Form **990-T** (2019)

| Form 990-T | Exempt Organization Business Income Tax R | eturn _ | OMB No 1545-0047 | | | | | | | | | |
|---|---|----------------------|---|--|--|--|--|--|--|--|--|--|
| | (and proxy tax under section 6033(e)) | , | 2019 | | | | | | | | | |
| | ror calendar year 2019 or biner tax year beginning and ending | | 2019 | | | | | | | | | |
| Department of the Treasury Internal Revenue Service | ▶ Go to www irs gov/Form990T for instructions and the latest information ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a | 501(C)(3) 50 | pen to Public Inspection for 01(c)(3) Organizations Only | | | | | | | | | |
| A Check box if address changed | Name of organization (| | er identification number yees' trust, see ions) | | | | | | | | | |
| B Exempt under section | Print Chattanooga Goodwill Industries, Inc. | 62 | -0544853 | | | | | | | | | |
| X 501(c 203) | Number, street, and room or suite no. If a P.O box, see instructions. | | ed business activity code tructions) | | | | | | | | | |
| 408(e) 220(e) | Type 3500 Dodds Avenue | | , | | | | | | | | | |
| 408A 530(a) | City or town, state or province, country, and ZIP or foreign postal code | | | | | | | | | | | |
| 529(a) | Chattanooga, TN 37407 | | | | | | | | | | | |
| C Book value of all assets at end of year | F Group exemption number (See instructions.) | 1 | | | | | | | | | | |
| 3,990,1 | 84. G Check organization type ► X 501(c) corporation 501(c) trust | 401(a) trust | Other trust | | | | | | | | | |
| H Enter the number of the | organization's unrelated trades or dusinesses. Describe the only (d | | | | | | | | | | | |
| trade or business here | | | • | | | | | | | | | |
| | lank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for eac | n additional trade (|)r | | | | | | | | | |
| business, then complete | the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? | ▶ Yes | X No | | | | | | | | | |
| • • • | and identifying number of the parent corporation | 103 | | | | | | | | | | |
| | ▶ Janis Webb, Vice President of FinaTelephone number | er ▶ (423) | 629-2501 | | | | | | | | | |
| | | Expenses | (C) Net | | | | | | | | | |
| 1a Gross receipts or sale | us l | |] | | | | | | | | | |
| b Less returns and allow | | | l | | | | | | | | | |
| 2 Cost of goods sold (S | Schedule A, line 7) | | } | | | | | | | | | |
| 3 Gross profit Subtract | | | | | | | | | | | | |
| 4a Capital gain net incom | ne (attach Schedule D) , , , , , 4a RECHIVE | | | | | | | | | | | |
| b Net gain (loss) (Form | 4797, Part II, line 17) (attach Form 4797) | <u> </u> | | | | | | | | | | |
| Capital loss deduction | n for trusts | - S | | | | | | | | | | |
| | partnership or an S corporation (attach statement) 5 0 0 CT 2 2 20 | | | | | | | | | | | |
| 6 Rent income (Schedu | / | <u> </u> | | | | | | | | | | |
| | ed income (Schedule E) | !T | | | | | | | | | | |
| | yalties, and rents from a controlled organization (Schedule F) 8 | | | | | | | | | | | |
| | f a section 501(c)(7), (9), or (17) organization (Schedule G) 9 | | | | | | | | | | | |
| 10 Exploited exempt active 11 Advertising income (S | , | | *************************************** | | | | | | | | | |
| - · · · · · · · · · · · · · · · · · · · | structions; attach schedule) | | | | | | | | | | | |
| 13 Total. Combine lines | , | | | | | | | | | | | |
| | ns Not Taken Elsewhere (See instructions for limitations on deductions) | | | | | | | | | | | |
| | must be directly connected with the unrelated business income) | | | | | | | | | | | |
| 14 Compensation of off | icers, directors, and trustees (Schedule K) | 14 | | | | | | | | | | |
| 15 Salaries and wages | | 15 | | | | | | | | | | |
| 16 Repairs and mainten | ance / | 16 | | | | | | | | | | |
| 17 Bad debts | | 17 | | | | | | | | | | |
| , | dule) (see instructions) | 18 | | | | | | | | | | |
| 19 Taxes and licenses | s 4500 / | 19 | | | | | | | | | | |
| 20 Depreciation (attach | · / | 21b | | | | | | | | | | |
| • | aimed on Schedule A and elsewhere on return | 210 | | | | | | | | | | |
| 22 Depletion23 Contributions to defe | erred compensation plans | 23 | | | | | | | | | | |
| 24 Employee benefit pro | / | 24 | | | | | | | | | | |
| 25 Excess exempt expe | - / | 25 | | | | | | | | | | |
| , | | | | | | | | | | | | |
| / | | | | | | | | | | | | |
| , | dd lines 14 through 27 | 28 | 0. | | | | | | | | | |
| 29 Unrelated business t | axable income before net operating loss deduction. Subtract line 28 from line 13 | 29 | 0. | | | | | | | | | |
| | erating loss arising in tax years beginning on or after January 1, 2018 | | | | | | | | | | | |
| (see instructions) | | 30 | 0. | | | | | | | | | |
| 31 Unrelated business to | axable income. Subtract line 30 from line 29 | 31 | 0. | | | | | | | | | |

| | | | Chattanooga Goodwil | | s, Inc. | | | 62-05 | 44853 | Page 2 |
|---|------|---------------------------------------|---|----------------------------------|---------------------|---------------------|-----------------------|--|---------------|--|
| | | / | otal Unrelated Business Taxa | | | | | | | |
| | 32 / | Total of u | inrelated business taxable income computed | from all unrelated trades of | r businesses (s | ee instructions) | ı | 32 | | 0. |
| | 33 | Amounts | paid for disallowed fringes | | | | | 33 | | |
| | 34 | Charitable | e contributions (see instructions for limitatio | n rules) | | | | 34 | | 0. |
| | 35 | Total unre | elated business taxable income before pre 20 | 018 NOLs and specific ded | uction Subtract | line 34 from the su | m of lines 32 and 33 | 35 | | |
| | 36 | Deduction | n for net operating loss arising in tax years b | eginning before January 1, | 2018 (see inst | ructions) | Stmt 1 | 36 | | 0. |
| | 37 | Total of u | inrelated business taxable income before spe | ecific deduction. Subtract li | ne 36 from line | 35 | • | 3 7 | | |
| | 38 | Specific d | deduction (Generally \$1,000, but see line 38 | instructions for exceptions |) | | 8 | 38 | 1,0 | 00. |
| | 39 | Unrelated | d business taxable income. Subtract line 38 | from line 37. If line 38 is o | reater than line | : 37, | • | | • | |
| 1 | | enter the | smaller of zero or line 37 | | | | | 39 | | 0. |
| | Part | IV Ta | ax Computation | | | | | | | |
| | 46 | Organiza | tions Taxable as Corporations Multiply line | : 39 by 21% (0 21) | | | • | 40 | | 0. |
| | 41 | Trusts Ta | exable at Trust Rates See instructions for ta | x computation. Income tax | on the amount | on line 39 from | ı: | | | |
| | | Tax | rate schedule or Schedule D (Form | 1041) | | | • | - 41 | | |
| | 42 | Proxy tax | See instructions | | | | • | 42 | | |
| | 43 | Alternativ | e minimum tax (trusts only) | | | | | 43 | | |
| | 44 | Tax on No | oncompliant Facility Income See instruction | ns | | | | 44 | | |
| 1 | 45 | , | d lines 42, 43, and 44 to line 40 or 41, which | | | | | 45 | | 0. |
| ` | Par | √V Ta | ax and Payments | | | | | | | |
| | | | ax credit (corporations attach Form 1118, tru | ists attach Form 1116) | | 46a | | | ** | |
| | | - | dits (see instructions) | • | | 46b | | | | |
| | | | usiness credit Attach Form 3800 | | | 46c | | 7 | | |
| | | | prior year minimum tax (attach Form 8801) | or 8827) | | 46d | | | | |
| | | | dits Add lines 46a through 46d | | | | | 146e | | |
| | 47 | | line 46e from line 45 | | | | | 47 | | 0. |
| | 48 | | | Form 8611 Form 86 | 97 Form | 8866 Oti | 16f (attach schedule) | | | |
| | 49 | | Add lines 47 and 48 (see instructions) | | | | , | 49 | | 0. |
| | 50 | | 965 tax liability paid from Form 965-A or For | m 965-B. Part II. column (| k) line 3 | | | 50 | | 0. |
| | | | s. A 2018 overpayment credited to 2019 | 000 5,1 411 11, 001611111 (| .,, | 51a | | | | |
| | | • | mated tax payments | | | 51b | | ⊣ | | |
| | | | sited with Form 8868 | | | 51c | | - ! | | |
| | | • | rganizations: Tax paid or withheld at source | (cae instructions) | | 51d | | - | | |
| | | - | vithholding (see instructions) | (300 11311 00110113) | | 51e | | 7 | | |
| | | · · · · · · · · · · · · · · · · · · · | small employer health insurance premiums | (attach Form 8941) | | 51f | | | | |
| | | | ` , | rm 2439 | | | | | | |
| | y | | | her | Total | ▶ 51g | | 1 1 | | |
| | 52 | | rments Add lines 51a through 51g | | | [UIII] | | 52 | | |
| | 53 | | I tax penalty (see instructions). Check if Forn | 2220 is attached 🕨 | \neg | | | 53 | _ | |
| | 54 | | If line 52 is less than the total of lines 49, 50 | | | | _ | 54 | | |
| | 55 | | nent If line 52 is least than the total of lines | | | | | 55 | | |
| | 56 | | amount of line 55 you want. Credited to 202 | | ont overpaid | | Refunded > | 56 | | |
| 1 | Part | | tatements Regarding Certain | | er Informa | ation (see ins | | | | |
| | 57 | | ne during the 2019 calendar year, did the org | | | | | | Yes | No |
| | ٠. | | ancial account (bank, securities, or other) in | | - | | - | | | |
| | | | orm 114, Report of Foreign Bank and Financ | • • | - | - | | | i | |
| | | here > | L | ar7.000 amo. m 100, omor | | 5 10101g/1 00ami | , | | | X |
| | 58 | - | e tax year, did the organization receive a dist | ribution from or was it the | granter of or t | ransferor to a fe | oreign trust? | | - | X |
| | 30 | - | ee instructions for other forms the organization | | grantor or, or t | 141151010110, 411 | or origin to bot | | - | + |
| | 59 | • | amount of tax-exempt interest received or a | • | ▶ \$ | | | | - 1 | |
| • | | Unde | er penalties of perjury. I declare that I have examined | this return including accompa | nying schedules a | nd statements, and | to the best of my kr | nowledge and belie | f, it is true | |
| | Sign | corre | act and complete Declaration of preparer (other than | taxpayer) is based on all inform | nation of which pro | eparer has any kno | _ | | | |
| | Here | | Gom Weldon. | 10/13/2020 | Presid | dent and | d CEO | May the IRS discu- the preparer shows | | with |
| | | | Signature of officer | Date | Title | | | instructions)? X | | No |
| | | 1 | Print/Type preparer's name | Preparer's signature | Ţ | Date | Check | if PTIN | | |
| | | - 1 | Jpo proparor o namo | | | • | self- employe | | | |
| | Paid | 177 | Kim Huskey, CPA | | - | 10/06/2 | | | 58962 | ? |
| | - | ים ים ים | Firm's name Henderson Hu | tcherson & M | | | | | 11436 | |
| | Use | Only | 1200 Marke | | | | | | | |
| | | | Firm's address Chattanoog | | | | Phone no | (423)75 | 6-777 | 1 |
| | | 1 ' | | ,, | | | | | | |

| Schedule A - Cost of Goods S | old. Enter | method of inven- | tory valuation 🕨 N/A | A | | | | |
|--|-----------------------|--|---|-------------|---|-------------|---|----|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of ye | ear | | 6 | | |
| 2 Purchases | 2 | | 7 Cost of goods sold S | Subtract I | ıne 6 | | | |
| 3 Cost of labor | 3 | | from line 5. Enter her | e and in F | Part I, | | | |
| 4 a Additional section 263A costs | | | line 2 | | | 7 | | |
| (attach schedule) | 4a | | 8 Do the rules of section | n 263A (\ | with respect to | | Yes | No |
| b Other costs (attach schedule) | 4b | | property produced or | acquired | l for resale) apply to | | | |
| 5 Total Add lines 1 through 4b | 5 | | the organization? | | | | | L |
| Schedule C - Rent Income (Fr | om Real | Property and | Personal Property | Leas | ed With Real Pro | pert | y) | |
| (see instructions) | | | | | | | | |
| Description of property | | | | | | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| 2. | Rent receiv | ed or accrued | | | 24 \= | | | |
| (a) From personal property (if the percents rent for personal property is more than 10% but not more than 50%) | age of | of rent for p | nd personal property (if the percen ersonal property exceeds 50% or t is based on profit or income) | ntage if | 3(a) Deductions directly columns 2(a) an | | cted with the income (attach schedule) | ın |
| (1) | | | - | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Total | 0. | Total | | 0. | | | | |
| (c) Total income Add totals of columns 2(a) here and on page 1, Part I, line 6, column (A) | ٠, | ter | | 0. | (b) Total deductions Enter here and on page 1, Part I, line 6, column (B) | > | | 0. |
| Schedule E - Unrelated Debt-I | Financed | Income (see | instructions) | | 1 | | - | |
| | | | | | 3. Deductions directly con | | | |
| • | | | Gross income from or allocable to debt- | (a) | Straight line depreciation | l Prop | (b) Other deduction | · |
| 1. Description of debt-finance | ed property | | financed property | `" | (attach schedule) | | (attach schedule) | |
| | | | | l | | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | \perp | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-final | adjusted basis illocable to nced property i schedule) | 6. Column 4 divided by column 5 | | 7 Gross income reportable (column 2 x column 6) | (| 8 Allocable deduct (column 6 x total of co 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 pag Part I, line 7, column | |
| Totals | | | _ | | 0 | .1 | | 0. |
| Total dividends-received deductions includ | led in column | 18 | • | | • | + | | 0. |

| 1 Nome of contributed organizations 2 Employer described Properties 3 Note the residence of the contributed organizations 3 Note the residence of the contributed organizations 4 Nome of contributed part of the contributed part | Schedule F - Interest, A | nnuitie | es, Royal | ties, ar | nd Rents | s From C | ontroll | ed Organiz | zatio | ns (see in: | structio | ns) |
|--|--------------------------------------|--------------------|----------------------|-----------------------------------|-------------------------------|--|---|---------------------------------------|-------------|--------------------|-------------|--|
| Comparison Controlled Control | | | | | Exempt (| Controlled O | rganızat | ions | | | | |
| Content Cont | 1 Name of controlled organization | on | identific | ation | | | | | includ | led in the cont | trolling | connected with income |
| Content Cont | (1) | | | | | | | | | | | |
| Social controlled Organizations Social methods in the controlled organizations Social methods Social metho | | | | | | | | | 1 | | | |
| Comparison of Controlled Organizations State of specified payments 10, Peri of column 9 that a medical and with income and column 10 of with income of column 10 of one column 1 | | | | - | | | | | | | | |
| Nonexempt Controlled Organizations 1. Notice in the controlling organization 1. Notice in the co | · | | | | | | | | 1 | · - | | |
| 7. Taxable Income 8. Net unrelated motive (glass mistrutions) (1) (2) (3) (4) Add columns S and 10 Enter have an of page 1, Part 1. Enter have and on page 1, Part 1, then y, exhausted (glass mistrutions) 1. Description of microse 2. Amount of mocine (3) (4) (5) (6) Add columns S and 10 Enter have an of page 1, Part 1. Enter have and on page 1, Part 1, then y, exhausted (glass hardward) (6) (7) (8) (8) Add columns S and 10 Enter have an of page 1, Part 1, then y, exhausted (glass hardward) (9) (10) (11) (22) (33) (4) (4) (5) Care a second of the part of page 1, Part 1, then y, exhausted (glass hardward) (1) (2) (3) (4) (5) Care a second of page 1, Part 1, then y, exhausted (glass hardward) (6) (7) Care a second of page 1, Part 1, then y, exhausted (glass hardward) (8) (8) (9) (9) (10) Add columns S and 10 Enter have an of 10 Enter have and on page 1, Part 1, then y, exhausted (glass hardward) (1) (2) (3) (4) (5) Care a second of page 1, Part 1, then y, exhausted (great hardward) (6) (7) Care a second page 1, Part 1, then y, exhausted (great hardward) (6) (7) Care a second page 1, Part 1, then y, exhausted (great hardward) (6) (7) Care a second page 1, Part 1, then y, exhausted (great hardward) (6) (7) Care a second page 1, Part 1, then y, exhausted (great hardward) (7) Care a second page 1, Part 1, then y, exhausted (great hardward) (7) Care a second page 1, Part 1, then y, exhausted (great hardward) (8) Care a second page 1, Part 1, then y, exhausted (great hardward) (9) Care a second page 1, Part 1, then y, exhausted (great hardward) (1) (2) (3) (4) Care a second page 1, Part 1, then y, exhausted (great hardward) (6) Care a second page 1, Part 1, then y, exhausted (great hardward) (6) Care a second page 1, Part 1, then y, exhausted (great hardward) (6) Care a second page 1, Part 1, then y, exhausted (great hardward) (6) Care a second page 1, Part 1, then y, exhausted (great hardward) (7) Care a second page 1, Part 1, then y | | ations | 1 | | | | l | | I | | | |
| (1) (2) (3) (4) Add columns 3 and 10 Enter hire a and on page 1, Part I, Inse 8, column (8) (6) (7) (8) (8) (9) (9) (9) (9) (9) Add columns 3 and 10 Enter hire a and on page 1, Part I, Inse 8, column (8) (9) (1) (9) (1) (9) (1) (1) (2) (3) (4) Enter hire and on page 1, Part I, Inse 8, column (8) (1) (2) (3) (4) Enter hire and on page 1, Part I, Inse 8, column (8) (1) (2) (3) (4) Enter hire and on page 1, Part I, Inse 8, column (8) (6) (7) (8) (8) (8) (9) (9) (1) (9) (1) (1) (1) (2) (3) (4) Enter hire and on page 1, Part I, Inse 8, column (8) (6) (7) (8) (8) (8) (9) (9) (1) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (7) (7) (7) (8) (8) (8) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | | | inrelated income | e (loss) | 0 Total | of specified pay | ments | 10 Part of colu | ma 9 ths | it is included | 11 D | eductions directly connected |
| (d) Add columns S and 10 Enter here and on page 1, Part 1, Inne 8, column (f) Totals Totals | , | | | | y rotal | | | in the controll | ing orga | nization's | | |
| (d) Add columns S and 10 Enter here and on page 1, Part 1, Inne 8, column (f) Totals Totals | (1) | | | | | | | | | | | |
| (d) Act columns 5 and 10 Enter here and on page 1, Part 1, line 10, column (goe anstructions) 1 Description of income 2 Amount of income 2 Amount of income 2 Amount of income 3 Deductions ((attach schedula) ((attach | | | | - | | | | | | | | |
| Add columns 5 and 10 Enter here and on page 1, Part 1, Inse 8, column (A) Column (B) | | | | | | | | | | | | |
| Act columns S and 10 Enter here and on page 1, Pert I, Inte 8, column (A) O. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2 Amount of income 3. Deductions 3. Deductions (4) Set-saides (pitch schedule) (1) (2) (3) (4) Filter here and on page 1, Pert I, Inte 8, column (B) Pert I, Inte 9, column (A) Filter here and on page 1, Pert I, Inte 8, column (B) Totals D. Checkedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2 Gross urrelated business description of understands or business description of understands and or business or ocome 1. Description of organization (1) (2) (3) (4) Enter here and on page 1, Pert I, Inte 9, column (B) Totals D. Checkedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (besset or business column 2 or business column 2 or business column 2 or business column 2 or business column 3 or business column 3 or business column 3 or business column 3 or business column 4 or page 1, Pert I, Inte 9, column (B) (1) (2) (3) (4) Enter here and on page 1, Pert I, Inte 9, column (B) 5. Cross income business column 2 or business column 3 or business column 3 or business column 3 or business column 3 or business column 4 or page 1, Pert I, Inte 9, column 4) (1) (2) (3) (4) Enter here and on page 1, Pert I, Inte 9, column (B) 5. Cross income business column 2 or business column 3 or business column 3 or page 1, Pert I, Inte 9, column 4) Filter here and or page 1, Pert I, Inte 9, column 6) 6. Expanses altributable to column 6 or page 1, Pert I, Inte 9, column 6) 7. Excess extended or page 1, Pert I, Inte 9, column 6) 1. Name of periodical Reported on a Consolidated Basis 1. Name of periodical Reported on a Consolidated Basis 1. Name of periodical Reported on a Consolidated Basis | | | | | | | | | | | | |
| Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2 Amount of income directly connected detach schedula) (1) (2) (3) (4) Content here and on page 1, Part I, line 9, column (4) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of wire plotted exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of wire plotted exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of wire plotted exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of wire plotted exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of wire plotted exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of wire plotted exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of wire plotted exempt Activity Income, Other Than Advertising Income (see instructions) 2 Gross unrealized business income business (column 3) if years, complete colds 5 into activity that is not unrealized business encome business enco | | | | | | | | Enter here and | on pag | e 1, Part I, | | here and on page 1, Part I, |
| (see instructions) 1 Description of income 2 Amount of income 2 Amount of income 3. Daductions directly connected death of cattern schedule) (1) (2) (3) (4) Enter here and on page 1, Part 1, line 9, column (8) 5 Cross instructions 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Copps under the production business income form thad or business income form thad or business income for the production business income (1) (2) (3) (4) (1) (2) (3) (4) Enter here and on page 1, Part 1, line 10, cold (b), line 10, cold (| Totals | | | | | | > | | | 0. | | 0. |
| 1 Description of income 2 Amount of income 4 Set statistics (extract y connected (statish schedule) (s | | | me of a S | Section | 501(c)(| 7), (9), or | (17) O | rganization |) | | | |
| (4) Enter here and on page 1, Part 1, line 9, column (A) | 1 Descri | ption of inco | ome | | | 2 Amount of | income | directly conne | ected | | | and set-asides |
| (3) (4) Totals Consciption of exploited activity incomes from bade or business income to the page 1, Part 1, line 9, column (a) 1. Description of exploited activity incomes from bade or business income to the page 1, Part 1, line 9, column (b) (2) (3) (4) Enter here and on page 1, Part 1, line 9, column (b) 3. Expenses directly connected with production of unrelated business income branching income (column 3) if a gan, compute cols 5 through 7 (4) Enter here and on page 1, Part 1, line 9, column (b) (5) (6) (7) Excess exempt expenses (column 6) income in unrelated bade or business income branching in the production of unrelated business income in the page 1, Part 1, line 10, col (b) line 10, col (c) line 10, col (d) | (1) | | | | | } | | | | | | |
| Totals | (2) | | | | | | | | | | | |
| Totals Totals | (3) | | | | | | | | | | | |
| Totals Part I, line 9, column (A) O . Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity (related business income brand business income brand or page 1, Part I, line 10, col (A) (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (B) Totals O . Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross overmpt expenses (column 5) if gain, compute cots in the first here and on page 1, Part I, line 10, col (B) Totals O . O . Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs advertising costs of 5 through 7 Enter here and on page 1, Part I, line 10, col (B) O . Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising costs advertising costs of 5 through 7 1. Name of periodical 2. Gross advertising costs of 5 through 7 2. Gross advertising costs of 5 through 7 3. Direct advertising priority in a continuity that is not invelated business income attention and column 4) 6. Expenses (column 5 of 5 through 7 or 10 through 7 or | (4) | | | | | | | | |] | | |
| Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2 Gross urrelated business income from trade or business of urrelated business income brade or business income for durrelated business income for the dead or business income brade or business income brade or business income or durrelated business income brade or business income brade or business income or durrelated business income brade or business income brade or business income or durrelated business income brade or business income brade or business income or during the production of urrelated business income brade or business income brade or business income brade or business income or during the production of urrelated business income brade or business income or page 1, Part I, Ilne 10, col (A) (1) (2) (3) (4) Enter here and on page 1, Part I, Ilne 10, col (A) 1. Name of periodical Descriptions 2 Gross advertising costs advertising costs advertising costs or follows for the production or (loss) (col 2 minus column 4) 1. Name of periodical Descriptions 2 Gross advertising costs advertising costs follows from the production of the product | | | | | | | | | | | | |
| (See instructions) 1. Description of exploited activity 2. Gross income from activity that is not unrelated activity that is not unrelated business income business income 2. Enter here and on page 1, Part 1, line 10, col (6) in | Totals | | | | > | | 0. | | | | | 0. |
| 1. Description of exploited activity virialized business income from trade or business (acting connected with production of exploited activity with production of exploited activity virialized business income from trade or business income activity that gain, complex cets 5 through 7 (1) (2) (3) (4) Enter here and on page 1, Part 1, line 10, cot (8) Ine 10, cot (9) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising costs and production of business income in business income business income business income business income business income in business income business income business income business income business income in business income in business income business income in business income business income business income in business income business income business income in business income business income in business income business income business income business income in business income business income business income in business income business income business income in business income business income business income business income in business income in business income business | • | - | Activity | Incom | e, Othe | r Than Ac | lvertis | ing Income | • | | | |
| (2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Totals O. O. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2 Gross advertising income 3. Direct advertising gain or (loss) (col 2 minus) 2 Gross advertising advertising costs of 3 Strongh 7 4. Advertising gain or (loss) (col 2 minus) 5 Circulation income 6. Readership costs (column 5, but not more than column 4) 7. Excess readership costs (column 5, but not more than column 4) | 1. Description of exploited activity | unrelated incom | business e from | directly c with pro of unri | onnected duction elated | from unrelated business (co minus colum gain, comput- | I trade or dumn 2 n 3) If a e cots 5 | from activity t is not unrelat | ihat led | attribut | able to | expenses (column 6 minus column 5, but not more than |
| (2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Totals O. O. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2 Gross advertising income 3. Direct advertising gain or (loss) (col 2 minus) 2 Gross advertising advertising costs advertising costs (column 6 minus cols 5 through 7 (1) (2) (3) | (1) | | | | | | | | | | | |
| (3) (4) Enter here and on page 1, Part 1, line 10, col (R) Totals O. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2 Gross advertising income 1. Name of periodical 2 Gross advertising costs advertising costs advertising costs (col 2 minus cols 5 through 7 (1) (2) (3) | | | | | | | | | | | | |
| (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. O. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2 Gross advertising income 3. Direct advertising gain or (loss) (col 2 minus cols 5 through 7) (1) (2) (3) | | | | | | | | | | | | |
| Enter here and on page 1, Part I, line 10, col (A) Totals O. O. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated 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 (1) (2) (3) | | | | | | <u> </u> | | | | | | |
| Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2 Gross advertising advertising costs advertising costs advertising costs col 3) If a gain, compute cols 5 through 7 (1) (2) (3) | | page 1 | , Part I, col (A) | page 1, | Part I, col (B) | | | | | | | on page 1, Part II, line 25 |
| Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2 Gross advertising and color (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) | - 1 | | | | | <u> </u> | | | | | | |
| 1. Name of periodical 2 Gross advertising and costs advertising costs advertising costs advertising costs (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) | | | | | | | | | | | | |
| 1. Name of periodical 2 Gross advertising costs advertising costs advertising costs column 5 than column 5 than column 4 costs 5 through 7 costs costs (column 6 minus column 4) | Part I Income From P | eriodic | als Repo | orted or | n a Con | solidated | Basis | · · · · · · · · · · · · · · · · · · · | | · | | <u> </u> |
| (2) | 1. Name of periodical | | advertising | | | or (loss) (co | ol 2 minus sin, compu | | | | | costs (column 6 minus column 5, but not more |
| (2) | (1) | | | | | | | | | | | |
| (3) | | | | | | _ | | | | | | |
| | | | | | | 7 | | | | | |] |
| | (4) | | | | | | | | | | |] |
| Totals (carry to Part II, line (5)) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | | • | 0 | | 0 | | | | | | | 0. |

Form 990-T (2019) Chattanooga Goodwill Industries, Inc. 62-05448

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 | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|---|--|--|---|-----------------------|--------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | - |
| Totals from Part I | ▶ | 0. | 0. | | | | 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. | | - | | 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)

Chattanooga Goodwill Industries, Inc.

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| Form 990-T | Net | Statement 1 | | |
|-------------|--------------------|-------------------------------|-------------------|------------------------|
| Tax Year | Loss Sustained | Loss Previously Applied | Loss Remaining | Available This Year |
| 12/31/04 | 16,273. | 0. | 16,273. | 16,273. |
| 12/31/05 | 8,454. | 0. | 8,454. | 8,454. |
| 12/31/06 | 2,119. | 0. | 2,119. | 2,119. |
| 12/31/08 | 5,007. | 0. | 5,007. | 5,007. |
| 12/31/13 | 1,000. | 0. | 1,000. | 1,000. |
| NOL Carryov | ver Available This | Year | 32,853. | 32,853. |