Form 990-T	E	Exempt Organization Bus	sine	ss Income T	ax Return	L	OMB No 1545-0047
		(and proxy tax und lendar year 2019 or other tax year beginning <u>JUL 1,</u> Go to www.irs gov/Form990T for in	er se	ction 6033(e))	1000	0	2040
	For ca	lendar year 2019 or other tax year beginning ${ m f JUL} = 1$,	20	19 , and ending $J \overline{U}$	N 30, 202	<u>0</u>	2019
Department of the Treasury Internal Revenue Service		► Go to www.irs gov/Form990T for ir Do not enter SSN numbers on this form as it may			ation is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name of UNIVERSITY OF CHATTANC				(Empl	oyer identification number loyees' trust, see ictions)
B Exempt under section	Print	FOUNDATION, INC.				6	2-0476521
X 501(c)(3 03	or	Number, street, and room or suite no. If a P.O. bo	x, see ır	structions.			ated business activity code nstructions)
408(e)220(e)	Туре	201 ALUMNI HOUSE, 615	MCC.	ALLIE AVE		,	,
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of CHATTANOGA, TN 37403		n postal code		523	000
C Book value of all assets		F Group exemption number (See instructions.)					
at end of year	03.	G Check organization type ► X 501(c) cor	poration	501(c) trust	401(a)	trust	Other trust
		ation's unrelated trades or businesses.	1		the only (or first) uni	related	
trade or business here	► SI	EE STATEMENT 1		If only one,	complete Parts I-V.	If more	than one,
describe the first in the b	lank spa	ice at the end of the previous sentence, complete Pa	arts I an	d II, complete a Schedule	e M for each addition	al trade	e or
business, then complete	Parts III	-V.					
I During the tax year, was	the corp	poration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group?	▶ [Ye	s X No
If "Yes," enter the name a	and iden	tifying number of the parent corporation.					
J The books are in care of	> 1	HARRIET NEELY CHAMBERS		Teleph	one number 🕨 🕻	423)425-47
Part I Unrelate	d Trac	de or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale	es						
b Less returns and allo	wances	c Balance	1c		1,44,44	O.	l , , , , , , , , , , , , , , , , , , ,
2 Cost of goods sold (S	Schedule	e A, line 7)	2		marker to the	- ^	18 18 18 18 18 18 18 18 18 18 18 18 18 1
3 Gross profit. Subtrac	t line 2 fi	rom line 1c	3		1 Copy (4) 1990 (7)		
4a Capital gain net incor	ne (attac	ch Schedule D)	4a		"4" \$1 1800 KG	٠ `` .``	
Net gain (loss) (Form	4797, P	Part II, line 17) (attach Form 4797)	4b	-6,320.	的"物"等的。	*	<u>−6,320.</u>
Capital loss deduction income (loss) from a Rent income (Schedu Unrelated debt-financi Interest, annuities, ro	n for trus	sts	4c		# 5 C 1 1		
5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5	-505,978.	T' STMT 3	` *	-505,978.
Rent income (Schedu	ıle C)	•	6				
7 Unrelated debt-financ	ed incor	me (Schedule E)	7				
8 Interest, annuities, ro	yaltıes, a	and rents from a controlled organization (Schedule F)	8				
9 Investment income o	f a section	on 501(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exempt acti	ivity inco	ome (Schedule I)	10				
11 Advertising income (Schedule	e J)	11				
12 Other income (See in			12		March Garthau	\$(.53.5);	
13 Total. Combine lines	3 throu	gh 12	13	<u>-512,298.</u>			<u>-512,298.</u>
Part II Deductions	ons No s must t	ot Taken Elsewhere (See instructions for the directly connected with the unrelated business.)	or limita	atións on deductions.) come.)			
14 Compensation of of	ficers, di	rectors, and trustees (Schedule K)				_14	
15 Salaries and wages		વિક્રિયાએ મેન્સ્સમામ સ્થિમોના	ن			15	
16 Repairs and mainter	nance	Received US Dank - US				16	
17 Bad debts		304				17	
18 Interest (attach sche	edule) (s	ee instructions)				18	1 001
19 Taxes and licenses		NOA 30 5050		امما		19	1,891.
20 Depreciation (attach				20		ž. (5°.	
·	aimed oi	n Schedule A and elsewhere on return Ogden, U T		21a		21b	-
22 Depletion						22	
23 Contributions to def		mpensation plans				23	
24 Employee benefit pr						24	
25 Excess exempt expe						25	
26 Excess readership c					-	26	
27 Other deductions (a						27	1,891.
28 Total deductions. A			at line Of	9 from line 12		28	-514,189.
/		ncome before net operating loss deduction. Subtraction of arter languages				29	-JI#,IOJ•
· · · /	erating	loss arising in tax years beginning on or after Janua	uy I,∠U	710		30	0.
(see instructions)	tavahla ::	ncome. Subtract line 30 from line 29				31	-514,189.
		work Reduction Act Notice, see instructions.			1	7	Form 990-T (2019)

			OF CHATTA		NDATION,	INC.		62-	0476521 Page 2
Part			l Business Taxa					- ; -	
32	fotal of	unrelated business ta	xable income computed	from all unrelated tra-	des or businesses ((see instructions)	{	32	<u>-514,189.</u>
33	Amoun	ts paid for disallowed f	fringes					33	
34			instructions for limitation		rmt 4	STMT 5		34	<u> </u>
35	Total u	related business taxal	ble income before pre-2	018 NOLs and specific	deduction Subtrac	t line 34 from the sum o	of lines 32 and 33	う 35	<u>-514,189.</u>
36	Deduct	on for net operating lo	ss arısıng ın tax years t	eginning before Janua	ary 1, 2018 (see ins	tructions)		36	
37	Total of	unrelated business ta	xable income before sp	ecific deduction. Subtr	act line 36 from line	e 35	بي د		<u>-514,189.</u>
38	Specific	deduction (Generally	\$1,000, but see line 38	instructions for excep	tions)		9	0 38	1,000.
39	Unrela	ed business taxable i	ncome Subtract line 3	8 from line 37. If line 3	8 is greater than lin	ie 37,			
	enter th	e smaller of zero o <u>r lin</u>	e 37				\	1 39	-514,189.
Part	: IV	Tax Computation	on						
40	Organi	ations Taxable as Co	rporations Multiply lin	e 39 by 21% (0.21)				40	0.
41	•		s. See instructions for t		ne tax on the amou	nt on line 39 from:			
		ax rate schedule or	Schedule D (Form				•	. 41	
42		ax See instructions	•	•			•	42	
43	-	tive minimum tax (trus	ts only)				•	43	
44		•	/ Income. See instruction	ons				44	
45		•	4 to line 40 or 41, whic					45	0.
Part		Tax and Payme				•			
			ns attach Form 1118; tr	usts attach Form 1116)	46a	•		
		redits (see instructions			,	46b			
C		business credit. Attac				46c		7	
			tax (attach Form 8801	or 8827)		46d	-	7	
		redits. Add lines 46a ti	,	0. 00277				46e	
47		t line 46e from line 45	-					47	0.
48			Form 4255	Form 8611 For	m 8697	m 8866 Other	(attach schedule)		
49		x Add lines 47 and 48		1011110011		11 0000 01.101	(attaci) schoolie)	49	0.
			from Form 965-A or Fo	rm 065-R Part II colu	ımn (k) lıne 3			50	0.
50		nts: A 2018 overpaym		iiiii 505-6, Fait ii, Colu	iiiiii (K), iiiie 3	51a		30	<u> </u>
						51b		┥	
		stimated tax payments				 		-	
		osited with Form 8868		(and instructions)		51c		\dashv \vdash	
			id or withheld at source	(see instructions)		51d		-	
	•	withholding (see instr	•	(-H Cause 0044)		51e		-	
			Ith insurance premiums			51f	· · · · · ·	-	
g	$\overline{}$	redits, adjustments, an		orm 2439	Tatal				
		orm 4136		ther	Total	► 51g		ا ډي ا−	
52		ayments. Add lines 51		0000				52	
53			tructions). Check if For					53	
54			the total of lines 49, 50					54	
55		• · · · · · · · · · · · · · · · · · · ·	ger than the total of line		•	D -	fundad .		
56			ou want: Credited to 20 garding Certain				funded	56	<u>-</u>
Part									I Van I Na
57	-	-	alendar year, did the or	_					Yes No
		•	k, securities, or other) in	•					
	FINCEN	Form 114, Report of F	oreign Bank and Financ	cial Accounts. If "Yes,"	enter the name of t	ne toreign country			,
	here			<u> </u>					X
58	-		ganization receive a dis		it the grantor of, or	transferor to, a fore	ign trust?		X
			ther forms the organiza						
59			pt interest received or a				45 - 5 - 4 - 4		15-1-4-4-4-4-4
C:	U	nder penalties of perjury, I irrect_and complete Decla	declare that I have examine tration of preparer (other that	d this return, including acc in taxpayer) is based on all	information of which p	reparer has any knowle	dge	owiedge and	Deliet, it is true,
Sign		$-\mathcal{L}_{\mathcal{M}}$	U X		INTER	TW EXECUI	'	May the IRS	discuss this return with
Here		THE .	7 V	11-16-2		TOR			shown below (see
		Signature of officer		Date	Title				X Yes No
		Print/Type preparer's	s name	Preparer's signature		Date	Check	If PTIN	
Paic	i						self- employe		4000075
	- oarer	CHRISTIAN		CHRISTIAN	BENNETT	11/11/20	1		1902272
-	Only	Firm's name MZ		NKINS			Firm's EIN	<u> 58</u>	<u>-0692043</u>
	y			K. BLVD, S					
		Firm's address	CHATTANOOG	<u>SA, TN 3740</u>)2-1239 		Phone no.		56-6133
									Form 990-T (2019)

62-0476521

Page 3

Form 990-T (2019) FOUNDATION, INC.

Sahadula A. Oaat of Caad	la Cald E .								_
Schedule A - Cost of Good		method of inver				· · · · · · · · · · · · · · · · · · ·			
1 Inventory at beginning of year	1		_	Inventory at end of yea		una C	6		
2 Purchases	2	·	⊣ ′	Cost of goods sold. Su			ĺ · .	:	
3 Cost of labor	3		-	from line 5. Enter here	anu in i	aiti,	7		
4 a Additional section 263A costs			١.	line 2	2624/	with received to		Yes	Vo
(attach schedule)	4a		- 8	Do the rules of section property produced or a				1.00	-
b Other costs (attach schedule)	4b 5		-	the organization?	icquii c c	i iui resaic, appiy tu		\$1000 A 2 To . Pl. 4	
5 Total Add lines 1 through 4b Schedule C - Rent Income		Property and	d Per		Leas	ed With Real Pro	nert	v)	
(see instructions)	(i rom ricai								
1. Description of property									
(1)									_
(2)									
(3)									
(4)									
		ed or accrued				3/a) Dadustians direct		atod with the means in	-
(a) From personal property (if the personal property is more 10% but not more than 50%)	e than	of rent for p	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions direct columns 2(a) a	y connec ind 2(b) (a	attach schedule)	
(1)									
(2)									
(3)	=								
(4)									
Total	0.	Total			0.			•	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum		nter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated De		I Income (see	ınstru	ctions)					
			2	. Gross income from		3. Deductions directly co to debt-finan			
Description of debt-financed property				or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)									
(2)									
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	e adjusted basis allocable to anced property h schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8 Allocable deductions column 6 x total of column 3(a) and 3(b))	
(1)				%					
(2)				%				· ———	
(3)				%					
(4)				%_					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
Totals				>		0		(0.

0.

Total dividends-received deductions included in column 8

UNIVERSITY OF CHATTANOOGA Form 990-T (2019) FOUNDATION, INC. 62-0476521 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 2. Employer identification 4. Total of specified payments made 5. Part of column 4 that is included in the controlling 6. Deductions directly connected with income in column 5 3. Net unrelated income 1. Name of controlled organization (loss) (see instructions) number organization's gross income (1) (2) (3) (4) Nonexempt Controlled Organizations 10. Part of column 9 that is included in the controlling organization's gross income 7. Taxable Income 8 Net unrelated income (loss) 9. Total of specified payments 11. Deductions directly connected (see instructions) made with income in column 10 (1) (2) (3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Part I, Enter here and on page 1, Part I, line 8, column (A) line 8, column (B) **Totals** 0. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3 Deductions Total deductions 4. Set-asides directly connected (attach schedule) 1. Description of income 2. Amount of income and set-asides (attach schedule) (col 3 plus col 4) (1) (2)(3)(4)Enter here and on page Enter here and on page 1. Part I, line 9, column (A) Part I, line 9, column (B) **Totals** 0. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) 3. Expenses 7. Excess exempt 2. Gross 5. Gross income from unrelated trade or directly connected with production 6. Expenses expenses (column 1 Description of unrelated business business (column 2 from activity that attributable to 6 minus column 5. minus column 3) If a exploited activity income from is not unrelated but not more than of unrelated column 5 trade or business gain, compute cols 5 business income business income column 4) through 7 (1) (2) (3)(4) Enter here and on Enter here and on Enter here and page 1, Part I, line 10, col (A) page 1, Part I, line 10, col (B) on page 1, Part II, line 25 Totals 0 Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 4. Advertising gain 7. Excess readership 2. Gross 6. Readership 3. Direct 5. Circulation costs (column 6 minus

or (loss) (col 2 minus col 3) If a gain, compute advertising 1. Name of periodical advertising costs income costs column 5, but not more income cols 5 through 7 than column 4) (1) (2) (3) (4) 0 0 Totals (carry to Part II, line (5)) ▶ Ο.

Form **990-T** (2019)

Page 5

Form 990-T (2019) FOUNDATION, INC.

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	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs .	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I		0.	0.	Maria di Angaria di Angari	Control of the second	· 图像40.10.10.12	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.		te Gardini	图 1 歌劇	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		•	0.

Form 990-T (2019)

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.

2019

Nama

UNIVERSITY OF CHATTANOOGA FOUNDATION, INC.

Employer identification number

62-0476521

▶ 🔲 Yes 🗶 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 Part 1: Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) (e) Cost to enter on the lines below This form may be easier to complete if you round off cents to whole dollars. (or other basis) (sales price) 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). However, if you choose to report all these transactions on Form 8949, leave this line -; 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 -215. 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 130,987.) SEE STATEMENT 6 6 6 Unused capital loss carryover (attach computation) -131,202. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h

Ш	Part II 🚶 Long-Term Capital Gai	ns and Losses (See	instructions.)		
to (e instructions for how to figure the amounts enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 8949,	(ħ) Gain or (loss) Subtract column (e) from column (d) and
rou	s form may be easier to complete if you nd off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g)	combine the result with 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, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
86	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				
	Form(s) 8949 with Box F checked				-3,047
11	Enter gain from Form 4797, line 7 or 9			11	
12	Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7	12	
13	Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824		13	
14	Capital gain distributions			14	
15	Net long-term capital gain or (loss). Combine	lines 8a through 14 in colum	ın h	15	-3,047
1	Part III Summary of Parts I and	d II	<u> </u>		·
16	Enter excess of net short-term capital gain (lii	ne 7) over net long-term capit	al loss (line 15)	16	
17	Net capital gain. Enter excess of net long-term	n capital gain (line 15) over ne	t short-term capital loss (lir	ne 7) 17	
	Add lines 16 and 17. Enter here and on Form			18	0.
	Note: If losses exceed gains, see Capital Los	ses in the instructions.			

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

Schedule D (Form 1120) 2019

LHA

SCHEDULE D	C	APITAL LOSS CARRYOV	ER 	STATEMENT	6
	LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	
	2014 2015 2016				
	2017 2018	69,698 61,289		69,6 61,2	
CAPITAL LOSS	CARRYOVER TO	CURRENT TAXABLE YEA	R	130,9	87

FORM 990-T INCOME	(LOSS) FROM PARTNERSHIPS	STATEMENT	3
DEGOD TRUTON		NET INCOME OR (LOSS)	
DESCRIPTION		OR (LOSS)	
KAYNE ANDERSON ENERGY FUND VI	- ORDINARY BUSINESS INCOME		
(LOSS)		130,76	
KAYNE ANDERSON ENERGY FUND VI		-253,71	
KKR LENDING PARTNERS - ORDINAR' KKR LENDING PARTNERS - OTHER I		-59,80 -21	
KKR LENDING PARTNERS - OTHER II KKR LENDING PARTNERS II - ORDII		41,56	
METROPOLITAN REAL ESTATE PARTN		11,50	
BUSINESS INCOME (LOSS)		2	4.
KAYNE ANDERSON ENERGY FUND VII	- ORDINARY BUSINESS INCOME		
(LOSS)		223,41	
KAYNE ANDERSON ENERGY FUND VII		-414,21	
SPECIALTY LOAN FUND 2016 - ORD		151,73	9.
KAYNE ANDERSON ENERGY FUND VII	I - ORDINARY BUSINESS INCOME	34,38	7
(LOSS) KAYNE ANDERSON ENERGY FUND VII	T - TNTEREST TNCOME	12	
KAYNE ANDERSON ENERGY FUND VII			7.
KAYNE ANDERSON ENERGY FUND VII		-299,51	
HIG ADVANTAGE BUYOUT FUND - IN			2.
HIG ADVANTAGE BUYOUT FUND - OT	HER INCOME (LOSS)	-60,87	6.
SIGULER GUFF DISTRESSED OPP FU	ND III - ORDINARY BUSINESS		
INCOME (LOSS)		-	3.
SIGULER GUFF DISTRESSED OPP FU			2.
SIGULER GUFF DISTRESSED OPP FU	ND III - OTHER INCOME (LOSS)		3.
TOTAL INCLUDED ON FORM 990-T,	PAGE 1, LINE 5	-505,97	8.
FORM 990-T	CONTRIBUTIONS	STATEMENT	4
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
TO UNIVERSITY OF	N/A		
TENNESSEE-CHATTANOOGA		13,026,23	8.
PASS THROUGH FROM KAYNE	N/A	_	_
ANDERSON ENERGY FUND VI	NT / 3	5	6.
PASS THROUGH FROM KAYNE	N/A	1 2	A
ANDERSON ENERGY FUND VII PASS THROUGH FROM KAYNE	N/A	13	4.
ANDERSON ENERGY FUND VIII	N/A	21	4.
PASS THROUGH FROM KKR LENDING	N/A	2.	-•
PARTNERS	• ·	4	3.
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	13,026,68	5.
101111 10 10111 550 1, 11101 1, 11		==, ==, ==	

FORM 990-T	CONTRIBUTIONS	SUMMARY		STATEMENT	5
	CONTRIBUTIONS SUBJECT TO 1008 CONTRIBUTIONS SUBJECT TO 258	LIMIT		•	
CARRYOVER OF FOR TAX YOU FOR T	EAR 2015 8,3 EAR 2016 7,6 EAR 2017 6,5	BUTIONS .41,248 .90,887 .553,358 .84,916 .30,401			
TOTAL CARRY	OVER ONT YEAR 10% CONTRIBUTIONS		35,600,810 13,026,685		
	BIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED	48,627,495 0			
	RIBUTIONS CONTRIBUTIONS S CONTRIBUTIONS		48,627,495 0 48,627,495	,	
ALLOWABLE C	ONTRIBUTIONS DEDUCTION	_			0
TOTAL CONTR	IBUTION DEDUCTION				0

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 Sequence No 12A

Name(s) shown on return

UNIVERSITY OF CHATTANOOGA

FOUNDATION, INC.

Social security number or taxpayer identification no.

62-0476521

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	ions involving capit	al assets you held	1 year or less are g	enerally short-term (s	ee instructi	ons) For long-term	
transactions, see page 2 Note: You may aggregate a	Il short-term transa	ctions reported on	Form(s) 1099-B sho	owing basis was repo	rted to the I	IRS and for which no	adjustments or
codes are required Enter the four must check Box A, B, or C below.							
you have more short-term transactions than w	ıll fit on this page for o	ne or more of the box	es, complete as many for	orms with the same box o	checked as yo	ou need	
(A) Short-term transactions re (B) Short-term transactions re		•	-		e Note au	ove)	
(C) Short-term transactions no		•	-	ported to the into			
1 (a)	(b)	(c)	(d)	(e)	Adjustmer	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If yo	ou enter an amount (g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co)	(Mo., day, yr)	disposed of	(sales price)	basis. See the Note below and	column (f)). See instructions.	Subtract column (e) from column (d) &
	ļ.	(Mo , day, yr)		see Column (e) in	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
KKR LENDING							
PARTNERS II							<215.
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		•					
					_		
				<u> </u>			
2 Totals. Add the amounts in colui	mns (d), (e), (a), a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 1b (if Box A abo							
above is checked), or line 3 (if B	•						<21 <u>5.</u> 2

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.

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

UNIVERSITY OF CHATTANOOGA

Social security number or taxpayer identification no.

FOUNDATION, 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	d 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,
	f 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 o	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 m	ore 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
	Location through the second of the Company of the C

 \perp (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

(F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount (d) (h) (b) (c) (e) Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo., day, yr.) disposed of from column (d) & Note below and (Mo, day, yr) (g) Amount of combine the result see Column (e) in Code(s) the instructions with column (g) adjustment KKR LENDING <3,047. PARTNERS II 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) <3,047.>

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.

STATEMENT 2

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

UNRELATED BUSINESS ACTIVITY PASSED THROUGH FROM INVESTMENT PARTNERSHIPS

TO FORM 990-T, PAGE 1

FOOTNOTES