EXTENDED TO NOVEMBER 15, 2022

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

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

| AF | or th | e 2021 calendar year, or tax year beginning and e | ending | | |
|--------------------------------|--------------------|--|-------------|------------------------------|-------------------------------|
| B c a | heck if pplicab | c Name of organization | | D Employer identific | cation number |
| | Addre | JOSHUA CHAMBERLAIN SOCIETY NASHVILLE | | | |
| | Name Chang | e Doing business as | | 46-30677 | 28 |
| | Initial return | | Room/suite | E Telephone number | |
| | Final | 101 CREEKSIDE CROSSING STE $1700-321$ | | 615-504-0 | |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 183,447. |
| | Amer returr | | | H(a) Is this a group re | turn |
| | Appli tion | | | for subordinates | |
| | pend | ^{ng} 519 TURTLE CREEK DR, BRENTWOOD, TN 370 |)27 | H(b) Are all subordinates in | |
| IT | ax-ex | empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o | r 52 | | list. See instructions |
| | | te: HTTP://WWW.CHAMBERLAINSOCIETY.ORG/ | | H(c) Group exemption | |
| | | organization: X Corporation Trust Association Other ► | L Year | | State of legal domicile: TN |
| | rt I | Summary | | | |
| _ | 1 | Briefly describe the organization's mission or most significant activities: | DRT O | F VETERANS O | R THE |
| Governance | | FAMILY OF DECEASED VETERANS TO COMMIT LON | IG-TEI | RM ASSISTANC | E FOR |
| rna | 2 | Check this box 🕨 🛄 if the organization discontinued its operations or dispos | ed of mor | e than 25% of its net as | sets. |
| ove. | 3 | | | 3 | 8 |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 8 |
| 80 80 | 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | | | 0 |
| /itie | 6 | Total number of volunteers (estimate if necessary) | | | 20 |
| Activities & | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| ◄ | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. |
| | | , , , | | Prior Year | Current Year |
| đ | 8 | Contributions and grants (Part VIII, line 1h) | | 71,652. | 33,597. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. |
| eve | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 7,164. | 14,291. |
| £ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 25,653. | 57,843. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 104,469. | 105,731. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 29,975. | 39,223. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| ŝ | 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. |
| ę | | Total fundraising expenses (Part IX, column (D), line 25) | 0. | | |
| ш | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 11,612. | 13,293. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 41,587. | 52,516. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 62,882. | 53,215. |
| Net Assets or Fund Balances | | | | eginning of Current Year | End of Year |
| sets | 20 | Total assets (Part X, line 16) | | 362,275. | 415,490. |
| dB | 21 | Total liabilities (Part X, line 26) | | 0. | 0. |
| Fun | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 362,275. | 415,490. |
| Pa | rt II | Signature Block | • | | |
| Unde | er pen | Ities of perjury, I declare that I have examined this return, including accompanying schedules | and stater | nents, and to the best of my | / knowledge and belief, it is |
| true, | corre | t, and complete. Declaration of preparer (other than officer) is based on all information of whi | ich prepare | r has any knowledge. | |

| Sign Here | Signature of officer DONALD ROSS, PRESIDENT Type or print name and title | | | Date |
|--------------|--|--|------|---|
| Paid | Print/Type preparer's name TIMOTHY M. OSBORNE | Preparer's signature TIMOTHY M. OSBOF | Date | Check PTIN if self-employed P00022636 |
| Preparer | Firm's name 🕒 OSBORNE & CO., P | С | | Firm's EIN ▶ 62-1298042 |
| Use Only | Firm's address 761 OLD HICKORY BRENTWOOD, TN 37 | | | Phone no.615-370-0590 |
| May the II | RS discuss this return with the preparer shown abo | ove? See instructions | | X Yes No |
| 132001 12-0 | 9-21 LHA For Paperwork Reduction Act Notic | ce, see the separate instruction | ons. | Form 990 (2021) |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| Form | JOSHUA CHAMBERLAIN SOCIETY NASHVILLE | 46-3067728 Page 2 |
|--------|---|------------------------|
| Par | rt III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | |
| 1 | Briefly describe the organization's mission: TO IDENTIFY AND ADOPT WOUNDED OR FALLEN MILITARY SERVIC | E MEMBERS WHO |
| | HAVE MADE AN EXTRAORDINARY SACRIFICE FOR OUR COUNTRY AND | D TO MAKE AN |
| | ON-GOING COMMITMENT TO THESE HEROES FOR THE REMAINDER OF | F THEIR LIVES |
| | OR THE LIVES OF THEIR FAMILIES. | |
| 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 are required to report the amount of grants and allocations to othe | |
| | revenue, if any, for each program service reported. | , , , |
| 4a | (Code:) (Expenses \$ 39,223. including grants of \$ 39,223.) (Reven | ue\$ |
| | LONG-TERM SUPPORT OF VETERANS OR THE FAMILY OF DECEASED | |
| | VETERANS WERE ASSISTED DURING 2021 - PRIMARILY WITH HOUS | SING |
| | IMPROVEMENTS/MODIFICATIONS. | |
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| 46 | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Reven | Je \$) |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Reven |) \$ su |
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| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| 4e | Total program service expenses 39,223. | |
| | | Form 990 (2021) |
| 132002 | 2 12-09-21 | |
| 250 | 2 622 760620 2017 2021 02050 TOCUID CUMPERIATE C | |

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| Form | 990 | (2021) |

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 | | х | |
| 2 | It "Yes," complete Schedule A | 1 2 | X | |
| 2 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | 2 | | |
| Ŭ | public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | x |
| F | 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 Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> | 5 | | x |
| 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? <i>If "Yes," complete Schedule D, Part I</i> | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | 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 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in 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, | | | x |
| h | Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 11a | | <u></u> |
| 5 | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | х | |
| с | 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 | | Х |
| 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 | | X |
| е | 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 and XII | 12a | | x |
| b | 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 and XII is optional | 12b | | X |
| | 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 | | X |
| b | 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? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 140 | | |
| 10 | foreign organization? 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 other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> | 18 | х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | v |
| 20- | complete Schedule G, Part III | 19 200 | | X X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a 20b | | - 22 |
| р 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | <u> </u> |
| | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> | 21 | | х |
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| Form 990 (202 | JOSHUA CHAMBERLA | IN |
|---------------|--|-----|
| Part IV C | cklist of Required Schedules (continue | ed) |

| | | | Yes | No |
|----------|---|----------|------|------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| ~~ | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | |
| 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 | | x |
| 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 25a | 24a | | x |
| b | 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 | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | 37 |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| 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 | 051 | | x |
| 06 | Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | 20 | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | x |
| 24 | contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 30 31 | | X |
| 31 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> Schedule N, <i>Part</i> | 31 | | |
| 02 | 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, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, 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 | | |
| 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 | | | v |
| ~~ | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 38 | x | |
| Par | Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance | 30 | - 23 | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a |) | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | D | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |
| 32004 | 12-09-21 | Form | 990 | (202 |
| | 4 | | | |
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| 2021) | JOSHUA | CHAMBERLAIN | SOCIETY | NASHVILLE |
|------------|-------------|----------------------|------------|---------------------|
| Statements | Regarding C | Other IRS Filings an | nd Tax Com | pliance (continued) |

Form 990 (2021)

Part V

| | | | | | Yes | No |
|------------|---|-----------|------------------------|----------|---------------------|----------|
| 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 | - | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | | | 2b | | |
| 0 - | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction | | | 0- | | X |
| | | | | 3a 3b | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | | 30 | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a fareign country (such as a bank account, accurities account or other financial | | | 10 | | X |
| h | financial account in a foreign country (such as a bank account, securities account, or other financial | accou | nt) ? | 4a | | |
| D | If "Yes," enter the name of the foreign country | A | | | | |
| Fo | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial <i>J</i> | | | Ea | | X |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a 5b | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans | | | 50 50 | | 2 |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 50 | | |
| Ud | Does the organization have annual gross receipts that are normally greater than \$100,000, and did to any contributions that were not tax deductible as charitable contributions? | | | 60 | | X |
| h | any contributions that were not tax deductible as charitable contributions? | | | 6a | | - 23 |
| D | If "Yes," did the organization include with every solicitation an express statement that such contribu were not tax deductible? | | - | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se | ervices p | provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | | | | | _ |
| | to file Form 8282? | | | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | _ | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | | | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit com | | | 7f | | <u> </u> |
| | If the organization received a contribution of qualified intellectual property, did the organization file F | | | 7g | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz | | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine | | | | | |
| _ | | | | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | | | - | | |
| | | | | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| | Section 501(c)(7) organizations. Enter: | 1 | I | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| | Section 501(c)(12) organizations. Enter: | Ι | I | | | |
| | 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 | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1 | ? I | 12a | | |
| | 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. | | | | | |
| а | 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 | 1 | I | | | |
| | organization is licensed to issue qualified health plans | | | | | |
| | Enter the amount of reserves on hand | - | | | | v |
| | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched | | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun | | | 4- | | ι., |
| | excess parachute payment(s) during the year? | | | 15 | | X |
| ~ | If "Yes," see the instructions and file Form 4720, Schedule N. | | 0 | 10 | | l v |
| 6 | Is the organization an educational institution subject to the section 4968 excise tax on net investme | nt inco | me? | 16 | | X |
| 7 | If "Yes," complete Form 4720, Schedule O. | | | | | |
| 7 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in | | | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | |
| | If "Yes," complete Form 6069. | | | L L | 000 | (00) |
| | 623 769620 2817 2021.03050 JOSHUA CHAMBER | ГУТІ | N SOCIETY | 281 | 1 990 1 7 | (20) |
| | | | | | - ' | _ |

| Form 990 | (2021) |) |
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JOSHUA CHAMBERLAIN SOCIETY NASHVILLE

Check if Schedule O contains a response or note to any line in this Part VI

Х

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 on Schedule O. See instructions.

| | | | | | Yes | 1 |
|---------|---|----------------------|---------------------------------------|----------|---------|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 8 | | | |
| | 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 on Schedule 0. | | 8 | | | |
| | Enter the number of voting members included on line 1a, above, who are independent | [1b | 0 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | | | • | Х | |
| ~ | officer, director, trustee, or key employee? | | · · · · · · · · · · · · · · · · · · · | 2 | | ┝ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | - | | • | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | 3 4 | | ┝ |
| _ | Did the organization make any significant changes to its governing documents since the prior Form 9 | | | 4 5 | | ┝ |
| 5 6 | Did the organization become aware during the year of a significant diversion of the organization's ass Did the organization have members or stockholders? | | | 5 6 | | ┝ |
| 6 70 | Did the organization have members or stockholders? | | | 0 | | ┝ |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body? | | | 7a | | |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, s | | | 7.4 | | ┢ |
| D | | | | 7b | | |
| 8 | persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea | | | 75 | | ┢ |
| | | | | 8a | х | ľ |
| | The governing body? | | | oa 8b | X | ┞ |
| | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea | | | 30 | | ┞ |
| 5 | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | |
| ec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | | | 5 | | |
| | | | | | Yes | T |
| 0a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | | | t |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | | |
| 1a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | | 1 | 11a | Х | t |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | , 201010 initig it i | | | | t |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | | l |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | | ſ |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye | | | | | ſ |
| - | on Schedule O how this was done | | | 12c | | |
| 3 | Did the organization have a written whistleblower policy? | | | 13 | | t |
| | Did the organization have a written document retention and destruction policy? | | | 14 | | t |
| 5 | Did the process for determining compensation of the following persons include a review and approva | | 1 | | | t |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | , , | | | | l |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | | l |
| | Other officers or key employees of the organization | | | 15b | | t |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | t |
| 6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger | nent with a | | | | |
| | taxable entity during the year? | | | 16a | | I |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | | | ľ |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | | | | | |
| | exempt status with respect to such arrangements? | | <u></u> | 16b | | I |
| ec | tion C. Disclosure | | | | | |
| 7 | List the states with which a copy of this Form 990 is required to be filed $ ho 	ext{TN}$ | | | | | |
| | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar | nd 990-T (sectior | n 501(c)(3) | s only |) avail | a |
| | for public inspection. Indicate how you made these available. Check all that apply. | - | , | | | |
| | | on Schedule O) | | | | |
| | | | policy, and | d finar | ncial | |
| 9 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | | | | | |
| 9 | Describe on Schedule O whether (and it so, now) the organization made its governing documents, co statements available to the public during the tax year. | | | | | |
| | statements available to the public during the tax year. | | ► | | | |
| | statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bound THE ORGANIZATION $- 615-504-6678$ | oks and records | ► | | | |
| | statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo | oks and records | ► | | | |

| Part VII | Compensation of Officers, | Directors, | Trustees, | Key Employees, | Highest | Compensated |
|----------|---------------------------|------------|-----------|----------------|---------|-------------|
| | Employees, and Independe | ent Contra | ctors | | | |

Check if Schedule O contains a response or note to any line 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) (B) | | (C) | | | | | | (D) | (E) | (F) |
|------------------------------|--|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---|---|--|
| Name and title | Average hours per week | box offi | not c , unle | ss pe | more rson | than is bot pr/trus | h an | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (1) DONALD ROSS PRESIDENT | 20.00 | x | | x | | | | 0. | 0. | 0. |
| (2) PAMELA ROSS | 20.00 | | | | | | | | | |
| EXECUTIVE VICE PRESIDENT | | x | | x | | | | 0. | 0. | 0. |
| (3) ROBB SORIANO | 0.50 | | | | | | | ••• | | ••• |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (4) FLETCHER TIDWELL | 0.50 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (5) RANDY SORIANO | 0.50 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (6) MATT CUTLER | 0.50 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) BIL TISDALE | 0.50 | | | | | | | | | • |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (8) DAVID GLASS | 0.50 | .,, | | | | | | | 0 | 0 |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
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Form 990 (2021)

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| Form 990 (2 | 2021) JOSHUA CI | HAMBERLA | AII | N 8 | 500 | CII | ΞTΊ | [] | NASHVILLE | 46-3 | 067 | 728 | Pa | .ge 8 |
|-------------|---|--------------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---------------------------|--------------------|-------|---------------|---------------------|--------------|
| Part VII | Section A. Officers, Directors, Trus | tees, Key Em | ploy | rees | , an | d Hi | ghe | st C | Compensated Employe | es (continued) | | | | |
| | (A) | (B) | | | (0 | | | | (D) | (E) | | | (F) | |
| | Name and title | Average | (do | | Pos | |) than | one | Reportable | Reportable | | Est | timate | d |
| | | hours per | box | , unle | ss pe | rson | is bot | h an | compensation | compensatio | n | am | nount c | of |
| | | week | <u> </u> | cer an | nd a d | recto | or/trus | tee) | from | from related | k | (| other | |
| | | (list any | ector | | | | | | the | organization | | | pensat | |
| | | hours for | or di | يە | | | ated | | organization | (W-2/1099-MIS | | | om the | |
| | | related organizations | ustee | truste | | a | pens | | (W-2/1099-MISC/ | 1099-NEC) | | • | anizati | |
| | | below | ual tr | ional | | ploye | t com | | 1099-NEC) | | | | l relate nizatio | |
| | | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | orya | mzauc | 115 |
| | | , | <u> </u> | <u> </u> | ò | 1 2 2 | тэ | æ | | | | | | |
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| | otal | | | | | | | | 0. | | 0. | | | 0. |
| | from continuation sheets to Part V | | | | | | | | 0. | | 0. | | | 0. |
| | (add lines 1b and 1c) | | | | | | | | 0. | | 0. | | | 0. |
| 2 Total | number of individuals (including but n | ot limited to th | nose | liste | ed al | bove | e) wł | no r | eceived more than \$100 | ,000 of reportab | le | | | ~ |
| comp | pensation from the organization | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | Yes | No |
| | ne organization list any former officer, | | | | | | | | | | | | | |
| | a? If "Yes," complete Schedule J for s | | | | | | | | | | | 3 | | X |
| | ny individual listed on line 1a, is the su | | | | | | | | | the organization | | | | |
| | elated organizations greater than \$15 | | | | | | | | | | | 4 | | Х |
| 5 Did a | ny person listed on line 1a receive or a | accrue compe | nsat | ion f | rom | any | / unr | elat | ted organization or indiv | idual for services | ; | | | |
| | ered to the organization? If "Yes," com | plete Schedul | e J f | for su | uch | pers | son . | | | | | 5 | | Х |
| | . Independent Contractors | | | | | | | | | | | | | |
| | plete this table for your five highest co | | | | | | | | | | npens | ation fi | rom | |
| the o | rganization. Report compensation for | the calendar y | ear | endi | ng v | vith | or w | ithi | n the organization's tax | year. | | | | |
| | (A) | | | ~ • • • • | _ | | | | (B) | | ~ | (C | | |
| | Name and business | address | N | ONE | 5 | | | | Description of s | ervices | | omper | Isatior | 1 |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 2 Total | number of independent contractors (i | ncluding but a | | mita | d + 2 | the | 00 lie | | d abovo) who received a | oro than | | | | |
| | ,000 of compensation from the organi | | | mie | u 10 | | se 113 0 | 5180 | | UIE UIAII | | | | |
| φ100 | ,000 of compensation norm the organi | | | | | | - | | | | | Form S | 290 (2 | 021) |
| | | | | | | | | | | | | | 2,000 | UCI) |

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| | | | , | | | IBE | RLAIN SO | CIETY NASH | VILLE | 46-3067 | 728 Pag | e 9 |
|--|------|--------|---|---------|--------------|-----------|--------------------|-----------------------------|--|-----------|---------------------|----------|
| Pa | rt \ | / | | | | | | | | | | _ |
| | | | Check if Schedule O | contaiı | ns a respo | nse | or note to any lir | ne in this Part VIII | | | L | |
| | | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | Unrelated | Revenue excluc | er |
| nts nts | 1 | а | Federated campaigns | | 1a | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Membership dues | | | | | | | | | |
| Am (| | | Fundraising events | | | | | | | | | |
| Giff | | d | Related organizations | | 1d | | | | | | | |
| ns, Simi | | | Government grants (contr | | | | | | | | | |
| er S | | f | All other contributions, gifts, | | | | ~~ ~~ | | | | | |
| oth | | | similar amounts not included | | | | 33,597. | | | | | |
| hon | | - | Noncash contributions included in | | | | 5,052. | 22 507 | | | | |
| <u>0 a</u> | | h | Total. Add lines 1a-1f | <u></u> | | | Business Code | 33,597. | | | | |
| đ | _ | ~ | | | | | Business Code | | | | | |
| vic | 2 | a b | | | | | | | | | | |
| Ser | | c | | | | | | | | | | |
| am eve | | d | | | | | | | | | | |
| Program Service Revenue | | е | | | | | | | | | | |
| ۲ ۲ | | f | All other program service | revenu | e | | | | | | | |
| | | g | Total. Add lines 2a-2f | | | | | | | | | |
| | 3 | | Investment income (inclue | - | | | | 14 114 | | | 1 4 171 | , |
| | | | other similar amounts) | | | | | 14,714. | | | 14,71 | 4. |
| | 4 | | Income from investment of | | • | • | | | | | | |
| | 5 | | Royalties | | (i) Real | | (ii) Personal | | | | | |
| | 6 | 2 | Gross rents | 6a | (i) Hour | | | | | | | |
| | Ŭ | | Less: rental expenses | 6b | | | | | | | | |
| | | c | Rental income or (loss) | 6c | | | | | | | | |
| | | d | | s) | | | > | | | | | _ |
| | 7 | а | Gross amount from sales of | | (i) Securiti | | (ii) Other | | | | | |
| | | | assets other than inventory | 7a | 23,43 | 3. | | | | | | |
| | | b | Less: cost or other basis | | | _ | | | | | | |
| evenue | | | and sales expenses | 7b | 23,85 | 6. | | | | | | |
| eve | | | Gain or (loss) | 7c | -42 | | | 400 | | | 12 | 2 |
| ۳. ۳ | - | | Net gain or (loss) | | | | > | -423. | | | -42 | <u>.</u> |
| Other | 8 | а | Gross income from fundraisi including \$ | • | ` | | | | | | | |
| 0 | | | including \$ contributions reported on | | | | | | | | | |
| | | | Part IV, line 18 | | - | 8a | 111,703. | | | | | |
| | | b | Less: direct expenses | | | 8b | 53,860. | | | | | |
| | | | Net income or (loss) from | | | _ | | 57,843. | | | 57,84 | 3. |
| | 9 | | Gross income from gamin | | | | | | | | | |
| | | | Part IV, line 19 | | | | | | | | | |
| | | | Less: direct expenses | | | | | | | | | |
| | | | Net income or (loss) from | | | s <u></u> | 🕨 | | | | | _ |
| | 10 | а | Gross sales of inventory, | | | - | | | | | | |
| | | h | and allowances | | | 10a | | | | | | |
| | | | Less: cost of goods sold Net income or (loss) from | | | | | | | | | |
| | | U | | 30162 | | у | Business Code | | | | | |
| Miscellaneous Revenue | 11 | а | | | | | | | | | | |
| ane | | b | | | | | | | | | | |
| cell leve | | с | | | | _ | | | | | | |
| Mis | | | All other revenue | | | | | | | | | |
| | | е | Total. Add lines 11a-11d | | | | | | | | DO 40 | |
| | 12 | | Total revenue. See instruction | ons | <u></u> | | > | 105,731. | 0. | 0. | | |
| 13200 | 9 12 | 2-09 | -21 | | | | | | | | Form 990 (20 | JZ1) |

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JOSHUA CHAMBERLAIN SOCIETY NASHVILLE

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | Check if Schedule O contains a respon- t include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|--------------|---|-----------------------|------------------------|------------------------------|---------------------------------------|
| - | o, 9b, and 10b of Part VIII. | Total expenses | expenses | general expenses | expenses |
| | arants and other assistance to domestic organizations | | | | |
| | nd domestic governments. See Part IV, line 21 | | | | |
| | Grants and other assistance to domestic | 39,223. | 39,223. | | |
| | ndividuals. See Part IV, line 22 | 59,225. | 59,225. | | |
| | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | ndividuals. See Part IV, lines 15 and 16 | | | | |
| | Benefits paid to or for members Compensation of current officers, directors, | | | | |
| | rustees, and key employees | | | | |
| | compensation not included above to disqualified | | | | |
| | ersons (as defined under section 4958(f)(1)) and | | | | |
| | ersons described in section 4958(c)(3)(B) | | | | |
| | Other salaries and wages | | | | |
| | Pension plan accruals and contributions (include | | | | |
| | ection 401(k) and 403(b) employer contributions) | | | | |
| | Other employee benefits | | | | |
| | Payroll taxes | | | | |
| | ees for services (nonemployees): | | | | |
| | /anagement | | | | |
| | egal | | | | |
| | Accounting | 1,900. | | 1,900. | |
| | obbying | | | | |
| | rofessional fundraising services. See Part IV, line 17 | | | | |
| f Ir | nvestment management fees | 2,527. | | 2,527. | |
| g C | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| C | olumn (A), amount, list line 11g expenses on Sch 0.) | | | | |
| 1 2 A | Advertising and promotion | 3,830. | | 3,830. | |
| 1 3 C | Office expenses | 1,019. | | 1,019. | |
| 4 Ir | nformation technology | | | | |
| 5 R | loyalties | | | | |
| 1 6 C | Occupancy | | | | |
| 7 T | ravel | | | | |
| 8 P | Payments of travel or entertainment expenses | | | | |
| | or any federal, state, or local public officials \dots | | | | |
| 9 C | Conferences, conventions, and meetings | | | | |
| | nterest | | | | |
| | Payments to affiliates | | | | |
| | Depreciation, depletion, and amortization | <u> </u> | | 0 414 | |
| | | 2,414. | | 2,414. | |
| | other expenses. Itemize expenses not covered bove. (List miscellaneous expenses on line 24e. If | | | | |
| lii | ne 24e amount exceeds 10% of line 25, column (A), | | | | |
| | mount, list line 24e expenses on Schedule 0.) | 1 / 1 2 | | 1 400 | |
| | PRINTING | 1,423. | | 1,423. 180. | |
| | LICENSES & REGISTRATION | 180. | | ΤΩΛ. | |
| °. – | | | | | |
| d _ | | | | | |
| | All other expenses | 50 E1C | 39,223. | 13,293. | · · · · · · · · · · · · · · · · · · · |
| | otal functional expenses. Add lines 1 through 24e | 52,516. | 37,443. | 13,493. | (|
| | oint costs . Complete this line only if the organization | | | | |
| | eported in column (B) joint costs from a combined | | | | |
| | ducational campaign and fundraising solicitation. | | | | |
| С | heck here if following SOP 98-2 (ASC 958-720) | | | | Form 990 (20) |

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33

Total liabilities and net assets/fund balances

362,275.

33

Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net

Check if Schedule O contains a response or note to any line in this Part X

Cash - non-interest-bearing

| | 4 | Accounts receivable, net | | | 4 | |
|---------------|-----|--|-----------------------------|----------|----------|----------|
| | 5 | Loans and other receivables from any current o | | | | |
| | | trustee, key employee, creator or founder, subs | tantial contributor, or 35% | | | |
| | | controlled entity or family member of any of the | se persons | | 5 | |
| | 6 | Loans and other receivables from other disquali | fied persons (as defined | | | |
| | | under section 4958(f)(1)), and persons describe | d in section 4958(c)(3)(B) | | 6 | |
| ts | 7 | Notes and loans receivable, net | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 8 | |
| Ϋ́ | 9 | Prepaid expenses and deferred charges | | 9 | | |
| | 10a | Land, buildings, and equipment: cost or other | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | | | |
| | b | Less: accumulated depreciation | 10b | | 10c | |
| | 11 | Investments - publicly traded securities | | 110,176. | 11 | 124,638. |
| | 12 | Investments - other securities. See Part IV, line | | | 12 | 208,570. |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 2,000. | 15 | 2,000. |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 16 | 415,490. |
| | 17 | Accounts payable and accrued expenses | | | 17 | |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | Part IV of Schedule D | | 21 | |
| s | 22 | Loans and other payables to any current or form | | | | |
| Ê | | trustee, key employee, creator or founder, subs | | | | |
| Liabilities | | controlled entity or family member of any of the | se persons | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrela | ated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | d third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | yables to related third | | | |
| | | parties, and other liabilities not included on lines | s 17-24). Complete Part X | | | |
| | | of Schedule D | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 0. | 26 | 0. |
| ς, | | Organizations that follow FASB ASC 958, che | eck here 🕨 🔛 | | | |
| e l | | and complete lines 27, 28, 32, and 33. | | | | |
| Fund Balances | 27 | Net assets without donor restrictions | | | 27 | |
| ğ | 28 | Net assets with donor restrictions | | | 28 | |
| ň | | Organizations that do not follow FASB ASC 9 | 58, check here 🕨 🔟 | | | |
| | | and complete lines 29 through 33. | | | | <u>^</u> |
| Vet Assets or | 29 | Capital stock or trust principal, or current funds | | • | 29 | 0. |
| SSE | 30 | Paid-in or capital surplus, or land, building, or ed | | 30 | 0. | |
| ΪA | 31 | Retained earnings, endowment, accumulated in | | 31 | 415,490. | |
| ž | 32 | Total net assets or fund balances | 362,275. | 32 | 415,490. | |

1

2

3

(B) End of year

78,204.

415,490.

Form 990 (2021)

2,078.

(A)

Beginning of year

87,804.

43,142.

Form 990 (2021)

1

2

3

Part X Balance Sheet

| Form | JOSHUA CHAMBERLAIN SOCIETY NASHVILLE | 46-3 | 8067728 | Pag | ge 12 |
|------|--|------------------------|-----------|-----|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 105 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 16. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 15. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 362 | 2,2 | 75. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 415 | 5,4 | 90. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa | te basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sc | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S | ngle Audi [.] | | | |
| | Act and OMB Circular A-133? | | <u>3a</u> | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | | (0001) |

Form **990** (2021)

132012 12-09-21

(Form 990)

Total

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.

| OMB No. 1545-0047 |
|-------------------|
| 2021 |
| Open to Public |

| | | of the Treasury enue Service | | ► Go to www.irs.gov | Open to Public Inspection | | | | | | |
|-----|----------|---------------------------------|---------------------------|-----------------------------|--|-------------------------------------|-----------------------------------|-----------------|----------------------|-------------------------|-----|
| Nar | ne of | the organizat | | | | | | | | identification num | be |
| _ | | | | | LAIN SOCIETY | | | | | 6-3067728 | |
| | art I | | | | (All organizations must c | | | | ns. | | |
| The | orga | nization is not a | a private found | lation because it is: | (For lines 1 through 12, c | heck only | one box.) | | | | |
| 1 | | A church, co | nvention of ch | urches, or association | on of churches described | d in sectio | on 170(b)(* | 1)(A)(i). | | | |
| 2 | | A school des | scribed in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | n 990).) | | | | | |
| 3 | | A hospital or | a cooperative | hospital service org | anization described in se | ection 170 |)(b)(1)(A)(i | ii). | | | |
| 4 | | A medical re | search organiz | ation operated in co | njunction with a hospital | described | d in sectio | on 170(b)(1)(A |)(iii). Enter | the hospital's name, | |
| | | city, and sta | te: | | | | | | | | |
| 5 | | An organizat | ion operated f | or the benefit of a co | ollege or university owned | d or opera | ted by a g | overnmental | unit descrik | bed in | |
| | | section 170 | (b)(1)(A)(iv). (C | Complete Part II.) | | | | | | | |
| 6 | | A federal, sta | ate, or local go | vernment or governr | mental unit described in s | section 17 | 70(b)(1)(A) | (v). | | | |
| 7 | | An organizat | ion that norma | ally receives a substa | antial part of its support f | rom a gov | ernmental | unit or from | the general | public described in | |
| | | section 170 | (b)(1)(A)(vi). (C | omplete Part II.) | | | | | | | |
| 8 | | A community | / trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Part | : 11.) | | | | | |
| 9 | | An agricultur | al research or | ganization described | l in section 170(b)(1)(A)(| i x) operate | ed in conju | unction with a | land-grant | college | |
| | | or university | or a non-land- | grant college of agric | culture (see instructions). | Enter the | name, city | y, and state c | f the colleg | je or | |
| | | university: | | | | | | | | | |
| 10 | X | An organizat | ion that norma | ally receives (1) more | than 33 1/3% of its sup | port from o | contributio | ons, members | hip fees, a | nd gross receipts fro | m |
| | | activities rela | ated to its exer | npt functions, subjec | ct to certain exceptions; | and (2) no | more that | n 33 1/3% of | its support | from gross investme | ent |
| | | income and | unrelated busi | ness taxable income | e (less section 511 tax) fro | om busine | esses acqu | ired by the o | rganization | after June 30, 1975. | |
| | | See section | 509(a)(2). (Co | mplete Part III.) | | | | | | | |
| 11 | | An organizat | ion organized | and operated exclus | ively to test for public sa | fety. See | section 50 | 09(a)(4). | | | |
| 12 | | An organizat | ion organized | and operated exclus | ively for the benefit of, to | perform | the functio | ons of, or to c | arry out the | e purposes of one or | |
| | | more publicl | y supported or | ganizations describe | ed in section 509(a)(1) o | r section | 509(a)(2). | See section | 509(a)(3). (| Check the box on | |
| | | lines 12a thr | ough 12d that | describes the type of | of supporting organizatio | n and com | nplete lines | s 12e, 12f, an | d 12g. | | |
| a | a 🗌 | Type I. A s | supporting orga | anization operated, s | supervised, or controlled | by its sup | ported org | ganization(s), | typically by | / giving | |
| | | the suppo | rted organizati | on(s) the power to re | gularly appoint or elect a | a majority o | of the dire | ctors or trust | ees of the s | supporting | |
| | | organizatio | on. You must d | complete Part IV, Se | ections A and B. | | | | | | |
| b |) | Type II. A | supporting org | anization supervised | d or controlled in connec | tion with it | ts support | ed organizati | on(s), by ha | aving | |
| | | control or I | management c | of the supporting org | anization vested in the s | ame perso | ons that co | ontrol or man | age the sup | oported | |
| | | organizatio | on(s). You mus | t complete Part IV, | Sections A and C. | | | | | | |
| c | ; | Type III fu | nctionally inte | egrated. A supportin | g organization operated | in connec | tion with, a | and functiona | ally integrat | ed with, | |
| | | its support | ed organizatio | n(s) (see instructions | s). You must complete l | Part IV, Se | ections A, | D, and E. | | | |
| c | 1 🗌 | Type III no | on-functionally | y integrated. A supp | oorting organization oper | ated in co | nnection v | with its suppo | rted organ | ization(s) | |
| | | that is not | functionally inf | tegrated. The organiz | zation generally must sat | isfy a dist | ribution re | quirement an | d an attent | iveness | |
| | | requiremen | nt (see instruct | tions). You must cor | nplete Part IV, Sections | A and D, | and Part | V . | | | |
| e | • 🗆 | Check this | box if the orga | anization received a | written determination fro | m the IRS | that it is a | а Туре I, Туре | e II, Type III | | |
| | | functional | y integrated, o | r Type III non-functio | nally integrated support | ng organi: | zation. | | | | |
| f | F Ent | ter the number | of supported | organizations | | | | | | | |
| ç |) Pro | ovide the follow | ving information | n about the supporte | ed organization(s). | | | | | | |
| | | (i) Name of supp | | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (iv) Is the orga in your governi | inization listed ing document? | (v) Amount o | - | (vi) Amount of other | |
| | | organizatio | n | | above (see instructions)) | Yes | No | support (see i | nstructions) | support (see instructio | 'ns |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |

| Schedule A | (Form 990) 2021 | JOSHUA | CHAMBERLAIN | SOCIETY | NASHVILLE | 46-3067728 | Page 2 |
|------------|----------------------|-------------|---------------------|--------------|---------------------|------------------|---------------|
| Part II | Support Schedule for | or Organiza | ations Described in | n Sections 1 | 70(b)(1)(A)(iv) and | 170(b)(1)(A)(vi) | |

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.)

| Se | ction A. Public Support | | | | | | |
|-------------|--|-----------------------------|---------------------|---------------------------|------------------------------|--------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 \dots | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 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) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| Se | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources \dots | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities | , etc. (see instructi | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) | |
| | organization, check this box and stop | | | | | | ▶∟ |
| Se | ction C. Computation of Pub | lic Support Pe | rcentage | | | | |
| 14 | Public support percentage for 2021 (| line 6, column (f), d | divided by line 11, | column (f)) | | 14 | % |
| | Public support percentage from 2020 | | | | | | % |
| 16 a | 33 1/3% support test - 2021. If the o | organization did no | ot check the box o | n line 13, and line | e 14 is 33 1/3% or i | more, check this | box and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | ו <u></u> ו | | | ▶∟ |
| k | 33 1/3% support test - 2020. If the | organization did no | ot check a box on | line 13 or 16a, an | d line 15 is 33 1/3% | % or more, check | this box |
| | and stop here. The organization qua | lifies as a publicly | supported organiz | ation | | | ▶∟ |
| 17a | 10% -facts-and-circumstances tes | t - 2021. If the org | anization did not | check a box on lir | ne 13, 16a, or 16b, | and line 14 is 10 | % or more, |
| | and if the organization meets the fact | ts-and-circumstand | ces test, check thi | s box and stop h e | e re. Explain in Part | VI how the orga | nization |
| | meets the facts-and-circumstances te | est. The organizati | on qualifies as a p | ublicly supported | organization | | ▶∟ |
| k | 10% -facts-and-circumstances tes | t - 2020. If the org | anization did not | check a box on lir | ne 13, 16a, 16b, or | 17a, and line 15 | is 10% or |
| | more, and if the organization meets t | he facts-and-circur | nstances test, che | eck this box and s | stop here. Explain i | in Part VI how the | e |
| | organization meets the facts-and-circ | umstances test. T | he organization qu | alifies as a public | ly supported organ | nization | ▶∐ |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17 | b, check this box | and see instructi | ons ► |
| | | | | | | 0 - 1 - 1 - 1 - | A (Earm 990) 2021 |

Schedule A (Form 990) 2021

132022 01-04-22

09350623 769620 2817

Schedule A (Form 990) 2021 JOSHUA CHAMBERLAIN SOCIETY NASHVILLE 46-3067728 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 20,950. 28,545. 34,147. 26,784. 35,686. 146,112. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, 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-57,707. 76,098. 338,401. iness under section 513 62,362. 84,390. 57,844. 4 Tax revenues levied for the organization'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 78,657. 96,509. 111,174. 111,784. 86,389 484,513. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 11,650. 11,650. 3 received from disqualified persons b 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 11,650. 11 650 c Add lines 7a and 7b 472,863 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (f) Total (e) 2021 78,657. 96,509, 111,174. 111,784. 9 Amounts from line 6 86,389 484,513. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 3,948. 8,054. 5,154. 7,138. 14,714. 39,008. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 3,948, 8,054. 5,154. 7,138. 14,714. 39,008. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 82,605. 104,563. 116,328. 118,922. 101,103. 523,521. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 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 90.32 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 % 70.70 16 % Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 7.45 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f) 17 % 18 Investment income percentage from 2020 Schedule A, Part III, line 17 3.78 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 132023 01-04-22 Schedule A (Form 990) 2021 15

09350623 769620 2817

2021.03050 JOSHUA CHAMBERLAIN SOCIETY

2817 1

Schedule A (Form 990) 2021

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b. Part I. complete Sections A and C. If you checked box 12c. Part I. complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

132024 01-04-21

Schedule A (Form 990) 2021

46-3067728 Page 5 JOSHUA CHAMBERLAIN SOCIETY NASHVILLE Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued)

| | | | Yes | No |
|-----|--|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | ction B. Type I Supporting Organizations | | | |
| | | | | |

| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or |
|---|--|
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported |

| 00 | tion C. Type II Supporting Organizations |
|----|---|
| | supervised, or controlled the supporting organization. |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in |
| ~ | bid the organization operate for the benefit of any supported organization other than the supported |

| Sec | lion o. Type | iy Organiz | alions | | |
|-----|--------------|------------|--------|--|--|
| - | | | | | |
| | | | | | |
| | | | | | |

| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | |
|---|--|---|--|
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | |
| | the supported organization(s). | 1 | |

| Section D. All Type III Supporting Organizations | |
|--|--|
| | |

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

| с | | The organization supported a | a governmental entity | . Describe in Part VI how | you supported a governm | ental entity (see instructions). |
|---|--|------------------------------|-----------------------|---------------------------|-------------------------|----------------------------------|
|---|--|------------------------------|-----------------------|---------------------------|-------------------------|----------------------------------|

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

За

Yes No

1

2

Yes No

No

Yes

09350623 769620 2817

2021.03050 JOSHUA CHAMBERLAIN SOCIETY 2817___1

| Sche | dule A (Form 990) 2021 JOS | HUA CHAMBERLAIN | SOCIETY | NASHVILLE | 46-3067728 Pa | age 6 |
|------|--|---|------------------|------------------------------|--------------------------------|--------------|
| Pai | rt V Type III Non-Functionally | Integrated 509(a)(3) Support Suppor | pporting Org | anizations | | <u> </u> |
| 1 | Check here if the organization sat | isfied the Integral Part Test as a | qualifying trust | on Nov. 20, 1970 (explain ir | Part VI). See instruction | ons. |
| | All other Type III non-functionally i | ntegrated supporting organizati | ons must compl | ete Sections A through E. | | |
| Sect | ion A - Adjusted Net Income | | | (A) Prior Year | (B) Current Year (optional) | |
| 1 | Net short-term capital gain | | 1 | | | |
| 2 | Recoveries of prior-year distributions | | 2 | | | |
| 3 | Other gross income (see instructions) | | 3 | | | |
| 4 | Add lines 1 through 3. | | 4 | | | |
| 5 | Depreciation and depletion | | 5 | | | |
| 6 | Portion of operating expenses paid or in | curred for production or | | | | |
| | collection of gross income or for manage | ement, conservation, or | | | | |
| | maintenance of property held for produc | ction of income (see instructions | s) 6 | | | |
| 7 | Other expenses (see instructions) | | 7 | | | |

8

(B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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8

Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)

JOSHUA CHAMBERLAIN SOCIETY NASHVILLE

| Par | t v Type III Non-Functionally integrated 509 | (a)(3) Supporting Org | anizations _{(contin} | ued) | |
|-------|--|-------------------------------|-------------------------------|------|----------------------------------|
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemption | ot purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organizatior | าร | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which t | he organization is responsive | e | | |
| • | (provide details in Part VI). See instructions. | ne erganization le respensiv | 0 | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| 10 | | (i) | (ii) | | (iii) |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributio Pre-2021 | ns | Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| а | From 2016 | | | | |
| b | From 2017 | | | | |
| с | From 2018 | | | | |
| d | From 2019 | | | | |
| е | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2021 distributable amount | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| | Applied to 2021 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | |
| Ū | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, <i>explain in</i> Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | | |
| U | and 4b from line 1. For result greater than zero, <i>explain in</i> | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | |
| ' | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2017 | | | | |
| | | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| - | Excess from 2020 | | | | |
| е | Excess from 2021 | | | | |

Schedule A (Form 990) 2021

132027 01-04-22

| Part VI Sup | plemental Inf | ormation. Pro | ovide the expla | nations req | uired by Par | t II, line 10; Pa | art II, line 17a | a or 17b; Part II | I, line 12; |
|----------------|---|---|--------------------------------------|-----------------------------|--------------------------------|----------------------------------|---------------------------------|---------------------------------------|-----------------------------------|
| Part line 1 | V, Section A, lines ; Part IV, Section I on D, lines 5, 6, ar | s 1, 2, 3b, 3c, 4t D, lines 2 and 3; | o, 4c, 5a, 6, 9a, Part IV, Sectio | 9b, 9c, 11a n E, lines 1 | a, 11b, and 1 c, 2a, 2b, 3a | 1c; Part IV, S , and 3b; Part | ection B, line V, line 1; Pa | es 1 and 2; Part art V, Section B, | IV, Section C, line 1e; Part V |
| (See | nstructions.) | | | | 0.7400 0011 | | | | |
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| | | | | | | | | Schedule | A (Form 990) |
| 32028 01-04-22 | | | | | | | | Juneaure | |

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Na

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

202

Employer identification number

46-3067728

| ame of the organization |
|-------------------------|

Organization type (check one):

JOSHUA CHAMBERLAIN SOCIETY NASHVILLE

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

| Schedule B (Form 990) (2021) |
|------------------------------|
| Name of organization |

09350623 769620 2817

JOSHUA CHAMBERLAIN SOCIETY NASHVILLE

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional additional terms of the set of t | ional space is needed. | |
|-------------|--|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$5,052. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll On Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 123452 11-1 | | \$ | Person Payroll Occurrent Complete Part II for noncash contributions.) |
| | 22 | | |

46-3067728

09350623 769620 2817

2817___1

| Employer identification number |
|--------------------------------|
| |

JOSHUA CHAMBERLAIN SOCIETY NASHVILLE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|-----------------------|
| 1 | 84 SHARES OF SCHWAB CAP TR S&P 500 FD SELECT FUND | | |
| | | \$5,052. | 02/25/21 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | ¢ | |
| | 1-21 | \$ | Schedule B (Form 990) |

2021.03050 JOSHUA CHAMBERLAIN SOCIETY

Name of organization

46-3067728

| Schedule E | 3 (Form 990) (2021) | | Page 4 |
|---------------------------|-------------------------------|--|--|
| Name of or | rganization | | Employer identification number |
| JOSHUA | A CHAMBERLAIN SOCIETY N | JASHVILLE | 46-3067728 |
| Part III | | titions to organizations described in a a) through (e) and the following line er , charitable, etc., contributions of \$1,000 or | section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| - | | (e) Transfer of git | |
| - | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee |
| (a) No. from | (b) Durness of sift | | (d) Description of how sift is hold |
| Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (a) Transfor of ci | |
| | Transferee's name, address, a | (e) Transfer of gir and ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of git | |
| - | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | e) Transfer of git | ft |
| - | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| 123454 11-11 | I-21 | 24 | Schedule B (Form 990) (2021) |

09350623 769620 2817 2021.03050 JOSHUA CHAMBERLAIN SOCIETY 2817___1

SCHEDULE D

| (Form | 990) |
|-------|------|
|-------|------|

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

Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

JOSHUA CHAMBERLAIN SOCIETY NASHVILLE

Employer identification number 46 - 3067728

| | | (a) Donor adv | /ised funds | (b) Fun | ds and other accounts |
|--------------------------------|--|--|---|--|---|
| 1 | Total number at end of year | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | |
| 3 | Aggregate value of grants from (during year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the asset | s held in donor advised t | unds | |
| | are the organization's property, subject to the organization's | exclusive legal contr | ol? | | Yes 🗌 |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing tha | t grant funds can be use | d only | |
| | for charitable purposes and not for the benefit of the donor o | r donor advisor, or fo | or any other purpose con | ferring | |
| | impermissible private benefit? | | | | |
| Pai | t II Conservation Easements. Complete if the org | | | IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization | | oly). | | |
| | Preservation of land for public use (for example, recrea | tion or education) | | • | important land area |
| | Protection of natural habitat | | Preservation of a ce | ertified his | storic structure |
| | Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation cor | tribution in the form of a | conserva | |
| | day of the tax year. | | | | Held at the End of the Tax |
| а | Total number of conservation easements | | | | |
| b | Total acreage restricted by conservation easements | | | _ 2 b | |
| С | Number of conservation easements on a certified historic stru | ucture included in (a) | | _ 2c | |
| d | Number of conservation easements included in (c) acquired a | after 7/25/06, and no | t on a historic structure | | |
| | listed in the National Register | | | . 2d | |
| 3 | Number of conservation easements modified, transferred, rel | eased, extinguished | or terminated by the org | ganizatior | n during the tax |
| | year | | | | |
| 4 | Number of states where property subject to conservation eas | sement is located 🕨 | | | |
| 5 | Does the organization have a written policy regarding the per | iodic monitoring, ins | pection, handling of | | |
| | violations, and enforcement of the conservation easements it | holds? | | | Yes |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violation | s, and enforcing conserv | ation eas | ements during the year |
| | ▶ | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and | d enforcing conservation | easemer | nts during the year |
| | ►\$ | | | | |
| 8 | Does each conservation easement reported on line 2(d) abov | e satisfy the require | ments of section 170(h)(4 |)(B)(i) | |
| | and section 170(h)(4)(B)(ii)? | | | | Yes |
| 9 | In Part XIII, describe how the organization reports conservation | on easements in its r | evenue and expense sta | tement a | nd |
| | balance sheet, and include, if applicable, the text of the footr | ote to the organizati | on's financial statements | that des | cribes the |
| | | | | | |
| | organization's accounting for conservation easements. | | | | |
| Pa | organization's accounting for conservation easements. t III Organizations Maintaining Collections of | f Art, Historical | Treasures, or Othe | r Simil | ar Assets. |
| Pa | | • | Treasures, or Othe | er Simil | ar Assets. |
| | t III Organizations Maintaining Collections of | 990, Part IV, line 8. | | | |
| | t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. 8, not to report in its | revenue statement and | balance s | sheet works |
| | t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 | 990, Part IV, line 8. 8, not to report in its lic exhibition, educa | revenue statement and tion, or research in furthe | balance s | sheet works |
| 1 a | t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub | 990, Part IV, line 8. 8, not to report in its blic exhibition, educa ncial statements that | revenue statement and tion, or research in furthe describes these items. | balance s erance of | sheet works public |
| 1a | t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar | 990, Part IV, line 8. 8, not to report in its blic exhibition, educa ncial statements that 8, to report in its rev | revenue statement and tion, or research in furthe describes these items. enue statement and bala | balance s erance of nce shee | sheet works public t works of |
| 1a | III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 | 990, Part IV, line 8. 8, not to report in its blic exhibition, educa ncial statements that 8, to report in its rev | revenue statement and tion, or research in furthe describes these items. enue statement and bala | balance s erance of nce shee | sheet works public t works of |
| 1a | t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: | 990, Part IV, line 8. 8, not to report in its blic exhibition, education ncial statements that 8, to report in its rev exhibition, educatio | revenue statement and tion, or research in furthe describes these items. enue statement and bala n, or research in furthera | balance s erance of nce shee nce of pu | sheet works public It works of Iblic service, |
| 1 a | till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 | 990, Part IV, line 8. 8, not to report in its blic exhibition, education ncial statements that 8, to report in its rev exhibition, educatio | revenue statement and tion, or research in furthe describes these items. enue statement and bala n, or research in furthera | balance s erance of nce shee nce of pu ► S | sheet works public It works of Iblic service, |
| 1a b | till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X | 990, Part IV, line 8. 8, not to report in its blic exhibition, educa ncial statements that 8, to report in its rev exhibition, educatio | revenue statement and tion, or research in furthe describes these items. enue statement and bala n, or research in furthera | balance s erance of nce shee nce of pu ► S | sheet works public It works of Iblic service, \$\$ |
| 1a b | t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures | 990, Part IV, line 8. 8, not to report in its blic exhibition, education incial statements that 8, to report in its rev exhibition, education | revenue statement and tion, or research in furthe describes these items. enue statement and bala n, or research in furthera ar assets for financial ga | balance s erance of nce shee nce of pu ► S | sheet works public It works of Iblic service, \$\$ |
| 1a b | till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 | 990, Part IV, line 8. 8, not to report in its blic exhibition, education incial statements that 8, to report in its rev exhibition, education asures, or other simil SC 958 relating to th | revenue statement and tion, or research in furthe describes these items. enue statement and bala n, or research in furthera ar assets for financial ga ese items: | balance serance of nce shee nce of pu Sin, provid | sheet works public It works of Iblic service, \$ \$ e |
| 1a b 2 a | t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures and the following amounts required to be reported under FASB ASC 95 | 990, Part IV, line 8. 8, not to report in its blic exhibition, education incial statements that 8, to report in its rev exhibition, education asures, or other simil SC 958 relating to th | revenue statement and tion, or research in furthe describes these items. enue statement and bala n, or research in furthera ar assets for financial ga ese items: | balance serance of nce shee nce of pu ► S ► S | sheet works public It works of Iblic service, \$ e |
| 1a b 2 a b | t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treat the following amounts required to be reported under FASB ASR A Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X | 990, Part IV, line 8. 8, not to report in its blic exhibition, educa ncial statements that 8, to report in its rev exhibition, educatio asures, or other simil SC 958 relating to th | revenue statement and tion, or research in furthe describes these items. enue statement and bala n, or research in furthera ar assets for financial ga ese items: | balance serance of nce shee nce of pu • • | sheet works public t works of lblic service, \$ e \$ \$ |
| 1a b 2 a b ⊣A | t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treat the following amounts required to be reported under FASB ASC 45 Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions | 990, Part IV, line 8. 8, not to report in its blic exhibition, educa ncial statements that 8, to report in its rev exhibition, educatio asures, or other simil SC 958 relating to th | revenue statement and tion, or research in furthe describes these items. enue statement and bala n, or research in furthera ar assets for financial ga ese items: | balance serance of nce shee nce of pu • • | sheet works public It works of Iblic service, \$ e |
| 1a b 2 a b | t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treat the following amounts required to be reported under FASB ASR A Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X | 990, Part IV, line 8. 8, not to report in its blic exhibition, educa ncial statements that 8, to report in its rev exhibition, educatio asures, or other simil SC 958 relating to th | revenue statement and tion, or research in furthe describes these items. enue statement and bala n, or research in furthera ar assets for financial ga ese items: | balance serance of nce shee nce of pu • • | sheet works public t works of lblic service, \$ e \$ \$ |
| 1a b a b lA 205 | till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treat the following amounts required to be reported under FASB ASC 95 Revenue included on Form 990, Part X If the organization received or held works of art, historical treat the following amounts required to be reported under FASB ASC 95 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions 10-28-21 | 990, Part IV, line 8. 8, not to report in its blic exhibition, education incial statements that 8, to report in its reverse exhibition, education asures, or other simil SC 958 relating to the stor Form 990. 25 | revenue statement and tion, or research in furthe describes these items. enue statement and bala n, or research in furthera ar assets for financial ga ese items: | balance serance of nce shee nce of pu • • | sheet works public t works of iblic service, <u></u> <u></u> s Schedule D (Form 990) |

| | | CHAMBERLAI | | | | | 46 - 30 | | | age 2 |
|------|--|---------------------------------|--------------------|-------------------------------|-----------|-------------------------|-------------|-------------------|---------|--------------|
| | rt III Organizations Maintaining C | | | | | | | (S (contil | nued) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | is, check any o | the following th | lat make | significant | use of its | | | |
| - | collection items (check all that apply): | ام | | | *0.00 | | | | | |
| | a Public exhibition d Loan or exchange program | | | | | | | | | |
| | b Scholarly research e Other | | | | | | | | | |
| | c Preservation for future generations | | | | | | | | | |
| | Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets | | | | | | | | | |
| 5 | to be sold to raise funds rather than to be m | | , | , | | | | Yes | | No |
| Pa | rt IV Escrow and Custodial Arran | | | | | | | | | |
| I u | reported an amount on Form 990, Pa | | ete il the organi | Lation answered | 1 165 01 | 110111990 | u, Faitiv, | iii ie 9, 0i | | |
| 1a | Is the organization an agent, trustee, custod | | hiany for contrib | utions or other a | issets no | t included | | | | |
| ia | on Form 990, Part X? | | | | | | | Yes | | No |
| h | If "Yes," explain the arrangement in Part XIII | | | | | | ······ ــــ | 1 105 | L | |
| | | | nowing table. | | | | | Amoun | t | |
| c | Beginning balance | | | | | 1c | | | | |
| | Additions during the year | | | | | | | | | |
| | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | | | | |
| 2a | Did the organization include an amount on F | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | |] |
| | rt V Endowment Funds. Complete i | | | | | | | | | |
| | | (a) Current year | (b) Prior yea | r (c) Two yea | ars back | (d) Three | years back | (e) Fou | ' years | back |
| 1a | Beginning of year balance | | | | | | | | | |
| | Contributions | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end baland | ce (line 1g, colui | nn (a)) held as: | | | | | | |
| а | Board designated or quasi-endowment 🕨 | | _% | | | | | | | |
| b | Permanent endowment | % | _ | | | | | | | |
| с | Term endowment | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | ould equal 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiz | ation that are h | eld and administ | ered for | the organi | zation | | | |
| | by: | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organiza | ations listed as requi | red on Schedul | e R? | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | owment funds. | | | | | | | |
| Pa | rt VI Land, Buildings, and Equipm | | | | | | | | | |
| | Complete if the organization answere | | | | 1 | | | | | |
| | Description of property | (a) Cost or o basis (investr | | Cost or other asis (other) | | ccumulate preciation | | (d) Boo | k valu | e |
| 1a | Land | | | | | | | | | |
| | Buildings | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | | | | | | | |
| | Other | | | | | | | | | |
| Tota | I. Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part | X, column (B), I | ine 10c.) | | <u></u> | | | | 0. |

Schedule D (Form 990) 2021

132052 10-28-21

| | BERLAIN SOCIE | TY NASHVILLE 4 | 46-3067728 _{Page} 3 |
|--|------------------------------|--------------------------------------|------------------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 1b. See Form 990, Part X, line 12. | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or | end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) PERMANENT PORTFOLIO FUND | | | |
| $\frac{(n) - SYMBOL: PRPFX}{(B) - SYMBOL: PRPFX}$ | 26,931. | COST | |
| (C) AMERICAN MUTUAL FUND - | 20,5510 | 0001 | |
| | 22,836. | COST | |
| | 22,030. | 0051 | |
| | 20 121 | 0000 | |
| | 39,434. | COST | |
| (G) TCW TOTAL RETURN - | | | |
| (H) SYMBOL: TGLMX | 39,565. | COST | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 208,570. | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or | end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | | 1d. See Form 990, Part X, line 15. | |
| (a) [| Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15) | | _ |
| Part X Other Liabilities. | ; 15.) | | |
| | an Farma 000 Dart IV/ line 1 | 1. av 116 Cas Farm 000 Dart V line | 05 |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line I | Te or TH. See Form 990, Part X, line | |
| 1.(a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| | 25) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | | | |
| 2. Liability for uncertain tax positions. In Part XIII, provide | | - | |
| organization's liability for uncertain tax positions under | FASB ASC 740. Check he | | |
| | | 5 | Schedule D (Form 990) 2021 |

JOSHUA CHAMBERLAIN SOCIETY NASHVILLE 46-3067728 Page 3

| Sche | dule D (Form 990) 2021 JOSHUA CHAMBERLAIN SOCIETY | | <u>46-3067728 Page 4</u> |
|------|--|-----------------------|--------------------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Stateme | ents With Revenue per | Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| с | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | |
| 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 XIII.) | 4b | |
| с | Add lines 4a and 4b | | 4c |
| _5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statem | ents With Expenses pe | er Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| с | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| с | Add lines 4a and 4b | | 4c |
| _5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 |
| Do | rt XIII Supplemental Information. | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII Supplemental Information (continued)

| Part VII Investments - Other Securities. See Form 990, Part X, line 12. | | |
|---|----------------|--|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| BAIRD CORE PLUS BOND FD INST CL | 40,558. | COST |
| AMERICAN BOND FD OF AMERICA CL F2 | 39,246. | COST |
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| 132421 04-01-21 | | Schedule D (Form 990) |

| SCHEDULE G | | | | | | | | OMB No. 1545-0047 | |
|---|--|--|---|---|---|----------|--|---|--|
| (Form 990) | Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. | | | | | | | | |
| Department of the Treasury Internal Revenue Service | | | Open to Public Inspection | | | | | | |
| Name of the organizatio | | _{o to} www.irs.gov/Form990 for instr | uction | s and | the latest informat | ion. | Employer ide | entification number | |
| | | CHAMBERLAIN SOCIET | | | | | 46-3067 | | |
| | complete this par | Complete if the organization answer t. | ered "Y | 'es" oi | n Form 990, Part IV, | line 1 | 7. Form 990-E | Z filers are not | |
| a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list | tions l email solicitations itations blicitations on have a written o ted in Form 990, P 0 highest paid indiv | f Solicita g Special or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) purs | tion of tion of fundra l (inclue | non-g gover aising ding o ional f | overnment grants nment grants events fficers, directors, true fundraising services? | stees | Yes | | |
| (i) Name and addres or entity (fund | | (ii) Activity | (iii) fundr have c or cor contrib | trol of | (iv) Gross receipts from activity | to (c | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization | |
| | | | Yes | No | | | | | |
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| 3 List all states in wh or licensing. | ich the organizatic | n is registered or licensed to solicit | contrib | outions | s or has been notified | d it is | exempt from r | registration | |
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| LHA For Paperwork R | eduction Act Not | ice, see the Instructions for Form | 990 or | 990-l | EZ. | | Schedul | e G (Form 990) 2021 | |

132081 10-21-21

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-------------|--|---|---|--|--|
| | | CLAY SHOOT | GALA | 1 | (add col. (a) through |
| | | (event type) | (event type) | | col. (c)) |
| | | | | | |
| 1 Gi | ross receipts | 56,945. | 34,692. | 20,066. | 111,703 |
| 2 Le | ess: Contributions | | | | |
| | | 56,945. | 34,692. | 20,066. | 111,703 |
| 4 Ca | ash prizes | | | | |
| 5 No | oncash prizes | | | | |
| 6 Re | ent/facility costs | 6,834. | 500. | 2,132. | 9,466 |
| 7 Fo | ood and beverages | 2,270. | 13,898. | 2,480. | 18,648 |
| 8 Er | ntertainment | | | | |
| | | 8,878. | 10,889. | 5,979. | 25,746 |
| | | | | ► | 53,860 |
| 11 Ne | et income summary. Subtract line 10 from li | ne 3, column (d) | | | 57,843 |
| | \$15,000 on Form 990-EZ, line 6a. | | | eported more than | 1 |
| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (ad- col. (a) through col. (d |
| 1 Gi | ross revenue | | | | |
| 2 Ca | ash prizes | | | | |
| 3 No | oncash prizes | | | | |
| 4 Re | ent/facility costs | | | | |
| 5 Ot | ther direct expenses | | | | |
| 6 Vo | olunteer labor | └── Yes % └── No | └── Yes % └── No | └── Yes % └── No | |
| 7 Di | irect expense summary. Add lines 2 through | n 5 in column (d) | | | |
| Q N/ | at appling income summany. Subtract line 7 | from line 1 column (d) | | • | |
| 0 11 | et gaming meene summary. Subtract ine 7 | | | | |
| Enter | the state(s) in which the organization condu | ucts gaming activities: | | | |
| | | ctivities in each of these | states? | | Yes N |
| lf "No, | ," explain: | | | | |
| | | | | | |
| Were | any of the organization's gaming licenses re | evoked, suspended, or te | erminated during the tax | year? | Yes N |
| | 2 Li 3 G 4 C 5 N 6 R 7 F 8 E 9 O 0 D 1 N 1 G 2 C 3 N 4 R 5 O 6 V 7 D 6 V 7 D 6 V 7 D 6 N 6 N 7 F 1 G 8 E 1 G 9 O 0 D 1 N 1 N 1 G 1 G 1 N 5 O 8 E 1 N 6 N 7 F 1 N 6 N 7 F 7 F 7 F 7 F 7 F 7 F 7 F 7 F | 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 11 Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 9 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 9 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 9 Direct expense summary. Add lines 2 through 9 Net gaming income summary. Subtract line 7 9 </td <td>2 Less: Contributions 3 Gross income (line 1 minus line 2) 56,945. 4 Cash prizes 5 4 Cash prizes 6,834. 5 Noncash prizes 6,834. 6 Rent/facility costs 6,834. 7 Food and beverages 2,270. 8 Entertainment 8,878. 9 Other direct expenses 8,878. 10 Direct expense summary. Add lines 4 through 9 in column (d) 1 11 Net income summary. Subtract line 10 from line 3, column (d) 1 12 Gaming. Complete if the organization answered "Yes" on Form \$15,000 on Form 990-EZ, line 6a. (a) Bingo 1 Gross revenue (a) Bingo 1 1 Gross revenue (a) Bingo 1 2 Cash prizes (a) Bingo 1 3 Noncash prizes (a) Bingo 1 4 Rent/facility costs (b) No 1 5 Other direct expenses No No 6 Volunteer labor No No 7 Direct expense summa</td> <td>2 Less: Contributions 3 Gross income (line 1 minus line 2) 56,945. 34,692. 4 Cash prizes 5 5 Noncash prizes 5 Noncash prizes 6,834. 500. 6 Rent/facility costs 6,834. 500. 7 Food and beverages 2,270. 13,898. 8 Entertainment 8,878. 10,889. 9 Other direct expenses 8,878. 10,889. 10 Direct expense summary. Add lines 4 through 9 in column (d) 1 10.889. 11 Net income summary. Subtract line 10 from line 3, column (d) 10.900 progressive bingo 11 Rent/facility. Costs (a) Bingo (b) Puil tabs/instant 11 Gross revenue (a) Bingo (b) Puil tabs/instant 12 Cash prizes (a) Bingo (b) Puil tabs/instant 13 Noncash prizes (a) Bingo (b) Puil tabs/instant 14 Gross revenue (a) Bingo (b) Puil tabs/instant 15 Other direct expenses (b) Puil tabs/instant (b) Puil tabs/instant 16 Volu</td> <td>2 Less: Contributions 3 Gross income (line 1 minus line 2) 56,945. 34,692. 20,066. 4 Cash prizes </td> | 2 Less: Contributions 3 Gross income (line 1 minus line 2) 56,945. 4 Cash prizes 5 4 Cash prizes 6,834. 5 Noncash prizes 6,834. 6 Rent/facility costs 6,834. 7 Food and beverages 2,270. 8 Entertainment 8,878. 9 Other direct expenses 8,878. 10 Direct expense summary. Add lines 4 through 9 in column (d) 1 11 Net income summary. Subtract line 10 from line 3, column (d) 1 12 Gaming. Complete if the organization answered "Yes" on Form \$15,000 on Form 990-EZ, line 6a. (a) Bingo 1 Gross revenue (a) Bingo 1 1 Gross revenue (a) Bingo 1 2 Cash prizes (a) Bingo 1 3 Noncash prizes (a) Bingo 1 4 Rent/facility costs (b) No 1 5 Other direct expenses No No 6 Volunteer labor No No 7 Direct expense summa | 2 Less: Contributions 3 Gross income (line 1 minus line 2) 56,945. 34,692. 4 Cash prizes 5 5 Noncash prizes 5 Noncash prizes 6,834. 500. 6 Rent/facility costs 6,834. 500. 7 Food and beverages 2,270. 13,898. 8 Entertainment 8,878. 10,889. 9 Other direct expenses 8,878. 10,889. 10 Direct expense summary. Add lines 4 through 9 in column (d) 1 10.889. 11 Net income summary. Subtract line 10 from line 3, column (d) 10.900 progressive bingo 11 Rent/facility. Costs (a) Bingo (b) Puil tabs/instant 11 Gross revenue (a) Bingo (b) Puil tabs/instant 12 Cash prizes (a) Bingo (b) Puil tabs/instant 13 Noncash prizes (a) Bingo (b) Puil tabs/instant 14 Gross revenue (a) Bingo (b) Puil tabs/instant 15 Other direct expenses (b) Puil tabs/instant (b) Puil tabs/instant 16 Volu | 2 Less: Contributions 3 Gross income (line 1 minus line 2) 56,945. 34,692. 20,066. 4 Cash prizes |

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Schedule G (Form 990) 2021

| Sch | edule G (Form 990) 2021 | JOSHUA | CHAMBERLAIN | SOCIETY | NASHVILLE | 46-3 | 067728 | B Page 3 |
|------|---|------------------|---------------------------|-------------------|----------------------------|-------------|-----------------|------------|
| 11 | Does the organization conduct ga | aming activities | with nonmembers? | | | | Yes | No |
| | Is the organization a grantor, ben | | | | | | | |
| | to administer charitable gaming? | | | | | | Yes | No No |
| | Indicate the percentage of gamine | | | | | | | |
| | The organization's facility | | | | | | | % |
| | An outside facility | | | | | | 13b | % |
| 14 | Enter the name and address of th | e person who j | prepares the organization | on's gaming/spe | cial events books and rec | ords: | | |
| | Name | | | | | | | |
| | Address ► | | | | | | | |
| 15a | Does the organization have a con | tract with a thi | rd party from whom the | organization rec | eives gaming revenue? . | | Yes | No No |
| b | If "Yes," enter the amount of gam | ing revenue rea | ceived by the organizati | on 🕨 \$ | and the ar | nount | | |
| | of gaming revenue retained by the | e third party 🕨 | ►\$ | | | | | |
| С | If "Yes," enter name and address | of the third pa | rty: | | | | | |
| | Name 🕨 | | | | | | | |
| | | | | | | | | |
| | Address ► | | | | | | | |
| 16 | Gaming manager information: | | | | | | | |
| | Nama | | | | | | | |
| | Name | | | | | | | |
| | Gaming manager compensation | \$ | | | | | | |
| | 5 | | | | | | | |
| | Description of services provided | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Director/officer | Employe | e 🗌 Inde | pendent contra | ctor | | | |
| | | | | | | | | |
| | Mandatory distributions: | | | <i>c</i> | | | | |
| а | Is the organization required under retain the state gaming license? | | | - | | | Yes | |
| h | Enter the amount of distributions | | | | mot organizations or spe | | | |
| ~ | organization's own exempt activit | • | | | inprorganizatione of ope | | | |
| Ра | rt IV Supplemental Infor | | | quired by Part I, | line 2b, columns (iii) and | (v); and Pa | rt III, lines 9 | , 9b, 10b, |
| | 15b, 15c, 16, and 17b, as | applicable. Als | so provide any addition | al information. S | ee instructions. | | | |
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| hedule G (Form 990) art IV Supplemental Info | rmation (cor | CHAMBERLAIN | SOCIETY | NASHVILLE | 46-3067728 _{Pa} |
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| SCHEDU (Form 990 Department of Internal Reve | of the Treasury | | | | | | | | |
|---|---|------------------------------------|------------------------------------|---------------------------------|--|---|---------------------------------------|---------------------------------------|--|
| Name of t | he organization | | - | | | | | Employer identification number | |
| | | | SOCIETY NA | SHVILLE | | | | 46-3067728 | |
| Part I | General Information on Grants | | | | | | | | |
| crite | es the organization maintain records eria used to award the grants or ass ecribe in Part IV the organization's pr | istance? | | | | | | | |
| Part II | Grants and Other Assistance to | | | | | anization answered " | /es" on Form 990, Pa | t IV, line 21, for any | |
| | recipient that received more than | \$5,000. Part II can | be duplicated if addit | ional space is nee | ded. | | | | |
| 1 (a) | Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | |
| | | | | | | | | | |
| | | | | | | | | | |
| 3 Ente | er total number of section 501(c)(3) er total number of other organizatior r Paperwork Reduction Act Notice | ns listed in the line [.] | I table | | | | | Schedule I (Form 990) 2021 | |

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

Schedule I (Form 990) 2021 JOSHUA CHAMBERLAIN SOCIETY NASHVILLE

46-3067728

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|-----------------------------|---------------------------------------|--|---------------------------------------|
| TRAVEL TO ORGANIZATION FUNDRAISING EVENTS, HOME | | | | | |
| REPAIRS/IMPROVEMENTS, EDUCATIONAL ASSISTANCE, | | | | | |
| SPECIAL EVENT PARTICIPATION/RECOGNITION, FINANCIAL | | | | | |
| ASSISTANCE | 8 | 39,223. | 0. | | |
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

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 Form 990-EZ

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number 46-3067728

OMB No. 1545-0047

JOSHUA CHAMBERLAIN SOCIETY NASHVILLE

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOUSING MODIFICATION/IMPROVEMENTS, TUITION ASSISTANCE, MONETARY

DONTATIONS AND OTHER SUPPORT EXPENSES.

FORM 990, PART VI, SECTION A, LINE 2:

DONALD ROSS AND PAM ROSS - FAMILY RELATIONSHIP. ROBB SORIANO AND RANDY

SORIANO - FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY A CERTIFIED PUBLIC ACCOUNTING FIRM WHO PROVIDES A

COPY TO THE ORGANIZATION'S BOARD OF DIRECTORS FOR REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021