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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012										
В	Check if applicable	C Name of organization		D Employer identific	ation number						
	Addre- chang Name	UNIVERSITY OF CHATTANOOGA FOUNDATION, INC									
Ļ	chang				176521						
Ė	Initial return Termir ated	Number and street (or P 0 box if mail is not delivered to street address)  Room 615 MCCALLIE AVENUE	E Telephone number (423)	elephone number (423)425-4393							
	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	28,775,684.						
	Application	CHATTANOOGA, TN 37403		H(a) Is this a group re	turn						
	pendir	F Name and address of principal officer:FRED DECOSIMO		for affiliates?	Yes X No						
_	1100 TALLAN BUILDING, TWO UNION SQUARE, CHAT H(b) Are all affiliates included? Yes No										
<u> 1</u>	I Tax-exempt status: X 501(c)(3) 501(c) ( )										
J	Websit	e: ► N/A		H(c) Group exemption	number -						
K	Form of		L Year	of formation 1969 M	State of legal domicile TN						
P	art I	Summary									
ă	1	Briefly describe the organization's mission or most significant activities: ${\color{red} { ext{SUPPORT}}}$	C OF	HIGHER EDUC	CATION						
Activities & Governance		THROUGH SPECIAL PROJECTS									
er	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed o	of more	than 25% of its net as	sets.						
) Vo	3	Number of voting members of the governing body (Part VI, line 1a)		3	45						
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	45						
ies	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0						
<u> </u>	6	Total number of volunteers (estimate if necessary)		6	100						
Act	7 a	Total unrelated business revenue from Part VIII, column Confee 12/50		7a	-15,934.						
_	Ь	Net unrelated business taxable income from Form 990-T, line 34	<del></del>	7ь	-16,110.						
				Prior Year	Current Year						
9	8	Contributions and grants (Part VIII, line 1h)		3,345,345.	3,597,518.						
ē	9	( International Control of the Contr		0.	0.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and (79)		9,101,334.	4,191,122.						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.						
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,446,679.	7,788,640.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	_	5,767,282.	6,018,136.						
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
QX.	Ь	Total fundraising expenses (Part IX, column (D), line 25)	• ┞		407 404						
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		-114,491.	487,494.						
	3	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,652,791.	6,505,630.						
_	19	Revenue less expenses. Subtract line 18 from line 12		6,793,888.	1,283,010.						
tso				ginning of Current Year	End of Year						
Net Assets or	일 20	Total assets (Part X, line 16)	<u> </u>	05,809,483.	103,267,059.						
	21	Total liabilities (Part X, line 26)	-	2,153,743.	3,935,257.						
		Net assets or fund balances Subtract line 21 from line 20		03,655,740.	99,331,802.						
	art II	Signature Block		<del> </del>	<del> </del>						
-		Ities of perjury, I declare that have examined this return, including accompanying schedules and		-	knowledge and belief, it is						
_,_	e, correc	t, and complete Degration of preparer (other than officer) is based on all information of which p	reparer	<del></del>	<u></u>						
בי הו		Signature of office?			<u>'</u>						
]Si		,		Date							
₽H€		FRED DECOSIMO, TREASURER Type or print name and title		<del></del>	<del>_</del>						
<u></u>			1 г	Date Check	PTIN						
	id	Print/Type preparer's name  Preparer's signature  PERFCCA C FINCEDIE PERFCCA C FINCEDI	- 1		/ /						
<b>%</b>	io eparer	REBECCA C. FINGERLE REBECCA C. FINGERI FIRM'S name HAZLETT, LEWIS & BIETER, PLLC	רבי  ד	1/12/12 self-employe							
TELL	eparer e Only	Firm's name HAZLETT, LEWIS & BIETER, PLLC Firm's address 537 MARKET STREET, SUITE 300		Firm's EIN	62-0509553						
US	o omy	CHATTANOOGA, TN 37402-1239		D	1221756 6122						
N.4.	ny +h = 11	· · · · · · · · · · · · · · · · · · ·		Phone no (	123)756-6133						
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No						
132	2001 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2011)/C						

	<del></del>	4/65ZI Page 2
Par	Tt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	SUPPORT OF HIGHER EDUCATION THROUGH SPECIAL PROJECTS OF THE	UNIVERSITY
	OF TENNESSEE AT CHATTANOOGA	
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 X 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 X 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 and section 4947(a)(1) trusts are required to report the amount of grants and	
	others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 6,018,136. including grants of \$ 6,018,136.) (Revenue \$	)
-	SUPPORT OF HIGHER EDUCATION THROUGH SPECIAL PROJECTS OF THE	UNIVERSITY
	OF TENNESSEE AT CHATTANOOGA	
	- <del></del>	
	-	
		<u> </u>
4b	(Code) (Expenses \$) (Revenue \$)	)
	· · · · · · · · · · · · · · · · · · ·	
4c	(Code) (Expenses \$) (Revenue \$)	)
		· · · · · · · · · · · · · · · · · · ·
		···
		·
		<del></del>
4d		
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► 6,018,136.	

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,	
_	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		Х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<del></del>		-
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
-	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	_	,,	
	Schedule D, Parts XI, XII, and XIII	12a	Х	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	Х
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	^
D	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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		1
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		t	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		<u> </u>	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
-	· · · · · · · · · · · · · · · · · · ·	Form	990 (	2011)

Par	t IV Checklist of Required Schedules (continued)			
·			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2011) Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 1b b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a **b** If "Yes." did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting 8 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9ь 10 Section 501(c)(7) organizations. Enter: 10a a initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Х 14a Did the organization receive any payments for indoor tanning services during the tax year?

Form **990** (2011)

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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 in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI		· _			IX		
Sec1	tion A. Governing Body and Management							
				- r	Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4					
	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 in Schedule O		_	_				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4	2				
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?			2	Х			
3								
	of officers, directors, or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X		
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoin	one or					
	more members of the governing body?			7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or	1		.,		
_	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	ear by t	ne following		.,			
	The governing body?			8a	X			
	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<del></del>	9		Х		
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	revenu	e Code)					
40-	Did the consequence have been been bounded as a sufflict of			40-	Yes	No X		
	Did the organization have local chapters, branches, or affiliates?	. L A .		10a				
D	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?							
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	a to oo	oflicts?	12a 12b	X			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			120				
С	In Schedule O how this was done	7 <del>C</del> S, C	lescribe	12c	x			
13	Did the organization have a written whistleblower policy?			13	<del> </del>	Х		
14	Did the organization have a written document retention and destruction policy?			14	<del>                                     </del>	X		
15	Did the process for determining compensation of the following persons include a review and approximate process for determining compensation of the following persons include a review and approximate process for determining compensation of the following persons include a review and approximate process for determining compensation of the following persons include a review and approximate process for determining compensation of the following persons include a review and approximate person are personal approximate person and approximate person approximate	val hvi	ndependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	•						
а	The organization's CEO, Executive Director, or top management official	-		15a	1	Х		
- ь	Other officers or key employees of the organization			15b		Х		
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1	· · · · · · · · · · · · · · · · · · ·			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a					
	taxable entity during the year?			16a		X		
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization		•					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (Sec	tion 501(c)(3)s only	) avaılal	ole			
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	of interest policy,	and fina	ncıal			
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books	and re	cords of the organi	ation:	<b>-</b>			
	HARRIETT NEELY - (423)425-1768							
13200	ROOM 206, FOUNDER'S HALL, UNIV. OF TN, CHATTANOOG	A, [	rn 37403-	2598		-		

_			
Form	qqn	<i>(</i> 201	11

### UNIVERSITY OF CHATTANOOGA FOUNDATION, INC

62-0476521

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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 to any question 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organiza (A) Name and Title	(B) Average hours per week	(do box offi	not c	Pos	C) Ition more		one h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SEE ATTACHED SCHEDULE										
VARIOUS	0.50	X						0.	0.	0
								<u> </u>		
									-	
		-								
		$\vdash$								
		-								

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

		•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1a					
ᅙᇍ		b	Membership dues	1b					
A,C		С	Fundraising events	1c					
اقر		d	Related organizations	1d					
S.E		е	Government grants (contribut	tions) 1e					
를		f	All other contributions, gifts, gran	its, and					
를			similar amounts not included abo	ve 1f	3597518				`
들		9	Noncash contributions included in lines	s 1a-1f \$	·				
<u>8 0</u>		h	Total. Add lines 1a-1f		<u> </u>	3597518.			
					Business Code				
vice	2								·
E S		b							
le S		C							
Program Service Revenue		d		<del> </del>					
		е	<del></del>	<del> </del>					<u> </u>
_				enue					
$\rightarrow$	_		Total. Add lines 2a-2f						
	3		Investment income (including other similar amounts)	i aiviaenas, inte	erest, and	1528412.		-15,934.	1,544,346.
	4		Income from investment of ta	v-evemnt hand		13201120		1373311	1,344,340.
	5		Royalties	w exempt bond	proceeds				
	·		rioyanios	(i) Real	(II) Personal				
	6	а	Gross rents	(1) 11041	(ii) i cisonai	1			
	·		Less: rental expenses			1			
			Rental income or (loss)		-				
			Net rental income or (loss)	<u> </u>	<u> </u>	<del>-</del>		[	
ļ	7		Gross amount from sales of	(ı) Securities	(II) Other				:
i	Ī	Ī	assets other than inventory	23,649,754		1			
		b	Less: cost or other basis			1			
l			and sales expenses	20,987,044	ı.				
		С	Gain or (loss)	2,662,710		1			
			Net gain or (loss)		<b></b>	2662710.			2,662,710
a	8		Gross income from fundraising	ng events (not					······································
Other Revenue			including \$						
ě			contributions reported on line						
<u>.</u>			Part IV, line 18		a	_			
美		b	Less: direct expenses		ь	_			
٦		С	Net income or (loss) from fun	draising events					
	9	а	Gross income from gaming a	ctivities. See					
			Part IV, line 19		а				
		þ	Less: direct expenses		b			:	
		C	Net income or (loss) from gar	ming activities					
-	10	а	Gross sales of inventory, less	returns			******		
-			and allowances		а				
i			Less: cost of goods sold		b	_			
		С	Net income or (loss) from sale	•					
			Miscellaneous Revenu	Je	Business Cod	트			
	11					+		<del> </del>	
		b			-		-		
		С			.				
		d	All other revenue			-		<del> </del>	
			Total. Add lines 11a-11d		<b>P</b>	7788640.		-15,934.	
	12		Total revenue. See instructions		•	1/00040	ı U.	·	ı 4207 056

### 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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon of include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 (	Grants and other assistance to governments and	**	5,,50,000		
	organizations in the United States See Part IV, line 21	6,018,136.	6,018,136.		
	Grants and other assistance to individuals in			······································	
1	the United States. See Part IV, line 22				
3 (	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors,				
1	trustees, and key employees				
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			li i	
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	Fees for services (non-employees)				
	Management				
	Legal	16,130.		16,130.	
	Accounting	29,100.		29,100.	
	Lobbying			•	
	Professional fundraising services See Part IV, line 17				
	Investment management fees	17,526.		17,526.	
	Other	204,536.		204,536.	
•	Advertising and promotion				
	Office expenses				
_	Information technology		# · · · = · ·		
	Royalties				
	Occupancy				,
	Travel				
	Payments of travel or entertainment expenses				·
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				<del></del>
	Depreciation, depletion, and amortization				
	Insurance	11,926.		11,926.	
	Other expenses Itemize expenses not covered				<del></del>
	above (List miscellaneous expenses in line 24e If line			Į.	
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
	TAXES	106,220.		106,220.	
_	BAD DEBT EXPENSE	97,450.		97,450.	•
	ADMINISTRATIVE EXPENSE	3,846.		3,846.	
_	OTHER TAXES	760.		760.	<u>.</u>
	All other expenses	700.		700	
	Total functional expenses. Add lines 1 through 24e	6,505,630.	6,018,136.	487,494.	0
	Joint costs. Complete this line only if the organization	0,303,030.	0,010,130.	10//1010	
	reported in column (B) joint costs from a combined				
	, , ,				
	educational campaign and fundraising solicitation  Check here   If following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2011

Par	tΧ	Balance Sheet			
	•		(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	4,180,030.	2	5,710,458.
	3	Pledges and grants receivable, net	800,894.	3	1,843,646.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net	6,472,037.	7	6,472,037.
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	••••
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 1,950,70			
	ь	Less: accumulated depreciation 10b	1,800,700.		1,950,700. 53,801,408.
	11	Investments - publicly traded securities	62,034,763.	11	53,801,408.
	12	Investments - other securities. See Part IV, line 11	29,771,152.	12	33,241,766.
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	749,907.	15	247,044.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	105,809,483.	16	103,267,059.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,	. [		
iab		highest compensated employees, and disqualified persons. Complete Part	11		
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	1	parties, and other liabilities not included on lines 17-24). Complete Part X of	2 152 742		2 025 257
		Schedule D	2,153,743.	25	3,935,257.
	26	Total liabilities. Add lines 17 through 25	2,153,743.	26	3,935,257.
		Organizations that follow SFAS 117, check here   X and complet	te		
es		lines 27 through 29, and lines 33 and 34.	E4 722 220		40 475 020
auc	27	Unrestricted net assets	54,732,328.	1	49,475,029. 6,749,175.
Ba	28	Temporarily restricted net assets	43,634,201.	28	43,107,598.
2	29	Permanently restricted net assets	43,634,201.	29	43,107,330.
Ť.		Organizations that do not follow SFAS 117, check here			
S O		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	103,655,740.	32	99,331,802.
_	33	Total net assets or fund balances	103,633,740.		103,267,059.
	34	Total liabilities and net assets/fund balances	100,009,403.	34	103,207,039.

	1990 (2011) UNIVERSITY OF CHATTANOOGA FOUNDATION, INC	62-04	176521	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	, Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,78		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,50		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,28		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 1	L03,65		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-5,60	6,9	48.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	99,33	1,8	02.
Pa	rt XII Financial Statements and Reporting				
	Check If Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit		-	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		

### SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**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. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

UNIVERSITY OF CHATTANOOGA FOUNDATION, INC 62-0476521

Po	rt I	Resear	for Public Char	ity Status (All organiz	rations mu	et complet	a this sor	) See inc	tructions				
						•	•	•	iluctions.				
	organ			because it is: (For lines	-		-		ı				
1	H			s, or association of chur			ection 170	(D)(1)(A)(I)	١.				
2	뭄			'0(b)(1)(A)(ii). (Attach Sc			476/11/41						
3	$\forall$	•	•	tal service organization					# \				
4	ш			operated in conjunction	wπn a nos	pital desci	nbea in <b>se</b>	ction 1/U	(D)(1)(A)(II	II). Enter th	ie nospitai	s nam	ie,
_	X	city, and stat											
5	lacksquare			benefit of a college or ui	niversity ov	wnea or op	perated by	a governi	mentai uni	t describe	a in		
_	$\Box$		(b)(1)(A)(iv). (Comple	•									
6	=		~	ent or governmental unr									
7	ш			eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic desc	rıbed ı	n
_	$\overline{}$	•	<b>b)(1)(A)(vi).</b> (Comple	•									
8	님			ection 170(b)(1)(A)(vi).									
9	Ш	-	•	eives: (1) more than 33						•	•	•	
				nctions - subject to certa	•	•	•			• •	•		
				axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon af	fter June 3	0, 197	<b>′</b> 5.
			<b>509(a)(2).</b> (Complete	•									
10		_	-	perated exclusively to te	•	-			•			_	
11	ш	_		perated exclusively for the		•					•		or
			• • • •	ations described in secti	, ,,	•	` ' '	2). See <b>se</b> c	ction 509(	a)(3). Chec	ck the box	that	
			· · · · · · · · · · · · · · · · · · ·	organization and compl		-				. —			
		a		_ ••	• • •	e III - Func	•	-			Type III - 0		
е	Ш			t the organization is not		•		•					ın
				han one or more publicly		_				9(a)(1) or s	ection 509	(a)(2).	
f				ten determination from	the IRS tha	atitis a Ty	pe I, Type	II, or Type	e III				
			rganization, check th										
9		_		organization accepted ar			•						1
		•	•	lirectly controls, either al	one or tog	ether with	persons o	described	in (ii) and (	iii) below,		Yes	No
		_	•	upported organization?							11g(i)		
		•	·	n described in (i) above?		_					11g(ii)	-	
			•	person described in (i)	• •						11g(iii)	l	<u></u>
h		Provide the f	ollowing information	about the supported or	ganization	(s).							
			(m. ===	(iii) Type of	(iv) Is the c	organization	(v) Did vo	u notify the	(vi) is	the			
(1)		of supported	(II) EIN	organization		sted in your			organizati	on in col	(vii) An		1
	urya	inization		(described on lines 1-9	1	document?		r support?	(i) organiz U S		Sup	port	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
		<del></del>		, , , , , , , , , , , , , , , , , , , ,		<del>                                     </del>						•	
							l 						
		····· =											-
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								<u> </u>	<del>                                     </del>			<u>_</u>	
[ota	ı				1		1	[					

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 UNIVERSITY OF CHATTANOOGA FOUNDATION, INC62-0476521 Page 2

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) 2007 (b) 2008 (c) 2009(d) 2010 (e) 2011 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 812,373. include any "unusual grants.") 1,880,293 5,719,908, 15,3<u>55,4</u>37. 3,345,345, 3,597,518, 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 812,373. 1,880,293 5,719,908. 3,345,345. 3,597,518, 15,355,437. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 3,296,696. 6 Public support. Subtract line 5 from line 4 12,058,741. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 **(c)** 2009 (b) 2008 (d) 2010 (e) 2011 (f) Total 7 Amounts from line 4 1,880,293 5,719,908 812,373. 3,345,345. 3,597,518. 15,355,437. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 2,247,334. 2,717,824 1,412,447. 1,255,258 1,544,362. 9,177,225. 9 Net income from unrelated business activities, whether or not the 89,204. 5,561. -35,899. -8,412.-15,950.34,504. business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 24,567,166. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five 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 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 49.08 14 % 42.90 15 Public support percentage from 2010 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoons Xstop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2011

17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-					1	
	formed, or facilities furnished in						!
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
·	are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organ-		1		1		
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to					•	
	the organization without charge						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			ļ		ļ	
t	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						ļ
C	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on	1					
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income		-				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b			1			
11	Net income from unrelated business					-	
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital	j					
40	assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12)	L		16.41.601.4		504(-)(0)	
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	ra, τουπη, or τιπη τ	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here	i - Command Da					
	ction C. Computation of Publ					145	
	Public support percentage for 2011 (			column (t))		15	%
	Public support percentage from 2010					16	%
	ction D. Computation of Inve		<del>_</del>			1-1	
	Investment income percentage for 20	•		ine 13, column (f))		17	%
18	, ·					[18]	%
19	a 33 1/3% support tests - 2011. If the						1 / Is not
	more than 33 1/3%, check this box a		=				▶ 🗀
ı	33 1/3% support tests - 2010. If the	-					,
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in	structions	

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

UNIVERSITY OF CHATTANOOGA FOUNDATION INC

**Employer identification number** 62-0476521

Par		d Funds or Other Similar Funds or	Accounts. Complete if the
· — —	organization answered "Yes" to Form 990, Part IV, line		•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	<del>-</del>	
	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990, Part I	
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the org	anization during the tax
	year ▶	_	<u>-</u>
4	Number of states where property subject to conservation ear	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year ►
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year ► \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expense stat	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the o	organization's accounting for
	conservation easements.		
Pa	Organizations Maintaining Collections o		r Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	*	
	historical treasures, or other similar assets held for public ext	· · · · · · · · · · · · · · · · · · ·	of public service, provide, in Part XIV,
_	the text of the footnote to its financial statements that descri		
ь	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>S S S S S S S S S S</b>
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical tre	_	n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	<b>.</b>
a	Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
ь	Assets included in Form 990, Part X		<b>&gt;</b> \$

		ITY OF CHA						Page 2
Par	t III   Organizations Maintaining C						_	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a s	significant	use of its o	collection	ı items
	(check all that apply):							
а	Public exhibition	d	Loan or excl	hange programs				
b	Scholarly research	е	Other					
C	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's exe	empt purp	ose in Part	XIV.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simila	ar assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	illection?		L	Yes	No_
Par	Escrow and Custodial Arran reported an amount on Form 990, Par	-	ete if the organizatio	n answered "Yes" to	Form 990	), Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodi	-	liary for contribution	s or other assets no	t included			
	on Form 990, Part X?	ary or ourior intermed	, 101 0011111011				Yes	No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:				,	
	ir res, explain the arrangement in rat Aiv	and complete the fo	nowing table.				Amount	<del></del>
_	Beginning balance				1c		Amount	
					1d			
	Additions during the year							
_	Distributions during the year				1e 1f			
f	Ending balance	000 Dark V has	010			<u> </u>	Yes	No
	Did the organization include an amount on Fo		21?				J res	NO
	If "Yes," explain the arrangement in Part XIV.		awarad "Vaa" ta Ea	-m 000 Dart IV line	10			
Par	t V Endowment Funds. Complete					unara bank	(a) Four	
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) roui	years back
_	Beginning of year balance	99,170,103.	84,218,546.	83,267,431.	1	524,434.	**************	<del></del>
Ь	Contributions	1,075,055.	3,256,583.	718,605.		350,805.		
С	Net investment earnings, gains, and losses	-2,224,872.	15,984,394.	10,194,256.	-22,	734,702.		<del></del>
d	Grants or scholarships				ļ			
е	Other expenditures for facilities							
	and programs	4,497,681.	4,289,420.	9,961,746.	5,3	373,106.		
f	Administrative expenses							<del></del>
g	End of year balance	93,522,605.	99,170,103.		83,:	267,431.	<u> </u>	<del></del>
2	Provide the estimated percentage of the cur		e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	52.29	%					
	Permanent endowment ► 46.09	%						
C	Temporarily restricted endowment ►	1.62%						
	The percentages in lines 2a, 2b, and 2c show							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and administered for	the organi	zation		
	by <sup>.</sup>							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Schedule R?				3b	
4	Describe in Part XIV the intended uses of the							
Par	t VI Land, Buildings, and Equipn	nent. See Form 990	), Part X, line 10.					·
	Description of property	(a) Cost or o	other (b) Cost	t or other (c)	Accumulat	ed	(d) Boo	k value
		basis (investr	ment) basis	(other) de	epreciation	1		
1a	Land	1,950,	700.				1,95	0,700.
b	Buildings							
c	Leasehold improvements							
d	Equipment							
е	Other							
Tota	. Add lines 1a through 1e. (Column (d) must e	egual Form 990. Part	X, column (B), line	10(c).)		<b>&gt;</b>	1,95	0,700.

Schedule D (Form 990) 2011

	D (Form 990) 2011	UNIVERSITY	OF	CHATTAN	OOGA	FOUNDATIO	ON, INC	62-	0476521	Page 3
Part V	II Investments - C		ee Forn	n 990, Part X, I	ine 12.					
	(a) Description of secur (including name of			(b) Book value		Cos	(c) Method t or end-of-y			
(1) Final	icial derivatives								<u>-</u>	
	ely-held equity interests									
(3) Othe		EDCUIDC 6	+							
	LIMITED PARTNOTHER	EKSHIPS &	1 2	3,241,7	66	END-OF-Y	END MAI	סעבית	VALUE	
(C)	) I II II K		+ -	3,241,1	00.	END-OF-I	CAN MA	KKEI	VALUE	
(D)			+							
(E)										
(F)										
(G)										
<u>(H)</u>			-							
(I)	I (b) must equal Form 990,	Doct V. col /D) line 10 )	<del>  3</del>	3,241,7	66		<del></del>		·····	
	III Investments - F								······································	
1. 221.2	(a) Description of inve	·		(b) Book value		Cos	(c) Method at or end-of-y			
(1)			<u> </u>	_	+			our man	7. 74.40	
(2)		·-							· · · · · ·	<del></del>
(3)										
(4)			<b>.</b>							
(5)				_						
(6)		<del></del>	+		-	<u>-</u>				
<u>(7)</u> (8)			+							·
(9)							•		-	
(10)			1			<del>-</del>	<u> </u>			
Total. (Co	l (b) must equal Form 990, l	Part X, col (B) line 13 )								
Part I	Other Assets. S									
		(a	) Descr	ription	<u>.</u>				(b) Book va	lue
<u>(1)</u> (2)									<del></del>	<del>-</del>
(3)										
(4)	· <del></del>								<u></u> -	
(5)						-		-		
(6)							_			
(7)								-		
(8)					- 1					
<u>(9)</u> (10)								<del></del>		
	olumn (b) must equal For	rm 990. Part X. col (B) lir	ne 15.)							
Part >		See Form 990, Part X		5.						
1.	(a) Des	scription of liability			(b)	Book value	····		A	
	ederal income taxes									
	OUE TO UTC	··			3	,935,257.				
(3)			-							
<u>(4)</u> (5)										
(6)										
(7)										
(8)										
(9)										
(10)					<u> </u>	· · · · <u>-</u>				
(11)	aliana (h) mint mint		05 \		2	,935,257.				
2 FIN 48	olumn (b) must equal For (ASC 740) Footnote in Part XIV, (ASC 740)	provide the text of the footnote	16 25.) to the org	ganization's financia	l statement	s that reports the organi	zation's liability	for uncertain	tax positions under	
132053 01-23-12	(10)	<del>.</del>	·						dule D (Form 9	90) 2011

	dule D (Form 990) 2011 UNIVERSITI OF CHATTANOOGA F						70321	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audit</u>	<u>ed Finan</u>	cial St	ateme			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			7,788	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			6,505	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		·	1,283	<u>,010.</u>
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV.)			8			5,606	
9	Total adjustments (net). Add lines 4 through 8			9			5,606	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10			4,323	<u>,938.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	<u>nts W</u>	ith Rever	nue pe	r Retu			
1	Total revenue, gains, and other support per audited financial statements				1		2,181	<u>,692.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains on investments	2a	-5,60	<u>6,94</u>	8.			
b	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV.)	2d_						
е	Add lines 2a through 2d				2e	<u> </u>	5,606	<u>,948.</u>
3	Subtract line 2e from line 1				3		7,788	,948. ,640.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					`		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV)	4b						
С	Add lines 4a and 4b				4c			0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5		7,788	,640.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expe	nses p	oer Ret	turn		
1	Total expenses and losses per audited financial statements	•			1	1	6,505	,630.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a						
ь	Prior year adjustments	2b		•				
С	Other losses	2c						
d	Other (Describe in Part XIV.)	2d						
е	Add lines 2a through 2d				2e			0.
3	Subtract line 2e from line 1				3		6,505	,630.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				1777		-	•
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	4b						
c	Add lines 4a and 4b				4c			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5		6,505	,630.
-	t XIV Supplemental Information					*		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	l. lines '	1a and 4: Pa	art IV. line	es 1b an	d 2b:	Part V. line	4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp							·
	RT V, LINE 4: THE FOUNDATION HAS ADOPTED IN			-				
				•				
PO	LICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO	O PR	OVIDE	A PR	EDIC	TAB	LE ST	REAM
					-			
OF	FUNDING TO THE VARIOUS PROGAMS SUPPORTED B	ву т	HE ORG	ANIZ	ATIO	N.		
				·				
							••	
PA	RT XI, LINE 8 - OTHER ADJUSTMENTS:							
UN	REALIZED LOSS					_	5,606	,948.
T	om ut line 0. iniperitaen 1000 on 65 coc 0	40						
PA	RT XI, LINE 8: UNREALIZED LOSS OF \$5,606,94	4 O	<u>.</u>				D /F	000) 0011

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 Open to Public 2011

Inspection

**2 Employer identification number** SPECIAL PROJECTS FOR THE TO SUPPORT EXCELLENCE IN HIGHER EDUCATION THROUGH 62-0476521 UNIVERSITY OF TENNESSEE (h) Purpose of grant or assistance X Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed and address of organization (b) EIN (c) IRC section or government (d) Amount of cash grant non-cash assistance or government (e) EIN (f) Method of cash grant non-cash assistance other) 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 °. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. UNIVERSITY OF CHATTANOOGA FOUNDATION, INC 6,018,136. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 62-6001636 170(B)(1)(A)(II) Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization UNIVERSITY OF TN AT CHATTANOOGA CHATTANOOGA, TN 37403 Name of the organization MCCALLIE AVE Part Part

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2011)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. UNIVERSITY OF CHATTANOOGA FOUNDATION, INC Schedule I (Form 990) (2011)

Page 2

62-0476521

(f) Description of non-cash assistance	•													Schedule I (Form 990) (2011)
(e) Method of valuation (book, FMV, appraisal, other)				additional information.	DATION, INC.	SHIPS,	D IN THE	O RECEIVE	BY PERSONNEL	SSEE AT	SYSTEM, AND AS	R A QUALIFIED	ION 170(C).	
(d) Amount of non- cash assistance				line 2, and any other	CHATTANOOGA FOUNDATION,	AND FELLOWSHIPS,	ATEGORY AND	INDIVIDUALS TO RECEIVE	, ARE MADE	Y OF TENNESSEE	TENNESSEE SY	PROVIDED FOR	CODE SECTION	
(c) Amount of cash grant				on required in Part I,	OF CHATTA	SCHOLARSHIPS	EACH APPROVED CATEGORY	P P	SABBATICAL LEAVE ETC.,	UNIVERSITY	OF	FUNDS ARE P	AL REVENUE	25
(b) Number of recipients	;			de the information	THE UNIVERSITY		IN EACH	DECISION AS	BATICAL	R OF THE	E UNIVERSITY	THE	R INTERNAL	
(a) Type of grant or assistance				Part W Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	SCHEDULE I, PART I, LINE 2: THE UN	ADOPTS A BUDGET BY CATEGORY, INCLUDING	IZING EXPENDITURES OF FUNDS	GROSS AMOUNT AS SO APPROVED. THE	SCHOLARSHIPS, RESEARCH GRANTS, SAB	UNDER SUPERVISION OF THE CHANCELLOR	CHATTANOOGA, WHICH IS A PART OF THE	SUCH NOT UNDER THE CONTROL OF UCFI	CHARITABLE PURPOSE AS DEFINED UNDER	132102 01-27-12

Schedule   (Form 990) 2011 UNIVERSITY OF CHATTANOOGA FOUNDATION, INC 62-04/6521 Page 2  Part IV Supplemental Information
WE ARE CONFIDENT THAT THE UNIVERSITY OF TENNESSEE AT CHATTANOOGA DISBURSES
THESE FUNDS TO QUALIFIED RECIPIENTS.
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF TN AT CHATTANOOGA
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EXCELLENCE IN HIGHER
EDUCATION THROUGH SPECIAL PROJECTS FOR THE UNIVERSITY OF TENNESSEE AT
CHATTANOOGA.

### SCHEDULE O (Form 990 or 990-EZ)

## 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 990-EZ.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

UNIVERSITY OF CHATTANOOGA FOUNDATION, INC

Employer identification number 62-0476521

FORM 990, PART VI, SECTION A, LINE 2: ZAN GUERRY (TRUSTEE) AND ALEXIS
BOGO (TRUSTEE) HAVE A FAMILY RELATIONSHIP.
JOHN FOY (TRUSTEE) AND MICHAEL I. LEBOVITZ (TRUSTEE) HAVE A BUSINESS
RELATIONSHIP.
VICKY B. GREGG (TRUSTEE) AND DONNA N. RODDY (TRUSTEE) HAVE A BUSINESS
RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS MADE AVAILABLE TO THE
FULL BOARD TO REVIEW THE RETURN BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C: BY ANNUAL REVIEW OF THE AUDIT
COMMITTEE.
COMMITTEE.
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT
OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT GENERALLY AVAILABLE TO
THE PUBLIC.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
UNREALIZED LOSS -5,606,948.
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Part

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990.

2011 Open to Public Inspection

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OMB No 1545-0047

**Employer identification number** 62-0476521

UNIVERSITY OF CHATTANOOGA FOUNDATION, INC

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

	(a) Name address and FIN	(b) Primary activity	(c) (c) legal domicile (state or	(d) Total income	(e) End-of-vear assets	(f) Direct controlling
	of disregarded entity		foreign country)			entity
					•	•
					-	
Part H	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ions (Complete if the organization ans	swered "Yes" to Form 990, Par	t IV, line 34 because	It had one or more re	slated tax-exempt

organizations during the tax year.)							
	(q)	(0)	ত	(9)	£	(6)	- 65
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 312(5)	(2) (2) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)
of related organization		foreign country)	section	status (if section	entity	entity?	77
				501(c)(3))		Yes	No
CAMPUS DEVELOPMENT FOUNDATION, INC.	PROVIDES HOUSING TO				UNIVERSITY OF		
62-1819831, 1100 TALLAN BUILDING, TWO UNION STUDENTS AT 1	STUDENTS AT THE UNIVERSITY				TENNESSEE AT		
SQUARE, CHATTANOOGA, TN 37402	OF TENNESSEE CHATTANOOGA.	TENNESSEE	501(C)(3)	11A	CHATTANOOGA		×
		•					

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

132161 01-23-12 LHA

Schedule R (Form 990) 2011

62-0476521

Page 2

Schedule R (Form 990) 2011 UNIVERSITY OF CHATTANOOGA FOUNDATION, INC

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a)	(g)	9	(Đ)	<b>②</b>	€		(6)	(h)	(i)	6	B
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	me Share of total d, income inder t)		Share of Dend-of-year at assets	Disproportion- ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
Part tV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.)	yanizations Taxable as rporation or trust during	s a Corpo g the tax y	vration or Trust (Co	mplete if the orga	ion or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	l "Yes" to	Form 990, Part	IV, line 34	because it had o	ne or mor	e related
(a) Name, address, and EIN of related organization	<u> </u>		(b) Primary activity	rity Legal domicile (state or foreign country)	(d)  micile Direct controlling or entity n		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
									_		
									-		
132162 01-29-12				29					Schedu	e R (Form	Schedule R (Form 990) 2011

# Schedule R (Form 990) 2011 UNIVERSITY OF CHATTANOOGA FOUNDATION, INC

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Yes
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Were
ans
<u>0</u>
anization answered "Yes" to Form 990, Part IV, line 34, 35, 35a
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Ö
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With Related Or
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes
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?	s with one or more re	lated organizations listed	ın Parts II-IV?	
a Receipt of (i) interest (ii) annutties (iii) royalties or (iv) rent from a controlled entity				1a X
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				×
e Loans or loan quarantees by related organization(s)				1e X
f Sale of assets to related organization(s)				
g Purchase of assets from related organization(s)				
h Exchange of assets with related organization(s)				<del>ا</del> ×
i Lease of facilities, equipment, or other assets to related organization(s)				1i X
j Lease of facilities, equipment, or other assets from related organization(s)				1 <u>,</u>
k Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			
I Performance of services or membership or fundraising solicitations by related organization(s)	ınization(s)			<u> </u>
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			K >
n Sharing of paid employees with related organization(s)				1n A
<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>				10 X
p Reimbursement paid by related organization(s) for expenses				T <sub>p</sub> X
				1 1 ×
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.	who must complete th	is line, including covered	relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
(1) CAMPUS DEVELOPMENT FOUNDATION	D	6,472,037.U	U.S. CURRENCY	
(2)				
(c)				
(9)	000			7, 77
132163 01-23-12	30		Schedule	Schedule K (Form 990) 2011

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# Schedule R (Form 990) 2011 UNIVERSITY OF CHATTANOOGA FOUNDATION, INC

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

Dispreportonate
amount in box 20 managing ownership
allocations of Schedule K-1 partner/
Yes No (Form 1065) Yes No 3 Ξ end-of-year Share of assets Share of total income Predominant income parties second (related, unrelated, ons 2 excluded from tax under section 512-514) Yes No (state or foreign Legal domicile country) છ Primary activity Name, address, and EIN of entity

31

Schedule R (Form 990) 2011

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Page 8 of 11 2011-2012 UC FOUNDATION ROSTER

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