPPLIES	231,467	231,467		
d REPAIRS & MAINTENANCE	153,271	26,876	30,099	96,296
e All other expenses	287,779	122,857	160,864	4,058
25 Total functional expenses. Add lines 1 through 24e	39,240,950	36,754,516	1,453,746	1,032,688
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	7,071,136	2	7,620,702
	3 Pledges and grants receivable, net	765,765	3	1,375,079
	4 Accounts receivable, net	212,447	4	210,038
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,245,111	8	2,391,182
	9 Prepaid expenses and deferred charges	194,789	9	330,355
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,384,985		
	b Less: accumulated depreciation	10b 4,420,514	4,937,704	10c 4,964,471
	11 Investments—publicly traded securities	2,549,903	11	2,696,750
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,976,855	16	19,588,577	
Liabilities	17 Accounts payable and accrued expenses	504,440	17	645,850
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	504,440	26	645,850
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	14,573,326	27	15,749,399
	28 Net assets with donor restrictions	1,899,089	28	3,193,328
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	16,472,415	32	18,942,727
33 Total liabilities and net assets/fund balances	16,976,855	33	19,588,577	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	41,711,262
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,240,950
3	Revenue less expenses. Subtract line 2 from line 1	3	2,470,312
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,472,415
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	18,942,727

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	✓	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	✓	

**SCHEDULE A
(Form 990)**

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

2024

**Open to Public
Inspection**

Name of the organization CHATTANOOGA AREA FOOD BANK, INC.	Employer identification number 62-0867645
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37,822,812	35,125,497	30,623,323	39,127,980	37,475,498	180,175,110
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	37,822,812	35,125,497	30,623,323	39,127,980	37,475,498	180,175,110
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)						0
6 Public support. Subtract line 5 from line 4						180,175,110

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	37,822,812	35,125,497	30,623,323	39,127,980	37,475,498	180,175,110
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,495	1,391	104,890	377,414	379,694	865,884
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	9,973	803	2,879	19,416	944	34,015
11 Total support. Add lines 7 through 10						181,075,009
12 Gross receipts from related activities, etc. (see instructions)					12	13,068,103
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.50 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.70 %
16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide 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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI

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

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) OTHER REVENUE	9,973	803	2,879	19,416	944	34,015
	Total	9,973	803	2,879	19,416	944	34,015

**Schedule B
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization CHATTANOOGA AREA FOOD BANK, INC.	Employer identification number 62-0867645
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization CHATTANOOGA AREA FOOD BANK, INC.	Employer identification number 62-0867645
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FEEDING AMERICA ----- 35 EAST WACKER DRIVE, SUITE 2000 ----- CHICAGO, IL 60601 -----	\$ 4,159,608	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	NMI FOUNDATION ----- 832 GOEGIA AVE. ----- CHATTANOOGA, TN 37401 -----	\$ 987,955	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHATTANOOGA AREA FOOD BANK, INC.	Employer identification number 62-0867645
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
1	FOOD = 2,031,675 POUNDS AT \$1.72 PER POUND ----- ----- -----	\$ 3,546,081	06/30/2025 -----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization CHATTANOOGA AREA FOOD BANK, INC.	Employer identification number 62-0867645
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

(Rev. January 2025)

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

Open to Public Inspection

Name of the organization: CHATTANOOGA AREA FOOD BANK, INC. Employer identification number: 62-0867645

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for compliance questions.

Part II Conservation Easements

Form with multiple rows for conservation easement details, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Form with rows for reporting on art and historical treasures, including revenue and asset amounts.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment _____%
- b** Permanent endowment _____%
- c** Term endowment _____%

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

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

	Yes	No
(i) Unrelated organizations?	3a(i)	
(ii) Related organizations?	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		801,936		801,936
b Buildings		4,246,032	1,569,691	2,676,341
c Leasehold improvements				
d Equipment		1,964,354	1,435,929	528,425
e Other		2,372,663	1,414,894	957,769
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,964,471

Part VII Investments—Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	0

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

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE ORGANIZATION ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH INCOME TAX ACCOUNTING GUIDANCE IN ASC TOPIC 740, INCOME TAXES. THE ORGANIZATION FOLLOWS THE STATUTORY REQUIREMENT FOR ITS INCOME TAX ACCOUNTING AND GENERALLY AVOIDS RISKS ASSOCIATED WITH POTENTIALLY PROBLEMATIC TAX POSITIONS THAT MAY BE CHALLENGED UPON EXAMINATION. MANAGEMENT BELIEVES ANY LIABILITY RESULTING FROM TAXING AUTHORITIES IMPOSING ADDITIONAL INCOME TAXES FROM ACTIVITIES DEEMED TO BE UNRELATED TO THE ORGANIZATION'S NON-TAXABLE STATUS WOULD NOT HAVE A MATERIAL EFFECT ON THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS FROM TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR TAX PERIODS IN PROGRESS.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CHATTANOOGA AREA FOOD BANK, INC.

Employer identification number

62-0867645

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PROVIDENCE MINISTRIES, INC 711 S. HAMILTON STREET, DALTON, GA, 30720	58-1592141	CHURCH		1,468,813	(SEE STATEMENT	FOOD ASSISTANCE	FOOD ASSISTANCE
(2) (SEE STATEMENT)	81-4224565	170 (B)(1)		970,144	(SEE STATEMENT	FOOD ASSISTANCE	FOOD ASSISTANCE
(3) APISON FOOD PANTRY 11304 FIRST STREET, APISON, TN, 37302	62-0970577	501 (C)(6)		772,786	(SEE STATEMENT	FOOD ASSISTANCE	FOOD ASSISTANCE
(4) (SEE STATEMENT)	85-2524607	501 (C)(3)		733,865	(SEE STATEMENT	FOOD ASSISTANCE	FOOD ASSISTANCE
(5) CHRIST'S CHAPEL SHARE AND CARE MISSION 223 INMAN STREET, RINGGOLD, GA, 30736	58-2496242	CHURCH		584,221	(SEE STATEMENT	FOOD ASSISTANCE	FOOD ASSISTANCE
(6) (SEE STATEMENT)	N/A	501(C)(3)		549,751	(SEE STATEMENT	FOOD ASSISTANCE	FOOD ASSISTANCE
(7) GILMER COMMUNITY FOOD PANTRY 5273 HIGHWAY 52 EAST, ELLIJAY, GA, 30536	58-2599399	509 (A)(1)		546,435	(SEE STATEMENT	FOOD ASSISTANCE	FOOD ASSISTANCE
(8) (SEE STATEMENT)	58-1680985	501(C)(3)		537,098	(SEE STATEMENT	FOOD ASSISTANCE	FOOD ASSISTANCE
(9) (SEE STATEMENT)	38-3653368	170 (B)(1)		506,660	(SEE STATEMENT	FOOD ASSISTANCE	FOOD ASSISTANCE
(10) (SEE STATEMENT)	58-2356316	509 (A)(1)		498,728	(SEE STATEMENT	FOOD ASSISTANCE	FOOD ASSISTANCE
(11) ROSSVILLE CHURCH OF CHRIST 1100 MCFARLAND AVE, ROSSVILLE, GA, 30741	N/A	CHURCH		494,801	(SEE STATEMENT	FOOD ASSISTANCE	FOOD ASSISTANCE
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 95

3 Enter total number of other organizations listed in the line 1 table 68

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) FIRST BAPTIST SODDY DAISY - GOOD SHEPHERD PANTRY 10185 DAYTON PIKE, SODDY DAISY, TN, 37379	06-0662128	CHURCH		447,343	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(13) EAST RIDGE COMMUNITY FOOD PANTRY (UMC) 1601 PRATER ROAD, EAST RIDGE, TN, 37412	99-3348149	501(C)(3)		393,720	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(14) SEQUATCHIE CO. FELLOWSHIP OF CHURCHES 103 HEARD STREET, DUNLAP, TN, 37327	20-8848638	501(C)(3)		389,389	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(15) SODDY DAISY FOOD BANK 255 DEPOT STREET, SODDY DAISY, TN, 37379	45-4722601	501(C)(3)		378,978	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(16) BATTLEFIELD COMMUNITY SDA CHURCH 96 HILLMAN LANE, RINGGOLD, GA, 30736	58-0692294	CHURCH		378,818	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(17) ACTION CHURCH 1312 SPRING CREEK ROAD, CHATTANOOGA, TN, 37412	82-4049348	501 (C)(3)		374,324	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(18) ST. PAUL'S EPISCOPAL- ATHENS 126 SOUTH JACKSON ST., ATHENS, TN, 37303	31-1629166	501(C)(3)		362,129	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(19) FIRST SOUTHERN BAPTIST CHURCH 2827 MAIN STREET, PIKEVILLE, TN, 37367	62-0535346	501(C)(3)		320,461	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(20) SPRING CITY STOREHOUSE 136 W. RHEA AVE, SPRING CITY, TN, 37381	62-1657183	501(C)(3)		309,891	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(21) BETTER LIVING CENTER 407 NEW ENGLEWOOD RD, ATHENS, TN, 37303	58-0566083	501(C)(3)		308,843	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(22) NEW LIFE SDA 2099 EAST MAIN STREET, CHATTANOOGA, TN, 37404	58-0566083	501(C)(3)		300,477	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(23) ST. ALEXIUS OUTREACH MINISTRIES 250 E. 10TH ST, CHATTANOOGA, TN, 37402	82-0739259	N/A		299,906	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(24) FIRST FRUITS MINISTRY OF NW GA 2335 REDBUD RD, CALHOUN, GA, 30701	20-8625271	170 (B)(1)		289,386	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(25) WAUHATCHIE METHODIST CHURCH 3401 CUMMINGS HWY, CHATTANOOGA, TN, 37419	36-2167731	501 (C)(3)		283,311	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(26) RED BANK COMMUNITY FOOD PANTRY 3800 DAYTON BLVD, RED BANK, TN, 37415	62-0483211	501 (C)(3)		264,575	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(27) FIRST UMC OF WHITWELL 13329 HWY. 28, WHITWELL, TN, 37397	36-2167731	501(C)(3)		261,538	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE

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(28) TRI-STATE FOOD PANTRY, INC 2026 HWY 136 W, TRENTON, GA, 30752	20-3427202	170 (B)(1)		247,730	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(29) THE CARING PLACE 2400 BOWER LN., CLEVELAND, TN, 37311	90-0051191	509(A)(1)		242,240	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(30) CITY OF REFUGE 416 E. GLENWOOD AVE, DALTON, GA, 30721	81-4135740	501 (C)(3)		230,349	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(31) BRAINERD COMMUNITY FOOD PANTRY 4315 BRAINERD RD, CHATTANOOGA, TN, 37411	62-0549369	501 (C)(3)		188,153	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(32) VALLEY VIEW STOREHOUSE 4657 SPRING PLACE RD. SE, CLEVELAND, TN, 37323	62-0535346	501(C)(3)		186,323	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(33) MT. ZION - LAFAYETTE 100 WOODLAND HILLS, CALHOUN, GA, 30701	58-2237845	501 (C)(3)		182,805	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(34) COMMUNITY FELLOWSHIP CHURCH 409 N. FREDRICK STREET, DALTON, GA, 30721	13-4266273	CHURCH		180,098	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(35) COPPER BASIN CRISIS CENTER (BAPTIST ASSOCIATION) 5260 HWY 64, COPPERHILL, TN, 37317	46-2798306	501(C)(3)		178,878	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(36) BLEDSOE COUNTY COMMUNITY FOOD BANK 384 CUMBERLAND STREET, PIKEVILLE, TN, 37367	47-2117694	509(A)(2)		166,315	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(37) GUILD FIRST BAPTIST CHURCH 219 HALES BAR RD, GUILD, TN, 37340	85-4330492	501(C)(3)		165,295	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(38) CALHOUN SDA CHURCH (GA) 1411 ROME RD SW, CALHOUN, GA, 30701	52-0643036	501 (C)(3)		155,877	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(39) METROPOLITAN MINISTRIES 4001 ROSSVILLE BLVD, CHATTANOOGA, TN, 37407	27-0203084	501 (C)(3)		130,631	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(40) HACOPA / HAMILTON COUNTY BAPTIST 4501 VIRGINIA AVE, CHATTANOOGA, TN, 37409	N/A	CHURCH		120,884	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(41) NORTH GEORGIA WORSHIP CENTER 23 BISHOP ROAD, WILDWOOD, GA, 30757	N/A	CHURCH		113,886	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(42) JOYFUL SOUND CHURCH OF GOD 3912 4TH AVE, CHATTANOOGA, TN, 37404	93-0839112	501 (C)(3)		112,952	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(43) LOVE THY NEIGHBOR PROJECT @ TWU 202 GREEN ST, ATHENS, TN, 37303	62-0476661	501(C)(3)		100,905	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(44) CLEVELAND CHURCH OF EVANGELICAL FAITH 131 BALDWIN ST., CLEVELAND, TN, 37311	N/A	CHURCH		100,486	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE

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(45) MORTON MEMORIAL UMC FOOD MINISTRY 322 WEST MAIN ST., MONTEAGLE, TN, 37356	36-2167731	501(C)(3)		98,926	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(46) FAITH MEMORIAL CHURCH 910 17TH ST NW, CLEVELAND, TN, 37311	38-3957951	501(C)(3)		95,276	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(47) GRACE CHURCH 401 PETERS STREET, CALHOUN, GA, 30701	N/A	CHURCH		94,500	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(48) VARNELL UMC 3485 HWY 2, COHUTTA, GA, 30710	58-1482307	501(C)(3)		94,127	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(49) FIRST UNITED METHODIST - DAYTON 993 MARKET ST., DAYTON, TN, 37321	36-2167731	501(C)(3)		92,332	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(50) VOLUNTARY ACTION CENTER (VAC) 343 SOUTH WALL STREET, CALHOUN, GA, 30701	58-0967972	501 (C)(3)		77,148	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(51) DALTON'S GREATER WORKS, INC 1001 S. THORNTON AVE., DALTON, GA, 30720	27-1708515	CHURCH		74,909	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(52) PROMISE LAND MINISTRIES 573 WEEKS RD, ELLIJAY, GA, 30540	47-3281197	170 (B)(1)		72,498	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(53) SOUL STATION MINISTRIES 3517 CHATTANOOGA RD, TUNNEL HILL, GA, 30755	26-1613552	170 (B)(1)		68,561	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(54) FIRST APOSTOLIC MINISTRIES 685 NEWTOWN RD NE, CALHOUN, GA, 30701	46-4116544	170 (B)(1)		66,505	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(55) THERE'S HOPE FOR THE HUNGRY INC.: WHITFIELD 2100 PEACHTREE PARKWAY, CUMMING, GA, 30041	46-1703091	170 (B)(1)		62,829	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(56) GARRETT'S CHAPEL BAPTIST CHURCH 3235 GARRETT'S CHAPEL RD, CHICKAMAUGA, GA, 30707	N/A	CHURCH		61,947	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(57) GILMER COMMUNITY FOOD PANTRY: SACK PACKS 5273 HIGHWAY 52 EAST, ELLIJAY, GA, 30536	58-2599399	509 (A)(1)		59,708	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(58) RHEA OF HOPE FOOD PANTRY 3314 RHEA COUNTY HWY., DAYTON, TN, 37321	N/A	501(C)(3)		58,531	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(59) CEMPA FOOD MARKET 1000 E 3RD STREET, CHATTANOOGA, TN, 37403	62-1325543	501 (C)(3)		58,360	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(60) SALVATION ARMY 1109 N THORNTON AVE, DALTON, GA, 30720	58-0660607	501(C)(3)		57,575	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE

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(61) WEBB CHAPEL CHURCH OF GOD 136 W. RHEA AVE, SPRING CITY, TN, 37381	N/A	501(C)(3)		55,135	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(62) CC INTERNATIONAL MINISTRIES INC. 3602 CHATTANOOGA RD, TUNNEL HILL, GA, 30755	81-3980634	501(C)(3)		54,845	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(63) CROSS POINTE CHURCH OF GOD 956 6TH STREET NE, CLEVELAND, TN, 37311	N/A	501(C)(3)		54,228	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(64) EVITT FOUNDATION: RTC 7154 NASHVILLE STREET, RINGGOLD, GA, 30736	20-1317650	N/A		49,905	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(65) LAFAYETTE HOUSING AUTHORITY 300 OAK ST., LAFAYETTE, GA, 30728	N/A	GOVERNMENT		49,513	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(66) ADULT AND TEEN CHALLENGE 1108 WEST 33RD STREET, CHATTANOOGA, TN, 37410	62-1022117	501 (C)(3)		48,839	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(67) REDEMPTION TO THE NATIONS CHURCH 1907 BAILEY AVENUE, CHATTANOOGA, TN, 37404	46-2452914	501(C)(3)		48,091	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(68) CHATT FOUNDATION 727 EAST 11TH STREET, CHATTANOOGA, TN, 37403	62-1151413	501 (C)(3)		47,608	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(69) SOUTHERN ADVENTIST UNIVERSITY - FEED MY SHEEP PANTRY 4881 TAYLOR CIRCLE, COLLEGEDALE, TN, 37315	62-0536733	501 (C)(3)		45,343	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(70) FIRST BAPTIST SPRING CITY 374 W. JACKSON AVE., SPRING CITY, TN, 37381	62-0535346	501(C)(3)		44,637	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(71) HHEH - EAST LAKE ACADEMY 2700 E. 34TH STREET, CHATTANOOGA, TN, 37407	81-3382807	501 (C)(3)		44,176	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(72) JASPER SDA CHURCH - HELPING HANDS PANTRY 888 HWY. 150, JASPER, TN, 37347	52-0643306	501(C)(3)		43,128	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(73) COALICION DE LIDERES LATINOS INC. 1523 E. MORRIS STREET, DALTON, GA, 30721	26-0210273	501(C)(3)		39,454	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(74) CHATTANOOGA VALLEY PRESBYTERIAN CHURCH 2853 CHATTANOOGA VALLEY ROAD, FLINTSTONE, GA, 30725	N/A	CHURCH		38,808	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(75) HHEH - RED BUD ELEMENTARY 4153 RED BUD ROAD NE, CALHOUN, GA, 30701	20-1426697	501 (C)(3)		37,931	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(76) LADIES WITH A MISSION 3191 S LEE HWY, MCDONALD, TN, 37353	99-2908539	501(C)(3)		37,840	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE

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(77) BX FOOD PANTRY (BRAINERD BAPTIST) 4011 AUSTIN ST, CHATTANOOGA, TN, 37411	62-0535346	501 (C)(3)		37,073	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(78) HHEH - ETON ELEMENTARY SCHOOL 829 HWY 286, CHATSWORTH, GA, 30705	20-1426697	501 (C)(3)		34,592	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(79) THERE'S HOPE FOR THE HUNGRY INC: MURRAY 2100 PEACHTREE PARKWAY, CUMMING, GA, 30041	46-1703091	170 (B)(1)		34,297	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(80) HHEH - ROAN SCHOOL 1116 ROAN STREET, DALTON, GA, 30721	20-1426697	501 (C)(3)		33,411	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(81) HHEH - NAOMI ELEMENTARY SCHOOL 4038 E. HWY. 136, LAFAYETTE, GA, 30728	20-1426697	501 (C)(3)		31,437	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(82) COLLEGE STREET CHURCH OF GOD 731 COLLEGE ST, CALHOUN, GA, 30701	N/A	CHURCH		31,435	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(83) RIVERS OF LIVING WATER MINISTRIES 943 6TH STREET NE, CLEVELAND, TN, 37311	N/A	CHURCH		30,893	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(84) WESTSIDE MISSIONARY BAPTIST CHURCH 4001 HUGHES AVE, CHATTANOOGA, TN, 37410	62-0809340	CHURCH		30,833	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(85) PINEY GROVE BAPTIST CHURCH 864 PINEY ROAD, TRENTON, GA, 30752	N/A	CHURCH		29,551	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(86) THE HAVEN 415 CHESTNUT ST, LAFAYETTE, GA, 30728	82-4852191	509 (A)(2)		29,408	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(87) HHEH - CHATSWORTH ELEMENTARY SCHOOL 500 GREEN ROAD, CHATSWORTH, GA, 30705	20-1426697	501 (C)(3)		26,285	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(88) JOE JOHNSON - RIDGECREST 27 2ND ST., MONTEAGLE, TN, 37356	62-1589440	501 (C)(3)		25,775	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(89) MANOUS COMMUNITY CENTER - BOWMAN HILLS SDA 1300 BENTON PIKE NE, CLEVELAND, TN, 37311	52-0643303	509(A)		25,031	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(90) ST. VINCENT DE PAUL - CALHOUN 875 HWY 53 WEST SW, CALHOUN, GA, 30701	N/A	CHURCH		24,024	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(91) HHEH - FAIRMOUNT ELEMENTARY 130 PEACHTREE STREET, FAIRMOUNT, GA, 30139	20-1426697	501 (C)(3)		23,969	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(92) BRAYTON COMMUNITY FOOD BANK 949 BRAYTON RD., GRAYSVILLE, TN, 37338	52-0643303	509(A)(2)		23,821	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE

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(93) SNACK IN A BACKPACK 2460 EAST 1ST STREET UNIT-C7, BLUE RIDGE, GA, 30513	90-0849068	170 (B)(1)		23,271	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(94) THANKFUL BAPTIST CHURCH 980 N ORCHARD KNOB AVE, CHATTANOOGA, TN, 37406	58-2560904	501 (C)(3)		23,209	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(95) HOUSING AUTHORITY OF DALTON 704 GIST PL, DALTON, GA, 30721	45-4506597	509 (A)(2)		23,183	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(96) FELLOWSHIP BAPTIST CHURCH (TN) 5335 CLEMONS RD, CHATTANOOGA, TN, 37412	N/A	CHURCH		22,903	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(97) PROVIDENCE MINISTRIES BLEDSOE - OUR MASTER'S CAMP 277 BOYS CAMP RD, PIKEVILLE, TN, 37367	58-1592141	501(C)(3)		22,477	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(98) ROCK BRIDGE WALKER 121 WEST CRAWFORD STREET, DALTON, GA, 30720	26-1828229	CHURCH		21,980	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(99) FATHER'S TABLE 7745 EAST BRAINERD ROAD, CHATTANOOGA, TN, 37421	62-0935617	33-1217626		21,646	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(100) HHEH - BLUE RIDGE ELEMENTARY 100 BOGLE STREET, DALTON, GA, 30721	20-1426697	501 (C)(3)		21,493	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(101) HHEH - SONORAVILLE ELEMENTARY 7320 FAIRMOUNT HWY SE, CALHOUN, GA, 30701	20-1426697	501 (C)(3)		21,355	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(102) PLEASANT GROVE BAPTIST 115 PLEASANT GROVE RD, ELLIJAY, GA, 30540	N/A	CHURCH		21,245	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(103) HHEH - LMES 403 DOT JOHNSON DR, TRION, GA, 30747	20-1426697	501 (C)(3)		21,228	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(104) MARION COUNTY COMMUNITY MINISTRIES 300 CORNERSTONE DRIVE, JASPER, TN, 37347	62-1757532	501(C)(3)		20,893	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(105) HHEH - ROCK SPRING ELEMENTARY 372 HWY 95, ROCK SPRING, GA, 30739	20-1426697	501 (C)(3)		20,712	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(106) DAILY BREAD FOOD MINISTRY - ENGLEWOOD 102 SOUTH NIOTA RD, ENGLEWOOD, TN, 37329	62-1191743	501(C)(3)		19,897	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(107) ST. THADDAEUS EPISCOPAL 4300 LOCKSLEY LANE, CHATTANOOGA, TN, 37416	62-1218955	501 (C)(3)		18,926	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(108) FIVE SPRINGS METHODIST CHURCH 2823 FIVE SPRINGS RD., DALTON, GA, 30720	N/A	CHURCH		18,876	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(109) CONASAUGA KIDNEY CARE 1006 PROFESSIONAL BLVD, DALTON, GA, 30720	58-1883773	N/A		18,383	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(110) PLEASANT HILL UMC 4686 W ARMUCHEE RD, SUMMERVILLE, GA, 30747	58-1643490	501 (C)(3)		18,318	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(111) HHEH - PARK CREEK ELEMENTARY 1500 HALE BOWEN DR, DALTON, GA, 30721	20-1426697	501 (C)(3)		18,047	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(112) HHEH - SPRING PLACE ELEMENTARY 2795 LEONARD BRIDGE ROAD, CHATSWORTH, GA, 30705	20-1426697	501 (C)(3)		17,895	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(113) HHEH - CITY PARK ELEMENTARY SCHOOL 405 SCHOOL STREET, DALTON, GA, 30720	20-1426697	501 (C)(3)		17,637	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(114) HHEH - WOODLAWN ELEMENTARY SCHOOL 4580 HIGHWAY 225 N, CHATSWORTH, GA, 30705	20-1426697	501 (C)(3)		17,388	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(115) OGDEN ROAD SDA CHURCH 3235 OGDEN RD, DAYTON, TN, 37321	52-0643303	501(C)(3)		17,384	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(116) MOUNTAIN TOP BOYS HOME 65 MOUNTAIN TOP WAY, SUGAR VALLEY, GA, 30746	58-1340880	170 (B)(1)		16,181	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(117) ROCK BRIDGE MURRAY 40 BOWTIE BLVD, CHATSWORTH, GA, 30705	26-1828229	CHURCH		16,149	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(118) NO GA COMM ACTION: CHICKAMAUGA 414 WEST 14TH STREET, CHICKAMAUGA, GA, 30707	58-1204839	170 (B)(1)		16,135	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(119) RINGGOLD UMC (NCIC) 7484 NASHVILLE ST., RINGGOLD, GA, 30736	58-1371712	CHURCH		16,008	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(120) EAST BRAINERD CHURCH OF CHRIST - SP 7745 EAST BRAINERD RD, CHATTANOOGA, TN, 37421	62-0935617	CHURCH		15,830	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(121) MOUNT VERNON UMC 597 LAFAYETTE ROAD, ROCKY FACE, GA, 30740	N/A	CHURCH		15,614	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(122) SOUTH CLEVELAND CHURCH OF GOD 1846 VOLUNTEER DR., CLEVELAND, TN, 37311	N/A	501(C)(3)		15,533	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(123) HOMELAND BAPTIST CHURCH 472 TREADWELL RD, CHATSWORTH, GA, 30705	N/A	CHURCH		14,963	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(124) HHEH - BELWOOD ELEMENTARY 590 BELWOOD RD, CALHOUN, GA, 30701	20-1426697	501 (C)(3)		14,954	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(125) HHEH - SUMMERVILLE MIDDLE 200 MIDDLE SCHOOL RD, SUMMERVILLE, GA, 30747	20-1426697	501 (C)(3)		14,170	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(126) HHEH - TRION 919 ALLGOOD STREET, TRION, GA, 30753	20-1426697	501 (C)(3)		14,117	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(127) MT. ZION BAPTIST CHURCH 5205 WASSOM MEMORIAL HWY, GRANDVIEW, TN, 37337	N/A	CHURCH		13,956	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(128) MCNABB CENTER (1408 BAILEY) 1408 BAILEY AVE, CHATTANOOGA, TN, 37404	62-0548914	501 (C)(3)		13,162	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(129) OUR DAILY BREAD, INC. - SPRING CITY 359 FRONT STREET, SPRING CITY, TN, 37381	20-2925233	501(C)(3)		12,986	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(130) HHEH - SONORAVILLE HIGH 7340 FAIRMOUNT HWY SE, CALHOUN, GA, 30701	20-1426697	501 (C)(3)		12,959	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(131) HHEH - DADE COUNTY HIGH SCHOOL 300 TRADITION LN, TRENTON, GA, 30752	20-1426697	501 (C)(3)		12,878	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(132) COMPASSION HOUSE INC 901 CHESTER ST., DALTON, GA, 30721	02-0789044	501(C)(3)		12,632	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(133) CONCORD BAPTIST CHURCH 9414 FAIRMOUNT HWY SE, FAIRMOUNT, GA, 30139	27-1906055	501(C)(3)		12,390	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(134) CALHOUN UMC (TN) 836 HWY 163, CALHOUN, TN, 37309	36-2167731	501(C)(3)		12,133	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(135) SALEM BAPTIST CHURCH 1448 PLEASANT GROVE DRIVE NE, DALTON, GA, 30721	N/A	CHURCH		11,778	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(136) ISAIAH HOUSE 1242 OLD HWY 5 SOUTH, ELLIJAY, GA, 30540	20-1329902	170 (B)(1)		11,508	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(137) THE BETHLEHEM CENTER 200 W 38TH ST, CHATTANOOGA, TN, 37410	62-6066210	501 (C)(3)		11,142	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(138) WHITFIELD COUNTY SENIOR LIFE SERVICES 1419 ROSS DRIVE, DALTON, GA, 30722	58-1204839	170 (B)(1)		10,630	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(139) ABUNDANT BLESSINGS FOOD MINISTRIES 1807 BLYTHE AVE., CLEVELAND, TN, 37311	N/A	501(C)(3)		10,497	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(140) ABBA'S HOUSE, INC. 5208 HIXSON PIKE, HIXSON, TN, 37343	88-2622056	501(C)(3)		10,445	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(141) CENTRAL CH OF CHRIST - DALTON 515 N. TIBBS RD, DALTON, GA, 30721	58-1767541	501 (C)(3)		10,233	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(142) CLEVELAND STATE COMMUNITY COLLEGE 3535 ADKISSON DR., CLEVELAND, TN, 37312	23-7148122	501(C)(3)		9,877	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(143) MCFARLAND HILL BAPTIST CHURCH 307 BRICKYARD RD, DALTON, GA, 30721	N/A	CHURCH		9,858	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(144) HHEH - SWAIN ELEMENTARY 2505 ROME RD. SW, PLAINVILLE, GA, 30733	20-1426697	501 (C)(3)		9,264	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(145) SALVATION ARMY - CAC SOCIAL SERVICES P.O. BOX 3359, CHATTANOOGA, TN, 37404	58-0660607	501(C)(3)		9,236	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(146) HHEH - TOLBERT ELEMENTARY 1435 HALL MEMORIAL RD, RESACA, GA, 30732	20-1426697	501 (C)(3)		9,051	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(147) MP-HIGHLAND COMMUNITY CHURCH 663 RAILROAD AVE, TRACY CITY, TN, 37387	N/A	CHURCH		8,804	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(148) HOPEWELL BAPTIST CHURCH 3527 AIRPORT RD., DALTON, GA, 30721	58-1737965	CHURCH		8,747	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(149) AMERICAN LEGION BATTLEFIELD POST 214 540 PARK CITY ROAD, ROSSVILLE, GA, 30741	33-1185737	501 (C)(19)		8,630	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(150) MCNABB CENTER (1411 BAILEY) 1411 BAILEY AVE, CHATTANOOGA, TN, 37404	62-0548914	501 (C)(3)		8,436	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(151) MORGANTON BAPTIST CHURCH 9511 OLD HWY 76, MORGANTON, GA, 30560	58-2433051	501 (C)(3)		8,338	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(152) MCNABB CENTER (1508 OLD RINGGOLD) 1508 OLD RINGGOLD ROAD, CHATTANOOGA, TN, 37404	62-0548914	501 (C)(3)		7,864	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(153) HHEH - ASHWORTH MIDDLE 9227, 333 NEWTON RD NE, CALHOUN, GA, 30701	20-1426697	501 (C)(3)		7,830	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(154) VICTORY BAPTIST CHURCH 1013 LAFAYETTE RD, ROSSVILLE, GA, 30741	N/A	CHURCH		7,664	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(155) THERE'S HOPE FOR THE HUNGRY INC: FANNIN 2100 PEACHTREE PARKWAY, CUMMING, GA, 30041	46-1703091	170 (B)(1)		7,594	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(156) FAMILY WORSHIP CENTER OF CLEVELAND 4271 DALTON PIKE SE, CLEVELAND, TN, 37323	N/A	CHURCH		6,578	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(157) CROSS ROAD CHRISTIAN 9155 HWY 52 E., ELLIJAY, GA, 30536	22-3914408	501 (C)(3)		5,838	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(158) WESLEY MEMORIAL CHURCH - SACK PACK 3405 PEERLESS RD, CLEVELAND, TN, 37312	92-3785855	501(C)(3)		5,732	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(159) ST. ELMO UMC 4626 SAINT ELMO AVE, CHATTANOOGA, TN, 37409	36-2167731	501 (C)(3)		5,456	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(160) ROCK BRIDGE HIXSON 3001 HAMILL RD, HIXSON, TN, 37343	13-4148824	CHURCH		5,440	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(161) GRACE BIBLE BAPTIST FOOD BANK 1061 MAIN STREET, DUNLAP, TN, 37327	N/A	CHURCH		5,296	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(162) YMCA - NORTH GEORGIA 1735 BATTLEFIELD PARKWAY, FORT OGLETHORPE, GA, 30742	62-0475699	101(6)		5,283	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE
(163) HHEH - LYERLY 150 OAK HILL RD, LYERLY, GA, 30730	20-1426697	501 (C)(3)		5,219	FMV = LBS OF FOOD X \$1.72	FOOD ASSISTANCE	FOOD ASSISTANCE

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE VALUE OF THE GRANTS ARE SPECIFIC TO DONATED FOOD DISTRIBUTED TO OTHER NOT-FOR-PROFIT AGENCIES. THE AGENCIES ARE MONITORED ON A REGULAR BASIS TO ENSURE FOOD SAFETY CONDITIONS ARE ADEQUATE AND SIGNATURE LOGS OR RECIPIENTS ARE KEPT WHEN REQUIRED.
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	COMMUNITY RESOURCE CENTER OF CHATTOOGA 50 ELEANOR AVE, SUMMERVILLE, GA, 30747
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	PROJECT RESCUE 8310 STANDIFER GAP RD, CHATTANOOGA, TN, 37421
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	LEE UNIVERSITY - LEONARD CENTER CAMPUS PANTRY 1600 PARKER STREET, CLEVELAND, TN, 37311
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	GRUNDY COUNTY FOOD BANK 114 S. INDUSTRIAL PARK RD., COALMONT, TN, 37313
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	HERE I AM, INC 105 NORTH CHATTANOOGA STREET, LAFAYETTE, GA, 30728
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	FANNIN CO. FAMILY CONNECTION 501 FANNIN INDUSTRIAL PARK, BLUE RIDGE, GA, 30513
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	PROVIDENCE MINISTRIES, INC: FMV = LBS OF FOOD X \$1.72
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	COMMUNITY RESOURCE CENTER OF CHATTOOGA: FMV = LBS OF FOOD X \$1.72
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	APISON FOOD PANTRY: FMV = LBS OF FOOD X \$1.72
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	PROJECT RESCUE: FMV = LBS OF FOOD X \$1.72
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	CHRIST'S CHAPEL SHARE AND CARE MISSION: FMV = LBS OF FOOD X \$1.72
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	LEE UNIVERSITY - LEONARD CENTER CAMPUS PANTRY: FMV = LBS OF FOOD X \$1.72
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	GILMER COMMUNITY FOOD PANTRY: FMV = LBS OF FOOD X \$1.72
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	GRUNDY COUNTY FOOD BANK: FMV = LBS OF FOOD X \$1.72
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	HERE I AM, INC: FMV = LBS OF FOOD X \$1.72
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	FANNIN CO. FAMILY CONNECTION: FMV = LBS OF FOOD X \$1.72
SCHEDULE I, PART II, COLUMN F - METHOD OF VALUATION	ROSSVILLE CHURCH OF CHRIST: FMV = LBS OF FOOD X \$1.72

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CHATTANOOGA AREA FOOD BANK, INC.

Employer identification number

62-0867645

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	✓
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	MELISSA BLEVINS	(i) 181,614	(ii) 0	(iii) 0	5,431	7,193	194,238	0
	PRESIDENT AND CEO	(ii) 0	(ii) 0	(ii) 0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CHATTANOOGA AREA FOOD BANK, INC.

Employer identification number

62-0867645

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art			
2	Art—Historical treasures			
3	Art—Fractional interests			
4	Books and publications			
5	Clothing and household goods			
6	Cars and other vehicles			
7	Boats and planes			
8	Intellectual property			
9	Securities—Publicly traded			
10	Securities—Closely held stock			
11	Securities—Partnership, LLC, or trust interests			
12	Securities—Miscellaneous			
13	Qualified conservation contribution—Historic structures			
14	Qualified conservation contribution—Other			
15	Real estate—Residential			
16	Real estate—Commercial			
17	Real estate—Other			
18	Collectibles			
19	Food inventory	✓	28,753,811	MARKET VALUE
20	Drugs and medical supplies			
21	Taxidermy			
22	Historical artifacts			
23	Scientific specimens			
24	Archeological artifacts			
25	Other (.)			
26	Other (.)			
27	Other (.)			
28	Other (.)			

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0
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	Yes	No
30a		✓
31		✓
32a		✓
33		

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Chattanooga Area Food Bank, Inc.

Employer identification number

62-0867645

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	DIRECTORS AND BOARD MEMBERS COMPLETE A FORM ANNUALLY TO INDICATE THEY REVIEWED AND ABIDE BY THE CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	COMPENSATION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES IS SUBJECT TO REVIEW AND APPROVAL BY THE HUMAN RESOURCES COMMITTEE AND BOARD OF DIRECTORS. THE FEEDING AMERICA SALARY SURVEY IS ALSO USED IN SETTING THE EXECUTIVE DIRECTOR'S COMPENSATION.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	COMPENSATION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES IS SUBJECT TO REVIEW AND APPROVAL BY THE HUMAN RESOURCES COMMITTEE AND BOARD OF DIRECTORS. THE FEEDING AMERICA SALARY SURVEY IS ALSO USED IN SETTING THE EXECUTIVE DIRECTOR'S COMPENSATION.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE FINANCIAL STATEMENTS AND ANNUAL REPORT ARE AVAILABLE ON THE ORGANIZATION'S WEB PAGE. GOVERNING DOCUMENTS AND POLICIES ARE OPEN TO PUBLIC INSPECTION AT THE CHATTANOOGA OFFICE UPON REQUEST.
FORM 990, PART XII, LINE 2C - CHANGE OF OVERSIGHT PROCESS OR SELECTION PROCESS	THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.