

EXTENDED TO NOVEMBER 15, 2023

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public  
Inspection

A For the 2022 calendar year, or tax year beginning

and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization <b>THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.</b>		D Employer identification number <b>62-6045999</b>
	Doing business as		E Telephone number <b>(423) 265-0586</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ <b>86,364,116.</b>
	<b>1400 WILLIAMS ST.</b>		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	City or town, state or province, country, and ZIP or foreign postal code <b>CHATTANOOGA, TN 37408</b>		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions
F Name and address of principal officer: <b>MAEGHAN JONES</b> <b>1400 WILLIAMS STREET, CHATTANOOGA, TN 37408</b>		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527			
J Website: <b>WWW.CFGC.ORG</b>			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: <b>1963</b> M State of legal domicile: <b>TN</b>	

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>TO INSPIRE GIVING AND ENCOURAGE ACTION TO IMPROVE LIVES IN THE GREATER CHATTANOOGA AREA.</b>		
	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	13
	6	Total number of volunteers (estimate if necessary)	6	38
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	38,300.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	4,886.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 38,362,556.	Current Year 26,354,518.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,516,947.	16,712,714.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	227,260.	89,167.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,106,763.	43,156,399.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,337,756.	23,169,357.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,227,654.	1,500,808.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	233,961.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,549,499.	1,480,226.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,114,909.	26,150,391.
19	Revenue less expenses. Subtract line 18 from line 12	25,991,854.	17,006,008.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 242,437,300.	End of Year 209,491,622.
	21	Total liabilities (Part X, line 26)	8,206,843.	6,487,543.
	22	Net assets or fund balances. Subtract line 21 from line 20	234,230,457.	203,004,079.

## Part II Signature Block

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

Sign Here	Signature of officer <i>Maeghan Jones</i>		Date <i>11/14/23</i>		
	MAEGHAN JONES, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <b>MATTHEW T. HISEY</b>	Preparer's signature <b>MATTHEW T. HISEY</b>	Date <b>11/10/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01293572</b>
	Firm's name <b>MAULDIN &amp; JENKINS, LLC</b>	Firm's EIN <b>58-0692043</b>	Phone no. <b>423-756-6133</b>		
Firm's address <b>200 W M.L.K. BLVD, STE 1100 CHATTANOOGA, TN 37402-1239</b>					

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

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

- 1** Briefly describe the organization's mission:  
**TO INSPIRE GIVING AND ENCOURAGE ACTION TO IMPROVE LIVES IN THE GREATER CHATTANOOGA AREA.**
- 
- 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 \$ **23,496,946.** including grants of \$ **23,169,357.** ) (Revenue \$ )  
**PROVIDING SCHOLARSHIPS AND FUNDS FOR AREA BEAUTIFICATION, DOWNTOWN DEVELOPMENT, HEALTH RELATED ISSUES, CIVIC AND CULTURAL IMPROVEMENTS, AND EDUCATIONAL AND HUMANITARIAN PROGRAMS.**
- 
- 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 **23,496,946.**

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>X</b>	
<b>3</b> 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>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>		<b>X</b>
<b>5</b> 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>		<b>X</b>
<b>6</b> 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>	<b>X</b>	
<b>7</b> 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>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> 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>		<b>X</b>
<b>10</b> 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>	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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>	<b>X</b>	
<b>b</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>	<b>X</b>	
<b>c</b> 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>		<b>X</b>
<b>d</b> 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>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> 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>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<b>X</b>
<b>b</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>	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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>		<b>X</b>
<b>15</b> 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>		<b>X</b>
<b>16</b> 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>		<b>X</b>
<b>17</b> 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>		<b>X</b>
<b>18</b> 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>		<b>X</b>
<b>19</b> 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>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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>	<b>X</b>	

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> 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>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 149	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b> 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	<b>2a</b> 13		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	<b>X</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>	
<b>b</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>	<b>3b</b>	<b>X</b>	
<b>4a</b> 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)?	<b>4a</b>		<b>X</b>
<b>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		<b>X</b>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		<b>X</b>
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		<b>X</b>
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		<b>X</b>
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		<b>X</b>
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		<b>X</b>
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		<b>X</b>
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		<b>X</b>
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		<b>X</b>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> 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? <i>If "Yes," see the instructions and file Form 4720, Schedule N.</i>	<b>15</b>		<b>X</b>
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>	<b>16</b>		<b>X</b>
<b>17 Section 501(c)(21) organizations.</b> 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? <i>If "Yes," complete Form 6069.</i>	<b>17</b>		



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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <span style="float:right"><b>1a</b> 16</span>			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent ..... <span style="float:right"><b>1b</b> 16</span>			
<b>2</b> 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? .....	<b>2</b>		<b>X</b>
<b>3</b> 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? .....	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>		<b>X</b>
<b>7a</b> 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? .....	<b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? .....	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	<b>X</b>	
<b>9</b> 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 .....	<b>9</b>		<b>X</b>

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed TN

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, 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  
**MAEGHAN JONES - (423) 265-0586**  
**1400 WILLIAMS ST., CHATTANOOGA, TN 37408**

**THE COMMUNITY FOUNDATION OF GREATER  
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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 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) MAEGHAN JONES PRESIDENT AND CEO	40.00			X				200,649.	0.	30,131.
(2) CHARLIE BROCK CHAIR	1.00	X		X				0.	0.	0.
(3) BEN BROWN DIRECTOR	1.00	X						0.	0.	0.
(4) GENE GEIGER DIRECTOR	1.00	X						0.	0.	0.
(5) DANIELA PETERSON DIRECTOR	1.00	X						0.	0.	0.
(6) ANSLEY MOSES SECRETARY	1.00			X				0.	0.	0.
(7) DR. RUTH LIU VICE CHAIR	1.00	X		X				0.	0.	0.
(8) DR. SHEWANEE HOWARD-BAPTISTE DIRECTOR	1.00	X						0.	0.	0.
(9) ANDREA HARDAWAY DIRECTOR	1.00	X						0.	0.	0.
(10) DR. DAVE BHATTACHARYA DIRECTOR	1.00	X						0.	0.	0.
(11) RAY RYAN DIRECTOR	1.00	X						0.	0.	0.
(12) GREG WILLET DIRECTOR	1.00	X						0.	0.	0.
(13) DR LE ANDREA WARE DIRECTOR	1.00	X						0.	0.	0.
(14) SKIP SCHWARTZ DIRECTOR	1.00	X						0.	0.	0.
(15) RONDELL CRIER DIRECTOR	1.00	X						0.	0.	0.
(16) CHERYL KEY VICE CHAIR	1.00	X		X				0.	0.	0.
(17) LORIE RUNGE TREASURER	1.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 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			
(18) DALLAS JOSEPH VICE CHAIR	1.00	X		X				0.	0.	0.
<b>1b Subtotal</b> .....								200,649.	0.	30,131.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								200,649.	0.	30,131.

**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 1

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

**Section B. Independent Contractors**

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

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

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



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**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	131,192.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	26,223,326.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 13,274,768.				
	<b>h Total.</b> Add lines 1a-1f .....		26,354,518.				
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			3,669,381.		68,792.	3600589.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	43,207,717.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	13,043,333.				
	<b>d</b> Net gain or (loss) .....		13,043,333.				
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
	<b>b</b> Less: direct expenses .....	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
	<b>b</b> Less: direct expenses .....	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	<b>11 a</b> OTHER INCOME .....		561499	89,167.	89,167.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		89,167.				
<b>12 Total revenue.</b> See instructions .....				43,156,399.	89,167.	38,300.	16674414.

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**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	22,290,450.	22,290,450.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	878,907.	878,907.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	198,931.	49,733.	69,626.	79,572.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,005,068.	215,628.	672,684.	116,756.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	211,710.	43,261.	143,691.	24,758.
<b>10</b> Payroll taxes	85,099.	18,967.	53,257.	12,875.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	35,595.		35,595.	
<b>c</b> Accounting	27,000.		27,000.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	957,268.		957,268.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	29,067.		29,067.	
<b>12</b> Advertising and promotion	76,615.		76,615.	
<b>13</b> Office expenses	35,275.		35,275.	
<b>14</b> Information technology	97,542.		97,542.	
<b>15</b> Royalties				
<b>16</b> Occupancy	24,653.		24,653.	
<b>17</b> Travel	14,514.		14,514.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	51,261.		51,261.	
<b>20</b> Interest	36,920.		36,920.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	52,672.		52,672.	
<b>23</b> Insurance	16,006.		16,006.	
<b>24</b> 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.)				
<b>a DUES AND SUBSCRIPTIONS</b>	23,717.		23,717.	
<b>b EQUIPMENT MAINTENANCE</b>	11,854.		11,854.	
<b>c POSTAGE AND SHIPPING</b>	6,583.		6,583.	
<b>d MISCELLANEOUS</b>	-16,316.		-16,316.	
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	26,150,391.	23,496,946.	2,419,484.	233,961.
<b>26 Joint costs.</b> 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)				

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**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	152,760.	<b>1</b>	225,799.
	<b>2</b> Savings and temporary cash investments .....	27,334,642.	<b>2</b>	34,421,819.
	<b>3</b> Pledges and grants receivable, net .....	21,765,748.	<b>3</b>	16,762,948.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	2,377,024.		
	<b>b</b> Less: accumulated depreciation .....	226,113.	<b>10c</b>	2,150,911.
	<b>11</b> Investments - publicly traded securities .....	144,226,766.	<b>11</b>	120,736,517.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	46,832,014.	<b>12</b>	35,167,274.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	141,032.	<b>15</b>	26,354.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	242,437,300.	<b>16</b>	209,491,622.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	371,653.	<b>17</b>	620,826.
	<b>18</b> Grants payable .....	1,424,955.	<b>18</b>	399,158.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	980,674.	<b>23</b>	837,114.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	5,429,561.	<b>25</b>	4,630,445.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	8,206,843.	<b>26</b>	6,487,543.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	174,542,968.	<b>27</b>	152,643,473.
	<b>28</b> Net assets with donor restrictions .....	59,687,489.	<b>28</b>	50,360,606.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	234,230,457.	<b>32</b>	203,004,079.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	242,437,300.	<b>33</b>	209,491,622.

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	43,156,399.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	26,150,391.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	17,006,008.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	234,230,457.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-43,236,780.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-4,995,606.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	203,004,079.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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>2a</b>	<b>X</b>
<b>b</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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b>	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.	<b>2c</b>	<b>X</b>
<b>3a</b>	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>3a</b>	<b>X</b>
<b>b</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 _____	<b>3b</b>	

Form **990** (2022)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.**

Employer identification number  
**62-6045999**

**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)(vi).** (Complete Part II.)
- 9** An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11** An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12** An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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		
<b>Total</b>						

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	28376919.	41377436.	27105273.	38362556.	26354518.	161576702
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	28376919.	41377436.	27105273.	38362556.	26354518.	161576702
<b>5</b> 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) .....						49353367.
<b>6 Public support.</b> Subtract line 5 from line 4.						112223335

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	28376919.	41377436.	27105273.	38362556.	26354518.	161576702
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1238283.	2120209.	2516790.	2469822.	3600589.	11945693.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....				199,943.	38,300.	238,243.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	154,201.	139,751.	44,287.	227,260.	89,167.	654,666.
<b>11 Total support.</b> Add lines 7 through 10						174415304
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	64.34	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	70.11	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV** Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

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

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

**THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.**

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

### Supplemental Information.

[illegible]



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.**

Employer identification number  
**62-6045999**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	189	
2 Aggregate value of contributions to (during year) .....	23,376,854.	
3 Aggregate value of grants from (during year) .....	17,909,389.	
4 Aggregate value at end of year .....	76,015,302.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
Protection of natural habitat ☐ Preservation of a certified historic structure  
Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ..... Yes No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

(ii) Assets included in Form 990, Part X ..... \$ .....

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

a Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

b Assets included in Form 990, Part X ..... \$ .....

<b>Part III</b>	<b>Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets</b> <i>(continued)</i>
-----------------	---

- 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
<b>c</b> Beginning balance .....	<b>1c</b>
<b>d</b> Additions during the year .....	<b>1d</b>
<b>e</b> Distributions during the year .....	<b>1e</b>
<b>f</b> Ending balance .....	<b>1f</b>

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ..... ☐ **Yes** ☐ **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ..... ☐

<b>Part V</b>	<b>Endowment Funds.</b> 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
<b>1a</b> Beginning of year balance .....	32,338,876.	27,078,260.	10,293,291.	1,171,277.	1,268,944.
<b>b</b> Contributions .....	7,194.	1,900,775.	16,980,293.	8,499,440.	
<b>c</b> Net investment earnings, gains, and losses	-3,479,126.	4,136,848.	382,465.	657,718.	-92,303.
<b>d</b> Grants or scholarships .....	655,300.	777,007.	577,789.	35,144.	5,364.
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance	28,211,644.	32,338,876.	27,078,260.	10,293,291.	1,171,277.

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

- |   |                                     |       |   |
|---|-------------------------------------|-------|---|
| a | Board designated or quasi-endowment | .0000 | % |
| b | Permanent endowment                 | 100   | % |
| c | Term endowment                      | .0000 | % |

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
3a(i)		X
3a(ii)		X
3b		

- (i) Unrelated organizations .....
- (ii) Related organizations .....
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

<b>Part VI</b>	<b>Land, Buildings, and Equipment.</b>
----------------	--

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
<b>1a</b> Land .....		735,067.		735,067.
<b>b</b> Buildings .....		1,308,573.	130,987.	1,177,586.
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		129,787.	95,126.	34,661.
<b>e</b> Other .....		203,597.		203,597.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				2,150,911.

Schedule D (Form 990) 2022

**THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.**

Schedule D (Form 990) 2022

62-6045999 Page **3**

**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) LIMITED PARTNERSHIPS	18,883,601.	END-OF-YEAR MARKET VALUE
(B) GLOBAL HEDGE FUNDS	14,178,114.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE FUNDS	1,084,248.	END-OF-YEAR MARKET VALUE
(D) OTHER	1,021,311.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>35,167,274.</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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENTS	4,630,445.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>4,630,445.</b>

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

**Schedule D (Form 990) 2022**

**THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.**

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	-6,033,255.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	-43,236,780.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	-4,995,606.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	-48,232,386.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	42,199,131.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	957,268.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	957,268.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	43,156,399.

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	25,193,123.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	25,193,123.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	957,268.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	957,268.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	26,150,391.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

ENDOWMENT FUNDS ARE INTENDED TO PROVIDE SCHOLARSHIPS AND SUPPORT TO  
VARIOUS ORGANIZATIONS IN HAMILTON COUNTY FOR AREA BEAUTIFICATION, DOWNTOWN  
DEVELOPMENT, HEALTH RELATED ISSUES, CIVIC AND CULTURAL IMPROVEMENTS, AND  
EDUCATIONAL AND HUMANITARIAN PROGRAMS.

**PART X, LINE 2:**

THE FOUNDATION FOLLOWS THE STATUTORY REQUIREMENTS FOR ITS INCOME TAX  
ACCOUNTING AND GENERALLY AVOIDS RISKS ASSOCIATED WITH POTENTIAL  
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

**Part XIII** Supplemental Information *(continued)*

THE FOUNDATION'S NON-TAXABLE STATUS WOULD NOT HAVE A MATERIAL EFFECT ON  
THE FOUNDATION'S CONSOLIDATED FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS,  
THE FOUNDATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS BY TAX AUTHORITIES  
FOR YEARS BEFORE 2019.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF CONTRIBUTIONS RECEIVABLE -4,995,606.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.**

Employer identification number  
**62-6045999**

**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
A STEP AHEAD FOUNDATION CHATTANOOGA, INC. - P. O. BOX 4212 - CHATTANOOGA, TN 37405	46-3740551	501(C)(3)	10,000.	0.			UNRESTRICTED
A STEP AHEAD FOUNDATION CHATTANOOGA, INC. - P. O. BOX 4212 - CHATTANOOGA, TN 37405	46-3740551	501(C)(3)	16,500.	0.			FOSTERING HEALTHY COMMUNITIES THROUGH CONTRACEPTIVE ACCESS
A STEP AHEAD FOUNDATION CHATTANOOGA, INC. - P. O. BOX 4212 - CHATTANOOGA, TN 37405	46-3740551	501(C)(3)	10,000.	0.			UNRESTRICTED
AIM CENTER, INC. 472 WEST M. L. KING BLVD CHATTANOOGA, TN 37402	58-1718368	501(C)(3)	15,000.	0.			UNRESTRICTED
AIM CENTER, INC. 472 WEST M. L. KING BLVD CHATTANOOGA, TN 37402	58-1718368	501(C)(3)	15,000.	0.			2022 SPRING CARING & INCLUSION
AIM CENTER, INC. 472 WEST M. L. KING BLVD CHATTANOOGA, TN 37402	58-1718368	501(C)(3)	7,500.	0.			ANNUAL UNRESTRICTED

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **368.**

**3** Enter total number of other organizations listed in the line 1 table **15.**

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS



**THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.**

Schedule I (Form 990)

**62-6045999**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIM CENTER, INC. 472 WEST M. L. KING BLVD CHATTANOOGA, TN 37402	58-1718368	501(C)(3)	7,500.	0.			EXPANSION OF CARE TO THE UNINSURED
AMERICAN CANCER SOCIETY P.O. BOX 332047 NASHVILLE, TN 37203	13-1788491	501(C)(3)	7,404.	0.			2022 ANNUAL DISTRIBUTION
AMERICAN HEART ASSOCIATION - CHATTANOOGA - 519 EAST 4TH STREET - CHATTANOOGA, TN 37403	13-5613797	501(C)(3)	7,404.	0.			2022 ANNUAL DISTRIBUTION
AMERICAN RIVERS, INC. 1101 14TH STREET NW, SUITE 1400 WASHINGTON, DC 20005	23-7305963	501(C)(3)	10,000.	0.			UNRESTRICTED
AMERICANS WHO TELL THE TRUTH 46 BRIDGE RD BROOKSVILLE, ME 04617-3823	56-2672793	501(C)(3)	8,000.	0.			MAINE TEACHER WORKSHOP
ANIMAL CARE TRUST (MCKAMEY ANIMAL CENTER) - 4500 NORTH ACCESS ROAD - CHATTANOOGA, TN 37415	01-0824858	501(C)(3)	10,000.	0.			SPAY YOUR MOMMA SPAY/NEUTERING PROGRAM
ANIMAL CARE TRUST (MCKAMEY ANIMAL CENTER) - 4500 NORTH ACCESS ROAD - CHATTANOOGA, TN 37415	01-0824858	501(C)(3)	5,332.	0.			UNRESTRICTED
ARAMARK CORPORATION/UTC DINING SERVICES - 251 UNIVERSITY CENTER 615 MCCALLIE AVENUE - CHATTANOOGA, TN 37403	95-2051630	OTHER	5,859.	0.			FOOD FOR BOYS LEADERSHIP SUMMIT
ARTSBUILD 301 E. 11TH ST. SUITE 300 CHATTANOOGA, TN 37403	23-7005188	501(C)(3)	17,000.	0.			UNRESTRICTED

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.**

Schedule I (Form 990)

**62-6045999**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTSBUILD 301 E. 11TH ST. SUITE 300 CHATTANOOGA, TN 37403	23-7005188	501(C)(3)	25,000.	0.			\$10,000 FOR PROJECT DANCE, \$7,500 FOR OPPORTUNITY FELLOWS, \$7,500 FOR LOCAL ARTIST
ASSOCIATION FOR VISUAL ARTS 30 FRAZIER AVE CHATTANOOGA, TN 37405	58-1728801	501(C)(3)	6,000.	0.			SPONSORSHIP OF 4 BRIDGES ARTS FESTIVAL FOR LISA BROCK BEST IN SHOW AWARDS
ASSOCIATION OF BLACK FOUNDATION EXECUTIVES - 55 EXCHANGE PLACE, SUITE 401 - NEW YORK, NY 10005	23-7156531	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
ATHENS-MCMINN FAMILY YMCA P.O. BOX 376 ATHENS, TN 37371	62-0586361	501(C)(3)	25,000.	0.			YCAP PROGRAM
AUSTIN HATCHER FOUNDATION FOR PEDIATRIC CANCER - 1705 S. HOLTZCLAW AVE. - CHATTANOOGA, TN 37404	20-8065108	501(C)(3)	16,500.	0.			PSYCHOSOCIAL CARE THROUGH MENTAL HEALTH AND WELL-BEING
AVONDALE SDA SCHOOL 1201 N ORCHARD KNOB AVE CHATTANOOGA, TN 37406	62-1217369	501(C)(3)	30,000.	0.			PLAYGROUND EQUIPMENT
BATON ROUGE YOUTH COALITION, INC. 448 NORTH 11TH STREET BATON ROUGE, LA 70802	26-2477597	501(C)(3)	10,000.	0.			ECONOMIC EQUITY PROGRAM
BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD CHATTANOOGA, TN 37405	62-0126365	501(C)(3)	10,000.	0.			2021/2022 BAYLOR FUND
BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD CHATTANOOGA, TN 37405	62-0126365	501(C)(3)	35,000.	0.			UNRESTRICTED QUARTERLY DISTRIBUTION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD CHATTANOOGA, TN 37405	62-0126365	501(C)(3)	25,000.	0.			FOREVER FORWARD CAMPAIGN PLEDGE
BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD CHATTANOOGA, TN 37405	62-0126365	501(C)(3)	35,000.	0.			UNRESTRICTED QUARTERLY DISTRIBUTION
BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD CHATTANOOGA, TN 37405	62-0126365	501(C)(3)	35,000.	0.			UNRESTRICTED QUARTERLY DISTRIBUTION
BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD CHATTANOOGA, TN 37405	62-0126365	501(C)(3)	75,000.	0.			UNRESTRICTED
BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD CHATTANOOGA, TN 37405	62-0126365	501(C)(3)	10,000.	0.			CREW TEAM
BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD CHATTANOOGA, TN 37405	62-0126365	501(C)(3)	35,000.	0.			UNRESTRICTED QUARTERLY DISTRIBUTION
BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD CHATTANOOGA, TN 37405	62-0126365	501(C)(3)	50,000.	0.			\$35,000 FOR CAPITAL (5 OF 5); \$15,000 FOR ANNUAL FUND
BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD CHATTANOOGA, TN 37405	62-0126365	501(C)(3)	50,000.	0.			SUMMER SCHOLARSHIPS
BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD CHATTANOOGA, TN 37405	62-0126365	501(C)(3)	100,000.	0.			SCHOLARSHIPS

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BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD CHATTANOOGA, TN 37405	62-0126365	501(C)(3)	6,510.	0.			FINANCIAL NEED SCHOLARSHIP
BELOVED WOMAN 700 PINE STREET CHATTANOOGA, TN 37402	85-0775610	501(C)(3)	10,000.	0.			UNRESTRICTED
BELOVED WOMAN 700 PINE STREET CHATTANOOGA, TN 37402	85-0775610	501(C)(3)	15,000.	0.			BELOVED WOMAN - CREATING OPPORTUNITIES FOR WOMEN TO THRIVE
BELOVED WOMAN 700 PINE STREET CHATTANOOGA, TN 37402	85-0775610	501(C)(3)	10,000.	0.			UNRESTRICTED
BETHEL BIBLE VILLAGE 3001 HAMILL ROAD POST OFFICE BOX 72 HIKSON, TN 37343-9988	62-6019872	501(C)(3)	6,000.	0.			NEW GIRLS' DORMITORY
BETTERFI P O BOX 27 COALMONT, TN 37313	82-3083483	501(C)(3)	25,000.	0.			UNRESTRICTED
BIBLE IN THE SCHOOLS P. O. BOX 4228 CHATTANOOGA, TN 37405	62-0523361	501(C)(3)	10,000.	0.			UNRESTRICTED
BIBLE IN THE SCHOOLS P. O. BOX 4228 CHATTANOOGA, TN 37405	62-0523361	501(C)(3)	25,000.	0.			UNRESTRICTED
BILL HILLARY & CHELSEA CLINTON FOUNDATION - ATTN: GIFT PROCESSING 1200 PRESIDENT CLINTON AVENUE - LITTLE ROCK, AR 72201	31-1580204	501(C)(3)	50,000.	0.			UNRESTRICTED

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B'NAI ZION CONGREGATION 923 MCCALLIE AVE CHATTANOOGA, TN 37403	62-0549373	501(C)(3)	8,333.	0.			SUPPORT FOR RABBI'S SALARY
B'NAI ZION CONGREGATION 923 MCCALLIE AVE CHATTANOOGA, TN 37403	62-0549373	501(C)(3)	8,333.	0.			SUPPORT FOR RABBI'S SALARY
B'NAI ZION CONGREGATION 923 MCCALLIE AVE CHATTANOOGA, TN 37403	62-0549373	501(C)(3)	8,308.	0.			SUPPORT FOR RABBI'S SALARY
B'NAI ZION CONGREGATION 923 MCCALLIE AVE CHATTANOOGA, TN 37403	62-0549373	501(C)(3)	8,308.	0.			SUPPORT FOR RABBI'S SALARY
B'NAI ZION CONGREGATION 923 MCCALLIE AVE CHATTANOOGA, TN 37403	62-0549373	501(C)(3)	8,333.	0.			SUPPORT FOR RABBI'S SALARY
B'NAI ZION CONGREGATION 923 MCCALLIE AVE CHATTANOOGA, TN 37403	62-0549373	501(C)(3)	8,308.	0.			SUPPORT FOR RABBI'S SALARY
B'NAI ZION CONGREGATION 923 MCCALLIE AVE CHATTANOOGA, TN 37403	62-0549373	501(C)(3)	8,333.	0.			SUPPORT FOR RABBI'S SALARY
B'NAI ZION CONGREGATION 923 MCCALLIE AVE CHATTANOOGA, TN 37403	62-0549373	501(C)(3)	8,333.	0.			SUPPORT FOR RABBI'S SALARY
B'NAI ZION CONGREGATION 923 MCCALLIE AVE CHATTANOOGA, TN 37403	62-0549373	501(C)(3)	8,308.	0.			SUPPORT FOR RABBI'S SALARY

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B'NAI ZION CONGREGATION 923 MCCALLIE AVE CHATTANOOGA, TN 37403	62-0549373	501(C)(3)	8,333.	0.			SUPPORT FOR RABBI'S SALARY
B'NAI ZION CONGREGATION 923 MCCALLIE AVE CHATTANOOGA, TN 37403	62-0549373	501(C)(3)	8,308.	0.			SUPPORT FOR RABBI'S SALARY
BOOTS2ROOTS 428 FORE STREET, 3RD FLOOR PORTLAND, ME 04101	47-3939212	501(C)(3)	10,000.	0.			VETERAN TRANSITION TO WORK PROGRAM
BOY SCOUTS OF AMERICA MIDDLE TENNESSEE COUNCIL - P. O. BOX 150409 3414 HILLSBORO PIKE - NASHVILLE, TN 37215	62-0477729	501(C)(3)	10,000.	0.			2022 FRIENDS OF SCOUTING PLEDGE
BOYS & GIRLS CLUBS OF NORTH ALABAMA - P.O. BOX 73 - HUNTSVILLE, AL 35804	63-0360026	501(C)(3)	10,000.	0.			MORGAN COUNTY BOYS AND GIRLS CLUB
BOYS AND GIRLS CLUBS OF CHATTANOOGA, INC. - P.O. BOX 11567 - CHATTANOOGA, TN 37401	62-0557179	501(C)(3)	10,000.	0.			UNRESTRICTED
BOYS AND GIRLS CLUBS OF CHATTANOOGA, INC. - P.O. BOX 11567 - CHATTANOOGA, TN 37401	62-0557179	501(C)(3)	25,000.	0.			STAKE 'N BURGER DINNER - DONOR NOT ATTENDING
BOYS AND GIRLS CLUBS OF CHATTANOOGA, INC. - P.O. BOX 11567 - CHATTANOOGA, TN 37401	62-0557179	501(C)(3)	16,000.	0.			UNRESTRICTED
BOYS AND GIRLS CLUBS OF CHATTANOOGA, INC. - P.O. BOX 11567 - CHATTANOOGA, TN 37401	62-0557179	501(C)(3)	10,000.	0.			CHANGE MAKERS LEADERSHIP PROGRAM

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BRADLEY CLEVELAND PUBLIC EDUCATION FOUNDATION - P.O. BOX 4354 - CLEVELAND, TN 37320	20-0585134	501(C)(3)	100,000.	0.			PIE CENTER OF BRADLEY COUNTY
BRIDGE BUILDERS FOUNDATION 3787 S VERMONT AVENUE LOS ANGELES, CA 90007	33-0846590	501(C)(3)	10,000.	0.			THRIVING UNDER THE INFLUENCE
BRIDGE REFUGEE SERVICES 4791-A HAL DRIVE CHATTANOOGA, TN 37416	58-1505955	501(C)(3)	8,000.	0.			UNRESTRICTED
BRIDGE REFUGEE SERVICES 4791-A HAL DRIVE CHATTANOOGA, TN 37416	58-1505955	501(C)(3)	16,500.	0.			AFFORDABLE HOUSING NAVIGATOR
BRIDGE TO HEALING FOUNDATION, INC. 830 LONDON BRIDGE ROAD WINTER GARDEN, FL 34787	27-2165497	501(C)(3)	50,000.	0.			MATCHING FUNDS FOR SPECIAL NEEDS CHILDREN FOR THERAPIES NOT COVERED BY INSURANCE
BRIDGE TO HEALING FOUNDATION, INC. 830 LONDON BRIDGE ROAD WINTER GARDEN, FL 34787	27-2165497	501(C)(3)	50,000.	0.			MATCHING GIFT SCHOLARSHIPS TO SPECIAL NEEDS CHILDREN
BRIDGE TO HEALING FOUNDATION, INC. 830 LONDON BRIDGE ROAD WINTER GARDEN, FL 34787	27-2165497	501(C)(3)	20,750.	0.			MATCHING SCHOLARSHIPS
BRIDGE TO HEALING FOUNDATION, INC. 830 LONDON BRIDGE ROAD WINTER GARDEN, FL 34787	27-2165497	501(C)(3)	25,000.	0.			MATCHING FUNDS FOR SPECIAL NEEDS CHILDREN FOR THERAPIES NOT COVERED BY INSURANCE.
BUILDING & CONSTRUCTION WORKFORCE CENTER - 1601 GULF STREET SUITE 300 - CHATTANOOGA, TN 37408	84-5019012	501(C)(3)	100,000.	0.			SPONSORSHIP FOR CONSTRUCTION CAREER CENTER (PAYMENT 1 OF 2)

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BUILDING & CONSTRUCTION WORKFORCE CENTER - 1601 GULF STREET SUITE 300 - CHATTANOOGA, TN 37408	84-5019012	501(C)(3)	19,000.	0.			CAPITAL CAMPAIGN FOR CONSTRUCTION OF THE CENTER
BUILDING & CONSTRUCTION WORKFORCE CENTER - 1601 GULF STREET SUITE 300 - CHATTANOOGA, TN 37408	84-5019012	501(C)(3)	50,000.	0.			UNRESTRICTED
CAL POLY HUMBOLDT FOUNDATION DEVELOPMENT OFFICE - NELSON HALL WEST, 2ND FLOOR 1 HARPST ST - ARCATA, CA 95	94-6077724	501(C)(3)	45,459.	0.			LASER SCANNING INSTRUMENT FUND
CALVARY CHAPEL CHATTANOOGA, INC. 3415 BROAD STREET CHATTANOOGA, TN 37409	62-1821314	501(C)(3)	10,000.	0.			RENEW PROGRAM
CARSON SCHOLARS FUND, INC. 305 W. CHESAPEAKE AVENUE SUITE 310 TOWSON, MD 21204	52-1851346	501(C)(3)	8,000.	0.			HAMILTON COUNTY, TN SCHOLARSHIPS
CARSON SCHOLARS FUND, INC. 305 W. CHESAPEAKE AVENUE SUITE 310 TOWSON, MD 21204	52-1851346	501(C)(3)	15,000.	0.			10 SCHOLARSHIPS FOR HAMILTON COUNTY, TN SCHOOLS
CBMC, INC. SUITE 310, FRANKLIN BLDG 5726 MARLIN ROAD - CHATTANOOGA, TN 37411	36-2004402	501(C)(3)	10,000.	0.			UNRESTRICTED
CENTER FOR DEVELOPMENTAL SERVICES 29 N ACADEMY STREET GREENVILLE, SC 29601	57-0988275	501(C)(3)	10,000.	0.			SUPPORT OF DISABILITY SERVICES
CENTER FOR ORGANIZATIONAL RESEARCH AND EDUCATION - 1655 FORT MYER DRIVE SUITE 600 - ARLINGTON, VA 22209	26-0006579	501(C)(3)	50,000.	0.			UNRESTRICTED

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CENTRAL SOUTH CAROLINA HABITAT FOR HUMANITY - 209 S SUMTER ST - COLUMBIA, SC 29201	57-0785521	501(C)(3)	7,350.	0.			AFFORDABLE HOMEOWNERSHIP FOR UNDERSERVED POPULATIONS
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD CHATTANOOGA, TN 37411	62-0505514	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT AND CHRISTMAS GIFTS
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD CHATTANOOGA, TN 37411	62-0505514	501(C)(3)	10,000.	0.			TRANSITIONAL LIVING PROGRAM
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD CHATTANOOGA, TN 37411	62-0505514	501(C)(3)	10,000.	0.			\$5,000 TO EARLY CHILDHOOD PROGRAMS AND \$5,000 TO ISAIAH HOUSE
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD CHATTANOOGA, TN 37411	62-0505514	501(C)(3)	10,000.	0.			UNRESTRICTED
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD CHATTANOOGA, TN 37411	62-0505514	501(C)(3)	15,000.	0.			UNRESTRICTED
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD CHATTANOOGA, TN 37411	62-0505514	501(C)(3)	40,000.	0.			TRANSITIONAL LIVING CENTER: \$6,000 FOR CAR MATCHING FUND; \$12,000 FOR RESIDENT LEADERSHIP
CHAMBLISS CENTER FOR CHILDREN 315 GILLESPIE ROAD CHATTANOOGA, TN 37411	62-0505514	501(C)(3)	25,000.	0.			ISAIAH 1:17 HOUSE
CHATTANOOGA AREA CHAMBER FOUNDATION - 811 BROAD STREET SUITE 100 - CHATTANOOGA, TN 37402	23-7032834	501(C)(3)	40,000.	0.			\$30,000 DEI WORK AND \$10,000 CHAMBER STRATEGIC PLAN

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CHATTANOOGA AREA FOOD BANK 2009 CURTAIN POLE ROAD CHATTANOOGA, TN 37406	62-0867645	501(C)(3)	10,000.	0.			UNRESTRICTED
CHATTANOOGA AREA FOOD BANK 2009 CURTAIN POLE ROAD CHATTANOOGA, TN 37406	62-0867645	501(C)(3)	10,000.	0.			PRODUCE
CHATTANOOGA AREA FOOD BANK 2009 CURTAIN POLE ROAD CHATTANOOGA, TN 37406	62-0867645	501(C)(3)	10,000.	0.			UNRESTRICTED
CHATTANOOGA AREA FOOD BANK 2009 CURTAIN POLE ROAD CHATTANOOGA, TN 37406	62-0867645	501(C)(3)	20,000.	0.			UNRESTRICTED
CHATTANOOGA AREA FOOD BANK 2009 CURTAIN POLE ROAD CHATTANOOGA, TN 37406	62-0867645	501(C)(3)	40,000.	0.			FUNDING FOR FEEDING PROGRAMS IN MCMINN AND MEIGS COUNTIES
CHATTANOOGA AREA FOOD BANK 2009 CURTAIN POLE ROAD CHATTANOOGA, TN 37406	62-0867645	501(C)(3)	10,000.	0.			UNRESTRICTED
CHATTANOOGA AREA FOOD BANK 2009 CURTAIN POLE ROAD CHATTANOOGA, TN 37406	62-0867645	501(C)(3)	10,566.	0.			UNRESTRICTED
CHATTANOOGA AREA FOOD BANK 2009 CURTAIN POLE ROAD CHATTANOOGA, TN 37406	62-0867645	501(C)(3)	10,000.	0.			UNRESTRICTED
CHATTANOOGA AREA FOOD BANK 2009 CURTAIN POLE ROAD CHATTANOOGA, TN 37406	62-0867645	501(C)(3)	16,500.	0.			EMERGENCY FOOD ASSISTANCE FOR CHATTANOOGANS

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CHATTANOOGA AUDUBON SOCIETY 900 N SANCTUARY RD. CHATTANOOGA, TN 37421	62-6047636	501(C)(3)	10,000.	0.			FOR THE CONTINUED PRESERVATION AND CONSERVATION EFFORTS OF SANCTUARY PROPERTIES
CHATTANOOGA AUTISM CENTER 1400 MCCALLIE AVE, STE 100 CHATTANOOGA, TN 37404	45-3179418	501(C)(3)	16,500.	0.			CHATTANOOGA AUTISM CENTER
CHATTANOOGA CARES, INC. D/B/A CEMPA COMMUNITY CARE - 1000 E. THIRD STREET, SUITE 300 - CHATTANOOGA, TN 37403	62-1325543	501(C)(3)	8,736.	0.			2022 ANNUAL DISTRIBUTION
CHATTANOOGA CARES, INC. D/B/A CEMPA COMMUNITY CARE - 1000 E. THIRD STREET, SUITE 300 - CHATTANOOGA, TN 37403	62-1325543	501(C)(3)	16,500.	0.			CEMPA COMMUNITY CARE
CHATTANOOGA CHRISTIAN SCHOOL, INC. 3354 CHARGER DRIVE CHATTANOOGA, TN 37409-1005	62-0840156	501(C)(3)	200,000.	0.			COMMITMENT (PAYMENT 1 OF 3)
CHATTANOOGA CHRISTIAN SCHOOL, INC. 3354 CHARGER DRIVE CHATTANOOGA, TN 37409-1005	62-0840156	501(C)(3)	83,333.	0.			FLOURISH EXPANDED - INDOOR TENNIS FACILITY
CHATTANOOGA CHRISTIAN SCHOOL, INC. 3354 CHARGER DRIVE CHATTANOOGA, TN 37409-1005	62-0840156	501(C)(3)	36,488.	0.			THE KING SCHOOL ADMINISTRATIVE EXPENSES
CHATTANOOGA CHRISTIAN SCHOOL, INC. 3354 CHARGER DRIVE CHATTANOOGA, TN 37409-1005	62-0840156	501(C)(3)	83,333.	0.			FLOURISH EXPANDED - INDOOR TENNIS FACILITY (2ND OF 3 PAYMENTS)
CHATTANOOGA CONVENTION CENTER 1 CARTER STREET CHATTANOOGA, TN 37402	62-1125122	501(C)(3)	19,751.	0.			VENUE FOR WOD 2022 EVENT 10/19/2022

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CHATTANOOGA FELLOWSHIP OF CHRISTIAN ATHLETES - P.O. BOX 338 - HIXSON, TN 37343	44-0610626	501(C)(3)	7,500.	0.			BETTY PROBASCO ENDOWMENT FUND FOR FCA OF CHATTANOOGA
CHATTANOOGA GIRLS LEADERSHIP ACADEMY - P.O. BOX 3859 - CHATTANOOGA, TN 37404	26-3492860	501(C)(3)	10,000.	0.			UNRESTRICTED
CHATTANOOGA GIRLS LEADERSHIP ACADEMY - P.O. BOX 3859 - CHATTANOOGA, TN 37404	26-3492860	501(C)(3)	10,000.	0.			MONTESSORI SCHOOL
CHATTANOOGA PREP INC. P.O. BOX 3809 CHATTANOOGA, TN 37404	81-3512812	501(C)(3)	20,000.	0.			BOYS LEADERSHIP
CHATTANOOGA PREP INC. P.O. BOX 3809 CHATTANOOGA, TN 37404	81-3512812	501(C)(3)	25,000.	0.			2022 CONTRIBUTION
CHATTANOOGA PREP INC. P.O. BOX 3809 CHATTANOOGA, TN 37404	81-3512812	501(C)(3)	10,000.	0.			UNRESTRICTED
CHATTANOOGA PUBLIC LIBRARY FOUNDATION - ATTN: FRIENDS OF THE CHATTANOOGA LIBRARY 1001 BROAD STREET - CHATTANOOGA, TN 37402	62-6050405	501(C)(3)	5,320.	0.			2022 ANNUAL DISTRIBUTION
CHATTANOOGA PUBLIC LIBRARY FOUNDATION - ATTN: FRIENDS OF THE CHATTANOOGA LIBRARY 1001 BROAD STREET - CHATTANOOGA, TN 37402	62-6050405	501(C)(3)	10,000.	0.			CHATTANOOGA PUBLIC LIBRARY FOUNDATION OFFICE RELOCATION AND BUILD-OUT
CHATTANOOGA REGIONAL HOMELESS COALITION - P.O. BOX 3690 - CHATTANOOGA, TN 37404	62-1549023	501(C)(3)	10,000.	0.			EMERGENCY HOTEL FUND

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CHATTANOOGA REGIONAL HOMELESS COALITION - P.O. BOX 3690 - CHATTANOOGA, TN 37404	62-1549023	501(C)(3)	16,500.	0.			CHATTANOOGA REGIONAL HOMELESS COALITION FALL 2022
CHATTANOOGA REGIONAL HOMELESS COALITION - P.O. BOX 3690 - CHATTANOOGA, TN 37404	62-1549023	501(C)(3)	7,000.	0.			UNRESTRICTED
CHATTANOOGA ROOM IN THE INN P.O. BOX 3564 CHATTANOOGA, TN 37404	62-1402358	501(C)(3)	16,500.	0.			SHELTER/TRANSITIONAL HOUSING PROGRAM
CHATTANOOGA STATE COMMUNITY COLLEGE - 4501 AMNICOLA HIGHWAY - CHATTANOOGA, TN 37406	62-0725362	STATE OF TN	10,000.	0.			ENGINEERING SCHOLARSHIPS
CHATTANOOGA STATE COMMUNITY COLLEGE FOUNDATION - CBIH BUILDING, SUITE 210 4501 AMNICOLA HWY - CHATTANOOGA, TN 37406	58-1311669	501(C)(3)	12,000.	0.			MICHAEL P. HENNEN HOSPITALITY & TOURISM MANAGEMENT SCHOLARSHIP
CHATTANOOGA STATE COMMUNITY COLLEGE FOUNDATION - CBIH BUILDING, SUITE 210 4501 AMNICOLA HWY - CHATTANOOGA, TN 37406	58-1311669	501(C)(3)	25,000.	0.			SKILL UP - WORKFORCE TRAINING SCHOLARSHIP
CHATTANOOGA STATE COMMUNITY COLLEGE FOUNDATION - CBIH BUILDING, SUITE 210 4501 AMNICOLA HWY - CHATTANOOGA, TN 37406	58-1311669	501(C)(3)	7,000.	0.			SKILL UP PROGRAM
CHATTANOOGA SYMPHONY & OPERA 736 GEORGIA AVENUE, SUITE 101 CHATTANOOGA, TN 37402	62-6002098	501(C)(3)	10,000.	0.			UNRESTRICTED
CHATTANOOGA SYMPHONY & OPERA 736 GEORGIA AVENUE, SUITE 101 CHATTANOOGA, TN 37402	62-6002098	501(C)(3)	25,000.	0.			BESSIE SMITH RISE TO FAME PROJECT

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CHATTANOOGA SYMPHONY & OPERA 736 GEORGIA AVENUE, SUITE 101 CHATTANOOGA, TN 37402	62-6002098	501(C)(3)	25,000.	0.			ANNUAL UNRESTRICTED
CHATTANOOGA UNITE VETERANS COALITION - 426 MARKET STREET - CHATTANOOGA, TN 37402	81-4937558	501(C)(3)	16,500.	0.			DENTAL CARE FOR VETERANS
CHATTANOOGA UNITE VETERANS COALITION - 426 MARKET STREET - CHATTANOOGA, TN 37402	81-4937558	501(C)(3)	15,000.	0.			DIVE DENTAL PROGRAM
CHATTANOOGA-HAMILTON COUNTY PUBLIC EDUCATION FUND - 835 GEORGIA AVENUE, SUITE 400 - CHATTANOOGA, TN 37402	62-1356764	501(C)(3)	25,000.	0.			UNRESTRICTED
CHATTANOOGANS IN ACTION FOR LOVE EQUALITY AND BENEVOLENCE - P.O. BOX 11202 - CHATTANOOGA, TN 37401	81-4124279	501(C)(3)	10,000.	0.			RESTORATIVE PRACTICES
CHATTANOOGANS IN ACTION FOR LOVE EQUALITY AND BENEVOLENCE - P.O. BOX 11202 - CHATTANOOGA, TN 37401	81-4124279	501(C)(3)	10,000.	0.			RESTORATIVE PRACTICES IN LOCAL SCHOOLS
CHATTANOOGANS IN ACTION FOR LOVE EQUALITY AND BENEVOLENCE - P.O. BOX 11202 - CHATTANOOGA, TN 37401	81-4124279	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT (YEAR 1 OF 3)
CHATTANOOGANS IN ACTION FOR LOVE EQUALITY AND BENEVOLENCE - P.O. BOX 11202 - CHATTANOOGA, TN 37401	81-4124279	501(C)(3)	10,000.	0.			UNRESTRICTED
CHATTANOOGANS IN ACTION FOR LOVE EQUALITY AND BENEVOLENCE - P.O. BOX 11202 - CHATTANOOGA, TN 37401	81-4124279	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT

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CHILD IMPACT INTERNATIONAL 5631 WATKINS ST OOLTEWAH, TN 37363-7817	20-8227425	501(C)(3)	32,460.	0.			BUILDING PROJECT TO REACH STUDENTS IN NEED OF EDUCATION IN REMOTE JUNGLE LOCATION
CHILDREN'S ADVOCACY CENTER OF HAMILTON COUNTY - 5705 UPTAIN ROAD, SUITE C - CHATTANOOGA, TN 37411	58-1953669	501(C)(3)	6,000.	0.			UNRESTRICTED
CHILDREN'S ADVOCACY CENTER OF HAMILTON COUNTY - 5705 UPTAIN ROAD, SUITE C - CHATTANOOGA, TN 37411	58-1953669	501(C)(3)	16,500.	0.			MENTAL HEALTH SERVICES FOR HISTORICALLY MARGINALIZED COMMUNITIES
CHILDREN'S ADVOCACY CENTER OF HAMILTON COUNTY - 5705 UPTAIN ROAD, SUITE C - CHATTANOOGA, TN 37411	58-1953669	501(C)(3)	40,000.	0.			SUPPORT FOR FORENSIC INTERVIEWER FY 22-23
CHILDREN'S ADVOCACY CENTER OF HAMILTON COUNTY - 5705 UPTAIN ROAD, SUITE C - CHATTANOOGA, TN 37411	58-1953669	501(C)(3)	35,000.	0.			UNRESTRICTED
CHILDREN'S NUTRITION PROGRAM OF HAITI, INC. - P. O. BOX 3720 - CHATTANOOGA, TN 37404	20-1394468	501(C)(3)	100,000.	0.			UNRESTRICTED
CHILDREN'S NUTRITION PROGRAM OF HAITI, INC. - P. O. BOX 3720 - CHATTANOOGA, TN 37404	20-1394468	501(C)(3)	100,000.	0.			UNRESTRICTED
CHOATE ROSEMARY HALL 333 CHRISTIAN STREET WALLINGFORD, CT 06492	06-0910420	501(C)(3)	6,510.	0.			LAND, BUILDING, AND EQUIPMENT
CHURCH OF THE FIRST BORN P.O. BOX 2009 3418 ST. ELMO AVENUE CHATTANOOGA, TN 37409	62-1021634	CHURCH/NOT 501(C)	17,000.	0.			UNRESTRICTED

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CITY OF WESTBROOK, MAINE 117 STROUDWATER STREET WESTBROOK, ME 04092	01-6000038	CITY OF WESTBROO	10,000.	0.			CHALLENGE DAY
CIVIC TN 5016 CENTENNIAL BLVD, SUITE 200 NASHVILLE, TN 37209	84-2967597	501(C)(3)	10,000.	0.			UNRESTRICTED
COLLEGEDALE SEVENTH DAY ADVENTIST CHURCH - 4829 COLLEGE DRIVE - COLLEGEDALE, TN 37315-3002	62-0784963	CHURCH/NOT 501(C	13,595.	0.			GENERAL TITHE
COLLEGEDALE SEVENTH DAY ADVENTIST CHURCH - 4829 COLLEGE DRIVE - COLLEGEDALE, TN 37315-3002	62-0784963	CHURCH/NOT 501(C	5,438.	0.			LOCAL CHURCH BUDGET OR EVANGELISM
COLLEGEDALE SEVENTH DAY ADVENTIST CHURCH - 4829 COLLEGE DRIVE - COLLEGEDALE, TN 37315-3002	62-0784963	CHURCH/NOT 501(C	50,000.	0.			CHURCH BUDGET
COLLEGEDALE TOMORROW FOUNDATION, INC. - P.O. BOX 1670 - COLLEGEDALE, TN 37315	46-3824536	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COMMUNITY CHRISTIAN SCHOOL 6256 HIGHWAY 39 N. MERIDIAN, MS 39305	64-0794899	501(C)(3)	25,000.	0.			UNRESTRICTED
COMMUNITY FOUNDATION OF CLEVELAND AND BRADLEY COUNTY - P. O. BOX 4474 - CLEVELAND, TN 37320-4474	26-2101084	501(C)(3)	500,000.	0.			DONOR ADVISED FUND
COMMUNITY FOUNDATION OF EAST CENTRAL ILLINOIS - 307 W UNIVERSITY AVE - CHAMPAIGN, IL 61820	23-7176723	501(C)(3)	14,000.	0.			PROJECT HOPE SCHOLARSHIP FUND

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COMMUNITY FOUNDATION OF EAST CENTRAL ILLINOIS - 307 W UNIVERSITY AVE - CHAMPAIGN, IL 61820	23-7176723	501(C)(3)	8,000.	0.			PROJECT HOPE DAF - ELEVATED ACCESS
COMMUNITY FOUNDATION OF GREATER BIRMINGHAM - 2100 FIRST AVENUE NORTH SUITE 700 - BIRMINGHAM, AL 35203	63-6019864	501(C)(3)	20,000.	0.			MENTAL HEALTH INITIATIVE
COMMUNITY FOUNDATION OF NORTHWEST GEORGIA, INC. - P.O. BOX 942 - DALTON, GA 30721	58-2360356	501(C)(3)	500,000.	0.			DONOR ADVISED FUND
CONGAREE FOUNDATION 1375 ENCLAVE PKWY HOUSTON, TX 77077	81-1718705	501(C)(3)	50,000.	0.			2022 GIFT COMMITMENT
CONNECTICUT WOMEN'S EDUCATION AND LEGAL FUND, INC - 75 CHARTER OAK AVE, SUITE 1-300 - HARTFORD, CT 06106	06-0913214	501(C)(3)	10,000.	0.			WOMEN OF COLOR FIRST
CONNECTIONS EDUCATION CENTER OF THE PALM BEACHES, INC. - 1310 OLD CONGRESS AVENUE, SUITE 100 - WEST PALM BEACH, FL 33409	47-3805751	501(C)(3)	100,000.	0.			\$70,000 MATCH FOR THE BUS, \$25,000 MATCH FOR THE GRADUATION DIRECT MAIL, \$5,000 FOR THE DRAW
COSETTE CONSULTING, LLC 3712 RINGGOLD ROAD, #120 CHATTANOOGA, TN 37412	87-2176501	OTHER	10,762.	0.			PROJECT DIRECTOR, DATA SPECIALIST, AND INTAKE SPECIALIST
COSETTE CONSULTING, LLC 3712 RINGGOLD ROAD, #120 CHATTANOOGA, TN 37412	87-2176501	OTHER	10,934.	0.			PROJECT DIRECTOR, DATA SPECIALIST, AND INTAKE SPECIALIST
COSETTE CONSULTING, LLC 3712 RINGGOLD ROAD, #120 CHATTANOOGA, TN 37412	87-2176501	OTHER	9,727.	0.			PROJECT DIRECTOR, INTAKE SPECIALIST, AND DATA INPUT

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COSETTE CONSULTING, LLC 3712 RINGGOLD ROAD, #120 CHATTANOOGA, TN 37412	87-2176501	OTHER	10,953.	0.			PROJECT DIRECTOR, INTAKE SPECIALIST, AND DATA
COSETTE CONSULTING, LLC 3712 RINGGOLD ROAD, #120 CHATTANOOGA, TN 37412	87-2176501	OTHER	13,739.	0.			PROJECT DIRECTOR, INTAKE SPECIALIST, AND RESEARCH
COSETTE CONSULTING, LLC 3712 RINGGOLD ROAD, #120 CHATTANOOGA, TN 37412	87-2176501	OTHER	11,156.	0.			INVOICE WORK FOR PROJECT DIRECTOR, INTAKE SPECIALIST & RESEARCH AND DATA FOR 08/31-09/28
COSETTE CONSULTING, LLC 3712 RINGGOLD ROAD, #120 CHATTANOOGA, TN 37412	87-2176501	OTHER	12,025.	0.			OCTOBER 2022 PROJECT DIRECTOR AND RESEARCH/DATA
COSETTE CONSULTING, LLC 3712 RINGGOLD ROAD, #120 CHATTANOOGA, TN 37412	87-2176501	OTHER	5,981.	0.			INVOICED WORK FOR PROJECT DIRECTOR- 11012022-11302022
COSETTE CONSULTING, LLC 3712 RINGGOLD ROAD, #120 CHATTANOOGA, TN 37412	87-2176501	OTHER	10,668.	0.			PARKING, MEAL, PORTRAIT REIMBURSEMENTS
COSETTE CONSULTING, LLC 3712 RINGGOLD ROAD, #120 CHATTANOOGA, TN 37412	87-2176501	OTHER	10,435.	0.			GIFT CARD AND WATER REIMBURSEMENT FOR EVENT
COSETTE CONSULTING, LLC 3712 RINGGOLD ROAD, #120 CHATTANOOGA, TN 37412	87-2176501	OTHER	10,238.	0.			COMMUNITY EVENT REIMBURSEMENT- TENANT EDUCATION AND TENANT ADVISORY
COSETTE CONSULTING, LLC 3712 RINGGOLD ROAD, #120 CHATTANOOGA, TN 37412	87-2176501	OTHER	14,027.	0.			PROJECT DIRECTOR, INTAKE SPECIALIST AND DATA INPUT

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CRABTREE FARMS OF CHATTANOOGA, INC. - P.O. BOX 2250 - CHATTANOOGA, TN 37409	62-1760383	501(C)(3)	10,000.	0.			FARM EQUIPMENT
CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 321 CHESTNUT STREET CHATTANOOGA, TN 37401-9813	62-1509462	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN PLEDGE
CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 321 CHESTNUT STREET CHATTANOOGA, TN 37401-9813	62-1509462	501(C)(3)	75,000.	0.			CAPITAL CAMPAIGN PLEDGE FULFILLMENT
CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 321 CHESTNUT STREET CHATTANOOGA, TN 37401-9813	62-1509462	501(C)(3)	5,500.	0.			CAPITAL CAMPAIGN PLEDGE
CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 321 CHESTNUT STREET CHATTANOOGA, TN 37401-9813	62-1509462	501(C)(3)	20,000.	0.			IGNITE CAPITAL CAMPAIGN
CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 321 CHESTNUT STREET CHATTANOOGA, TN 37401-9813	62-1509462	501(C)(3)	10,000.	0.			ANNUAL SUPPORT
CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 321 CHESTNUT STREET CHATTANOOGA, TN 37401-9813	62-1509462	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN PLEDGE (4TH AND FINAL INSTALLMENT)
CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 321 CHESTNUT STREET CHATTANOOGA, TN 37401-9813	62-1509462	501(C)(3)	20,000.	0.			IGNITE CAPITAL CAMPAIGN (4TH OF 5 YEAR PLEDGE)
CREATIVE DISCOVERY MUSEUM P. O. BOX 6339 321 CHESTNUT STREET CHATTANOOGA, TN 37401-9813	62-1509462	501(C)(3)	50,000.	0.			IGNITE DISCOVERY CAPITAL CAMPAIGN

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CROSS WALK CHATTANOOGA SDA CHURCH 2288 GUNBARREL ROAD SUITE 154, #183 CHATTANOOGA, TN 37421	83-2961104	CHURCH/NOT 501(C	500,000.	0.			UNRESTRICTED
CROSS WALK CHATTANOOGA SDA CHURCH 2288 GUNBARREL ROAD SUITE 154, #183 CHATTANOOGA, TN 37421	83-2961104	CHURCH/NOT 501(C	8,000.	0.			CHURCH BUDGET
DADE COUNTY ACADEMIC FOUNDATION, INC. - DADE COUNTY ACADEMIC FOUNDATION, ATTN: HEATHER STEPHENS P.O. BOX 442 - TRENTON, GA 30752	58-2073009	501(C)(3)	20,000.	0.			VOCATIONAL, TECHNICAL OR 4 YEAR SCHOLARSHIPS
DALEWOOD MIDDLE SCHOOL 1300 SHALLOWFORD ROAD CHATTANOOGA, TN 37411	62-6000638	HAMILTON COUNTY	13,000.	0.			PRINCIPAL'S DISCRETIONARY BUDGET
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	20,000.	0.			SUPPORT FOR UKRAINE
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	20,000.	0.			UKRAINE RELIEF FUND
DUBUQUE COUNTY HISTORICAL SOCIETY 350 E. 3RD STREET DUBUQUE, IA 52001	42-6072050	501(C)(3)	15,000.	0.			\$5,000 FOR RIVERWORKS DISCOVERY ANNUAL SUPPORT; \$10,000.00 FOR PROGRAMMING & BUS FUNDS
ELLA LIBRARY PO BOX 3034 CHATTANOOGA, TN 37404	83-1892994	501(C)(3)	6,427.	0.			FUND CLOSING - ELLA LIBRARY NEW FISCAL SPONSOR
EMILY O'DONNELL LAW 1131 STRINGER'S RIDGE ROAD, SUITE 6 CHATTANOOGA, TN 37405	84-2460303	OTHER	12,240.	0.			EPI NOVEMBER PROJECT MANAGEMENT AND LEGAL SERVICES

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EMILY O'DONNELL LAW 1131 STRINGER'S RIDGE ROAD, SUITE 6 CHATTANOOGA, TN 37405	84-2460303	OTHER	9,780.	0.			EPI DECEMBER PROJECT MANAGEMENT AND LEGAL SERVICES
EMORY UNIVERSITY OFFICE OF FINANCIAL AID 208 DOWMAN DRIVE, SUITE 300 - ATLANTA, GA 30322	58-0566256	501(C)(3)	20,000.	0.			FOOD FORTIFICATION INITIATIVE
EPILEPSY FOUNDATION SOUTHEAST TENNESSEE - P.O. BOX 4782 - CHATTANOOGA, TN 37405	58-1309190	501(C)(3)	16,500.	0.			EPILEPSY ASSISTANCE PROGRAMS: PRESCRIPTIONS, NEUROLOGY, TRANSPORTATION
EPISCOPAL DIOCESE OF EAST TENNESSEE - 814 EPISCOPAL SCHOOL WAY - KNOXVILLE, TN 37932	62-1218955	501(C)(3)	100,000.	0.			GRACE POINT CAPITAL CAMPAIGN
EPISCOPAL RELIEF AND DEVELOPMENT P.O. BOX 7058 MERRIFIELD, VA 22116-7058	73-1635264	501(C)(3)	20,000.	0.			UKRAINE CRISIS RESPONSE FUND
FAMILY PROMISE OF GREATER CHATTANOOGA - 1184 BALDWIN STREET P.O. BOX 1146 - CHATTANOOGA, TN 37401	31-1529222	501(C)(3)	15,000.	0.			FAMILY PROMISE SHELTER HOME AND WELLNESS PROJECT
FIRST BAPTIST CARES, INC. 506 E. 8TH STREET CHATTANOOGA, TN 37403	82-4710069	501(C)(3)	16,500.	0.			HUNGER AND SAFE HAVEN COMMUNITY OUTREACH PHASE 2
FIRST BOOK NATIONAL OFFICE PNC BANK LOCKBOX #826769, 312 W. RO MOORESTOWN, NJ 08057	52-1779606	501(C)(3)	5,173.	0.			BOOK PURCHASES
FIRST CENTENARY UNITED METHODIST CHURCH - P. O. BOX 208 - CHATTANOOGA, TN 37401	62-0475673	CHURCH/NOT 501(C)	15,000.	0.			\$10,000 ANNUAL CONTRIBUTION AND \$5,000.00 FOR INNER CITY CAMP FUND

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FIRST CENTENARY UNITED METHODIST CHURCH - P. O. BOX 208 - CHATTANOOGA, TN 37401	62-0475673	CHURCH/NOT 501(C	10,000.	0.			2022 ANNUAL PLEDGE
FIRST PRESBYTERIAN CHURCH OF CHATTANOOGA - ATTN: TREASURER 554 MCCALLIE AVENUE - CHATTANOOGA, TN 37402	62-0565960	501(C)(3)	15,000.	0.			\$10,000 FOR 2021 ANNUAL GIFT/ \$5,000 FOR WORLD MISSIONS
FIRST THINGS FIRST, INC. 620 LINDSAY STREET, SUITE 100 CHATTANOOGA, TN 37403	62-1678048	501(C)(3)	30,000.	0.			\$15,000 FOR DADS MAKING A DIFFERENCE PROGRAM AND \$15,000 FOR THE RISE PROGRAM
FIRST THINGS FIRST, INC. 620 LINDSAY STREET, SUITE 100 CHATTANOOGA, TN 37403	62-1678048	501(C)(3)	16,500.	0.			PROVIDING A HOLISTIC APPROACH TO RELATIONSHIP SKILL BUILDING FOR AT-RISK FAMILIES
FIRST THINGS FIRST, INC. 620 LINDSAY STREET, SUITE 100 CHATTANOOGA, TN 37403	62-1678048	501(C)(3)	10,000.	0.			PLEDGE FULFILLMENT
FORWARD TN 5016 CENTENNIAL BLVD., SUITE 200 NASHVILLE, TN 37209	82-3006560	501(C)(3)	75,000.	0.			TENNESSEE DEMOCRACY FORUM PROJECT FUND
FOUNDATION FOR APPALACHIAN KENTUCKY, INC. - 420 MAIN ST - HAZARD, KY 41701	61-1329396	501(C)(3)	10,000.	0.			FLOOD RELIEF EFFORTS
FOUNDATION FOR JEWISH CAMP, INC. 253 WEST 35 ST 4TH FLOOR NEW YORK, NY 10001	22-3551013	501(C)(3)	18,000.	0.			ANNUAL CONTRIBUTION
FOUNDATION FOR PORTLAND PUBLIC SCHOOLS - 353 CUMBERLAND AVENUE - PORTLAND, ME 04101	22-3179738	501(C)(3)	10,000.	0.			ANNETTA WEATHERHEAD FUND FOR REICHE SCHOOL

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FOUNDATION FOR THE CAROLINAS 220 N. TRYON STREET CHARLOTTE, NC 28202	56-6047886	501(C)(3)	12,000.	0.			READ CHARLOTTE
FREEDOM CR A HAND UP MINISTRY 326 TY LN TRENTON, GA 30752	81-5449976	501(C)(3)	10,000.	0.			\$5,000 FOR WOMEN'S PROGRAMS/FACILITIES AND \$5,000 FOR MEN'S PROGRAMS/FACILITIES
FRIENDS OF CHICKAMAUGA & CHATTANOOGA NATIONAL MILITARY PARK - NATIONAL PARK PARTNERS P.O. BOX 748 - CHATTANOOGA, TN 37401	58-1708782	501(C)(3)	10,000.	0.			SUPPORT FOR HISTORIC LAND PRESERVATION ASSOCIATED WITH BROWNS FERRY AND TAVERN
FRIENDS OF CHICKAMAUGA & CHATTANOOGA NATIONAL MILITARY PARK - NATIONAL PARK PARTNERS P.O. BOX 748 - CHATTANOOGA, TN 37401	58-1708782	501(C)(3)	10,000.	0.			2ND 5K SPECIAL OF 5 YEARS ('21-'26)
FRIENDS OF THE FESTIVAL, INC. 426 MARKET STREET CHATTANOOGA, TN 37402	62-1112739	501(C)(3)	15,000.	0.			RIVERFRONT NIGHTS
FRIENDS OF THE FESTIVAL, INC. 426 MARKET STREET CHATTANOOGA, TN 37402	62-1112739	501(C)(3)	15,000.	0.			RIVERFRONT NIGHTS 2022
FRIENDS OF THE FESTIVAL, INC. 426 MARKET STREET CHATTANOOGA, TN 37402	62-1112739	501(C)(3)	30,000.	0.			RIVERBEND 2022
FRIENDS OF THE FESTIVAL, INC. 426 MARKET STREET CHATTANOOGA, TN 37402	62-1112739	501(C)(3)	30,000.	0.			RIVERBEND 2023
FRIENDS OF THE WARNER PARKS, INC. 50 VAUGHN ROAD NASHVILLE, TN 37221	62-1333658	501(C)(3)	10,000.	0.			PERCY WARNER GOLF COURSE RESTORATION

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FRIENDS OF THE ZOO, INC. 301 N HOLTZCLAW AVENUE CHATTANOOGA, TN 37404	58-1661267	501(C)(3)	6,000.	0.			PEDZ PROGRAM
GALAPAGOS CONSERVANCY 11150 FAIRFAX BOULEVARD SUITE 408 FAIRFAX, VA 22030	13-3281486	501(C)(3)	10,000.	0.			UNRESTRICTED
GENERAL CONFERENCE OF SEVENTH DAY ADVENTISTS - 255 CONFERENCE RD NE - CALHOUN, GA 30701	58-6035029	501(C)(3)	23,000.	0.			TITHE
GEORGIA-ALABAMA LAND TRUST, INC. 226 OLD LADIGA ROAD PIEDMONT, AL 36272	58-2069352	501(C)(3)	10,000.	0.			UNRESTRICTED
GIRL STANCE, INC. P.O BOX 8782 CHATTANOOGA, TN 37414	84-1806154	501(C)(3)	16,500.	0.			PEAR- THE SCHOOL FOR THE POISE, ELEGANT, ATTITUDE OF RESPECT
GIRLS INC. OF CHATTANOOGA 4505 BRAINERD ROAD, SUITE 110 CHATTANOOGA, TN 37411	62-0647145	501(C)(3)	5,500.	0.			UNRESTRICTED
GIRLS INC. OF CHATTANOOGA 4505 BRAINERD ROAD, SUITE 110 CHATTANOOGA, TN 37411	62-0647145	501(C)(3)	15,000.	0.			AFTER SCHOOL STEM PROGRAMS
GIRLS INC. OF CHATTANOOGA 4505 BRAINERD ROAD, SUITE 110 CHATTANOOGA, TN 37411	62-0647145	501(C)(3)	15,000.	0.			GIRLS INC. STRONG: A POSITIVE MINDSET
GIRLS INC. OF CHATTANOOGA 4505 BRAINERD ROAD, SUITE 110 CHATTANOOGA, TN 37411	62-0647145	501(C)(3)	21,000.	0.			\$15,000 FOR GIRLS INC EXPERIENCE AND \$6,000 FOR INTERNATIONAL DAY OF THE GIRL

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GIRLS PREPARATORY SCHOOL P.O. BOX 4736 CHATTANOOGA, TN 37405	62-0475682	501(C)(3)	25,000.	0.			UNRESTRICTED
GLOBAL GENEROSITY, INC. P.O. BO 511 ALPHARETTA, GA 30009	47-5209151	501(C)(3)	50,000.	0.			ILLUMINATIONS 2022 COMMITMENT
GLOBAL OUTREACH INTERNATIONAL, INC. - P. O. BOX 1 - TUPELO, MS 38802	48-1256219	501(C)(3)	12,000.	0.			MOLDOVA SUMMER CAMPS
GLOBAL RESCUE RELIEF AND RESILIENCE, INC. - 11450 NELLIE OAKS BEND - CLERMONT, FL 34711	59-3715468	501(C)(3)	5,194.	0.			DAY CARE CENTER IN INDIA
GLOBAL RESCUE RELIEF AND RESILIENCE, INC. - 11450 NELLIE OAKS BEND - CLERMONT, FL 34711	59-3715468	501(C)(3)	10,387.	0.			UKRAINE REFUGEE EFFORT
GLOBAL RESCUE RELIEF AND RESILIENCE, INC. - 11450 NELLIE OAKS BEND - CLERMONT, FL 34711	59-3715468	501(C)(3)	7,790.	0.			MY STORY IS NOT FINISHED
GOSPEL MUSIC ASSOCIATION 4012 GRANNY WHITE PIKE NASHVILLE, TN 37204	62-0783972	501(C)(3)	10,000.	0.			UNRESTRICTED
GREATER CHATTANOOGA PUBLIC TELEVISION CORPORATION/WTCI - 7540 BONNYSHIRE DRIVE - CHATTANOOGA, TN 37416	62-1137597	501(C)(3)	15,000.	0.			UNRESTRICTED
GREATER CHATTANOOGA PUBLIC TELEVISION CORPORATION/WTCI - 7540 BONNYSHIRE DRIVE - CHATTANOOGA, TN 37416	62-1137597	501(C)(3)	5,600.	0.			GVC - WTCI EXPLORE HEALTH

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GREENSPACES 63 E. MAIN STREET CHATTANOOGA, TN 37408-1317	27-2113695	501(C)(3)	10,000.	0.			UNRESTRICTED
GREENSPACES 63 E. MAIN STREET CHATTANOOGA, TN 37408-1317	27-2113695	501(C)(3)	6,000.	0.			BUILD IT GREEN PROGRAM
GUARDIAN ANGELS 1220 JOHNSON BOULEVARD, SE CLEVELAND, TN 37311	35-2554955	501(C)(3)	15,000.	0.			KEEP MARCHING FORWARD
GULF STATES CONFERENCE OF SEVENTH-DAY ADVENTISTS - 10633 ATLANTA HIGHWAY P.O. BOX 240249 - MONTGOMERY, AL 36117	64-6001060	501(C)(3)	350,000.	0.			UNRESTRICTED
GULF STATES CONFERENCE OF SEVENTH-DAY ADVENTISTS - 10633 ATLANTA HIGHWAY P.O. BOX 240249 - MONTGOMERY, AL 36117	64-6001060	501(C)(3)	9,000.	0.			MERIDIAN CHURCH BMA STUDENT FUND
HABITAT FOR HUMANITY OF GREATER CHATTANOOGA AREA, INC. - 1201 EAST MAIN STREET - CHATTANOOGA, TN 37408	62-1260347	501(C)(3)	8,000.	0.			UNRESTRICTED
HABITAT FOR HUMANITY OF GREATER CHATTANOOGA AREA, INC. - 1201 EAST MAIN STREET - CHATTANOOGA, TN 37408	62-1260347	501(C)(3)	32,276.	0.			ARP QUARTERLY DISTRIBUTION
HABITAT FOR HUMANITY OF GREATER CHATTANOOGA AREA, INC. - 1201 EAST MAIN STREET - CHATTANOOGA, TN 37408	62-1260347	501(C)(3)	10,629.	0.			AFFORDABLE HOUSING FOR LOW-INCOME COMMUNITIES
HABITAT FOR HUMANITY OF GREATER CHATTANOOGA AREA, INC. - 1201 EAST MAIN STREET - CHATTANOOGA, TN 37408	62-1260347	501(C)(3)	6,510.	0.			MCALLESTER/EWING FUND

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HABITAT FOR HUMANITY OF GREATER CHATTANOOGA AREA, INC. - 1201 EAST MAIN STREET - CHATTANOOGA, TN 37408	62-1260347	501(C)(3)	10,000.	0.			FAITH HOUSE BUILD IN ALTON PARK
HABITAT FOR HUMANITY OF GREATER CHATTANOOGA AREA, INC. - 1201 EAST MAIN STREET - CHATTANOOGA, TN 37408	62-1260347	501(C)(3)	10,000.	0.			UNRESTRICTED
HABITAT FOR HUMANITY OF GREATER CHATTANOOGA AREA, INC. - 1201 EAST MAIN STREET - CHATTANOOGA, TN 37408	62-1260347	501(C)(3)	10,000.	0.			HOME REPAIRS FOR LOW INCOME HOUSING
HAMILTON COUNTY DEPARTMENT OF EDUCATION - ATTN: CAITLYNE STEWARD 3074 HICKORY VALLEY ROAD - CHATTANOOGA, TN 37421	62-6000638	HAMILTON COUNTY	300,000.	0.			HCS GROW YOUR OWN PROGRAM
HAMILTON COUNTY SCHOOLS FOUNDATION 3074 HICKORY VALLEY ROAD CHATTANOOGA, TN 37421	85-2766414	501(C)(3)	15,500.	0.			FUTURE READY INSTITUTES PROGRAM
HAMILTON COUNTY SHERIFF'S OFFICE 600 MARKET STREET CHATTANOOGA, TN 37402	62-6000636	HAMILTON COUNTY	59,154.	0.			FUND CLOSING BALANCE
HANDS OF PROVIDENCE INTERNATIONAL 85 ORCHARD ST GARFIELD, NJ 07026	82-3122191	501(C)(3)	25,000.	0.			SOVJAN CHURCH PLANT FUND - ALBANIA
HANDS OF PROVIDENCE INTERNATIONAL 85 ORCHARD ST GARFIELD, NJ 07026	82-3122191	501(C)(3)	25,000.	0.			SOVJAN CHURCH PLANT FUND - ALBANIA
HARDY GIRLS HEALTHY WOMEN PO BOX 821 WATERTVILLE, ME 04903	01-0538121	501(C)(3)	10,000.	0.			FEMINIST ACTION BOARD SUPPORT

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HARTLAND INSTITUTE OF HEALTH AND EDUCATION - 444 HARTLAND OAK DR - RAPIDAN, VA 22733-2272	54-1257935	501(C)(3)	15,000.	0.			SPONSOR IMPLEMENTATION OF MADISON 2.0 PROJECT TO TRAIN PROFESSIONAL SELF-SUPPORTING
HELP RIGHT HERE 603 TEXAS AVE SIGNAL MOUNTAIN, TN 37377	84-1969666	501(C)(3)	7,000.	0.			UNRESTRICTED FUNDING
HERITAGE ACADEMY, INC. 23100 CLARKRANGE HIGHWAY MONTEREY, TN 38574	62-1566104	501(C)(3)	30,000.	0.			2SERVE DISASTER TRAINING & RESPONSE TEAM
HERITAGE FOUNDATION OF FRANKLIN & WILLIAMSON COUNTY TENNESSEE - P.O.BOX 723 - FRANKLIN, TN 37065	23-7042596	501(C)(3)	10,000.	0.			UNRESTRICTED
HILLSDALE COLLEGE 33 E. COLLEGE STREET HILLSDALE, MI 49242-9989	38-1374230	501(C)(3)	25,000.	0.			UNRESTRICTED
HIKSON UNITED METHODIST CHURCH 5301 OLD HIKSON PIKE HIKSON, TN 37343	62-0926853	CHURCH/NOT 501(C)	10,000.	0.			UNRESTRICTED
HOPE FOR THE INNER CITY P. O. BOX 11584 1800 ROANOKE AVENUE CHATTANOOGA, TN 37401	62-1659831	501(C)(3)	9,455.	0.			MERCY RELIEF FUND REQUEST
HOPE FOR THE INNER CITY P. O. BOX 11584 1800 ROANOKE AVENUE CHATTANOOGA, TN 37401	62-1659831	501(C)(3)	5,545.	0.			FOOD AND UTILITY ASSISTANCE PROGRAMS
HOPE HEALS 4279 ROSWELL RD NE SUITE 208, #270 ATLANTA, GA 30342	46-2623503	501(C)(3)	10,000.	0.			UNRESTRICTED

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HOUSE UNIVERSITY MINISTRIES OF CHATTANOOGA - 650 MCCALLIE AVENUE - CHATTANOOGA, TN 37403	26-1706394	501(C)(3)	8,000.	0.			UNRESTRICTED
HOUSTON MUSEUM OF DECORATIVE ARTS 201 HIGH STREET CHATTANOOGA, TN 37403	62-0712778	501(C)(3)	8,068.	0.			UNRESTRICTED
HUMANE EDUCATIONAL SOCIETY OF CHATTANOOGA TENNESSEE - 4155 RANDOLPH CIRCLE - CHATTANOOGA, TN 37406	62-0478240	501(C)(3)	10,000.	0.			COMMUNITY VACCINE CLINICS
HUMBOLDT AREA FOUNDATION 363 INDIANOLA ROAD BAYSIDE, CA 95524	23-7310660	501(C)(3)	10,000.	0.			DONOR CIRCLE FOR SOCIAL JUSTICE FUND
HUNTER MUSEUM OF ART 10 BLUFF VIEW DRIVE CHATTANOOGA, TN 37403	62-0511893	501(C)(3)	8,900.	0.			SPECTRUM AUCTIONEER SPONSOR 2022 - NO BENEFITS REQUESTED
HUNTER MUSEUM OF ART 10 BLUFF VIEW DRIVE CHATTANOOGA, TN 37403	62-0511893	501(C)(3)	20,000.	0.			ANNUAL FUND
HUNTSVILLE INNER CITY LEARNING CENTER INC - 2450 BRAHAN AVE SW - HUNTSVILLE, AL 35805-3002	20-5583934	501(C)(3)	12,000.	0.			SUPPORT FOR EDUCATIONAL PROGRAMMING
HUNTSVILLE INNER CITY LEARNING CENTER INC - 2450 BRAHAN AVE SW - HUNTSVILLE, AL 35805-3002	20-5583934	501(C)(3)	12,000.	0.			SUPPORT FOR EDUCATIONAL PROGRAMMING
INTEGRATED LIVING OPPORTUNITIES 5603 POTOMAC AVENUE, NW WASHINGTON, DC 20016	47-2723676	501(C)(3)	10,000.	0.			HELPING ADULTS WITH DISABILITIES LIVE INDEPENDENTLY

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INTERNATIONAL UKRAINIAN CRISIS FUND - 115 S SMEAD CT - ROSWELL, GA 30076	88-0951156	501(C)(3)	50,000.	0.			SECOND HALF OF MATCHING GRANT TO BE USED FOR FOOD, MEDICAL SUPPLIES AND EVACUATION SUPPORT
INTERNATIONAL UKRAINIAN CRISIS FUND - 115 S SMEAD CT - ROSWELL, GA 30076	88-0951156	501(C)(3)	50,000.	0.			FIRST HALF OF MATCHING GRANT TO BE USED FOR FOOD, MEDICAL SUPPLIES AND EVACUATION SUPPORT
ISAIAH 117 HOUSE PO BOX 842 ELIZABETHTON, TN 37644	82-0631497	501(C)(3)	30,000.	0.			UNRESTRICTED
IYOUTH LIMITED 1226 FRANKLIN DRIVE CHATTANOOGA, TN 37421	82-4156892	501(C)(3)	5,500.	0.			IYOUTH LIMITED 2022-2023
JANUARY ADVISORS, LLC P.O. BOX 728 HOUSTON, TX 77001	90-0722692	OTHER	21,429.	0.			COURT DATA ANALYSIS- 2 MONTHS
JEWBELONG, INC. P.O. BOX 3013 MEMORIAL STATION UPPER MONTCLAIR, NJ 07043	81-3739789	501(C)(3)	18,000.	0.			ANNUAL GIFT
JEWISH FEDERATION OF GREATER CHATTANOOGA - P. O. BOX 8947 - CHATTANOOGA, TN 37414	62-0475677	501(C)(3)	39,836.	0.			ANNUAL CAMPAIGN
JEWISH FEDERATION OF GREATER CHATTANOOGA - P. O. BOX 8947 - CHATTANOOGA, TN 37414	62-0475677	501(C)(3)	6,000.	0.			LIFE INSURANCE PREMIUM BEQUEST
JOHN BROWN UNIVERSITY 2000 WEST UNIVERSITY ST SILOAM SPRINGS, AR 72761	71-0239576	501(C)(3)	30,000.	0.			JBU SCHOLARSHIP FUND

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JUNIOR ACHIEVEMENT 5721 MARLIN ROAD SUITE 3400 CHATTANOOGA, TN 37411	62-0636297	501(C)(3)	10,000.	0.			UNRESTRICTED
JUNIOR LEAGUE OF CHATTANOOGA, INC. 622 EAST 4TH STREET CHATTANOOGA, TN 37403	62-0582665	501(C)(3)	15,000.	0.			MINI GRANTS 2022-2023
JUSTICE 360 900 ELMWOOD AVENUE, SUITE 200 COLUMBIA, SC 29201	57-0873224	501(C)(3)	10,000.	0.			JUVENILE JUSTICE
KELCURT FOUNDATION 9619 DAYTON PIKE SODDY-DAISY, TN 37379	83-0558576	501(C)(3)	15,000.	0.			ELEVATING THE WORKFORCE AND ELEVATING WELLBEING
LA PAZ DE DIOS P.O. BOX 3058 CHATTANOOGA, TN 37404	20-1115026	501(C)(3)	10,000.	0.			SUPPORT FOR MIGRANT CRISIS
LA PAZ DE DIOS P.O. BOX 3058 CHATTANOOGA, TN 37404	20-1115026	501(C)(3)	15,000.	0.			LATINO STABILIZATION AND COMMUNITY EDUCATION
LANA'S LOVE FOUNDATION, INC. 1801 #AST 24TH STREET PLACE CHATTANOOGA, TN 37404	26-1786908	501(C)(3)	10,000.	0.			ANNUAL FUNDRAISING CONTRIBUTION
LAUNCH PAD 617 MARLBORO AVENUE CHATTANOOGA, TN 37412	36-4949193	501(C)(3)	20,000.	0.			HOUSE MANAGER SALARY
LAUNCH, INC. P.O. BOX 903 CHATTANOOGA, TN 37401	46-2203112	501(C)(3)	15,000.	0.			LAUNCH CHA ACADEMY ECONOMIC DEVELOPMENT

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LAUNCH, INC. P.O. BOX 903 CHATTANOOGA, TN 37401	46-2203112	501(C)(3)	8,000.	0.			UNRESTRICTED
LAUNCH, INC. P.O. BOX 903 CHATTANOOGA, TN 37401	46-2203112	501(C)(3)	10,000.	0.			KITCHEN INCUBATOR
LEARNINGWORKS 181 BRACKETT STREET PORTLAND, ME 04102	01-0353682	501(C)(3)	10,000.	0.			MULTI-ORGANIZATIONAL LEARNING COHORT FOR RACIAL JUSTICE PRACTICES
LEE UNIVERSITY OFFICE OF FINANCIAL AID, P.O. BOX 3 CLEVELAND, TN 37320-3450	62-0502739	501(C)(3)	18,000.	0.			STRING THEORY 2022/2023 SEASON
LEGAL AID OF EAST TENNESSEE 100 W MARTIN LUTHER KING BLVD. SUIT CHATTANOOGA, TN 37402	58-9132803	501(C)(3)	44,358.	0.			ARP QUARTERLY DISTRIBUTION
LIBERTY AND HEALTH ALLIANCE PO BOX 31651 PHOENIX, AZ 85046	87-2654750	501(C)(3)	25,000.	0.			UNRESTRICTED
LIFESPRING COMMUNITY HEALTH 1042 E. 3RD STREET, SUITE 200 CHATTANOOGA, TN 37403	27-3856741	501(C)(3)	5,545.	0.			SUPPORT FOR UNINSURED YOUTH
LIFESPRING COMMUNITY HEALTH 1042 E. 3RD STREET, SUITE 200 CHATTANOOGA, TN 37403	27-3856741	501(C)(3)	10,000.	0.			BEHAVIORAL HEALTH
LIFESPRING COMMUNITY HEALTH 1042 E. 3RD STREET, SUITE 200 CHATTANOOGA, TN 37403	27-3856741	501(C)(3)	50,000.	0.			GENERAL OPERATIONS

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LIFESPRING COMMUNITY HEALTH 1042 E. 3RD STREET, SUITE 200 CHATTANOOGA, TN 37403	27-3856741	501(C)(3)	10,000.	0.			BEHAVIORAL HEALTH
LIFESPRING COMMUNITY HEALTH 1042 E. 3RD STREET, SUITE 200 CHATTANOOGA, TN 37403	27-3856741	501(C)(3)	9,455.	0.			PROVIDING EXEMPLARY PEDIATRIC CARE & SERVICES FOR CHILDREN AND FAMILIES IN GREATER CHATTANOOGA
LIFESPRING COMMUNITY HEALTH 1042 E. 3RD STREET, SUITE 200 CHATTANOOGA, TN 37403	27-3856741	501(C)(3)	38,212.	0.			\$21,138 FOR COVID-19 TESTING SUPPORT, \$13,600 FOR COVID PCR EQUIPMENT, AND \$3,474 FOR INDIRECT
LIVE LIKE JAKE FOUNDATION, INC. 14283 ARDEL ROAD PALM BEACH GARDENS, FL 33410	47-1163422	501(C)(3)	10,000.	0.			MATCHING GRANT FOR THE LIVE LIKE JAKE RACE
LIVE LIKE JAKE FOUNDATION, INC. 14283 ARDEL ROAD PALM BEACH GARDENS, FL 33410	47-1163422	501(C)(3)	10,000.	0.			CALLING TO THE HEART FOR SCHOLARSHIPS FOR NEAR FATAL DROWNINGS
LIVE LIKE JAKE FOUNDATION, INC. 14283 ARDEL ROAD PALM BEACH GARDENS, FL 33410	47-1163422	501(C)(3)	10,000.	0.			OCTOBER GALA SPONSOR - DONOR NOT ATTENDING
LOMA LINDA UNIVERSITY SDA CHURCH 11125 CAMPUS STREET LOMA LINDA, CA 92354	95-2111211	CHURCH/NOT 501(C)	50,000.	0.			CHURCH BUDGET
LOOKOUT MOUNTAIN CONSERVANCY P.O. BOX 76 LOOKOUT MOUNTAIN, TN 37350	62-1460535	501(C)(3)	20,000.	0.			INTERN LEADER AND COMMUNITY GARDEN PROGRAMS
LOOKOUT MOUNTAIN CONSERVANCY P.O. BOX 76 LOOKOUT MOUNTAIN, TN 37350	62-1460535	501(C)(3)	40,000.	0.			\$7,500 FOR MOUNTAIN BIKES AND HELMETS, \$5,000 FOR PARKING LOT SIGNAGE, \$17,400 FOR ORCHARD,

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOOKOUT MOUNTAIN PRESBYTERIAN CHURCH - 316 NORTH BRAGG AVENUE P. O. BOX 57 - LOOKOUT MOUNTAIN, TN 37350	62-0514467	501(C)(3)	21,000.	0.			RENEWAL PLEDGE AND ANNUAL SUPPORT FOR 2022
LOOKOUT MOUNTAIN PRESBYTERIAN CHURCH - 316 NORTH BRAGG AVENUE P. O. BOX 57 - LOOKOUT MOUNTAIN, TN 37350	62-0514467	501(C)(3)	30,000.	0.			\$25,000 FOR RENEW (1 OF 4); \$5,000 FOR OPERATING
LOOKOUT MOUNTAIN PRESBYTERIAN CHURCH - 316 NORTH BRAGG AVENUE P. O. BOX 57 - LOOKOUT MOUNTAIN, TN 37350	62-0514467	501(C)(3)	20,000.	0.			RENEW CAMPAIGN
LOST TREE CHAPEL 11149 TURTLE BEACH ROAD NORTH PALM BEACH, FL 33408	59-1709556	501(C)(3)	10,000.	0.			CAPITAL GIFT FOR MANSE
LOST TREE CHAPEL 11149 TURTLE BEACH ROAD NORTH PALM BEACH, FL 33408	59-1709556	501(C)(3)	6,000.	0.			\$5,000 FOR OPERATING BUDGET; \$1,000 FOR FRIENDS OF THE FORUM
LOVE WITHOUT REASON INC P.O BOX 21009 CHATTANOOGA, TN 37424	26-1640273	501(C)(3)	15,000.	0.			UNRESTRICTED
LOVE'S ARM OUTREACH MINISTRIES P O BOX 21488 CHATTANOOGA, TN 37424	47-2951001	501(C)(3)	16,500.	0.			LOVE'S ARM'S ACUTE CARE PROGRAM
MAINSRING CONSERVATION TRUST, INC P.O. BOX 1148 FRANKLIN, NC 28744	56-2142199	501(C)(3)	20,052.	0.			DARK COVE CONSERVATION
MAKE-A-WISH FOUNDATION OF EAST TENNESSEE - 6700 BAUM DRIVE, SUITE 7 - KNOXVILLE, TN 37919	58-1799549	501(C)(3)	16,600.	0.			UNRESTRICTED

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MARK MAKING- SCENIC CITY ANGEL PO BOX 4271 CHATTANOOGA, TN 37405	26-2959326	501(C)(3)	30,000.	0.			SUPPORT FOR SCENIC CITY ANGEL
MARK MAKING- SCENIC CITY ANGEL PO BOX 4271 CHATTANOOGA, TN 37405	26-2959326	501(C)(3)	30,000.	0.			SCENIC CITY ANGELS
MARK MAKING- SCENIC CITY ANGEL PO BOX 4271 CHATTANOOGA, TN 37405	26-2959326	501(C)(3)	30,000.	0.			SCENIC CITY ANGEL
MARK MAKING- SCENIC CITY ANGEL PO BOX 4271 CHATTANOOGA, TN 37405	26-2959326	501(C)(3)	30,000.	0.			SCENIC CITY ANGEL SUPPORT
MARTHA O'BRYAN CENTER 711 S. 7TH STREET NASHVILLE, TN 37206	62-0477728	501(C)(3)	12,000.	0.			SUPPORT FOR EDUCATIONAL PROGRAMMING
MARY WALKER HISTORICAL AND EDUCATIONAL FOUNDATION - 611 EAST M.L. KING BOULEVARD - CHATTANOOGA, TN 37403	62-1103291	501(C)(3)	7,500.	0.			QUARTERLY EDUCATION SUPPORT (Q1, Q2 AND Q3 2022)
MCCALLIE SCHOOL, INC. DEVELOPMENT OFFICE, 500 DODDS AVENUE CHATTANOOGA, TN 37404	62-0475837	501(C)(3)	15,000.	0.			CLASS OF '86 NEW MCCALLIE FACULTY TOWNHOME
MCCALLIE SCHOOL, INC. DEVELOPMENT OFFICE, 500 DODDS AVENUE CHATTANOOGA, TN 37404	62-0475837	501(C)(3)	7,500.	0.			SUPPORT FOR MCCALLIE SCHOOL'S EDUCATIONAL EFFORTS WITH CONTRIBUTION TO THE SUSTAINING FUND
MCCALLIE SCHOOL, INC. DEVELOPMENT OFFICE, 500 DODDS AVENUE CHATTANOOGA, TN 37404	62-0475837	501(C)(3)	20,000.	0.			FACULTY HOUSING PROJECT - FINAL PLEDGE PAYMENT

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MCCALLIE SCHOOL, INC. DEVELOPMENT OFFICE, 500 DODDS AVENUE CHATTANOOGA, TN 37404	62-0475837	501(C)(3)	35,000.	0.			CAPITAL CAMPAIGN
MCCALLIE SCHOOL, INC. DEVELOPMENT OFFICE, 500 DODDS AVENUE CHATTANOOGA, TN 37404	62-0475837	501(C)(3)	10,000.	0.			SQUASH CENTER CAPITAL CAMPAIGN
MCCALLIE SCHOOL, INC. DEVELOPMENT OFFICE, 500 DODDS AVENUE CHATTANOOGA, TN 37404	62-0475837	501(C)(3)	7,717.	0.			LUNCH FOR CAMPERS & STAFF
MCKEE PARKS, TRAILS AND GREENWAYS P.O. BOX 750 COLLEGEDALE, TN 37315-0750	85-1121910	501(C)(3)	732,000.	0.			GENERAL OPERATING SUPPORT EXCLUDING OFFICER COMPENSATION
MEDIA RESEARCH CENTER 1900 CAMPUS COMMONS DRIVE SUITE 600 RESTON, VA 20191	54-1429009	501(C)(3)	50,000.	0.			UNRESTRICTED DONATION
MEDICOS MISSION FUND 1300 E 23RD STREET CHATTANOOGA, TN 37404	86-3384114	501(C)(3)	16,500.	0.			MEDICAL EQUIPMENT FOR NECESSARY SCREENING ASSESSMENTS OF UNINSURED CHILDREN
MEDICOS MISSION FUND 1300 E 23RD STREET CHATTANOOGA, TN 37404	86-3384114	501(C)(3)	25,000.	0.			BEHAVIORAL/SOCIAL/DENTAL HEALTH CARE
MEDICOS MISSION FUND 1300 E 23RD STREET CHATTANOOGA, TN 37404	86-3384114	501(C)(3)	15,000.	0.			RAPID DETECTION OF COVID OR FLU
MENDED HEARTS INC INTERNATIONAL HEADQUARTERS AND RESOURCE CENTER 1500 DAWSON ROAD - ALBANY, GA	04-6073589	501(C)(3)	20,000.	0.			YOUNG MENDED HEARTS DIVISION

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MENDED HEARTS INC INTERNATIONAL HEADQUARTERS AND RESOURCE CENTER 1500 DAWSON ROAD - ALBANY, GA	04-6073589	501(C)(3)	20,000.	0.			LITTLE MENDED HEARTS DIVISION
MENDED HEARTS INC INTERNATIONAL HEADQUARTERS AND RESOURCE CENTER 1500 DAWSON ROAD - ALBANY, GA	04-6073589	501(C)(3)	20,000.	0.			MENDED HEARTS DIVISION
METRO WORSHIP CENTER METRO MINISTRIES P.O. BOX 317 MOBILE, AL 36601	63-1000232	501(C)(3)	10,000.	0.			UNRESTRICTED
METROPOLITAN MINISTRIES, INC. 4001 ROSSVILLE BLVD CHATTANOOGA, TN 37407	27-0203084	501(C)(3)	12,500.	0.			UNRESTRICTED
METROPOLITAN MINISTRIES, INC. 4001 ROSSVILLE BLVD CHATTANOOGA, TN 37407	27-0203084	501(C)(3)	16,500.	0.			HUMAN NEEDS: PEGGY'S PURSE
MILLER & MARTIN, PLLC 832 GEORGIA AVENUE, SUITE 1200 CHATTANOOGA, TN 37402	62-0449014	OTHER	11,892.	0.			LEGAL SERVICES RENDERED NONPROFIT GOVERNANCE, OPERATIONS AND COMPLETION OF FORM 1023
MINNESOTA YOUTH COLLECTIVE EDUCATION FUND - 2161 UNIVERSITY AVE W, SUITE 100 - ST. PAUL, MN 55114	82-4719053	501(C)(3)	10,000.	0.			EDUCATION FUND, CIVIC ENGAGEMENT
MISSION INCREASE 5015 SAINT ELMO AVENUE CHATTANOOGA, TN 37409	83-4503439	501(C)(3)	25,000.	0.			PROGRAM EXPANSION - STRATEGIC PLANNING
MIZPAH CONGREGATION 923 MCCALLIE AVENUE CHATTANOOGA, TN 37403	62-0534807	501(C)(3)	8,902.	0.			UNRESTRICTED

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MIZPAH CONGREGATION 923 MCCALLIE AVENUE CHATTANOOGA, TN 37403	62-0534807	501(C)(3)	5,249.	0.			UNRESTRICTED
MIZPAH CONGREGATION 923 MCCALLIE AVENUE CHATTANOOGA, TN 37403	62-0534807	501(C)(3)	11,662.	0.			UNRESTRICTED
MIZPAH CONGREGATION 923 MCCALLIE AVENUE CHATTANOOGA, TN 37403	62-0534807	501(C)(3)	8,000.	0.			\$7,700 FOR DUES, \$300 FOR PHYSICAL PROPERTIES
MIZPAH CONGREGATION 923 MCCALLIE AVENUE CHATTANOOGA, TN 37403	62-0534807	501(C)(3)	5,249.	0.			UNRESTRICTED
MIZPAH CONGREGATION 923 MCCALLIE AVENUE CHATTANOOGA, TN 37403	62-0534807	501(C)(3)	8,902.	0.			UNRESTRICTED
MIZPAH CONGREGATION 923 MCCALLIE AVENUE CHATTANOOGA, TN 37403	62-0534807	501(C)(3)	7,000.	0.			2022 DUES
MIZPAH CONGREGATION 923 MCCALLIE AVENUE CHATTANOOGA, TN 37403	62-0534807	501(C)(3)	11,662.	0.			UNRESTRICTED
MIZPAH CONGREGATION 923 MCCALLIE AVENUE CHATTANOOGA, TN 37403	62-0534807	501(C)(3)	15,000.	0.			MIZPAH CEMETERY CONTROL BOARD
MIZPAH CONGREGATION 923 MCCALLIE AVENUE CHATTANOOGA, TN 37403	62-0534807	501(C)(3)	5,249.	0.			UNRESTRICTED

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MIZPAH CONGREGATION 923 MCCALLIE AVENUE CHATTANOOGA, TN 37403	62-0534807	501(C)(3)	8,902.	0.			UNRESTRICTED
MIZPAH CONGREGATION 923 MCCALLIE AVENUE CHATTANOOGA, TN 37403	62-0534807	501(C)(3)	8,902.	0.			UNRESTRICTED
MIZPAH CONGREGATION 923 MCCALLIE AVENUE CHATTANOOGA, TN 37403	62-0534807	501(C)(3)	5,249.	0.			UNRESTRICTED
MONTESSORI ELEMENTARY AT HIGHLAND PARK - PO BOX 3804 - CHATTANOOGA, TN 37404	85-0736138	501(C)(3)	100,000.	0.			CAPITAL CAMPAIGN
MOTHERS' MILK BANK OF TENNESSEE 2909 OLD FORT PARKWAY SUITE 105 MURFREESBORO, TN 37128	47-1170482	501(C)(3)	9,089.	0.			UNRESTRICTED
MOUNTAIN EDUCATION FOUNDATION P.O. BOX 81 SIGNAL MOUNTAIN, TN 37377	26-3004434	501(C)(3)	10,000.	0.			LOVE OUR SCHOOLS MATCH FOR ANNUAL FUND
MOUNTAIN GOAT TRAIL ALLIANCE P. O. BOX 968 MONTEAGLE, TN 37356	20-5363669	501(C)(3)	500,000.	0.			UNRESTRICTED
MT AIRY CENTER 869 MOUNT AIRY RD DAVIDSONVILLE, MD 21035-2225	72-0973244	501(C)(3)	6,000.	0.			UNRESTRICTED
NAMA-NATIONAL ALUMNI MINISTRIES ASSOCIATION - 7805 JOLLEY WAY - CHATTANOOGA, TN 37421	36-4948156	501(C)(3)	5,500.	0.			SUPPORTING MENTAL WELLBEING

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NAMI OF CHATTANOOGA P.O. BOX 17062 CHATTANOOGA, TN 37415	58-1755205	501(C)(3)	15,000.	0.			EXECUTIVE DIRECTOR HIRING
NATIONAL ASSOCIATION FOR THE PREVENTION OF STARVATION - PO BOX 100 - GREENSBORO, AL 36744	63-1187365	501(C)(3)	52,475.	0.			\$26,237.50 FOR MOBILE DENTAL BUS AND \$26,237.50 FOR THE SOUTHERN WORK
NORTH ATLANTIC SALMON FUND GRASSY CREEK FOUNDATION C/O NASF, 221 NORTH HOGAN STREET, SUITE 403 - JACKS	31-1477594	501(C)(3)	100,000.	0.			UNRESTRICTED
NORTH PACIFIC UNION CONFERENCE ASSOCIATION OF SEVENTH DAY ADVENTISTS - 5709 N. 20TH STREET - RIDGEFIELD, WA 98642	93-6022695	501(C)(3)	6,526.	0.			DISCIPLE TREK
NORTHSIDE NEIGHBORHOOD HOUSE 211 MINOR STREET P.O. BOX 4086 CHATTANOOGA, TN 37405	62-0481801	501(C)(3)	16,500.	0.			STABLE NEIGHBORS, THRIVING COMMUNITIES
NORTHSIDE NEIGHBORHOOD HOUSE 211 MINOR STREET P.O. BOX 4086 CHATTANOOGA, TN 37405	62-0481801	501(C)(3)	25,000.	0.			GOOD NEIGHBOR FUND
NORTHSIDE NEIGHBORHOOD HOUSE 211 MINOR STREET P.O. BOX 4086 CHATTANOOGA, TN 37405	62-0481801	501(C)(3)	6,000.	0.			UNRESTRICTED
NORTHWEST ARKANSAS INDUSTRIES FOR EDUCATION, INC. - 201 S GILES ST - GENTRY, AR 72734	71-0804058	501(C)(3)	43,350.	0.			TRAINER EQUIPMENT FOR THE GENTRY LOCATION
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET ALUMNI RELATIONS AND DEVELOPMENT OFFICE - EVANSTON, IL 602	36-2167817	501(C)(3)	25,000.	0.			NU HILLEL CAPITAL CAMPAIGN

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NOTRE DAME HIGH SCHOOL 2701 VERMONT AVENUE CHATTANOOGA, TN 37404	62-0534808	CHURCH/NOT 501(C	40,000.	0.			2022 ANNUAL SUPPORT
NOVA UKRAINE 963 MEARS CT STANFORD, CA 94305	46-5335435	501(C)(3)	20,000.	0.			SUPPORT FOR UKRAINE
NURTURE THE NEXT FORMERLY PREVENT CHILD ABUSE TENNESSEE - 600 HILL AVENUE, SUITE 202 - NASHVILLE, TN 37210	58-1567835	501(C)(3)	16,500.	0.			INCREASING SAFE, STABLE, AND NURTURING FAMILIES IN HAMILTON COUNTY AND THE TN VALLEY
NURTURE THE NEXT FORMERLY PREVENT CHILD ABUSE TENNESSEE - 600 HILL AVENUE, SUITE 202 - NASHVILLE, TN 37210	58-1567835	501(C)(3)	30,000.	0.			UNRESTRICTED
ON POINT 4509 HIXSON PIKE, SUITE 1 HIXSON, TN 37343	68-0533402	501(C)(3)	20,000.	0.			SPECIAL PROJECT PARTNERSHIP
ON POINT 4509 HIXSON PIKE, SUITE 1 HIXSON, TN 37343	68-0533402	501(C)(3)	8,000.	0.			UNRESTRICTED
ON POINT 4509 HIXSON PIKE, SUITE 1 HIXSON, TN 37343	68-0533402	501(C)(3)	75,000.	0.			2022 GRANTLIFE ON POINT PROGRAMMING
ORANGE GROVE CENTER 615 DERBY STREET CHATTANOOGA, TN 37404	62-0549365	501(C)(3)	20,000.	0.			UNRESTRICTED
ORANGE GROVE CENTER 615 DERBY STREET CHATTANOOGA, TN 37404	62-0549365	501(C)(3)	15,000.	0.			EXPANSION OF NUTRITION PROGRAM - REGISTERED DIETICIAN FOR INDIVIDUALIZED MEAL

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ORANGE GROVE CENTER 615 DERBY STREET CHATTANOOGA, TN 37404	62-0549365	501(C)(3)	20,000.	0.			\$10,000 UNRESTRICTED AND \$10,000 FOR KITCHEN COMPLETION OF GROUP HOME
ORANGE GROVE CENTER 615 DERBY STREET CHATTANOOGA, TN 37404	62-0549365	501(C)(3)	15,000.	0.			BASIC NEEDS FOR INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL
ORANGE GROVE CENTER 615 DERBY STREET CHATTANOOGA, TN 37404	62-0549365	501(C)(3)	10,000.	0.			BOYNTON DRIVE PROJECT
ORANGE GROVE CENTER 615 DERBY STREET CHATTANOOGA, TN 37404	62-0549365	501(C)(3)	10,000.	0.			WANDA FLEMING FUND RESIDENTIAL FACILITY KITCHEN UPDATE
ORANGE GROVE CENTER 615 DERBY STREET CHATTANOOGA, TN 37404	62-0549365	501(C)(3)	10,000.	0.			EMPLOYMENT SERVICES FOR INDIVIDUALS WITH IDD
PALM BEACH COUNTY FISHING FOUNDATION - P. O. BOX 468 - WEST PALM BEACH, FL 33402	65-0213715	501(C)(3)	13,000.	0.			ARTIFICIAL REEF PROGRAM
PALM BEACH COUNTY FISHING FOUNDATION - P. O. BOX 468 - WEST PALM BEACH, FL 33402	65-0213715	501(C)(3)	13,000.	0.			REEF DART/FISH TAGS
PARTNERSHIP FOR FAMILIES, CHILDREN AND ADULTS, INC. - 5600 BRAINERD ROAD, SUITE E-3 - CHATTANOOGA, TN 37411	62-1326050	501(C)(3)	30,000.	0.			UNRESTRICTED
PARTNERSHIP FOR FAMILIES, CHILDREN AND ADULTS, INC. - 5600 BRAINERD ROAD, SUITE E-3 - CHATTANOOGA, TN 37411	62-1326050	501(C)(3)	15,000.	0.			OPERATIONAL SUPPORT FOR MISSION AND IMPACT

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PILGRIM CONGREGATIONAL CHURCH - UNITED CHURCH OF CHRIST - 400 GLENWOOD DRIVE - CHATTANOOGA, TN 37404	62-0676373	CHURCH/NOT 501(C	10,000.	0.			UNRESTRICTED
PILGRIM CONGREGATIONAL CHURCH - UNITED CHURCH OF CHRIST - 400 GLENWOOD DRIVE - CHATTANOOGA, TN 37404	62-0676373	CHURCH/NOT 501(C	7,000.	0.			UNRESTRICTED
POLO FOR LIFE INC 255 PROFESSIONAL WAY SUITE 100 WELLINGTON, FL 33414	83-2488311	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PORT RESOURCES 280 GANNETT DR STE B SOUTH PORTLAND, ME 04106-7940	01-0367582	501(C)(3)	9,300.	0.			DSP WORKFORCE READINESS PILOT PROGRAM
POSITIVE ALTERNATIVE RECREATION TEAMBUILDING IMPACTING PROGRAM - 2576 GUMDROP DR. 2576 GUMDROP DR. - SAN JOSE, CA 95148	76-0832431	501(C)(3)	10,000.	0.			STOP THE VIOLENCE
PRESERVE CHATTANOOGA 1400 MARKET STREET #100 CHATTANOOGA, TN 37402	51-0204182	501(C)(3)	5,995.	0.			FUND CLOSING
PUBLIC EDUCATION FOUNDATION 835 GEORGIA AVENUE, SUITE 400 CHATTANOOGA, TN 37402	62-1356764	501(C)(3)	500,000.	0.			COLLEGE ADVANCEMENT MENTORS
PURSUIT OF HAPPINESS FOR UNDERSERVED AND UNDER RESOURCED YOUTH - 4001 ROSSVILLE BLVD - CHATTANOOGA, TN 37407	85-2723153	501(C)(3)	10,000.	0.			APPRENTICESHIP PROGRAM BHE HAPPY
PURSUIT OF HAPPINESS FOR UNDERSERVED AND UNDER RESOURCED YOUTH - 4001 ROSSVILLE BLVD - CHATTANOOGA, TN 37407	85-2723153	501(C)(3)	10,000.	0.			IN HOME CASE MANAGEMENT FOR 10 FAMILIES FOR FIVE MONTHS

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Q STRATEGIES, LLC 832 GEORGIA AVENUE, SUITE 300 CHATTANOOGA, TN 37402	46-3018435	OTHER	5,400.	0.			CHATTANOOGA FESTIVAL OF BLACK ARTS & IDEAS CONSULTING
RAZOM INC. 140 2ND AVE., SUITE 305 NEW YORK, NY 10003	46-4604398	501(C)(3)	20,000.	0.			SUPPORT FOR UKRAINE
REFLECTION RIDING ARBORETUM AND NATURE CENTER - 400 GARDEN ROAD - CHATTANOOGA, TN 37419	58-1311080	501(C)(3)	10,000.	0.			SUPPORT TO HELP COVER COSTS ASSOCIATED WITH EARN WHILE YOU LEARN NATIVE LANDSCAPE
REFLECTION RIDING ARBORETUM AND NATURE CENTER - 400 GARDEN ROAD - CHATTANOOGA, TN 37419	58-1311080	501(C)(3)	6,000.	0.			UNRESTRICTED
REFLECTION RIDING ARBORETUM AND NATURE CENTER - 400 GARDEN ROAD - CHATTANOOGA, TN 37419	58-1311080	501(C)(3)	10,000.	0.			HERE COMES THE SUN CAMPAIGN
REFLECTION RIDING ARBORETUM AND NATURE CENTER - 400 GARDEN ROAD - CHATTANOOGA, TN 37419	58-1311080	501(C)(3)	8,000.	0.			WAUHATCHIE SCHOOL SCHOLARSHIPS
RESOUNDING MINDS 3418 SAINT ELMO AVENUE CHATTANOOGA, TN 37409	88-0583563	501(C)(3)	15,000.	0.			HUEMANS' WELLNESS
RESTORE A CHILD, INC 9672 SANDPIPER LANE WEST PALM BEACH, FL 33411	27-4371864	501(C)(3)	15,000.	0.			UNRESTRICTED
RESTORE A CHILD, INC 9672 SANDPIPER LANE WEST PALM BEACH, FL 33411	27-4371864	501(C)(3)	10,000.	0.			FOR SCHOOLS IN UKRAINE BEING USED AS SHELTERS FOR REFUGEES (MEALS, CLOTHING AND MEDICAL

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RE-WAKE 1089 BAILEY AVE SUITE C3 CHATTANOOGA, TN 37404	87-1001265	501(C)(3)	5,500.	0.			A SECOND CHANCE
RISE CHATTANOOGA PO BOX 406 CHATTANOOGA, TN 37401	47-2972148	501(C)(3)	20,000.	0.			TEACHING KITCHEN
RIVER CITY COMPANY 2ND FLOOR MILLER PLAZA 850 MARKET S CHATTANOOGA, TN 37402	62-1273871	501(C)(3)	10,000.	0.			IMPULSE PROJECT
RIVER CITY COMPANY 2ND FLOOR MILLER PLAZA 850 MARKET S CHATTANOOGA, TN 37402	62-1273871	501(C)(3)	20,000.	0.			PATTEN PARKWAY ACTIVATION
ROCK CREEK FELLOWSHIP 2008 DURHAM ROAD RISING FAWN, GA 30738	58-2662872	501(C)(3)	15,000.	0.			UNRESTRICTED
ROLLING IN FAITH 4484 MOLLY LN METROPOLIS, IL 62960	84-4582302	501(C)(3)	10,000.	0.			UNRESTRICTED
ROLLING IN FAITH 4484 MOLLY LN METROPOLIS, IL 62960	84-4582302	501(C)(3)	10,000.	0.			UNRESTRICTED
ROME SYMPHONY ORCHESTRA, INC. P. O. BOX 533 ROME, GA 30162	58-1290719	501(C)(3)	10,000.	0.			PLAY ON! CAMPAIGN
ROOT & REBOUND 1610 HARRISON STREET SUITE E EAST OAKLAND, CA 94612	46-3876220	501(C)(3)	10,000.	0.			AFFORDABLE HOMEOWNERSHIP FOR UNDERSERVED POPULATIONS

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SAMARITAN'S PURSE P. O. BOX 3000 BOONE, NC 28607-3000	58-1437002	501(C)(3)	10,000.	0.			UKRAINE SUPPORT
SAVE THE CHILDREN 501 KINGS HIGHWAY EAST, SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	20,000.	0.			SUPPORT FOR UKRAINE
SAVE THE CHILDREN 501 KINGS HIGHWAY EAST, SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	20,000.	0.			UKRAINE RELIEF FUND
SAVE THE REDWOODS LEAGUE 111 SUTTER STREET, FLOOR 11 SAN FRANCISCO, CA 94104-4556	94-0843915	501(C)(3)	25,000.	0.			REDWOODS AND CLIMATE CHANGE HIGH SCHOOL EDUCATION PROGRAM
SENIOR HOUSING ALTERNATIVES 825 RUNYAN DR CHATTANOOGA, TN 37405	59-3763503	501(C)(3)	8,483.	0.			SUPPORT FOR CARE OF INDIGENT SENIORS
SEWANEE, THE UNIVERSITY OF THE SOUTH - 735 UNIVERSITY AVENUE - SEWANEE, TN 37383-1000	62-0475697	501(C)(3)	10,000.	0.			\$2,500 FOR ANNUAL FUND AND \$7,500 FOR CORNERSTONE SCHOLARSHIP FUND
SEWANEE, THE UNIVERSITY OF THE SOUTH - 735 UNIVERSITY AVENUE - SEWANEE, TN 37383-1000	62-0475697	501(C)(3)	10,000.	0.			ANNUAL FUND
SEWANEE, THE UNIVERSITY OF THE SOUTH - 735 UNIVERSITY AVENUE - SEWANEE, TN 37383-1000	62-0475697	501(C)(3)	10,500.	0.			UNRESTRICTED QUARTERLY DISTRIBUTION
SEWANEE, THE UNIVERSITY OF THE SOUTH - 735 UNIVERSITY AVENUE - SEWANEE, TN 37383-1000	62-0475697	501(C)(3)	8,000.	0.			CAPITAL CAMPAIGN, CIVIC ENGAGEMENT LAB

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SEWANEE, THE UNIVERSITY OF THE SOUTH - 735 UNIVERSITY AVENUE - SEWANEE, TN 37383-1000	62-0475697	501(C)(3)	10,500.	0.			UNRESTRICTED QUARTERLY DISTRIBUTION
SEWANEE, THE UNIVERSITY OF THE SOUTH - 735 UNIVERSITY AVENUE - SEWANEE, TN 37383-1000	62-0475697	501(C)(3)	17,931.	0.			LIFE INSURANCE
SEWANEE, THE UNIVERSITY OF THE SOUTH - 735 UNIVERSITY AVENUE - SEWANEE, TN 37383-1000	62-0475697	501(C)(3)	10,500.	0.			UNRESTRICTED QUARTERLY DISTRIBUTION
SEWANEE, THE UNIVERSITY OF THE SOUTH - 735 UNIVERSITY AVENUE - SEWANEE, TN 37383-1000	62-0475697	501(C)(3)	10,500.	0.			UNRESTRICTED QUARTERLY DISTRIBUTION
SHEPHERDS ARMS RESCUE MISSION, INC. - P. O. BOX 16758 - CHATTANOOGA, TN 37416	62-1617005	501(C)(3)	10,000.	0.			WOMEN AND CHILDREN'S CLINIC BUILDOUT
SIGNAL CENTERS 109 NORTH GERMANTOWN ROAD CHATTANOOGA, TN 37411-2756	62-0587285	501(C)(3)	15,000.	0.			ADULT PROGRAM - SCHOLARSHIPS/TRANSPORTATION NEEDS
SIGNAL CENTERS 109 NORTH GERMANTOWN ROAD CHATTANOOGA, TN 37411-2756	62-0587285	501(C)(3)	16,500.	0.			SIGNAL SUPPORTS FAMILIES
SIGNAL CENTERS 109 NORTH GERMANTOWN ROAD CHATTANOOGA, TN 37411-2756	62-0587285	501(C)(3)	15,000.	0.			FAMILY FORWARD
SIGNAL CENTERS 109 NORTH GERMANTOWN ROAD CHATTANOOGA, TN 37411-2756	62-0587285	501(C)(3)	8,000.	0.			FAMILY FORWARD

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SIGNAL CENTERS 109 NORTH GERMANTOWN ROAD CHATTANOOGA, TN 37411-2756	62-0587285	501(C)(3)	53,519.	0.			PROCEEDS FROM WOMEN OF DIST. EVENT
SIGNAL CENTERS 109 NORTH GERMANTOWN ROAD CHATTANOOGA, TN 37411-2756	62-0587285	501(C)(3)	7,500.	0.			UTC FRESHMAN ENGINEERING STUDENTS PROJECT FOR DISABILITIES
SISKIN CHILDREN'S INSTITUTE 1101 CARTER STREET CHATTANOOGA, TN 37402-5017	59-1781637	501(C)(3)	6,510.	0.			LITTLE MISS MAG CHRISTMAS PARTY AND TOYS
SISKIN HOSPITAL FOR PHYSICAL REHABILITATION - ONE SISKIN PLAZA - CHATTANOOGA, TN 37403	62-1220402	501(C)(3)	10,000.	0.			SISKIN HEALING GARDENS
SISKIN HOSPITAL FOR PHYSICAL REHABILITATION - ONE SISKIN PLAZA - CHATTANOOGA, TN 37403	62-1220402	501(C)(3)	10,000.	0.			HEALING GARDENS CAPITAL CAMPAIGN
SKYUKA HALL PO BOX 8567 CHATTANOOGA, TN 37414	62-6075837	501(C)(3)	1,359,646.	0.			FUND DISTRIBUTION FOR LAND AND BUILDING PURCHASE AGMT
SKYUKA HALL PO BOX 8567 CHATTANOOGA, TN 37414	62-6075837	501(C)(3)	12,000.	0.			\$3,500 FOR CAPITAL BUILDING CAMPAIGN AND \$8,500 FOR BOARD OF DIRECTORS SCHOLARSHIP
SMALL BUSINESS EMPOWERMENT CENTER 911 WASHINGTON, SUITE 805 ST. LOUIS, MO 63101	80-0563561	501(C)(3)	10,000.	0.			MINORITY AND WOMEN BUSINESS SUPPORT PROGRAM
SME PRESERVATION FUND P. O. BOX 278 SIGNAL MOUNTAIN, TN 37377	82-3879320	501(C)(3)	15,000.	0.			MOUNTAIN ARTS COMMUNITY CENTER - MATCHING GRANT

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SOUTH CENTRAL CONFERENCE OF SEVENTH DAY ADVENTISTS - 715 YOUNGS LANE - NASHVILLE, TN 37207	62-6001383	CHURCH/NOT 501(C	28,000.	0.			TITHE
SOUTHERN ADVENTIST UNIVERSITY ADVANCEMENT OFFICE P.O. BOX 370 COLLEGE DALE, TN 37315-0370	62-0536733	501(C)(3)	200,000.	0.			EQUIPMENT FOR ENGINEERING BS PROGRAM
SOUTHERN ADVENTIST UNIVERSITY ADVANCEMENT OFFICE P.O. BOX 370 COLLEGE DALE, TN 37315-0370	62-0536733	501(C)(3)	500,000.	0.			SCHOOL OF BUSINESS CAMPAIGN, FIRST OF THREE \$500K PLEDGES DUE IN 2022, 2023, AND 2024
SOUTHERN ADVENTIST UNIVERSITY ADVANCEMENT OFFICE P.O. BOX 370 COLLEGE DALE, TN 37315-0370	62-0536733	501(C)(3)	25,000.	0.			SYMPHONY ORCHESTRA TOUR
SOUTHERN ADVENTIST UNIVERSITY ADVANCEMENT OFFICE P.O. BOX 370 COLLEGE DALE, TN 37315-0370	62-0536733	501(C)(3)	7,700.	0.			TRAIL MAINTENANCE OF WHITE OAK MOUNTAIN AND BAUXITE RIDGE TRAIL SYSTEM
SOUTHERN ADVENTIST UNIVERSITY ADVANCEMENT OFFICE P.O. BOX 370 COLLEGE DALE, TN 37315-0370	62-0536733	501(C)(3)	15,000.	0.			PIERSON INSTITUTE OF EVANGELISM
SOUTHERN ADVENTIST UNIVERSITY ADVANCEMENT OFFICE P.O. BOX 370 COLLEGE DALE, TN 37315-0370	62-0536733	501(C)(3)	100,000.	0.			MCKEE LIBRARY IMPROVEMENTS
SOUTHERN ADVENTIST UNIVERSITY ADVANCEMENT OFFICE P.O. BOX 370 COLLEGE DALE, TN 37315-0370	62-0536733	501(C)(3)	25,000.	0.			SYMPHONY ORCHESTRA
SOUTHERN DOCUMENTARY FUND P.O. BOX 3622 DURHAM, NC 27702	75-2993148	501(C)(3)	15,000.	0.			THE CIVIL CASE

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SOUTHERN ENVIRONMENTAL LAW CENTER 120 GARRETT STREET SUITE 400 CHARLOTTESVILLE, VA 22902	52-1436778	501(C)(3)	10,000.	0.			UNRESTRICTED
SOUTHERN ENVIRONMENTAL LAW CENTER 120 GARRETT STREET SUITE 400 CHARLOTTESVILLE, VA 22902	52-1436778	501(C)(3)	12,000.	0.			UNRESTRICTED
SPEECH & HEARING CENTER 6016 SHALLOWFORD ROAD, SUITE 1500 CHATTANOOGA, TN 37421	62-0526644	501(C)(3)	7,500.	0.			STRATEGIC PLANNING MATCHING GRANT
SPEECH & HEARING CENTER 6016 SHALLOWFORD ROAD, SUITE 1500 CHATTANOOGA, TN 37421	62-0526644	501(C)(3)	16,500.	0.			SPEECH AND HEARING CENTER
SPEECH & HEARING CENTER 6016 SHALLOWFORD ROAD, SUITE 1500 CHATTANOOGA, TN 37421	62-0526644	501(C)(3)	17,500.	0.			DEVELOPING AND EXPANDING THE INTENTIONALITY OF DEI
SPLASH 1814 WHEELER AVENUE CHATTANOOGA, TN 37406	90-0824026	501(C)(3)	15,000.	0.			SHELTER IN ART
SPORTS CATALYST INC PO BOX 130715 SPRING, TX 77393	35-2643819	501(C)(3)	7,000.	0.			UKRAINE HUMANITARIAN EFFORTS
SPROUT IMPACT, LLC 3 FAIRHILLS DRIVE CHATTANOOGA, TN 37405	85-4334857	OTHER	22,400.	0.			ELECTION PROJECT MANAGEMENT AND CANVASSING
ST. GEORGE'S EPISCOPAL CHURCH 4715 HARDING PIKE NASHVILLE, TN 37205	62-6002162	CHURCH/NOT 501(C)	10,000.	0.			FOURTH INSTALLMENT OF \$50,000.00 SHEFFIELD-BRYAN BUILDING FUND PLEDGE

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ST. GEORGE'S EPISCOPAL CHURCH 4715 HARDING PIKE NASHVILLE, TN 37205	62-6002162	CHURCH/NOT 501(C	18,000.	0.			2022 PLEDGE
ST. PAUL'S EPISCOPAL CHURCH 305 W 7TH STREET CHATTANOOGA, TN 37402	62-0478096	CHURCH/NOT 501(C	5,208.	0.			LAND, BUILDING, AND EQUIPMENT
ST. PAUL'S EPISCOPAL CHURCH 305 W 7TH STREET CHATTANOOGA, TN 37402	62-0478096	CHURCH/NOT 501(C	10,000.	0.			ANNUAL SUPPORT
ST. PETER'S EPISCOPAL SCHOOL 848 ASHLAND TERRACE CHATTANOOGA, TN 37415	10-0160327	CHURCH/NOT 501(C	250,000.	0.			CAMPAIGN PLEDGE PAYMENT (1 OF 6)
ST. PETER'S EPISCOPAL SCHOOL 848 ASHLAND TERRACE CHATTANOOGA, TN 37415	10-0160327	CHURCH/NOT 501(C	25,000.	0.			STORM INITIATIVE SUPPORT
STOVE WORKS 1250 E 13TH STREET CHATTANOOGA, TN 37408	82-1351758	501(C)(3)	10,000.	0.			UNRESTRICTED
STREET GRACE 5995 FINANCIAL DRIVE, SUITE 180 NORCROSS, GA 30071	26-4335907	501(C)(3)	12,042.	0.			UNRESTRICTED
SWEET BRIAR INSTITUTE ATTN: MARY POPE HUTSON, P. O. BOX 1 SWEET BRIAR, VA 24595	54-0534105	501(C)(3)	500,000.	0.			UNRESTRICTED
SWEET BRIAR INSTITUTE ATTN: MARY POPE HUTSON, P. O. BOX 1 SWEET BRIAR, VA 24595	54-0534105	501(C)(3)	25,000.	0.			ANNUAL FUND

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TARALOKA FOUNDATION 705 NORTHERN AVENUE SIGNAL MOUNTAIN, TN 37377	80-0802627	501(C)(3)	6,900.	0.			ANNUAL SUPPORT FOR 2020, 2021, 2022
TEACH FOR AMERICA - NASHVILLE-CHATTANOOGA - P.O. BOX 748607 - ATLANTA, GA 30374-8607	13-3541913	501(C)(3)	10,000.	0.			UNRESTRICTED
TENNESSEE AQUARIUM P. O. BOX 11048 CHATTANOOGA, TN 37401	58-1837154	501(C)(3)	10,000.	0.			ANNUAL VISIONARY SUPPORT
TENNESSEE AQUARIUM P. O. BOX 11048 CHATTANOOGA, TN 37401	58-1837154	501(C)(3)	100,000.	0.			2022 ANNUAL FUND
TENNESSEE ASSOCIATION OF BUSINESS FOUNDATION - 414 UNION STREET SUITE 107 - NASHVILLE, TN 37219	58-1750875	501(C)(3)	100,000.	0.			BE PRO BE PROUD-TN
TENNESSEE GOLF FOUNDATION 400 FRANKLIN ROAD FRANKLIN, TN 37069	58-1893478	501(C)(3)	10,000.	0.			UNRESTRICTED
TENNESSEE HUMANE ANIMAL LEAGUE (DBA PET PLACEMENT CENTER) - PET PLACEMENT CENTER 5975 DAYTON BLVD. - CHATTANOOGA, TN 37415-1211	58-1576912	501(C)(3)	10,000.	0.			VETERINARY COSTS ASSOCIATED WITH PLACEMENT WORK
TENNESSEE IMMIGRANT AND REFUGEE RIGHTS COALITION (TIRRC) - 3310 EZELL RD - NASHVILLE, TN 37211	20-0121100	501(C)(3)	50,000.	0.			CHATTANOOGA ORGANIZER POSITION
TENNESSEE IMMIGRANT AND REFUGEE RIGHTS COALITION (TIRRC) - 3310 EZELL RD - NASHVILLE, TN 37211	20-0121100	501(C)(3)	15,000.	0.			WORKFORCE DEVELOPMENT WITH IMMIGRANTS AND REFUGEES IN HAMILTON COUNTY

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TENNESSEE RIVER GORGE TRUST 1214 DARTMOUTH STREET CHATTANOOGA, TN 37405	62-1278612	501(C)(3)	10,000.	0.			SUPPORT FOR LAND ACQUISITION AND CONSERVATION EFFORTS
TENNESSEE RIVER GORGE TRUST 1214 DARTMOUTH STREET CHATTANOOGA, TN 37405	62-1278612	501(C)(3)	10,000.	0.			UNRESTRICTED
TENNESSEE RIVER GORGE TRUST 1214 DARTMOUTH STREET CHATTANOOGA, TN 37405	62-1278612	501(C)(3)	6,000.	0.			UNRESTRICTED
THE ALS ASSOCIATION OF GEORGIA 5881 GLENRIDGE DR SUITE 200 ATLANTA, GA 30328	58-1943490	501(C)(3)	7,500.	0.			2022 POKER TOURNAMENT DONATION - NO BENEFITS RECEIVED
THE AOPA FOUNDATION, INC. 421 AVIATION WAY FREDERICK, MD 21701	20-8817225	501(C)(3)	10,000.	0.			GENERAL FUND
THE ASPEN INSTITUTE 2300 N STREET SUITE 700 WASHINGTON, DC 20037	84-0399006	501(C)(3)	20,000.	0.			2022 AESG DONATION
THE BRIGHT SCHOOL 1950 MCDADE LANE CHATTANOOGA, TN 37405-9968	62-0476284	501(C)(3)	6,510.	0.			LAND, BUILDING, AND EQUIPMENT
THE CHATT FOUNDATION DBA COMMUNITY KITCHEN - P.O. BOX 11203 727 E. ELEVENTH STREET - CHATTANOOGA, TN 37401-2203	62-1151413	501(C)(3)	20,000.	0.			FAST DAY CAMPAIGN
THE CHATT FOUNDATION DBA COMMUNITY KITCHEN - P.O. BOX 11203 727 E. ELEVENTH STREET - CHATTANOOGA, TN 37401-2203	62-1151413	501(C)(3)	10,000.	0.			UNRESTRICTED

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THE CHATT FOUNDATION DBA COMMUNITY KITCHEN - P.O. BOX 11203 727 E. ELEVENTH STREET - CHATTANOOGA, TN 37401-2203	62-1151413	501(C)(3)	16,500.	0.			FOOD SERVICE AND WELCOME CENTER TRANSFORMATION
THE CHATT FOUNDATION DBA COMMUNITY KITCHEN - P.O. BOX 11203 727 E. ELEVENTH STREET - CHATTANOOGA, TN 37401-2203	62-1151413	501(C)(3)	9,114.	0.			DONOR DIRECTED FUND
THE CHATT FOUNDATION DBA COMMUNITY KITCHEN - P.O. BOX 11203 727 E. ELEVENTH STREET - CHATTANOOGA, TN 37401-2203	62-1151413	501(C)(3)	6,000.	0.			FEED THE HOMELESS
THE CHATTERY 1624 E. 13TH STREET CHATTANOOGA, TN 37404	47-3709953	501(C)(3)	10,000.	0.			ANTI-RACISM WORKSHOPS AND EDUCATIONAL EXPERIENCES FOR COMMUNITY
THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350	62-0553431	CHURCH/NOT 501(C)	30,000.	0.			2022 STEWARDSHIP PLEDGE FULFILLMENT
THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350	62-0553431	CHURCH/NOT 501(C)	25,000.	0.			OUTREACH SUPPORT
THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350	62-0553431	CHURCH/NOT 501(C)	7,000.	0.			2022 PLEDGE
THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350	62-0553431	CHURCH/NOT 501(C)	18,000.	0.			UNRESTRICTED
THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350	62-0553431	CHURCH/NOT 501(C)	10,000.	0.			STEWARDSHIP CAMPAIGN

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350	62-0553431	CHURCH/NOT 501(C	64,000.	0.			UNRESTRICTED
THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350	62-0553431	CHURCH/NOT 501(C	10,000.	0.			UNRESTRICTED
THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350	62-0553431	CHURCH/NOT 501(C	7,000.	0.			2022 PLEDGE
THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350	62-0553431	CHURCH/NOT 501(C	6,000.	0.			2022 PLEDGE
THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350	62-0553431	CHURCH/NOT 501(C	12,000.	0.			ANNUAL FUND
THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350	62-0553431	CHURCH/NOT 501(C	13,000.	0.			OUTREACH
THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350	62-0553431	CHURCH/NOT 501(C	75,000.	0.			PROJECT PURPOSES
THE CHURCH OF THE GOOD SHEPHERD 211 FRANKLIN ROAD LOOKOUT MOUNTAIN, TN 37350	62-0553431	CHURCH/NOT 501(C	64,000.	0.			UNRESTRICTED
THE GIVING KITCHEN INITIATIVE 970 JEFFERSON ST NW SUITE 8 ATLANTA, GA 30318	46-2176788	501(C)(3)	10,000.	0.			UNRESTRICTED

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THE GOLD BUILDING, A DEFOOR BROTHERS DEVELOPMENT, LLC DBA WESTIN CHATTANOOGA - 801 BROAD STREET, SUITE 200 - CHATTANOOGA,	27-4216038	OTHER	37,037.	0.			WOMEN POLICY CONFERENCE INVOICE
THE KIT MURPHY MEMORIAL SCHOLARSHIP INC - PO BOX 698 - RICHMOND, IN 47375-0698	61-1311686	OTHER	7,000.	0.			KIT MURPHY MEMORIAL SCHOLARSHIP FUND
THE NATIONAL MENTORING PARTNERSHIP, INC. - 201 SOUTH ST., SUITE 615 - BOSTON, MA 02111	52-1674088	501(C)(3)	10,000.	0.			UNRESTRICTED
THE NATIONAL MENTORING PARTNERSHIP, INC. - 201 SOUTH ST., SUITE 615 - BOSTON, MA 02111	52-1674088	501(C)(3)	10,000.	0.			ANNUAL COMMITMENT (YEAR 1 OF 4)
THE NATURE CONSERVANCY TENNESSEE CHAPTER - 2 MARYLAND FARMS, SUITE 150 - BRENTWOOD, TN 37027	53-0242652	501(C)(3)	8,000.	0.			UNRESTRICTED
THE NATURE CONSERVANCY TENNESSEE CHAPTER - 2 MARYLAND FARMS, SUITE 150 - BRENTWOOD, TN 37027	53-0242652	501(C)(3)	10,000.	0.			UNRESTRICTED
THE NET RESOURCE FOUNDATION 4001 HUGHES AVENUE SUITE 205 CHATTANOOGA, TN 37410	81-1168775	501(C)(3)	40,000.	0.			STRATEGIC PRIORITIES (YEAR 1 OF 3)
THE NET RESOURCE FOUNDATION 4001 HUGHES AVENUE SUITE 205 CHATTANOOGA, TN 37410	81-1168775	501(C)(3)	15,000.	0.			UNRESTRICTED
THE NET RESOURCE FOUNDATION 4001 HUGHES AVENUE SUITE 205 CHATTANOOGA, TN 37410	81-1168775	501(C)(3)	6,638.	0.			PLAYGROUND

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THE NET RESOURCE FOUNDATION 4001 HUGHES AVENUE SUITE 205 CHATTANOOGA, TN 37410	81-1168775	501(C)(3)	15,000.	0.			618 PROJECT
THE NEXT DOOR, INC. P.O. BOX 526 CHATTANOOGA, TN 37401	43-2001774	501(C)(3)	16,500.	0.			MENTAL HEALTH THERAPY FOR WOMEN AT THE NEXT DOORS CORRECTIONAL RELEASE CENTER
THE POP-UP PROJECT 1602 ARAPAHO DRIVE SODDY DAISY, TN 37379	81-5373267	501(C)(3)	7,500.	0.			DANCE ALIVE
THE POP-UP PROJECT 1602 ARAPAHO DRIVE SODDY DAISY, TN 37379	81-5373267	501(C)(3)	10,000.	0.			YOUTH OUTREACH
THE SALVATION ARMY 822 MCCALLIE AVENUE CHATTANOOGA, TN 37403	58-0660607	501(C)(3)	6,000.	0.			UNRESTRICTED
THE SALVATION ARMY 822 MCCALLIE AVENUE CHATTANOOGA, TN 37403	58-0660607	501(C)(3)	15,000.	0.			CHATTANOOGA DIVISION
THE SALVATION ARMY 822 MCCALLIE AVENUE CHATTANOOGA, TN 37403	58-0660607	501(C)(3)	15,000.	0.			PATHWAY TO RESILIENCE
THE SAMARITAN CENTER, INC. 9231 LEE HIGHWAY OOLTEWAH, TN 37363	62-1600668	501(C)(3)	40,000.	0.			UNRESTRICTED
THE URBAN LEAGUE OF GREATER CHATTANOOGA - 401 E M.L. KING BLVD. SUITE 301 - CHATTANOOGA, TN 37403	58-1436933	501(C)(3)	25,000.	0.			COMMUNITY CULTURE INDEX

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THE URBAN LEAGUE OF GREATER CHATTANOOGA - 401 E M.L. KING BLVD. SUITE 301 - CHATTANOOGA, TN 37403	58-1436933	501(C)(3)	11,500.	0.			PRESIDENT'S CIRCLE
THE URBAN LEAGUE OF GREATER CHATTANOOGA - 401 E M.L. KING BLVD. SUITE 301 - CHATTANOOGA, TN 37403	58-1436933	501(C)(3)	15,000.	0.			URBAN LEAGUE EMPOWERMENT CENTERS
THE WELL SEVENTH DAY ADVENTIST CHURCH - P.O. BOX 3131 - CHATTANOOGA, TN 37404	52-0643036	CHURCH/NOT 501(C)	20,000.	0.			BUILDING FUND - PURCHASE OF PROPERTY AT 1925 ROSSVILLE AVENUE
THINKTENNESSEE 414 UNION ST. SUITE 1900 NASHVILLE, TN 37219	81-2821568	501(C)(3)	10,000.	0.			UNRESTRICTED
TO CRY FOR GRACE INC 220 LYNNOLEN LANE ATTN: BRIANNA DAL CHATTANOOGA, TN 37415	85-2970750	501(C)(3)	15,849.	0.			GENERAL OR BUILDING FUND
TO CRY FOR GRACE INC 220 LYNNOLEN LANE ATTN: BRIANNA DAL CHATTANOOGA, TN 37415	85-2970750	501(C)(3)	80,833.	0.			BUILDING FUND
TRAIN THEM 2 FISH P.O. BOX 642 FLETCHER, NC 28732	47-5343565	501(C)(3)	6,750.	0.			TO HELP THE PEOPLE DISPLACED BY THE WAR IN CONGO
TRAIN THEM 2 FISH P.O. BOX 642 FLETCHER, NC 28732	47-5343565	501(C)(3)	7,505.	0.			50% FOR EVANGELISM AND 50% FOR HUMANITARIAN
TRESTLE CHOO CHOO, LLC 174 BEACH ROAD GLENCOE, IL 60022	87-4434437	OTHER	50,000.	0.			MEMBERSHIP INTEREST PER SUBSCRIPTION AGREEMENT

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TRI STATE FOOD PANTRY, INC. 2026 HIGHWAY 136 TRENTON, GA 30752	20-3427202	501(C)(3)	10,000.	0.			PRODUCE
TRI-COMMUNITY VOLUNTEER FIRE DEPARTMENT - P O BOX 509 - COLLEGE DALE, TN 37315	62-6047226	501(C)(3)	10,000.	0.			UNRESTRICTED
TRI-COMMUNITY VOLUNTEER FIRE DEPARTMENT - P O BOX 509 - COLLEGE DALE, TN 37315	62-6047226	501(C)(3)	25,000.	0.			GENERAL SUPPORT
TRUST FOR PUBLIC LAND P.O. BOX 3240 CHATTANOOGA, TN 37404	23-7222333	501(C)(3)	10,000.	0.			UNRESTRICTED
TRUST FOR PUBLIC LAND P.O. BOX 3240 CHATTANOOGA, TN 37404	23-7222333	501(C)(3)	6,000.	0.			SUPPORT FOR CHATTANOOGA'S STRINGER'S RIDGE PARK, "WHISPER COVE" AND NOEL DURANT'S WORK
TRUST FOR PUBLIC LAND P.O. BOX 3240 CHATTANOOGA, TN 37404	23-7222333	501(C)(3)	25,000.	0.			PRESENTING SPONSOR SOUTH CHICKAMAUGA GREENWAY GRAND OPENING JUNE 26
U.S. DREAM ACADEMY, INC 8807 COLESVILLE ROAD 5TH FLOOR SILVER SPRING, MD 20910	59-3514841	501(C)(3)	15,000.	0.			UNRESTRICTED
U.S. DREAM ACADEMY, INC 8807 COLESVILLE ROAD 5TH FLOOR SILVER SPRING, MD 20910	59-3514841	501(C)(3)	35,000.	0.			UNRESTRICTED
UNIFIED P.O. BOX 5503 CHATTANOOGA, TN 37406	46-5366288	501(C)(3)	25,000.	0.			UNRESTRICTED

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UNITED METHODIST NEIGHBORHOOD CENTERS, INC. DBA THE BETHLEHEM CENTER - P.O. BOX 2156 200 W 38TH STREET - CHATTANOOGA, TN	62-6066210	501(C)(3)	7,500.	0.			AFTER SCHOOL LITERACY PROGRAMS
UNITED METHODIST NEIGHBORHOOD CENTERS, INC. DBA THE BETHLEHEM CENTER - P.O. BOX 2156 200 W 38TH STREET - CHATTANOOGA, TN	62-6066210	501(C)(3)	7,500.	0.			AFTER SCHOOL LITERACY PROGRAMS
UNITED METHODIST NEIGHBORHOOD CENTERS, INC. DBA THE BETHLEHEM CENTER - P.O. BOX 2156 200 W 38TH STREET - CHATTANOOGA, TN	62-6066210	501(C)(3)	6,242.	0.			UNRESTRICTED
UNITED METHODIST NEIGHBORHOOD CENTERS, INC. DBA THE BETHLEHEM CENTER - P.O. BOX 2156 200 W 38TH STREET - CHATTANOOGA, TN	62-6066210	501(C)(3)	7,500.	0.			AFTER SCHOOL LITERACY PROGRAMS
UNITED METHODIST NEIGHBORHOOD CENTERS, INC. DBA THE BETHLEHEM CENTER - P.O. BOX 2156 200 W 38TH STREET - CHATTANOOGA, TN	62-6066210	501(C)(3)	16,500.	0.			PROGRAMMATIC SUPPORT FOCUSED ON STUDENT SOCIAL EMOTIONAL LEARNING AND MENTAL WELL-BEING
UNITED METHODIST NEIGHBORHOOD CENTERS, INC. DBA THE BETHLEHEM CENTER - P.O. BOX 2156 200 W 38TH STREET - CHATTANOOGA, TN	62-6066210	501(C)(3)	8,000.	0.			UNRESTRICTED
UNITED METHODIST NEIGHBORHOOD CENTERS, INC. DBA THE BETHLEHEM CENTER - P.O. BOX 2156 200 W 38TH STREET - CHATTANOOGA, TN	62-6066210	501(C)(3)	10,000.	0.			SUPPORT FOR COMMUNITY OUTREACH MANAGER
UNITED METHODIST NEIGHBORHOOD CENTERS, INC. DBA THE BETHLEHEM CENTER - P.O. BOX 2156 200 W 38TH STREET - CHATTANOOGA, TN	62-6066210	501(C)(3)	7,500.	0.			AFTER SCHOOL LITERACY PROGRAMS
UNITED WAY OF GENTRY, INC. P. O. BOX 425 GENTRY, AR 72734	58-1808761	501(C)(3)	43,000.	0.			UNRESTRICTED

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UNITED WAY OF GENTRY, INC. P. O. BOX 425 GENTRY, AR 72734	58-1808761	501(C)(3)	26,000.	0.			UNRESTRICTED
UNITED WAY OF GREATER AUGUSTA 24 IDLEWOOD BLVD., SUITE 106-112 STAUNTON, VA 24401	54-0955100	501(C)(3)	42,000.	0.			UNRESTRICTED
UNITED WAY OF GREATER AUGUSTA 24 IDLEWOOD BLVD., SUITE 106-112 STAUNTON, VA 24401	54-0955100	501(C)(3)	38,000.	0.			UNRESTRICTED
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	20,000.	0.			UNRESTRICTED
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	35,000.	0.			UNRESTRICTED
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	12,500.	0.			ALEXIS DE TOQUEVILLE SOCIETY QUARTERLY DISTRIBUTION
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	11,000.	0.			ANNUAL PLEDGE
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	10,000.	0.			ANNUAL TOQUEVILLE SUPPORT
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	50,000.	0.			ALEXIS DETOCQUEVILLE SOCIETY

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UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	10,000.	0.			UNRESTRICTED
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	11,000.	0.			ANNUAL OPERATING FUNDS
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	100,000.	0.			ANNUAL CAMPAIGN - CENTENNIAL
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	12,500.	0.			ALEXIS DE TOQUEVILLE SOCIETY QUARTERLY DISTRIBUTION
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	12,500.	0.			ALEXIS DE TOQUEVILLE SOCIETY QUARTERLY DISTRIBUTION
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	10,000.	0.			UNRESTRICTED
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	5,250.	0.			ANNUAL FUND - CBL'S EMPLOYEE CAMPAIGN
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	12,000.	0.			2021 PLEDGE DONATION
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	10,000.	0.			2021 PLEDGE

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UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	12,500.	0.			ALEXIS DE TOQUEVILLE SOCIETY QUARTERLY DISTRIBUTION
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	188,000.	0.			UNRESTRICTED
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	200,000.	0.			UNRESTRICTED
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	11,500.	0.			TOCQUEVILLE SOCIETY
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	100,000.	0.			UNRESTRICTED
UNITED WAY OF NORTHWEST GEORGIA 816 S. THORNTON AVENUE P.O. BOX 566 DALTON, GA 30722	58-0905881	501(C)(3)	25,000.	0.			UNRESTRICTED ANNUAL DONATION
UNIVERSITY OF CHATTANOOGA FOUNDATION, INC. - 615 MCCALLIE AVENUE, DEPT. 6806 - CHATTANOOGA, TN 37403	62-0476521	501(C)(3)	20,000.	0.			STUDENT INTERN PROGRAM
UNIVERSITY OF CHATTANOOGA FOUNDATION, INC. - 615 MCCALLIE AVENUE, DEPT. 6806 - CHATTANOOGA, TN 37403	62-0476521	501(C)(3)	5,208.	0.			BUSINESS ADMINISTRATION SCHOLARSHIP
UNIVERSITY OF CHATTANOOGA FOUNDATION, INC. - 615 MCCALLIE AVENUE, DEPT. 6806 - CHATTANOOGA, TN 37403	62-0476521	501(C)(3)	6,510.	0.			MUSIC SCHOLARSHIP

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UNIVERSITY OF CHATTANOOGA FOUNDATION, INC. - 615 MCCALLIE AVENUE, DEPT. 6806 - CHATTANOOGA, TN 37403	62-0476521	501(C)(3)	5,208.	0.			FINANCIAL NEED SCHOLARSHIP
UNIVERSITY OF TENNESSEE AT CHATTANOOGA - OFFICE OF DEVELOPMENT, 615 MCCALLIE AVENUE, DEPT. 6806 - CHATTANOOGA, TN	62-6001636	STATE OF TN	10,000.	0.			UTC CHALLENGER CENTER
UNIVERSITY OF TENNESSEE AT CHATTANOOGA - OFFICE OF DEVELOPMENT, 615 MCCALLIE AVENUE, DEPT. 6806 - CHATTANOOGA, TN	62-6001636	STATE OF TN	10,000.	0.			ENGINEERING SCHOLARSHIPS
UNIVERSITY OF TENNESSEE AT CHATTANOOGA - OFFICE OF DEVELOPMENT, 615 MCCALLIE AVENUE, DEPT. 6806 - CHATTANOOGA, TN	62-6001636	STATE OF TN	7,500.	0.			KYIV BALLET PRODUCTION - MATCHING GRANT
UNIVERSITY OF TENNESSEE AT CHATTANOOGA - OFFICE OF DEVELOPMENT, 615 MCCALLIE AVENUE, DEPT. 6806 - CHATTANOOGA, TN	62-6001636	STATE OF TN	15,000.	0.			OLDHAM SCHOLARSHIP FUND
UNIVERSITY OF TENNESSEE FOUNDATION, INC. - ATTN: DONOR RECORDS 1525 UNIVERSITY AVENUE - KNOXVILLE, TN 37921	62-1844686	501(C)(3)	10,450.	0.			BILL MOGGRIDGE AWARD IN THE COLLEGE OF ARCHITECTURE AND DESIGN
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DRIVE, SUITE 15 AUSTIN, TX 78759	74-1587488	501(C)(3)	50,000.	0.			UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - \$25,000 FOR BREAST CANCER MOONSHOT (DR. DEBU
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DRIVE, SUITE 15 AUSTIN, TX 78759	74-1587488	501(C)(3)	50,000.	0.			UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - \$25,000 FOR BREAST CANCER MOONSHOT (DR. DEBU
UNIVERSITY OF VIRGINIA ALUMNI ASSOCIATION - P. O. BOX 400314 - CHARLOTTESVILLE, VA 22904-4314	54-0485595	501(C)(3)	10,000.	0.			MEMORIAL TO ENSLAVED LABORERS PROGRAMMING AND INITIATIVE

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UNREPORTED STORY SOCIETY 578 WASHINGTON BLVD # 802 MARINA DEL REY, CA 90292	82-3412341	501(C)(3)	20,000.	0.			"MY SON HUNTER" MOVIE
URBAN LEAGUE OF THE UPSTATE 15 REGENCY HILL DRIVE GREENVILLE, SC 29607	57-0541039	501(C)(3)	10,000.	0.			RACIAL AND ECONOMIC MOBILITY COMMISSION
VANDERBILT UNIVERSITY MEDICAL CENTER - VUMC GIFT & DONOR SERVICES PO BOX 290369 - NASHVILLE, TN 37229	35-2528741	501(C)(3)	66,750.	0.			\$33,375 FOR RESEARCH EFFORTS FOR GENE EDITING AND \$33,375 FOR RESEARCH EFFORTS FOR COLORECTAL
VILLAGE OF PROMISE INCORPORATED 2700 FAIRBANKS ST NW HUNTSVILLE, AL 35816-2432	27-4419395	501(C)(3)	12,000.	0.			SUPPORT FOR EDUCATIONAL PROGRAMMING
VIRGINIA ATHLETICS FOUNDATION P. O. BOX 400833 CHARLOTTESVILLE, VA 22904-4833	54-0517188	501(C)(3)	10,000.	0.			MENS BASKETBALL PROGRAM
VIRGINIA ATHLETICS FOUNDATION P. O. BOX 400833 CHARLOTTESVILLE, VA 22904-4833	54-0517188	501(C)(3)	10,000.	0.			WOMEN'S SOCCER PROGRAM
VISION OF MERCY 600 EAST 52ND STREET CHATTANOOGA, TN 37410	86-3922275	501(C)(3)	15,000.	0.			HOMELESS OUTREACH
VOLUNTEERS IN MEDICINE, CHATTANOOGA, INC. - P.O. BOX 81057 - CHATTANOOGA, TN 37414-8257	71-0959332	501(C)(3)	7,000.	0.			UNRESTRICTED - SECOND PAYMENT OF \$25K GRANT
WALDENS RIDGE EMERGENCY SERVICE P. O. BOX 215 SIGNAL MOUNTAIN, TN 37377	62-0988335	501(C)(3)	8,250.	0.			WILDERNESS RESCUE TRUCK PURCHASE

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.**

Schedule I (Form 990)

**62-6045999**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALTER E. BOEHM BIRTH DEFECTS CENTER - 975 E. 3RD STREET - CHATTANOOGA, TN 37403	51-0175126	501(C)(3)	16,500.	0.			DELIVERING AFFORDABLE MEDICAL CARE FOR PEOPLE WITH BIRTH DEFECTS OF THE BRAIN AND SPINAL CORD
WALTON GOLF BOOSTER CLUB 622 LAKEVIEW TRAIL MARIETTA, GA 30068	83-3354337	501(C)(3)	10,000.	0.			WALTON BOYS GOLF TEAM
WALTON HIGH SCHOOL FOUNDATION INC 1590 BILL MURDOCK ROAD MARIETTA, GA 30062	58-1985878	501(C)(3)	12,000.	0.			CONTINUING EDUCATION SCHOLARSHIPS FOR TEACHERS
WARRIOR FREEDOM SERVICE DOGS INC P.O. BOX 31 FLINTSTONE, GA 30725	47-3304033	501(C)(3)	55,000.	0.			UNRESTRICTED
WASHINGTON & LEE UNIVERSITY DEVELOPMENT DEPARTMENT 204 W. WASHINGTON STREET - LEXINGTON, VA 24450-0303	54-0505977	501(C)(3)	10,000.	0.			ANNUAL FUND
WASHINGTON LEGAL FOUNDATION 2009 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	52-1071570	501(C)(3)	15,000.	0.			UNRESTRICTED
WAUHATCHIE SCHOOL 403 GARDEN ROAD CHATTANOOGA, TN 37419	82-2812020	501(C)(3)	8,000.	0.			WAUHATCHIE SCHOOL SCHOLARSHIPS
WEIMAR INSTITUTE PO BOX 486 WEIMAR, CA 95736-0486	94-2423430	501(C)(3)	38,951.	0.			NEWSTART LIFESTYLE PROGRAM
WELCOME HOME OF CHATTANOOGA P. O. BOX 4247 CHATTANOOGA, TN 37405	46-2613489	501(C)(3)	50,000.	0.			UNRESTRICTED

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.**

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WELCOME HOME OF CHATTANOOGA P. O. BOX 4247 CHATTANOOGA, TN 37405	46-2613489	501(C)(3)	205,000.	0.			2022 PHASE I CONSTRUCTION QUIET CREEK FACILITY
WELCOME HOME OF CHATTANOOGA P. O. BOX 4247 CHATTANOOGA, TN 37405	46-2613489	501(C)(3)	12,750.	0.			UNRESTRICTED
WELCOME HOME OF CHATTANOOGA P. O. BOX 4247 CHATTANOOGA, TN 37405	46-2613489	501(C)(3)	15,000.	0.			TRAUMA-INFORMED SHELTER FOR CANCER RESPITE AND END-OF-LIFE CARE
WESTERN UNIVERSITY OF HEALTH SCIENCES - ADVANCEMENT INFORMATION SERVICES OFFICE 309 E. SECOND ST. - POMONA, CA 91766	95-3127273	501(C)(3)	10,000.	0.			SUPPORT OF THE WINSTON AWARD
WHITTIER COLLEGE 13406 PHILADELPHIA ST WHITTIER, CA 90601-4446	95-1644048	501(C)(3)	10,000.	0.			BAYARD RUSTIN FELLOWSHIP PROGRAM
WIDOWS HARVEST MINISTRIES, INC. P. O. BOX 2307 CHATTANOOGA, TN 37409	62-1531846	501(C)(3)	10,000.	0.			ANNUAL GIFT
WITH OPEN EYES FOUNDATION 4100 COCA COLA PLAZA CHARLOTTE, NC 28211	26-2753084	501(C)(3)	10,000.	0.			JAMES HARRISON LEGACY FUND
WOFFORD COLLEGE OFFICE OF ADVANCEMENT 429 NORTH CHURCH STREET - SPARTANBURG, SC 29303-3663	57-0314422	501(C)(3)	10,000.	0.			\$5,000 FOR ANNUAL FUND AND \$5,000 FOR CLASS OF 2002 ENDOWED SCHOLARSHIP FUND
WOMEN'S FUND OF GREATER CHATTANOOGA - 5715 UPTAIN ROAD, SUITE 300 - CHATTANOOGA, TN 37415	46-5020109	501(C)(3)	7,000.	0.			UNRESTRICTED

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.**

Schedule I (Form 990)

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Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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WOMEN'S FUND OF GREATER CHATTANOOGA - 5715 UPTAIN ROAD, SUITE 300 - CHATTANOOGA, TN 37415	46-5020109	501(C)(3)	251,834.	0.			UNRESTRICTED
WOMEN'S ONCOLOGY WARRIORS 102 CENTRAL AVE CHATTANOOGA, TN 37403	87-3954842	501(C)(3)	63,860.	0.			CLOSE WOMEN'S ONCOLOGY FUND
WORD EMPOWERMENT CHURCH 7463 PINWOOD DRIVE CHATTANOOGA , TN 37421	81-5487311	CHURCH/NOT 501(C)	15,000.	0.			JOBS PARTNERSHIPS
WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE NW 7TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	20,000.	0.			SUPPORT FOR UKRAINE
WORLD HELP P.O. BOX 501 1148 CORPORATE PARK DR FOREST, VA 24551	54-1615454	501(C)(3)	25,968.	0.			UKRAINE REFUGEE ASSISTANCE
Y.B.NORMAL? 8300 PINE RIDGE ROAD OOLTEWAH, TN 37363	81-5010175	OTHER	20,000.	0.			BACK TO SCHOOL BASH
YALE UNIVERSITY PO BOX 208214 NEW HAVEN, CT 06520-8214	06-0646973	501(C)(3)	6,510.	0.			LAND, BUILDING, AND EQUIPMENT
YELLOW BIRD INITIATIVES 602 PARLEM DRIVE CHATTANOOGA, TN 37415	92-0295979	501(C)(3)	42,235.	0.			FUND CLOSING PAYOUT
YMCA OF ATHENS GEORGIA ATHENS Y CAMP P.O. BOX 8, 1000 Y CAMP ROAD - TALLULAH FALLS, GA 30573	58-0593443	501(C)(3)	20,000.	0.			REPLACEMENT OF ATHENS Y CAMP LODGE FLOOR

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.**

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**62-6045999**

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YMCA OF ATHENS GEORGIA ATHENS Y CAMP P.O. BOX 8, 1000 Y CAMP ROAD - TALLULAH FALLS, GA 30573	58-0593443	501(C)(3)	20,000.	0.			REPLACEMENT OF ATHENS Y CAMP LODGE FLOOR
YMCA OF METROPOLITAN CHATTANOOGA 301 WEST 6TH STREET CHATTANOOGA, TN 37402	62-0475699	501(C)(3)	15,500.	0.			YCAP SWIMMING PROGRAM
YMCA OF METROPOLITAN CHATTANOOGA 301 WEST 6TH STREET CHATTANOOGA, TN 37402	62-0475699	501(C)(3)	10,000.	0.			YCAP UNRESTRICTED
YMCA OF METROPOLITAN CHATTANOOGA 301 WEST 6TH STREET CHATTANOOGA, TN 37402	62-0475699	501(C)(3)	6,000.	0.			\$5000 FOR OCOEE CAPITAL CAMPAIGN (FINAL PAYMENT OF 25K PLEDGE) AND \$1000 FOR CAMP OCOEE CAMPER
YMCA OF METROPOLITAN CHATTANOOGA 301 WEST 6TH STREET CHATTANOOGA, TN 37402	62-0475699	501(C)(3)	25,000.	0.			YMCA TEEN ENDOWMENT WITH EMPHASIS ON YOUTHTRUST (3RD AND FINAL INSTALLMENT)
YOUNG WOMEN'S LEADERSHIP ACADEMY FOUNDATION, INC. - P.O. BOX 3837 - CHATTANOOGA, TN 37404	26-0557874	501(C)(3)	20,000.	0.			UNRESTRICTED

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.**

62-6045999

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE SCHOLARSHIPS	302	878,907.	0.		

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ARTSBUILD

(H) PURPOSE OF GRANT OR ASSISTANCE: \$10,000 FOR PROJECT DANCE, \$7,500

FOR OPPORTUNITY FELLOWS, \$7,500 FOR LOCAL ARTIST SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CHAMBLISS CENTER FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSITIONAL LIVING CENTER: \$6,000

FOR CAR MATCHING FUND; \$12,000 FOR RESIDENT LEADERSHIP PANEL; \$18,000 FOR

YOUTH NOT QUALIFIED FOR ASSISTANCE THROUGH EFC; AND \$4,000 FOR NATIONAL

**Part IV** Supplemental Information

## INDEPENDENT LIVING CONFERENCE ATTENDANCE

NAME OF ORGANIZATION OR GOVERNMENT: CHATTANOOGA PUBLIC LIBRARY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$1,000 FOR RESEARCH AND SET UP OF  
SCHOLARSHIP ADMINISTRATION AND \$1,000 FOR SCHOLARSHIPS FOR COUNTY  
RESIDENTS' FEES

NAME OF ORGANIZATION OR GOVERNMENT:

CONNECTIONS EDUCATION CENTER OF THE PALM BEACHES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$70,000 MATCH FOR THE BUS, \$25,000  
MATCH FOR THE GRADUATION DIRECT MAIL, \$5,000 FOR THE DRAW THE LINE  
DROWNING SWIM PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: DUBUQUE COUNTY HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000 FOR RIVERWORKS DISCOVERY  
ANNUAL SUPPORT; \$10,000.00 FOR PROGRAMMING & BUS FUNDS FOR RIVERBOAT  
RIDES FOR SCHOOL KIDS, TEACHERS, AND CHAPERONES ON THE MV SOUTHERN  
BELLE/CHATTANOOGA

NAME OF ORGANIZATION OR GOVERNMENT:

HARTLAND INSTITUTE OF HEALTH AND EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSOR IMPLEMENTATION OF MADISON  
2.0 PROJECT TO TRAIN PROFESSIONAL SELF-SUPPORTING MISSIONARIES

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL UKRAINIAN CRISIS FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDITIONAL MATCH OPPORTUNITY, TO BE  
USED FOR FOOD, MEDICAL SUPPLIES AND EVACUATION SUPPORT

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LIFESPRING COMMUNITY HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: \$21,138 FOR COVID-19 TESTING

SUPPORT, \$13,600 FOR COVID PCR EQUIPMENT, AND \$3,474 FOR INDIRECT COSTS

NAME OF ORGANIZATION OR GOVERNMENT: LOOKOUT MOUNTAIN CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$7,500 FOR MOUNTAIN BIKES AND

HELMETS, \$5,000 FOR PARKING LOT SIGNAGE, \$17,400 FOR ORCHARD, \$10,000 FOR  
COMPLETION OF POLLINATOR GARDEN, AND \$100 UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT: ORANGE GROVE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANSION OF NUTRITION PROGRAM -

REGISTERED DIETICIAN FOR INDIVIDUALIZED MEAL PLANNING

NAME OF ORGANIZATION OR GOVERNMENT: ORANGE GROVE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: BASIC NEEDS FOR INDIVIDUALS WITH

INTELLECTUAL OR DEVELOPMENTAL DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT:

REFLECTION RIDING ARBORETUM AND NATURE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TO HELP COVER COSTS

ASSOCIATED WITH EARN WHILE YOU LEARN NATIVE LANDSCAPE MANAGEMENT

APPRENTICESHIP PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: RESTORE A CHILD, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SCHOOLS IN UKRAINE BEING USED AS

SHELTERS FOR REFUGEES (MEALS, CLOTHING AND MEDICAL NEEDS)

NAME OF ORGANIZATION OR GOVERNMENT: SKYUKA HALL



**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: \$3,500 FOR CAPITAL BUILDING CAMPAIGN  
AND \$8,500 FOR BOARD OF DIRECTORS SCHOLARSHIP FUND

NAME OF ORGANIZATION OR GOVERNMENT:

THE CHATT FOUNDATION DBA COMMUNITY KITCHEN

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF WORK TO HELP NEEDY  
PERSONS BECOME SELF-SUFFICIENT THROUGH PROVISION OF WORKFORCE TRAINING  
AND CASE MANAGEMENT FOR THE HOMELESS.

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF CHATTANOOGA FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: UTC ACCOUNTING DEPARTMENT FOR  
PROFESSIONAL DEVELOPMENT IN COLLABORATION WITH THE TN SOCIETY OF CPAS

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF TENNESSEE FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$2,000 FOR BUSINESS SCHOLARSHIP  
ENDOWMENT, HASLAM SCHOOL OF BUSINESS AND \$1,000 FOR UT PROMISE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF TEXAS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF TEXAS MD ANDERSON  
CANCER CENTER - \$25,000 FOR BREAST CANCER MOONSHOT (DR. DEBU TRIPATHY)  
AND \$25,000 FOR THE SINGLE CELL SEQUENCING PROGRAM (DR. NICHOLAS NAVIN)

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF TEXAS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF TEXAS MD ANDERSON  
CANCER CENTER - \$25,000 FOR BREAST CANCER MOONSHOT (DR. DEBU TRIPATHY)  
AND \$25,000 FOR THE SINGLE CELL SEQUENCING PROGRAM (DR. NICHOLAS NAVIN)

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: VANDERBILT UNIVERSITY MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: \$33,375 FOR RESEARCH EFFORTS FOR  
GENE EDITING AND \$33,375 FOR RESEARCH EFFORTS FOR COLORECTAL CANCER  
TARGETING TREATMENTS

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF METROPOLITAN CHATTANOOGA

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5000 FOR OCOEE CAPITAL CAMPAIGN  
(FINAL PAYMENT OF 25K PLEDGE) AND \$1000 FOR CAMP OCOEE CAMPER  
SCHOLARSHIPS

FORM 990, SCHEDULE I, PART IV:

TO INSPIRE GIVING AND ENCOURAGE ACTION TO IMPROVE LIVES IN THE GREATER  
CHATTANOOGA AREA.

GRANTS AWARDED FROM MAIN ENDOWMENT FUND ARE REQUIRED TO BENEFIT  
RESIDENTS OF HAMILTON COUNTY.

SCHOLARSHIPS AWARDED ARE MONITORED THROUGH PERSONAL CONTACT WITH THE  
AWARD RECIPIENT TO ENSURE SCHOLARSHIPS ARE USED FOR EDUCATIONAL  
PURPOSES.

GRANTS FROM OTHER FUNDS ARE REVIEWED AT THE TIME THE GRANT IS ISSUED TO  
ENSURE THE AWARD IS FOR A CHARITABLE PURPOSE. DUE DILIGENCE IS  
PERFORMED FOR EACH GRANT TO VERIFY THE TAX STATUS OF THE ORGANIZATION  
AT THE TIME THE GRANT IS MADE. STAFF VERIFIES GRANTEE 501(C)3 STATUS  
THROUGH GUIDESTAR AND/OR INTERNAL REVENUE SERVICE PUBLICATION 78.

**Part IV** Supplemental Information

GRANTS ARE APPROVED BY THE PRESIDENT OF THE ORGANIZATION, THE VP OF  
DONOR SERVICES, A COMMITTEE AUTHORIZED BY THE BOARD OF DIRECTORS AND/OR  
THE BOARD OF DIRECTORS.

AUDITORS REVIEW GRANTS ANNUALLY.

**SCHEDULE J  
(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.** Employer identification number **62-6045999**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

<b>1b</b>	<b>X</b>	
<b>2</b>	<b>X</b>	
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2022

**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.

[illegible]

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.** Employer identification number **62-6045999**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	156	13,274,768.	PUBLISHED VALUES
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( ..... )				
26 Other ( ..... )				
27 Other ( ..... )				
28 Other ( ..... )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

## Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.

Employer identification number  
62-6045999

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

COPY IS PROVIDED TO AND REVIEWED BY FINANCE AND AUDIT COMMITTEES AND  
PROVIDED TO FULL BOARD.

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

BOARD MEMBERS, NON-BOARD COMMITTEE MEMBERS AND CURRENT EMPLOYEES ARE  
REQUIRED TO REVIEW THE POLICY ON AN ANNUAL BASIS AND SUBMIT TO THE  
PRESIDENT A SIGNED COPY OF THE CONFLICT OF INTEREST STATEMENT TO INDICATE  
ACCEPTANCE OF THE POLICY STATED AND DISCLOSE ANY POTENTIAL CONFLICTS OF  
INTERESTS.

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

COMPENSATION DETERMINED BY THE EXECUTIVE COMMITTEE. THE COMMITTEE REVIEWS  
DATA PROVIDED BY THE COUNCIL ON FOUNDATIONS FOR COMPARABLE POSITIONS. FOR  
THE PRESIDENT, THE COMMITTEE ALSO REVIEWS RESPONSIBILITIES AND COMPARES  
SALARIES TO OTHER ORGANIZATIONS IN THE AREA.

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

THE 990, 990T AND AUDIT IS MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE.  
IN ADDITION, THE 990 IS ALSO AVAILABLE AT [WWW.GUIDESTAR.ORG](http://WWW.GUIDESTAR.ORG) AND UPON  
REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF CONTRIBUTIONS RECEIVABLE -4,995,606.

FORM 990, PART XI, LINE 2C:

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

Schedule O (Form 990) 2022

Name of the organization THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.

Employer identification number  
62-6045999

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, SCHEDULE O:

HOWEVER, THE ORGANIZATION'S ACTIVITIES ARE LIMITED TO, AND OPERATED  
EXCLUSIVELY FOR, RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY AND  
EDUCATIONAL PURPOSES, AND NO PART OF THE NET EARNINGS OF THE  
CORPORATION WILL INURE TO THE BENEFIT OF ANY PRIVATE MEMBER OR  
INDIVIDUAL. ALSO, NO SUBSTANTIAL PART OF THE ACTIVITIES SHALL CONSIST  
OF THE CARRYING ON OF PROPAGANDA OR OTHERWISE ATTEMPTING TO INFLUENCE  
LEGISLATION, AND IT SHALL NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING  
THE PUBLICATION OR DISTRIBUTION OF STATEMENTS) ANY POLITICAL CAMPAIGN  
ON BEHALF OF ANY CANDIDATE FOR PUBLIC OFFICE.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization **THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.** Employer identification number **62-6045999**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE HOWARD FUND - 81-3722308 1400 WILLIAMS STREET #1100 CHATTANOOGA, TN 37408	SUPPORTING ORGANIZATION	TENNESSEE	501(C)(3)	TYPE I SUPPORTING			X

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

Schedule R (Form 990) 2022

## Part III

## Part III

## Part IV

## Part IV

**THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.**

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	<b>X</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	<b>X</b>
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	<b>X</b>
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	<b>X</b>
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	<b>X</b>
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	<b>X</b>
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	<b>X</b>
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	<b>X</b>
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	<b>X</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	<b>X</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	<b>X</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	<b>X</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	<b>X</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	<b>X</b>
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	<b>X</b>
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	<b>X</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	<b>X</b>
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	<b>X</b>
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	<b>X</b>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			

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

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

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2023

Name THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.

Employer Identification Number  
62-6045999

Based on the information provided with this return, the following are possible carryover amounts to next year.

SECTION 1231 LOSS - INVESTMENT ACTIVITIES CONDUCTED THROUGH	37,150.
CA SECTION 1231 LOSSES	2,216.
CA CAPITAL LOSS	28,276.
FEDERAL POST-2017 NET OPERATING LOSS - INVESTMENT ACTIVITIES	274,252.
FEDERAL CONTRIBUTION - 50% CASH	101,627,582.
CA NET OPERATING LOSS	2,131.



FEIN: 62-6045999

212571  
04-01-22

FEIN: 62-6045999

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FEIN: 62-6045999

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04-01-22

FEIN: 62-6045999

Section 382 Annual LimitationSection 382 Carryover

212571  
04-01-22

FEIN: 62-6045999

## DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

[illegible]

EXTENDED TO NOVEMBER 15, 2023

Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2022**Department of the Treasury  
Internal Revenue Service

For calendar year 2022 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

<b>A</b> Check box if address changed.	<b>Print or Type</b>	Name of organization (Check box if name changed and see instructions.) <b>THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.</b>	<b>D</b> Employer identification number  <b>62-6045999</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) ) 408(e) 220(e) 408A 530(a) 529(a) 529A		Number, street, and room or suite no. If a P.O. box, see instructions. <b>1400 WILLIAMS ST.</b>	<b>E</b> Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>CHATTANOOGA, TN 37408</b>	<b>F</b> Check box if an amended return.
		<b>C</b> Book value of all assets at end of year ..... <b>209,491,622.</b>	
<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation    501(c) trust    401(a) trust    Other trust    State college/university			
<b>H</b> Check if filing only to    Claim credit from Form 8941    Claim a refund shown on Form 2439			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation .....			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... <b>1</b>			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes <input checked="" type="checkbox"/> No			
If "Yes," enter the name and identifying number of the parent corporation.			
<b>L</b> The books are in care of <b>MAEGHAN JONES</b> Telephone number <b>(423) 265-0586</b>			

**Part I Total Unrelated Business Taxable Income**

<b>1</b> Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	<b>1</b>	<b>34,615.</b>
<b>2</b> Reserved .....	<b>2</b>	
<b>3</b> Add lines 1 and 2 .....	<b>3</b>	<b>34,615.</b>
<b>4</b> Charitable contributions (see instructions for limitation rules) <b>STMT 1 STMT 2</b> .....	<b>4</b>	<b>543.</b>
<b>5</b> Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	<b>5</b>	<b>34,072.</b>
<b>6</b> Deduction for net operating loss. See instructions <b>STATEMENT 3</b> .....	<b>6</b>	<b>28,186.</b>
<b>7</b> Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	<b>7</b>	<b>5,886.</b>
<b>8</b> Specific deduction (generally \$1,000, but see instructions for exceptions) .....	<b>8</b>	<b>1,000.</b>
<b>9</b> <b>Trusts.</b> Section 199A deduction. See instructions .....	<b>9</b>	
<b>10</b> <b>Total deductions.</b> Add lines 8 and 9 .....	<b>10</b>	<b>1,000.</b>
<b>11</b> <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	<b>11</b>	<b>4,886.</b>

**Part II Tax Computation**

<b>1</b> <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	<b>1</b>	<b>1,026.</b>
<b>2</b> <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) .....	<b>2</b>	
<b>3</b> <b>Proxy tax.</b> See instructions .....	<b>3</b>	
<b>4</b> Other tax amounts. See instructions .....	<b>4</b>	
<b>5</b> Alternative minimum tax (trusts only) .....	<b>5</b>	
<b>6</b> <b>Tax on noncompliant facility income.</b> See instructions .....	<b>6</b>	
<b>7</b> <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	<b>7</b>	<b>1,026.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b>	Other credits (see instructions)	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>		1,026.
<b>3</b>	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 Other (attach statement)	<b>3</b>		
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>		1,026.
<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>		0.
<b>6a</b>	Payments: A 2021 overpayment credited to 2022	<b>6a</b>		
<b>b</b>	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>	41,500.	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b>	Other credits, adjustments, and payments: Form 2439 _____ Form 4136 _____ Other _____ Total	<b>6g</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>		41,500.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached	<b>8</b>		49.
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		40,425.
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> 1,040. <b>Refunded</b>	<b>11</b>		39,385.

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

<b>1</b>	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ 28,186. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	900001	\$ 299,969.	
		\$	
<b>6a</b>	Did the organization change its method of accounting? (see instructions)		X
<b>b</b>	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	Title		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	MATTHEW T. HISEY	MATTHEW T. HISEY	11/10/23		P01293572
	Firm's name	Firm's EIN			
	MAULDIN & JENKINS, LLC	58-0692043			
	Firm's address	Phone no.			
	200 W M.L.K. BLVD, STE 1100	423-756-6133			
	CHATTANOOGA, TN 37402-1239				

## FORM 990-T

## CONTRIBUTIONS

## STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
FOUNDATION GRANTS	N/A	23,169,357.
CHARITABLE CONTRIBUTIONS -	N/A	
RESOLUTE CAPITAL PARTNERS III		2.
CHARITABLE CONTRIBUTIONS -	N/A	
ENERGY & MINERALS GROUP FUND		
IV		4.
TOTAL TO FORM 990-T, PART I, LINE 4		23,169,363.



## FORM 990-T

## CONTRIBUTIONS SUMMARY

## STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT  
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
FOR TAX YEAR 2017 317,983,818  
FOR TAX YEAR 2018 15,049,560  
FOR TAX YEAR 2019 20,378,037  
FOR TAX YEAR 2020 19,713,130  
FOR TAX YEAR 2021 23,318,035

TOTAL CARRYOVER 396,442,580  
TOTAL CURRENT YEAR 10% CONTRIBUTIONS 23,169,363

TOTAL CONTRIBUTIONS AVAILABLE 419,611,943  
TAXABLE INCOME LIMITATION AS ADJUSTED 543

EXCESS CONTRIBUTIONS 419,611,400  
EXCESS 100% CONTRIBUTIONS 0  
TOTAL EXCESS CONTRIBUTIONS 419,611,400

ALLOWABLE CONTRIBUTIONS DEDUCTION 543

TOTAL CONTRIBUTION DEDUCTION 543

## FORM 990-T

## PRE 2018 NOL SCHEDULE

## STATEMENT 3

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR	28,186.
PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6	28,186.

SCHEDULE A PORTION OF PRE-2018 NOL	
SCHEDULE A ENTITY	SCHEDULE A SHARE

1

0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL	0.
NET OPERATING DEDUCTION	28,186.
BALANCE AFTER PRE-2018 NOL DEDUCTION	5,886.
EXPIRING NET OPERATING LOSSES	0.
CARRY FORWARD OF NET OPERATING LOSS	0.

## FORM 990-T

## PRE-2018 NET OPERATING LOSS DEDUCTION

## STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/10	12,415.	12,415.	0.	0.
12/31/11	12,664.	12,664.	0.	0.
12/31/13	184,067.	184,067.	0.	0.
12/31/14	92,399.	92,399.	0.	0.
12/31/15	139,820.	123,057.	16,763.	16,763.
12/31/16	11,423.	0.	11,423.	11,423.
NOL CARRYOVER AVAILABLE THIS YEAR			28,186.	28,186.

**SCHEDULE A**  
**(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income**  
**From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2022**

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

<b>A</b> Name of the organization <b>THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.</b>	<b>B</b> Employer identification number <b>62-6045999</b>
<b>C</b> Unrelated business activity code (see instructions) <b>900001</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business **INVESTMENT ACTIVITIES CONDUCTED THROUGH LIMIT**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		<b>4a</b> 0.		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions		<b>4b</b> -2,216.		-2,216.
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 5</b>		<b>5</b> 69,248.		69,248.
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)		<b>12</b>		
<b>13</b> <b>Total.</b> Combine lines 3 through 12		<b>13</b> 67,032.		67,032.

**Part II** **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement). See instructions	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	4,671.
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b> 456.	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b> 456.
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 6</b>	<b>14</b>	1,573.
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14	<b>15</b>	6,700.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	60,332.
<b>17</b> Deduction for net operating loss. See instructions <b>STMT 7 STMT 10</b>	<b>17</b>	25,717.
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	34,615.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold**

Enter method of inventory valuation

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4	Additional section 263A costs (attach statement) .....	4	
5	Other costs (attach statement) .....	5	
6	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A .....					
B .....					
C .....					
D .....					
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) .....				0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A .....					
B .....					
C .....					
D .....					
2	Gross income from or allocable to debt-financed property .....	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) .....				
b	Other deductions (attach statement) .....				
c	Total deductions (add lines 3a and 3b, columns A through D) .....				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5	Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6	Divide line 4 by line 5 .....	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 .....				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....				0.
9	Allocable deductions. Multiply line 3c by line 6 .....				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11	Total dividends-received deductions included in line 10 .....				0.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income		8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>				0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>	0.			0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____	4	
5	Gross income from activity that is not unrelated business income _____	5	
6	Expenses attributable to income entered on line 5 _____	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____	7	

<b>Part IX</b>	<b>Advertising Income</b>
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**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

**A**

B

**C**

**D**

Enter amounts for each periodical listed above in the corresponding column.

A	B	C	D

<b>2</b> Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....	0.			

**a**

<b>3</b>	Direct advertising costs by periodical				
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**a**

**a** Add columns A through D. Enter here and on Part I, line 11, column (B) 0.

**4** Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8


**5** Readership costs .....

**6** Circulation income

**7** Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

**8** Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

**a**

**a** Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on

Part II, line 13 ..... 0.

## Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

<b>Total.</b> Enter here and on Part II, line 1	0.
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<b>Part XI</b>	<b>Supplemental Information</b> (see instructions)
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## FORM 990-T (A)

## INCOME (LOSS) FROM PARTNERSHIPS

## STATEMENT 5

DESCRIPTION	NET INCOME OR (LOSS)
MIT PRIVATE EQUITY FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	5,425.
MIT PRIVATE EQUITY FUND III, LP - OTHER INCOME (LOSS)	237.
PALLADIAN PARTNERS VII - ORDINARY BUSINESS INCOME (LOSS)	539.
PALLADIAN PARTNERS VII - OTHER INCOME (LOSS)	-226.
ENERGY AND MINERAL GROUP FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)	13,714.
ENERGY AND MINERAL GROUP FUND II, LP - DIVIDEND INCOME	11.
ENERGY AND MINERAL GROUP FUND II, LP - OTHER INCOME (LOSS)	-9,690.
PALLADIAN PARTNERS VIII - ORDINARY BUSINESS INCOME (LOSS)	1,671.
PALLADIAN PARTNERS VIII - OTHER INCOME (LOSS)	-1,251.
RESOLUTE CAPITAL PARTNERS III - ORDINARY BUSINESS INCOME (LOSS)	3,088.
HEADLANDS CAPITAL II - ORDINARY BUSINESS INCOME (LOSS)	-2,709.
MTP ENERGY OPPORTUNITIES FUND II - ORDINARY BUSINESS INCOME (LOSS)	34,546.
ENERGY & MINERALS GROUP FUND IV - ORDINARY BUSINESS INCOME (LOSS)	36,902.
ENERGY & MINERALS GROUP FUND IV - OTHER INCOME (LOSS)	-12,298.
ENERGY & MINERALS GROUP ASCENT - ORDINARY BUSINESS INCOME (LOSS)	2,696.
TIGER GLOBAL PIP X PARTNERS - OTHER INCOME (LOSS)	3,589.
PALLADIAN PARTNERS IX LP - ORDINARY BUSINESS INCOME (LOSS)	-2,216.
PALLADIAN PARTNERS IX LP - INTEREST INCOME	4.
GT PRIVATE EQUITY X, LP - ORDINARY BUSINESS INCOME (LOSS)	-43.
IMPACT ENGINE PRIVATE EQUITY FUND - ORDINARY BUSINESS INCOME (LOSS)	-4,741.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	69,248.

## FORM 990-T (A)

## OTHER DEDUCTIONS

## STATEMENT 6

DESCRIPTION	AMOUNT
INVESTMENT EXPENSES FOR PARTNERSHIPS	1,573.
TOTAL TO SCHEDULE A, PART II, LINE 14	1,573.

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FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 7
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PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
299,969.	25,717.	274,252.

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FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S BUSINESS ACTIVITY	UNRELATED	STATEMENT 8
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INVESTMENT ACTIVITIES CONDUCTED THROUGH LIMITED PARTNERSHIPS.

TO FORM 990-T, SCHEDULE A, LINE E

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990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION	STATEMENT 9
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TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	223,785.	0.	223,785.	223,785.
12/31/20	76,184.	0.	76,184.	76,184.
NOL CARRYOVER AVAILABLE THIS YEAR			299,969.	299,969.

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SCH A (990-T)	SCHEDULE A NOL DETAIL	STATEMENT 10
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TAXABLE INCOME FROM ALL ENTITIES	60,332.
THIS ENTITIES PORTION OF TAXABLE INCOME	60,332.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	28,186.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	32,146.
80% INCOME LIMITATION	25,717.
POST-2017 AVAILABLE	299,969.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	25,717.



**SCHEDULE D  
(Form 1120)**Department of the Treasury  
Internal Revenue Service**Capital Gains and Losses**Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,  
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2022**

Name

**THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.**

Employer identification number

**62-6045999**

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

Yes ☒ No

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

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**See instructions for how to figure the amounts  
to enter on the lines below.This form may be easier to complete if you  
round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				-2.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b> ( )	
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	-2.

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**See instructions for how to figure the amounts  
to enter on the lines below.This form may be easier to complete if you  
round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				-28,274.
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	-28,274.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	0.

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



62-6045999

THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.

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

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page or one or more of the boxes, complete as many forms with the same box checked as you need.

**(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☒ (F) Long-term transactions not reported to you on Form 1099-B

[illegible]Form **8949** (2022)

Form **4797**Department of the Treasury  
Internal Revenue Service**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2022**Attachment  
Sequence No. **27**

Name(s) shown on return

**THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.**

Identifying number

**62-6045999**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1a****1b****1c****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>SEE STATEMENT 11</b>						
<b>3</b>	Gain, if any, from Form 4684, line 39 .....						<b>3</b>
<b>4</b>	Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....						<b>4</b>
<b>5</b>	Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....						<b>5</b>
<b>6</b>	Gain, if any, from line 32, from other than casualty or theft .....						<b>6</b>
<b>7</b>	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....						<b>7</b>
	<b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.  <b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						
<b>8</b>	Nonrecaptured net section 1231 losses from prior years. See instructions .....						<b>8</b>
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....						<b>9</b>

**-2,216.****Part II Ordinary Gains and Losses** (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

<b>11</b>	Loss, if any, from line 7 .....						<b>11</b>
<b>12</b>	Gain, if any, from line 7 or amount from line 8, if applicable .....						<b>12</b>
<b>13</b>	Gain, if any, from line 31 .....						<b>13</b>
<b>14</b>	Net gain or (loss) from Form 4684, lines 31 and 38a .....						<b>14</b>
<b>15</b>	Ordinary gain from installment sales from Form 6252, line 25 or 36 .....						<b>15</b>
<b>16</b>	Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....						<b>16</b>
<b>17</b>	Combine lines 10 through 16 .....						<b>17</b>
<b>18</b>	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
	<b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....						<b>18a</b>
	<b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....						<b>18b</b>

**( 2,216. )****-2,216.**

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2022)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
<b>These columns relate to the properties on lines 19A through 19D.</b>		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20 Gross sales price ( <b>Note:</b> See line 1a before completing.)	20		
21 Cost or other basis plus expense of sale	21		
22 Depreciation (or depletion) allowed or allowable	22		
23 Adjusted basis. Subtract line 22 from line 21	23		
24 Total gain. Subtract line 23 from line 20	24		
<b>25 If section 1245 property:</b>			
a Depreciation allowed or allowable from line 22	25a		
b Enter the <b>smaller</b> of line 24 or 25a	25b		
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976	26d		
e Enter the <b>smaller</b> of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	27b		
c Enter the <b>smaller</b> of line 24 or 27b	27c		
<b>28 If section 1254 property:</b>			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a		
b Enter the <b>smaller</b> of line 24 or 28a	28b		
<b>29 If section 1255 property:</b>			
a Applicable percentage of payments excluded from income under section 126. See instructions	29a		
b Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b		

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 11

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
MIT PRIVATE EQUITY FUND III, LP						-935.
PALLADIAN PARTNERS VII ENERGY AND MINERAL GROUP FUND II, LP						-10.    -1,441.
PALLADIAN PARTNERS VIII RESOLUTE CAPITAL PARTNERS III HEADLANDS CAPITAL II						-23.   -1. 247.
MTP ENERGY OPPORTUNITIES FUND II ENERGY & MINERALS GROUP FUND IV						369.   -422.
TOTAL TO 4797, PART I, LINE 2						-2,216.

FORM 4797

NONRECAPTURED NET SECTION 1231 LOSSES  
FROM PRIOR YEARS

STATEMENT 12

TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2017	0.	0.	
2018	2,098.	0.	2,098.
2019	9,078.	2,098.	6,980.
2020	0.	0.	
2021	25,856.	0.	25,856.
TOTAL TO FORM 4797, LINE 8	37,032.	2,098.	34,934.

## 2022 DEPRECIATION AND AMORTIZATION REPORT

INVESTMENT ACTIVITIES CONDUCTED THROUG

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## SCHEDULE D

(Form 1120)

Department of the Treasury  
Internal Revenue Service

## Capital Gains and Losses

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

OMB No. 1545-0123

**2022**

Name

THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.

Employer identification number

62-6045999

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

Yes ☒ No

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

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**See instructions for how to figure the amounts  
to enter on the lines below.This form may be easier to complete if you  
round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				-2.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b> ( )	
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	-2.

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**See instructions for how to figure the amounts  
to enter on the lines below.This form may be easier to complete if you  
round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				-28,274.
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	-28,274.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	0.

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





62-6045999

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

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☒ (F) Long-term transactions not reported to you on Form 1099-B

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

**Underpayment of Estimated Tax by Corporations**

Attach to the corporation's tax return.

FORM 990-T

OMB No. 1545-0123

**2022**Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.Name **THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.**Employer identification number  
**62-6045999**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1	Total tax (see instructions) .....	1	1,026.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b	
2c	Credit for federal tax paid on fuels (see instructions) .....	2c	
2d	Total. Add lines 2a through 2c .....	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3	1,026.
4	Enter the tax shown on the corporation's 2021 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....	4	
5	Required annual payment. Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	1,026.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☐ The corporation is using the annualized income installment method.
- 8 ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)
9	05/15/22	06/15/22	09/15/22	12/15/22
10	257.	256.	257.	256.
11				
12				
13				
14		257.	513.	770.
15	0.	0.	0.	0.
16		257.	513.	
17	257.	256.	257.	256.
18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2022 and before 7/1/2022 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022 ...	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\% (0.06)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2022 and before 4/1/2023 ...	<b>27</b>	SEE ATTACHED WORKSHEET		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2023 and before 7/1/2023 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2023 and before 10/1/2023 ...	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2023 and before 1/1/2024 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2023 and before 3/16/2024 ...	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b>			<b>49.</b>

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

FORM 990-T  
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) <b>THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.</b>					Identifying Number <b>62-6045999</b>
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/22	257.	257.	31	.000109589	1.
06/15/22	256.	513.	15	.000109589	1.
06/30/22	0.	513.	77	.000136986	5.
09/15/22	257.	770.	15	.000136986	2.
09/30/22	0.	770.	76	.000164384	10.
12/15/22	256.	1,026.	16	.000164384	3.
12/31/22	0.	1,026.	135	.000191781	27.
Penalty Due (Sum of Column F). .....					<b>49.</b>

\* Date of estimated tax payment, withholding credit date or installment due date.

Name(s) shown on return

THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.

Business or activity to which this form relates

INVESTMENT ACTIVITIES CONDUCTED THROUGH LIMITE

Identifying number

62-6045999

Part I

Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000.
2	Total cost of section 179 property placed in service (see instructions)	2	456.
3	Threshold cost of section 179 property before reduction in limitation	3	2,700,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,080,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	FROM K-1	456.	456.
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	456.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	456.
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	1,080,000.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	456.
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II

Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III

MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	456.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.**

Form 4562 (2022)

62-6045999 Page 2

**Part V**

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

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

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed?					Yes	No	24b If "Yes," is the evidence written?			Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use .....							25				
26 Property used more than 50% in a qualified business use:											
	:	:	%								
	:	:	%								
	:	:	%								
27 Property used 50% or less in a qualified business use:											
	:	:	%			S/L -					
	:	:	%			S/L -					
	:	:	%			S/L -					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....							28				
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....								29			

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (don't include commuting miles) .....												
31 Total commuting miles driven during the year ...												
32 Total other personal (noncommuting) miles driven .....												
33 Total miles driven during the year. Add lines 30 through 32 .....												
34 Was the vehicle available for personal use during off-duty hours? .....	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person? .....												
36 Is another vehicle available for personal use? .....												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
39 Do you treat all use of vehicles by employees as personal use? .....		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
41 Do you meet the requirements concerning qualified automobile demonstration use? .....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2022 tax year .....					43
44 Total. Add amounts in column (f). See the instructions for where to report .....					44

Form **4797**Department of the Treasury  
Internal Revenue Service**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2022**Attachment  
Sequence No. **27**

Name(s) shown on return

**THE COMMUNITY FOUNDATION OF GREATER  
CHATTANOOGA, INC.**

Identifying number

**62-6045999**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1a****1b****1c****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year** (see instructions)

<b>2</b>	<b>(a)</b> Description of property	<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	<b>(d)</b> Gross sales price	<b>(e)</b> Depreciation allowed or allowable since acquisition	<b>(f)</b> Cost or other basis, plus improvements and expense of sale	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)
<b>SEE STATEMENT 13</b>							
<b>3</b>	Gain, if any, from Form 4684, line 39 .....						<b>3</b>
<b>4</b>	Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....						<b>4</b>
<b>5</b>	Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....						<b>5</b>
<b>6</b>	Gain, if any, from line 32, from other than casualty or theft .....						<b>6</b>
<b>7</b>	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....						<b>7</b> <b>-2,216.</b>
	<b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.						
	<b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						
<b>8</b>	Nonrecaptured net section 1231 losses from prior years. See instructions .....						<b>8</b>
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....						<b>9</b>

**Part II Ordinary Gains and Losses** (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

<b>11</b>	Loss, if any, from line 7 .....						<b>11</b> <b>( 2,216.)</b>
<b>12</b>	Gain, if any, from line 7 or amount from line 8, if applicable .....						<b>12</b>
<b>13</b>	Gain, if any, from line 31 .....						<b>13</b>
<b>14</b>	Net gain or (loss) from Form 4684, lines 31 and 38a .....						<b>14</b>
<b>15</b>	Ordinary gain from installment sales from Form 6252, line 25 or 36 .....						<b>15</b>
<b>16</b>	Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....						<b>16</b>
<b>17</b>	Combine lines 10 through 16 .....						<b>17</b> <b>-2,216.</b>
<b>18</b>	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
	<b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....						<b>18a</b>
	<b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....						<b>18b</b>

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2022)



**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
<b>These columns relate to the properties on lines 19A through 19D.</b>		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20 Gross sales price ( <b>Note:</b> See line 1a before completing.)	20		
21 Cost or other basis plus expense of sale	21		
22 Depreciation (or depletion) allowed or allowable	22		
23 Adjusted basis. Subtract line 22 from line 21	23		
24 Total gain. Subtract line 23 from line 20	24		
<b>25 If section 1245 property:</b>			
a Depreciation allowed or allowable from line 22	25a		
b Enter the <b>smaller</b> of line 24 or 25a	25b		
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976	26d		
e Enter the <b>smaller</b> of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	27b		
c Enter the <b>smaller</b> of line 24 or 27b	27c		
<b>28 If section 1254 property:</b>			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a		
b Enter the <b>smaller</b> of line 24 or 28a	28b		
<b>29 If section 1255 property:</b>			
a Applicable percentage of payments excluded from income under section 126. See instructions	29a		
b Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b		

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 13

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
MIT PRIVATE EQUITY FUND III, LP						-935.
PALLADIAN PARTNERS VII ENERGY AND MINERAL GROUP FUND II, LP						-10.
PALLADIAN PARTNERS VIII RESOLUTE CAPITAL PARTNERS III HEADLANDS CAPITAL II						-1,441.
MTP ENERGY OPPORTUNITIES FUND II						-23.
ENERGY & MINERALS GROUP FUND IV						-1.
						247.
						369.
						-422.
TOTAL TO 4797, PART I, LINE 2						-2,216.