			EXTENDED TO NO					,	
√{Form	∖990-T -	E	Exempt Organization Bu				ax Returr	ו ן	OMB No 1545-0687
50) .		(and proxy tax un	der se	ction 603	3(e))			2017
رور	/ 	For ca	alendar year 2017 or other tax year beginning		, and en				ZU 11
Depar	tment of the Treasury at Revenue Service		► Go to www irs.gov/Form990T for Do not enter SSN numbers on this form as it may					, F	Open to Public Inspection for 501(c)(3) Organizations Only
							alion 15 a 50 1(c)(5)	_	oyer identification number
A L	Check box if address changed		Name of organization (Check box if name THE COMMUNITY FOUNDAT	-		-		Emp	loyees' trust, see uctions)
D E	xempt under section	Print	CHATTANOOGA, INC.	TON	Or GREA	711717			2-6045999
	7501(c)(3)	or	Number, street, and room or suite no. If a P.O. b	OX See In	etructions			E Unrel	ated business activity codes
	408(e) 220(e)	Type	1270 MARKET STREET	OA, 500 III	ion donono.			(See i	instructions)
	408A 530(a)		City or town, state or province, country, and ZIP	or foreigi	n postal code			1	
F]529(a)			2-27				900	000 523000
C Bo	ok value of all assets	<u> </u>	 						
al	137,737,1	43.	G Check organization type ► X 501(c) co	rporation	<u></u> 50	l(c) trust	401(a) trust	Other trust
H De	scribe the organization	n's prim	nary unrelated business activity.	SEE :	STATEM	ENT 1			
1 Du	iring the tax year, was	the corp	poration a subsidiary in an affiliated group or a par	ent-subsi	diary controlle	d group?	▶ [Ye	es X No
lf'	Yes," enter the name a	ınd iden	itifying number of the parent corporation.						
			MAEGHAN JONES			Teleph	one number 🕨 (423	<u>)265-0586</u>
Pa	rt Ii Unrelate	d Trac	de or Business Income		(A) Inco	me	(B) Expense	<u> </u>	(C) Net
1 a	Gross receipts or sale	es							
b	Less returns and allo		c Balance	1c				S 4 30 1	Si test is short the
2	Cost of goods sold (S		-	2	· ········		7, 13, 1. · · ·	<u>. *.</u>	
3	Gross profit. Subtract			3		450	450 - 0	. ` a^ '	450
	Capital gain net incon		•	4a		470.		, ,,,,	470.
			Part II, line 17) (attach Form 4797)	4b			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Capital loss deduction			4c	71	244	* *-	<u> 445 ^ </u>	71 044
5			nips and S corporations (attach statement)	5	<u>/</u>	,244.	22 5 X	• •	71,244.
6	Rent income (Schedu		and (Ontrodule 5)	6			<u></u>		
7	Unrelated debt-finance		•	7					
8			and rents from controlled organizations (Sch. F)	3) 8					
9	Exploited exempt acti		on 501(c)(7), (9), or (17) organization (Schedule (10	····				
10 11	Advertising income (S	-	•	11					
12	Other income (See in:		•	12			1 3 1 x x 1 1 1 1 1	5.660	
13	Total. Combine lines		•	13	71	714.			71,714.
			ot Taken Elsewhere (See instructions	for limita	tions on dec				
			utions, deductions must be directly connect						
14	Compensation of off	icers, di	rectors, and trustees (Schedule K)		·		-	14	
15	Salaries and wages							15	
16	Repairs and mainter	ance						16	
17	Bad debts							17	
18	Interest (attach sche	dule)						18	
19	Taxes and licenses							19_	1,460.
20	Charitable contributi	ons (Se	e instructions for limitation rules) STATEM	ENT	4 SEE		EMENT 2	20	0.
21	Dopi colation (attach				-	21	22,327.	1	20 207
22		aimed oi	n Schedule A and elsewhere on return		L	22a		22b	22,327.
23	Depletion		ompensation plans	\				23	
24	Contributions to def		ompensation plans	4				24	
25	Employee benefit pro	-	1, 1	[5]				25	
26	Excess exempt expe		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	≠)\				26	
27	Excess readership of		1		SEE	CTAT	EMENT 3	28	1,500.
28 29	Other deductions (at Total deductions. A				OFE	LAI	THILLY J	29	25,287.
30	•		income before net operating loss deduction. Subtr	act line 20	9 from line 13			30	46,427.
31			n (limited to the amount on line 30)	aut mile Zi		STAT	EMENT 5	31	46,427.
32			income before specific deduction. Subtract line 31	from line		~		32	0.
33			ly \$1,000, but see line 33 instructions for exceptio					33	1,000.
34			e income. Subtract line 33 from line 32. If line 33 i		than line 32. e	nter the sr	naller of zero or		
	line 32							34	0.
72370		r Paper	rwork Reduction Act Notice, see instructions						Form 990-T (2017
				41					aH

orm 990-1	T (2017) CHATTANOOGA, INC.	62-6	045999	Pag	ge 2
Part I	III Tax Computation				
35	Organizations Taxable as Corporations. See instructions for tax computation.				
	Controlled group members (sections 1561 and 1563) check here See instructions and:				
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
	(1) \$ (2) \$ (3) \$				
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)				
	(2) Additional 3% tax (not more than \$100,000)				
С	Income tax on the amount on line 34		▶ 35c	(0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on	line 34 from:			
	Tax rate schedule or Schedule D (Form 1041)		▶ 36		
37	Proxy tax. See instructions		▶ 37		
38	Alternative minimum tax		38		
39	Tax on Non-Compliant Facility Income See Instructions		39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40		0.
Part I					<u>, .</u>
		41a			
		41b	-		
		41c	\dashv		
-		41d			
	, ,	410	- ₄₁₀		
	Total credits. Add lines 41a through 41d		41e		0.
42	Subtract line 41e from line 40	045	42		<u>, , , , , , , , , , , , , , , , , , , </u>
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedu	· —		_
44	Total tax Add lines 42 and 43)	44	(0.
		45a			
		45b			
	`	45c			
đ	Foreign organizations; Tax paid or withheld at source (see instructions)	45d	i		
e	Backup withholding (see instructions)	45e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f			
9	Other credits and payments: Form 2439				
	Form 4136 Other Total ▶	45g			
46	Total payments. Add lines 45a through 45g		46		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		47		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		▶ 48	(0.
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		▶ 49	(0.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax	Refunded	> 50		
Part V	V Statements Regarding Certain Activities and Other Information	1 (see instructions)			
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or	other authority		Yes N	ło
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization m	ay have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the for				
	here ►	•		2	X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tran	sferor to, a foreign trust?			X
	If YES, see instructions for other forms the organization may have to file.				
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state	tements, and to the best of my	knowledge and belief, it	ıs true,	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any knowledge		·	_
Here	2 Mush Saw 1/10/18 N PRESIDEN	ıπ	May the IRS discuss t		ı
	Signature of office Date Title	11.	the preparer shown be instructions)?		Vo
		Check	If PTIN	. 00	
_	1		_		
Paid	REBECCA C.	self- emplo	P0097	1 2 2 /	
Prepa	alei	25/18 Ermin FIA			
Use C	Only Firm's name MAULDIN & JENKINS	Firm's EIN	▶ 58-06	<u> </u>	_
	537 MARKET STREET, SUITE 300 Firm's address CHATTANOGGA TN 37402-1239	Dhane as	423-756-	6122	
	Firm's address ► CHATTANOOGA, TN 37402-1239	i Priorie no.	443-/30-	0 T D D	

Form **990-T** (2017)

Form 990-T (2017) CHATTANOOGA, INC.

62-6045999

Page 3

Schedule A'- Cost of Good	is Sold. Enter	method of inve	ntory v	raluation ► N/A					
1 Inventory at beginning of year	1		\neg		r		6		
2 Purchases	2		7	Cost of goods sold Su	btract	line 6			
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		_	property produced or a	cquire	d for resale) apply to		ratema a	
5 Total. Add lines 1 through 4b	5			the organization?					L
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	pert	ty)	
Description of property						v			
(1)	 								
(2)									
(3)									
(4)									
	2. Rent receiv	red or accrued				44.5			
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for	personal	sonal property (if the percental property exceeds 50% or if sed on profit or income)	ige	3(a) Deductions directly columns 2(a) a	y conne nd 2(b)	ected with the income i (attach schedule)	П
(1)					-				
(2)									
(3)									
(4)									
Total	0.	Total		 	0.	_			
(c) Total income. Add totals of columns		nter				(b) Total deductions. Enter here and on page 1,			
here and on page 1, Part I, line 6, colum		▶			<u> </u>	Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated De	bt-Financed	I Income (see	ınstru	ictions)		<u> </u>			
			2	. Gross income from		 Deductions directly cor to debt-finan 			
1. Description of debt-fi	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ıs
(1)			+						
(2)			1						
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to unced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable deducti (column 6 x total of col 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (
Totals				▶		0			0.
Total dividends-received deductions in	ncluded in column	n 8		•			\Box		0.

Form **990-T** (2017)

Form 990-T (2017) CHATTA	NOOGA	, INC.							62-60	4599	9 Page
Schedule F - Interest,	Annuitie	s, Royal	ties, aı	T				zatio	ns (see ins	struction	s)
				Exempt (Controlled O	rganızatı	ons				
Name of controlled organiza	tion	2 Emp identific numb	ation		elated income instructions)		al of specified nents made	Includ	rt of column 4 ded in the cont zation's gross	trolling	6. Deductions directly connected with income in column 5
<u>(1)</u>				 							 -
(2)							-	 		+	
								┼──			
(3)								 			
(4)					·						
Nonexempt Controlled Organi	T	 									
7 Taxable Income		nrelated income ee instructions)		9 Total	of specified payi made	ments	10. Part of colu in the controll gros		nization's	11. De with	ductions directly connected i income in column 10
(1)				 							
				 							- ,
(2)											
(3)		-		 							<u> </u>
(4)				l .							
							Add colur Enter here and line 8, s		e 1, Part I,	Enter h	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Tatala									^		0
Totals			\	- FO4/-\/	7) (0)	(47) 0:			0.		0
Schedule G - Investme		ne or a s	ection	1 501(6)(7), (9), or	(17) Or	ganization	1			
	ription of incor	me			2. Amount of	ıncome	3 Deduction directly connected (attach scheduler)	ected	4. Set-	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)							(attach school	2016)			(coi 3 pids coi 4)
(2)									†		-
									 		
(3)									ļ		
(4)									L		
					Enter here and o Part I, line 9, co	lumn (A)	*	٠.			Enter here and on page Part I, line 9, column (B)
Totals				> _		0.1		·	~4 '	· · · · · ·	0
Schedule I - Exploited	-	Activity	Incom	ie, Othei	r Than Ad	lvertisi	ng Income	9			
(see instru	uctions)				· · · · · · · · · · · · · · · · · · ·				1		_
Description of exploited activity	2 Gi unrelated i income trade or b	business from	directly of with pro of uni	penses connected oduction related is income	4 Net incomfrom unrelated business (cominus columingain, compute through	I trade or llumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrela business inco	that ted	6 Exp attribut colur		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
<u></u>											
(1)	-										· · · · · · · · · · · · · · · · · · ·
(2)					 -				ļ		
(3)											
(4)									<u> </u>		
	Enter here page 1, line 10, c	Part I, col (A)	page 1	re and on I, Part I, , col (B)	, ,			٠.			Enter here and on page 1, Part II, line 26
Totals •		0.1		<u> </u>	15		·			i	0
Schedule J - Advertisi											
Part I Income From	Periodic	als Repo	orted o	n a Con	solidated	Basis					
1 Name of periodical		2 Gross advertising income		3. Direct ertising costs			5 Circula income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
741			_		CUIS 3 (f	Jugit /					man column 4)
(1)						,			<u> </u>		(3末) 。 [1988] 。
(2)					_				<u> </u>		
(3)								_			Red and Starte
(4)											學說。
				^							
Totals (carry to Part II, line (5))	▶) .	0	•		_1		<u> </u>		

62-6045999

Page 5

Form 990-T (2017) CHATTANOOGA, INC. 62-60459

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.	The state of the s	1. 25/18/4/18	9.50 / 1.5 <u>\$</u>	0.
	Enter here and on page 1, Part I, line 11, cot (A)	Enter here and on page 1, Part I, line 11, col (8)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.	Part of the	a si Anagair	મું તો એક્ટ પ્રસિધી	0.

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form **990-T** (2017)

SCHEDULE D (Form 1120)

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information

OMB No 1545-0123

THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.

62-6045999

Employer identification number

ˈ Part I 🔠 Sho	ort-Term Capital Ga	ins and Losses - Ass	sets Held One Year	or Less		
to enter on the lines		(d) Proceeds	(e) Cost	(g) Adjustments to gar or loss from Form(s) 894	n .9,	(ħ) Gain or (loss) Subtract column (e) from column (d) and
This form may be eas round off cents to wh	ier to complete if you ole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g) '	combine the result with column (g)
was reported to t have no adjustme However, if you o	n 1099-B for which basis the IRS and for which you ents (see instructions). thoose to report all these form 8949, leave this line					
1b Totals for all tran	sactions reported on the Box A checked					
	sactions reported on					
	th Box B checked					
	sactions reported on	-		-		
Form(s) 8949 wit	•	4.	5.			-1.
············		from Form 6252, line 26 or 37			4	
	=	d exchanges from Form 8824			5	
6 Unused capital lo	ss carryover (attach comput	ation)		·	6	()
		e lines 1a through 6 in column	h		7	-1.
Part IIs Lon	g-Term Capital Gai	ns and Losses - Ass	ets Held More Tha	n One Year		
See instructions for to to enter on the lines	now to figure the amounts below	(d) Proceeds	(e) Cost	(g) Adjustments to gail or loss from Form(s) 894	n a	(ħ) Gain or (loss) Subtract column (e) from column (d) and
This form may be eas round off cents to wh	er to complete if you ole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g	ı) 	combine the result with column (g)
on Form 1099-B reported to the IF no adjustments (If you choose to	p-term transactions reported for which basis was as and for which you have see instructions). However, report all these transactions ave this line blank and go to			The second secon		
8b Totals for all tran	sactions reported on					
Form(s) 8949 wit	th Box D checked					
9 Totals for all tran	sactions reported on					
Form(s) 8949 wit	th Box E checked					
10 Totals for all tran	•	400	4.5			451
Form(s) 8949 wit		488.	17.			471.
-	Form 4797, line 7 or 9		_		11	
		from Form 6252, line 26 or 37	7		12	
		d exchanges from Form 8824			13	
14 Capital gain distr					14	471
		e lines 8a through 14 in columi	n <u>h</u>		15	471.
	nmary of Parts I and		Hann (long 45)		40	<u> </u>
		ne 7) over net long-term capita		77.	16_	470.
·		n capital gain (line 15) over net			17	4/0.
	i 17. Enter nere and on Form her gain, also complete Part	1120, page 1, line 8, or the pr	oper lille on other returns. It	the corporation	18	470.
Has unamined firm	DEL MAIN, AIST FAITHBRIEFE FAIT	1 V				

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

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

Schedule D (Form 1120) 2017

Schedule D (Form 1120) 2017 CHATTANOGA, INC. 62-6045999 Page 2

Part IV Alternative Tax for Corporations with Qual	ified Timber Gain. Complete Part	IV only if the corporation has
qualified timber gain under section 1201(b). Skip this part if you	are filing Form 1120-RIC. See instruction	18.
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19	The state of the s
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line		FIG. ()
of your tax return	20	
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or	r	And the second s
(c) the amount on Part III, line 17	21	
22 Multiply line 21 by 23.8% (0.238)		22
23 Subtract line 17 from line 20. If zero or less, enter -0-	23	
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable to	ax rate) appropriate for	and the state of t
the return with which Schedule D (Form 1120) is being filed		24
		The second of the second
25 Add lines 21 and 23	25	
26 Subtract line 25 from line 20. If zero or less, enter -0-	26	
		arm of a latitude of all the latitudes
27 Multiply line 26 by 35% (0.35)		27
		1
28 Add lines 22, 24, and 27		28
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable to	ax rate) appropriate for the	
return with which Schedule D (Form 1120) is being filed		29
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120,	Schedule J, line 2, or the	
applicable line of your tax return		30

Schedule D (Form 1120) 2017

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

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

OMB No 1545-0074

2017

Attachment Sequence No 12A

Name(s) shown on return

THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC.

Social security number or taxpayer identification no.

62-6045999

Before you check Box A, B, or C 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. Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2 Note: You may aggregate all short 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 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss If you enter an amount (b) (d) (e) (h) Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or ın column (g), enter a code ın (sales price) basis See the Subtract column (e) (Example, 100 sh XYZ Co) (Mo, day, yr) disposed of column (f). See instructions. Note below and from column (d) & (Mo, day, yr.) (g) Amount of combine the result see Column (e) ın Code(s) with column (g) the instructions adjustment MTP ENERGY PASS THRU 4 HEADLANDS CAPITAL 5.

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

Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

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

THE COMMUNITY FOUNDATION OF GREATER

Social security number or taxpayer identification no.

62-6045999

CHATTANOGA, INC.

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

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

F	→ (D) Long-term transactions rep → (E) Long-term transactions		•		•	Note abo	ove)	
K				_	ported to trie in o			
1	(a) Description of property (Example 100 sh XYZ Co.)	(b) Date acquired (Mo., day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	loss If vo	t, if any, to gain or be enter an amount (g), enter a code in . See instructions (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
PA	LLADIAN PARTNERS						aujustinent	
ĪV					17.			<17.
	LLADIAN PARTNERS							
VI	I			12.				12.
TI	GER GLOBAL X			476.			-	476.
_								
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					-			
			<u> </u>					
	Totals. Add the amounts in colu	-						
	negative amounts) Enter each t							
	Schedule D, line 8b (if Box D ab	· · · · · · · · · · · · · · · · · · ·	=		17			471
	above is checked), or line 10 (if	Box F above is o	cnecked)	488.	17 <u>.</u>			471.

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

Depreciation and Amortization (Including Information on Listed Property)

990-T

► Attach to your tax return.

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Business or activity to which this form relates

Identifying number

	OMMUNITY FOUNDATI	ON OF GR	EATER	700			. D.G. 1		60 6045000
	ANOOGA, INC.	. Hadaa Oaattaa di	70. Naha 16				r PAGE 1	V b of our	62-6045999
	Election To Expense Certain Property	y Under Section 1.	/9 Note: If yo	u nave any lis	stea pi	operty	, complete Part		
	um amount (see instructions)							1	510,000.
	ost of section 179 property place	•						2	3,543.
	old cost of section 179 property b							3	2,030,000.
_	tion in limitation. Subtract line 3 fr							5	<u>0.</u>
	itation for tax year Subtract line 4 from line 1 (a) Description of prog		-0- If married file	ng separately, see (b) Cost (busin			(c) Elected of		510,000.
DACC 0		-		(b) Cost (busin	1055 056	Urily)		,543.	
PASS 1	<u> THROUGH FROM 10TH</u>	21 LOND	-				3	,545.	
7 Lustad	property. Enter the amount from I					-		·	
	property Enter the amount from I		un naluman (a	·\ lmaa C and	7	7			2 5/2
	lected cost of section 179 proper	•	in column (c	;), imes o and	′			8_	3,543. 3,543.
	ve deduction. Enter the smaller of		04.C Farma 45	00				9	
-	ver of disallowed deduction from t	•						10	22,327. 510,000.
	ss income limitation. Enter the sm		•		•	ne 5		11	25,870.
	n 179 expense deduction. Add line	•			911	40		12	25,070.
	ver of disallowed deduction to 20 t use Part II or Part III below for his		•			13			<u> </u>
Part II	Special Depreciation Allowan				o lietor	d prope	nety)		·
			•	•		·			<u></u>
	I depreciation allowance for qualif	ied property (otr	ier triari liste	a property) pi	aced II	n servic	ce during		
the tax	•	4						14	
•	ty subject to section 168(f)(1) elec	tion						15	
Part III	depreciation (including ACRS) MACRS Depreciation (Don't in	solude listed are	norty \ /Coo.	nota intiona \				16	
T CITTIII	WIACHS Depreciation (Don't ii	icidde iisted pio	· · · · · · · · · · · · · · · · · · ·	ction A					
47 MACDS	S deductions for assets placed in	aanuaa in tay ya			7			17	
	S deductions for assets placed in	-	-	-				٦ ١ ''	• ,
10 ii you are	electing to group any assets placed in service Section B - Assets F							tion Syst	em
		(b) Month and	(c) Basis for	depreciation	T	Recovery		(f) Method	
	(a) Classification of property	year placed in service		instructions)	' '	period	(e) Convention	(i) ivietilod	(g) Depreciation deduction
19a 3⋅y	ear property	ا ما الموسودات الما الما الما الما الما الما الما ال							
b 5⋅y	ear property				<u> </u>				
с 7⋅у	ear property	(p)							
d 10-	year property	2,							
e 15-	year property				<u> </u>				
f 20-	year property	* * * * * * * * * * * * * * * * * * * *	=.		ļ				
g 25-	year property				2	5 yrs		S/L	
h Po	sidential rental property	/			27	5 yrs	MM	S/L	
h Re	sidential rental property	/			27	5 yrs	MM	S/L	
: No	procedential roal property	/			3	9 yrs.	MM	S/L	
i No	nresidential real property	/		·			MM	S/L	
	Section C - Assets Plant	aced in Service	During 2017	7 Tax Year U	sing th	ne Alte	rnative Deprec	iation Sy	stem
20a Cla	ss life							S/L	
b 12-	year				1	2 yrs		S/L	
c 40-	year	/			4	0 yrs	ММ	S/L	
Part IV	Summary (See instructions)								
21 Listed	property Enter amount from line 2	<u></u> 28		<u> </u>				21	
22 Total.	Add amounts from line 12, lines 1	4 through 17, lin	es 19 and 20) ın column (g), and	lıne 21		-	
Enter h	ere and on the appropriate lines o	of your return Pa	artnerships a	nd S corpora	tions -	see ins	str	22	22,327.
23 For ass	ets shown above and placed in s	ervice during the	e current yea	r, enter the					
portion	of the basis attributable to section	n 263A costs				23			the state of the s

Form 4562 (2017)

Part V

CHATTANOOGA, INC.

62-6045999 Page 2 Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

	Note: For any (a) through (c)	vehicle for w of Section A	hich you are us , all of Section	sing the B, and	standa Section	rd milea C if app	ge rate d licable	r dedu	ucting leas	e expen	se, com	plete or	ily 24a, 1	24b, colu	ımns
								nstruc	tions for li	nits for j	passeng	er autoi	mobiles.		
24a Do	you have evidence to s	support the bu	siness/investme	nt use cl	aimed?	Y	es _	No	24b If "Y	es," is th	ne evide	nce writ	ten?] Yes [No
Ty (lis	(a) ope of property of vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	e ot	(d) Cost or ther basis	(hu	siness/inve	stment	(f) Recovery period	Met	thod/	Depre	eciation	Ele- sectio	cted on 179
25 Spe	cial depreciation allo	owance for q	ualified listed p	property	placed	ın servi	ce durin	the t	ax year an	d					
used	d more than 50% in	a qualified b	usiness use								25				
26 Prop	erty used more tha	n 50% ın a c	ualified busine	ss use.											
			%	5											
			%	5											
		L	9/	;											
27 Prop	perty used 50% or le	ess in a qual	fied business i	use											
			%	5						S/L·		ļ			
			%	5						S/L·					
	(a) Use of property (list whicks first) Date (mount of the placed of the														
28 Add	amounts in column	(h), lines 25	through 27 Er	nter her	e and or	line 21	, page 1				28				
29 Add	amounts in column	(i), line 26. E	nter here and	on line	7, page	1							29		
			S	ection I	B - Infor	mation	on Use	of Ver	nicles						
Complet	e this section for ve	hicles used	by a sole propi	retor, p	artner, c	r other	"more th	an 5%	owner," o	or related	d person	If you	provided	l vehicle:	3
to your e	employees, first ans	wer the ques	stions in Sectio	n C to	see If yo	u meet a	an excep	tion to	completi	ng this s	ection f	or those	vehicles	3	
			· · · · · · · · · · · · · · · · · · ·					1		Т					
				(a)	(b)		(c)	(4	d)	(e)	(1)
			uring the	Vel	nicle	Ve	hicle		'ehicle	Veh	ııcle	Vel	nicle	Veh	ıcle
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		ncommuting) miles												
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	-					1]			
	J				1		T					 	T		
		le for person	al use	Yes	No	Yes	No	Yes	No_	Yes	No	Yes	No	Yes	<u>No</u>
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		ble for perso	onai											1	i
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	· .	Jetermine ii y	you meet an ex	ception	i to com	pieting .	Section	D IOI V	enicies us	eu by er	прюуее	s who a	rentino	re man :	170
		n nolicy etat	ement that are	hibite s	all percor	al uco	of vehicle	as inc	ludina con	omutina	by you			Vac	No
		in policy stat	ement that pro	אווטונס מ	an persor	iai use i	or vernor	53, II IC	idding con	milating,	by you	•		163	 140
•	•	n nolicy stat	ement that nro	hihits r	nersonal	use of v	ehicles	evcen	t commut	ına hv v	OUT			1	+-
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						monstra	ation use	?							
									overed veh	ncles.					
			-												
		costs	Date a	mortization		Amortizal	ble t		Code		Amortiza		Ar fo	nortization	
42 Amo	rtization of costs the	at begins du			ar:		-	-1			, or per	-3280			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, JUL	<u> </u>										
					 			\dashv							
43 Amo	rtization of costs the	at began het	fore your 2017	tax vea	ır.			1	- , <u>-</u>			43	······································		
	II. Add amounts in c	_	-			report						44			-

FORM 990-T	CONTRIBUTIONS	STATEMENT	2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
FOUNDATION GRANTS PASS THROUGH CHARITABLE CONTRIBUTIONS FROM	N/A N/A	16,950,27	78.
PARTNERSHIPS		2	25.
CONTRIBUTION CARRYOVER FROM PRIOR YEARS	N/A	301,038,15	58.
TOTAL TO FORM 990-T, PAGE 1, I	LINE 20	317,988,46	51. —
FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
DESCRIPTION		AMOUNT	
INVESTMENT EXPENSES FOR PARTNE	ERSHIPS	1,50	00.
TOTAL TO FORM 990-T, PAGE 1, I	INE 28	1,50	00.

FORM 990-T INCOME (LOSS)	NCOME (LOSS) FROM PARTNERSHIP		PS STATEMENT 6	
PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)	
MIT PRIVATE EQUITY FUND III, LP	-3,184.	1,740.	-4,924.	
TIFF PARTNERS IV, LLC	-3.	0.	-3.	
STRATEGIC PARTNERS FUND II	-4.	0.	-4.	
PAUL CAPITAL PARTNERS VIII-A	131.	0.	131.	
TENTH STREET FUND I	35,341.	0.	35,341.	
MERCED PARTNERS II	-1,484.	0.	-1,484.	
PALLADIAN PARTNERS VII	-152.	0.	-152.	
ENERGY AND MINERAL GROUP FUND II,				
LP	104,950.	43,061.	61,889.	
PALLADIAN PARTNERS VIII	-1,609.	0.	-1,609.	
HEADLANDS CAPITAL	2,408.	0.	2,408.	
SIGULAR GUFF SBO	-3.	0.	-3.	
RESOLUTE CAPITAL PARTNERS III	-7,749.	0.	-7,749.	
HEADLANDS CAPITAL II	-1,493.	372.	-1,865.	
AGHAP FEEDER, LLC	-485.	0.	-485.	
MTP ENERGY OPPORTUNITIES FUND II	33,240.	0.	33,240.	
ENERGY & MINERALS GROUP FUND IV	-14,610.	0.	-14,610.	
ENERGY & MINERALS GROUP ASCENT	-29,348.	0.	-29,348.	
TIGER GLOBAL PIP X PARTNERS	471.	0.	471.	
TOTAL TO FORM 990-T, PAGE 1, LINE 5	116,417.	45,173.	71,244.	