OMB No 1545-0047

For calendar year 2019 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). D Employer identification number Name of organization ( Check box if name changed and see instructions.) Check box if (Employees' trust, see address changed instructions ) THE COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC. B Exempt under section Print 62-6045999 E Unrelated business activity code X 501(c)(3) Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) 220(e) 1400 WILLIAMS ST. 408A City or town, state or province, country, and ZIP or foreign postal code [530(a) CHATTANOOGA, TN 37408 529(a) 900000 Book value of all assets F Group exemption number (See instructions.) 501(c) trust 182, 287, 284. G Check organization type X 501(c) corporation 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here **SEE STATEMENT 1** . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. X No I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. Telephone number  $\blacktriangleright$  (423)265-0586 The books are in care of MAEGHAN JONES Part I Unrelated Trade or Business Income (A) Income (B) Expenses 1 a Gross receipts or sales b Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 166,822. 166,822. 4a Capital gain net income (attach Schedule D) 4a -9,078. -9,078. Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 53,832 STMT 53,832. 5 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9/ Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 211,576 <u>211,</u>576. Total. Combine lines 3 through 12 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Part II (Deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 14 Salaries and wages 15 15 16 16 Repairs and maintenance Internal Revenue Service 17 **Bad debts** Received US Bank - USB Interest (attach schedule) (see instructions) -18 \_\_\_ 322 19 493. Taxes and licenses NOV 302020 Depreciation (attach Form 4,562) 20

EXTENDED TO NOVEMBER 16, 2020

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

22 Depletion 22 Ogden, UT 23 Contributions to deferred compensation plans 23 Employee benefit programs 24 24 Excess exempt expenses (Schedule I) 25 25 Excess readership costs (Schedule J) 26 26 SEE STATEMENT 3 5,364. Other deductions (attach schedule) 27 27 <u>5,857.</u> 28 Total deductions Add lines 14 through 27 28 205,719. Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 29 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 SEE STATEMENT 4 (see instructions)

\$1 Unrelated business taxable income, Subtract line 30 from line 29
923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Less depreciation claimed on Schedule A and elsewhere on return

Form 990-T

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Form **990-T** (2019)

205,

21b

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	<b>*</b>		NC.	62-	60455	199 Pa	1ge 2
Part	7	Total Unrelated Business Taxable Income		П. Т	205	71	
32/		unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	- 1	32		<u>,71</u>	<u>9.</u>
33		s paid for disallowed fringes		§3_			_
34	Charital	ole contributions (see instructions for limitation rules) STMT 6 STMT 7	_	34			0.
35	Total ur	prelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32	ind 33	35		71	
36	Deducti	on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	5 0	36	<u> 205</u>	5,71	<u>9.</u>
37	Total of	unrelated business taxable income before specific deduction. Subtract line 36 from line 35		37			
38	Specific	deduction (Generally \$1,000, but see line 38 instructions for exceptions)	7)	38	<u>1</u>	<u>1,00</u>	<u>0.</u>
39	Unrelat	ed business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		1 1			
	enter th	e smaller of zero or line 37		39			0.
Part	t IV	Tax Computation					
40	Organiz	ations Taxable as Corporations. Multiply line 39 by 21% (0.21)	▶	40			0.
41	Trusts	axable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:					
	Ta	x rate schedule or Schedule D (Form 1041)	▶	<b>§</b> 1			
42	Proxy t	xx. See instructions	<b>&gt;</b>	42			
43	Alternat	ive minimum tax (trusts only)		43			
44	Tax on	Noncompliant Facility Income. See instructions		44			
45		dd lines 42, 43, and 44 to line 40 or 41, whichever applies		45			0.
Part	t V	Tax and Payments		1			
46a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a					
ь	Other c	edits (see instructions) 46b					
C		business credit. Attach Form 3800 46c					
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)					
		edits. Add lines 46a through 46d		46e			
47		t line 46e from line 45	Ī	47			0.
48	Other ta	xes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach so	nedule)	48			
49		x Add lines 47 and 48 (see instructions)		49			0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50			0.
		its: A 2018 overpayment credited to 2019					
		timated tax payments 51b					
		osited with Form 8868					
		organizations: Tax paid or withheld at source (see instructions)					
	_	withholding (see instructions)  51e					
		or small employer health insurance premiums (attach Form 8941)  511  511					
		edits, adjustments, and payments: Form 2439					
y		orm 4136 Other Total 51g					
52		ayments. Add lines 51a through 51g		52			
53		ed tax penalty (see instructions). Check if Form 2220 is attached		53			
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	<b>▶</b> !	5,4			
55		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55		•	
56	•	e amount of line 55 you want: <b>Credited to 2020 estimated tax</b>		56			
Part		Statements Regarding Certain Activities and Other Information (see instructions)					
57		ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority		,		Yes	No
Ų,		nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file					
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country					
	here	N				İ	X
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust	,				X
30		see instructions for other forms the organization may have to file.					
E0.		e amount of tax-exempt interest received or accrued during the tax year > \$					
59	Li	der penalties of persury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of	f my knov	vledge and	d belief, it is t	rue,	<del></del>
Sign	مد ا	rrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	_				<u> </u>
Here		L. Marky Jos   11/11/70 D PRESIDENT		-	discuss this is shown below		th
		Signature of officer / Date Title			? X Yes		No
		Print/Type preparer's name Preparer's signature Date Check	ıf				
		Print/Type preparer's name Preparer's signature Date Check  REBECCA C. Self- em		' ' ' '			
Paid		REBECCA C. FINGERLE FINGERLE 11/05/20	,,vu	PC	09718	394	
-	parer		FIN 🕨		3-0692		
Use	Only	Firm's name ► MAULDIN & JENKINS Firm's  200 W M.L.K. BLVD, STE 1100					
			no. 4	23-7	756-61	133	
023711	01-27-20	THE PROPERTY OF CHAITMOODS, IN STREET			Form <b>99</b>		019)
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### THE COMMUNITY FOUNDATION OF GREATER

Form 990-T (2019) CHATTANOOGA, INC.

62-6045999

Page 3

1 Investory at beginning of year 2 Purchases 2 Processes 2 Purchases 3 Cost of labor 6 From line 5. Either here and on Part 1, Investory at the dof year 7 Cost of goods sold. Subtract line 6 From line 5. Either here and on Part 1, Investory 6 From Part 1, Investory 6 Fro	Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory v	raluation > N/A					
3 Cost of labor 4 A Addutional section 263A costs (attach schedule) 4 B Intervention 263A (with respect to properly produced or acquired for resale) apply to 1 Intervention 263A (with respect to properly produced or acquired for resale) apply to 1 Interventional 263A (with respect to properly produced or acquired for resale) apply to 1 Interventional 263A (with respect to properly 263A (with respect	<del></del>					ar		6		
4a Additional section 263A costs (attach schedule) 4b	2 Purchases	2		7	Cost of goods sold. Si	ubtract l	line 6	Ţ		
line 2	3 Cost of labor	3	_		from line 5. Enter here	and in I	Part I,			
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5 Total Add lines I through 4b 5 the organization?  Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)  (2e instructions)  1 Coscription of property  (3) (4) 2. Rent recoved or accrued  (a) From personal property (if the percentage of rent fit personal property in more stant acids)  (b) From real and personal property (if the percentage of rent fit personal property in more stant acids)  (c) (3) (4) (5) (6) (7) (7) (8) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes	No
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THE CC Form 990-T (2019) CHATTA				ION C	F GREA	TER			62-60	4599	9 Page	
Schedule F - Interest,	Annuities	s. Roval	ties, ar	nd Rent	s From Co	ontroll	ed Organi	zatio	ns (see ins	struction		
•	1	, ,			Controlled O						·	
1 Name of controlled organiza	tion	2. Emp Identific numb	cation	3. Net un	related income a instructions)			includ	5. Part of column 4 that is included in the controlling organization's gross income		connected with income	
(4)									<del>_</del>			
(1)								+				
(2)				l				-		<del></del>	<u> </u>	
(3)	-				-		_	<del>                                     </del>		<del></del>	· · · · · · · · · · · · · · · · · · ·	
(4)				l								
Nonexempt Controlled Organi				T -		<del></del> 1	40 -					
7 Taxable Income		related incom e instructions		9. Total	of specified pays made	ments	10. Part of col in the contro gro		nization's		eductions directly connected h income in column 10	
(1)				·								
(2)				Ĭ								
(3)											<u> </u>	
(4)					-							
(4)							Enter here ar	umns 5 ar nd on pag	e 1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
<b>♥</b> 4.1.									0.		0	
Totals			04:	E04(a)	7) (0)	(47) O			0.		<u> </u>	
Schedule G - Investme		ne or a s	Section	501(C)(	(7), (9), or	(17) Or	ganizatio	n				
(see inst	ructions)						2 Dadust				E Tetal deductions	
1 Desc	ription of incom	ne			2. Amount of	ıncome	<ol> <li>Deduct directly conf</li> </ol>	nected	4. Set-	asides chedule)	5 Total deductions and set-asides	
							(attach sche	edule)	\attacii a	criedule)	(col 3 plus col 4)	
(1)							<u></u>					
(2)												
(3)												
(4)												
			-		Enter here and Part I, line 9, co		,		•	, , .	Enter here and on page Part I, line 9, column (B)	
Totals				•		0.	· : ,		` ,:•		0	
Schedule I - Exploited	Evemnt	Activity	Incom	A Othe	r Than Ad		na Incom					
(see instri	-	Activity	moom	e, othe	i illali Ac	ivei tisi	ng moon					
	i i				4 Net incom	ne (loss)					7	
1 Description of exploited activity	2 Gre unrelated b income trade or bi	usiness from	directly o with pro of unr	censes connected oduction etated s income	from unrelated business (co minus colum gain, compute through	trade or olumn 2 n 3) If a e cols 5	5. Gross in- from activity is not unrel business in	y that ated	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)					<u> </u>							
(3)					<del></del>			_				
(4)	<del>                                     </del>		-		<del> </del>							
(4)	Enter here page 1, I line 10, c	Part I, of (A)				-				.· ,	Enter here and on page 1, Part II, line 25	
Totals •		0.		0.		•		•			0	
Schedule J - Advertisi												
Part I Income From	Periodica	als Repo	orted o	n a Cor	isolidated	Basis						
1 Name of periodical		2 Gross advertising income		3. Direct ertising costs	or (loss) (co				6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)						٠.,	-					
(2)					. ,,					_	1 '	
	-		+-		<del>-</del> ' ' '				<del>                                     </del>		1	
(3)			<del>-   -</del>	<del> </del>		•	<del> </del>		<del> </del>	_	1	
(4)	1		- 1		1 '		1		1		Ī	

Totals (carry to Part II, line (5))

0.

0.

Form 990-T (2019) CHATTANOGA, INC.

62-6045999

Page 5

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			0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	•	0.	0.	3.4		东广州2004年1月	0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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		<b>•</b>	0.

Form 990-T (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

INVESTMENT ACTIVITIES CONDUCTED THROUGH LIMITED PARTNERSHIPS.

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT
DESCRIPTION	NET INCOME OR (LOSS)
MIT PRIVATE EQUITY FUND III, LP - ORDINARY BUSINESS INCOME	10.55
(LOSS)	-17,557
MIT PRIVATE EQUITY FUND III, LP - INTEREST INCOME MIT PRIVATE EQUITY FUND III, LP - OTHER INCOME (LOSS)	3,707 6,975
TIFF PARTNERS IV, LLC - ORDINARY BUSINESS INCOME (LOSS)	6,975 -6
PALLADIAN PARTNERS VII - ORDINARY BUSINESS INCOME (LOSS) ENERGY AND MINERAL GROUP FUND II, LP - ORDINARY BUSINESS	1,014
INCOME (LOSS)	119,605
ENERGY AND MINERAL GROUP FUND II, LP - DIVIDEND INCOME	15
ENERGY AND MINERAL GROUP FUND II, LP - OTHER INCOME (LOSS)	-2,338
PALLADIAN PARTNERS VIII - ORDINARY BUSINESS INCOME (LOSS) HEADLANDS CAPITAL - ORDINARY BUSINESS INCOME (LOSS)	-2,476
	-9 <b>4</b>
HEADLANDS CAPITAL - OTHER INCOME (LOSS) RESOLUTE CAPITAL PARTNERS III ~ ORDINARY BUSINESS INCOME	36
(LOSS)	-15,304
RESOLUTE CAPITAL PARTNERS III - OTHER INCOME (LOSS)	-197
HEADLANDS CAPITAL II - ORDINARY BUSINESS INCOME (LOSS)	4,811
HEADLANDS CAPITAL II - OTHER INCOME (LOSS)	-9,448
AGHAP FEEDER, LLC - ORDINARY BUSINESS INCOME (LOSS)	17,007
AGHAP FEEDER, LLC - INTEREST INCOME	1,112
AGHAP FEEDER, LLC - OTHER INCOME (LOSS) MTP ENERGY OPPORTUNITIES FUND II - ORDINARY BUSINESS	-26,262
INCOME (LOSS)	38,990
MTP ENERGY OPPORTUNITIES FUND II - NET RENTAL REAL ESTATE	30,330
INCOME	74
MTP ENERGY OPPORTUNITIES FUND II - INTEREST INCOME	313
MTP ENERGY OPPORTUNITIES FUND II - DIVIDEND INCOME	27
MTP ENERGY OPPORTUNITIES FUND II - OTHER INCOME (LOSS)	-23,237
ENERGY & MINERALS GROUP FUND IV - ORDINARY BUSINESS INCOME	FF 00F
(LOSS) ENERGY & MINERALS GROUP FUND IV - OTHER INCOME (LOSS)	-55,987 26
ENERGY & MINERALS GROUP FUND IV - OTHER INCOME (LOSS) ENERGY & MINERALS GROUP ASCENT - ORDINARY BUSINESS INCOME	20
(LOSS)	19,592
TIGER GLOBAL PIP X PARTNERS - OTHER INCOME (LOSS)	264
TIGER GLOBAL PIP X PARTNERS - OTHER INCOME (LOSS)	-4,163
TIGER GLOBAL PIP IX, L.P OTHER INCOME (LOSS)	-2,281
TIGER GLOBAL PIP VIII - OTHER INCOME (LOSS)	-189
PALLADIAN PARTNERS IX LP - ORDINARY BUSINESS INCOME (LOSS)	-197
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	53,832

FORM 990-T		OTHER DEDUCT:	OTHER DEDUCTIONS				
DESCRIPTION	r			AMOUNT			
INVESTMENT	- EXPENSES FOR PARTI	NERSHIPS		5,36	<u> </u>		
TOTAL TO FO	PRM 990-T, PAGE 1,	LINE 27		5,36	4.		
FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT	4		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR			
12/31/18	223,785.	0.	223,785.	223,785	•		
NOL CARRYOV	ER AVAILABLE THIS	YEAR	223,785.	223,785	- -		
FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT	<u> </u>		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR			
12/31/10 12/31/11 12/31/13 12/31/14 12/31/15 12/31/16 NOL CARRYOV	12,415. 12,664. 184,067. 92,399. 139,820. 11,423. ER AVAILABLE THIS	12,415. 12,664. 36,820. 0. 0.	0. 0. 147,247. 92,399. 139,820. 11,423.	0 0 147,247 92,399 139,820 11,423	•		
FORM 990-T		CONTRIBUTIONS	3	STATEMENT	<del>-</del> 6		
DESCRIPTION	/KIND OF PROPERTY	METHOD USED T	TO DETERMINE FMV	AMOUNT			
FOUNDATION GRANTS PASS THROUGH CHARITABLE		N/A N/A		20,398,598	В.		
CONTRIBUTION PARTNERSHIP			•	1:	1.		
TOTAL TO FO	RM 990-T, PAGE 2,	LINE 34		20,398,609	 9 .		

FORM 990-T CONTRI	BUTIONS SUMMARY		STATEMENT	7
QUALIFIED CONTRIBUTIONS SUBJECT QUALIFIED CONTRIBUTIONS SUBJECT	TO 100% LIMIT TO 25% LIMIT			
CARRYOVER OF PRIOR YEARS UNUSED FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018	CONTRIBUTIONS 15,478,580 93,005,733 164,257,789 317,983,818 15,049,560			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUT	PIONS	605,775,480 20,398,609		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJ	USTED	626,174,089 0		
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	<del>-</del>	626,174,089 0 626,174,089		
ALLOWABLE CONTRIBUTIONS DEDUCTIO	N _			0
TOTAL CONTRIBUTION DEDUCTION			<u> </u>	0

#### **SCHEDULE D** (Form 1120)

Department of the Treasury Internal Revenue Service

#### Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-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

Employer identification number Name THE COMMUNITY FOUNDATION OF GREATER 62-6045999 CHATTANOOGA, INC. 」Yes Ϫ No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts (h) Gain or (loss) Subtract column (e) from column (d) and to enter on the lines below. (d) (g) Adjustments to gain or loss from Form(s) 8949, This form may be easier to complete if you round off cents to whole dollars. Part I, line 2, column (g) (sales price) (or other basis) ombine the result with column (a) 1a 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). 34. However, if you choose to report all these transactions on Form 8949, leave this line 14. 3 blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on -310. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) -310 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) (d) (g) Adjustments to gain or loss from Form(s) 8949, to enter on the lines below. Proceeds This form may be easier to complete if you round off cents to whole dollars. (sales price) (or other basis) Part II, line 2, column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have ÷., no adjustments (see instructions). However, ż if you choose to report all these transactions -3 the on Form 8949, leave this line blank and go to 1 1 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 167,132. Form(s) 8949 with Box F checked 11 11 Enter gain from Form 4797, line 7 or 9 12 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 14 Capital gain distributions 167,132 15 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h Part III | Summary of Parts I and II. 16 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 166,822. 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 166,822. Note: If losses exceed gains, see Capital Losses in the instructions.

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

Schedule D (Form 1120) 2019

LHA

# 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 2019

> Attachment Seguence 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

Part I Short-Term. Transact transactions, see page 2								
Note: You may aggregate a codes are required. Enter th	ll short-term transa e totals directiv on	ictions reported on Schedule D. line 1	ı Form(s) 1099-B sl a. vou aren't requi	nowing basis was repo red to report these tra	rted to the nsactions o	IRS and for which no n Form 8949 (see in:	adjustments or structions)	
You must check Box A, B, or C below.	Check only one b	OX. If more than one b	oox applies for your sh	ort-term transactions, cor	nplete a separ	ate Form 8949, page 1,		
If you have more short-term transactions than w					-			
(A) Short-term transactions re		•	•	•	e <b>Note</b> ab	ove)		
(B) Short-term transactions re				reported to the IHS				
(C) Short-term transactions no		u on Form 1099-	T	<del></del>		-A '6 A	<del></del>	
1 (a)	(b)	(c)		(d) Proceeds	(e) Cost or other	Adjustment, if any, to gain or loss. If you enter an amount		1 1
Description of property	Date acquired	Date sold or	(sales price)	basis See the	in column	(g), enter a code in	Gain or (loss). Subtract column (e)	
(Example 100 sh XYZ Co)	(Mo, day, yr)	disposed of (Mo , day, yr )	,	Note below and	<u> </u>	). See instructions	from column (d) &	
		(IVIO, day, yi)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)	
PALLADIAN PARTNERS								
VII			!				33.	
PALLADIAN PARTNERS								
VIII							10.	
AGHAP FEEDER, LLC							<285.	
MTP ENERGY								
OPPORTUNITIES FUND						-		
II							<168.	
TIGER GLOBAL PIP X								
PARTNERS							60.	
PALLADIAN PARTNERS								
IX LP							40.	
<del></del>	· -							
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					-			
			-					
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	-							
			-					
			·					
2 Totals. Add the amounts in colum	nns (d) (e) (a) a	nd (h) (subtract			-			
negative amounts). Enter each to	-	1						
· ·		I						
Schedule D, line 1b (if Box A abo	· ·	· · · · · · · · · · · · · · · · · · ·		1			~310.×	

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

Attachment Sequence No. 12A

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

Social security number or taxpayer identification no. THE COMMUNITY FOUNDATION OF GREATER

<u>62-6045999</u>

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 generally long-term (see instructions). For short-term transactions,

See page 1

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

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

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

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

X (F) Long-term transactions no 1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If y in column column (f	nt, if any, to gain or ou enter an amount (g), enter a code in ). See instructions.	(h) Gain or (loss). Subtract column (e from column (d) &
		(Mo , day, yr )		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
MIT PRIVATE EQUITY							
FUND III, LP							6,876.
PALLADIAN PARTNERS	<u> </u>				<u> </u>		
VII_							1,978.
ENERGY AND MINERAL							4
GROUP FUND II, LP	ļ						152,529
PALLADIAN PARTNERS					<u></u>		
VIII						-	354.
HEADLANDS CAPITAL				<del></del>			1 050
II -							1,259
MTP ENERGY				<del>                                     </del>			
OPPORTUNITIES FUND				<del> </del>			0.4.6
II				<del> </del>			<246
TIGER GLOBAL PIP			<u> </u>				4 200
IX, L.P.				<del></del>			4,382.
<del></del>				<del></del>			
			<del></del>	<del> </del>			
				<del></del>			
			<del>-</del>	<del></del>			
						<u>-</u> .	<u> </u>
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				<u> </u>			
2 Totals. Add the amounts in colun	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts) Enter each to	tal here and inclu	ude on your					
Schedule D, line 8b (If Box D abo	ove is checked), I	line 9 (If Box E					
above is checked), or line 10 (if B	lox E above is ch	necked)					167,132.

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