

Hamilton County, TN

Budget Hearings

FY 2027

Chattanooga Tourism Company

	Adopted Budget FY 2025	Adopted Budget FY 2026	Amended Budget FY 2026	Requested FY 2027	<i>Change from Amended FY26</i>	<i>% Inc.</i>
Supported Agency request						
Chattanooga Tourism Company	10,366,500	9,316,500	8,836,500	10,084,977	1,248,477	13.4%
			<i>NOTE 1</i>		<i>NOTE 1</i>	

Key Items to Address with County Commission:

1. What's the increase in your budget request investing in?
2. Where are you maintaining/holding the line within your budget?
3. What are you transitioning from within your budget?

NOTE 1 - The County Commission reduced the FY 2026 allocation to the Chattanooga Tourism Company by \$480,000 and transferred this amount to the Sports & Events Corporation in February 2026 (Resolution 226-14).



BUDGET REQUEST APPLICATION
FY 2026-2027

A. Cover Form

Organization Name: Chattanooga Tourism Co.

Organization Legal Name: Chattanooga Area Convention & Visitors Bureau Inc

Project Name(s): Economic Development Through Tourism Promotion

Federal Tax ID#: 62-0156713

Mailing Address: 200 W MLK Blvd., Suite 1200, Chattanooga TN 37402

Hamilton County Address: 200 W MLK Blvd., Suite 1200, Chattanooga TN 37402

Year Established: 1939

Years organization has operated in Hamilton County or served Hamilton County residents: 87

Organization's authorizing official contact: Barry White

Organization's application contact person: Susan Harris


Fiscal year total operating budget: \$14,059,219

Current fiscal year start/end date: Jan 1 - Dec 31

First time applicant: NO

Requested county funds: \$ 10,084,977

The above and following schedules embodying a request for an allocation from Hamilton County, Tennessee for the fiscal year ending June 30, 2027 (fiscal year 2027) will be considered and approved by our Board of Directors upon notification of approved funding. In the judgment of the Executive Committee of our Board, it represents the minimum needs of our organization for this fiscal year.


Signature of President or Board Chair


Signature of Executive Director

THIS ALLOCATION REQUEST IS DUE BY JANUARY 30, 2026

B. Grant Application

STATEMENT OF NEED

1. What needs does your program address, and why is it important to the Hamilton County population?

The Chattanooga Tourism Co. serves the community by using lodging taxes paid by non-residents to inspire more people to visit Hamilton County. Visitor spending contributes to quality of place, resident savings, thriving local businesses, job creation, capital investment, and services including public safety and education. 

2. Provide data and statistics that support your organization's needs.

The 2024 Economic Impact of Travel on Tennessee report (published by the Tennessee Department of Tourist Development) reveals tourism in Hamilton County generated \$1.8 billion in domestic visitor spending, a 4.23% increase from 2023. Visitor spending in Hamilton County generated \$186,403,300 in state and local tax revenue. If it were not for state and local taxes generated by tourism spending, each Hamilton County household would pay \$1,232 more in state and local taxes. Visitor spending directly supported 13,061 jobs in Hamilton County.

OUTCOMES / OUTPUTS / INITIATIVES

3. How do you plan to utilize grant money awarded by Hamilton County?

Consistent with the strategic plan adopted by our Board of Directors, the Tourism Co. is focused on the following strategic initiatives: 1) increase visitation by targeted business development, refine promotional strategies, increase promotional spending and expansion into new markets, 2) elevate the visitor experience across website, information center, groups services, and other touch-points 3) improve our community's competitive positioning through destination development, 4) communicate viability and relevance through advocacy and public relations, and 5) maximizing organizational excellence.

4. What results are you committed to achieving during the grant period? What key performance measures will you use to evaluate and track those results? (750-word suggestion)

Targeted promotional strategies are consistently evaluated to ensure effectiveness and metrics such as reach, impressions, and conversion rates. Brand awareness is measured via website analytics, social media engagement, and earned media value. Sales and services for meetings, conventions and sporting events are measured through group leads, contracted room nights, and contracted attendees, as well as economic impact per event.

Specific key performance indicators that are identified in the attached strategic plan include increased hotel demand, growth in overall visitation (day and overnight), growth in group (sports and meetings) participants, identification of baseline metrics for visitor experience, facility capital investments, and resident and business sentiment survey indices.

5. What entities do you collaborate with which could also benefit from monies awarded by Hamilton County?

The Tourism Co. collaborates with local municipalities, economic development organizations, philanthropic foundations and other local not-for-profit agencies. We place business in public facilities such as the Convention Center, Finley Stadium, Frost Stadium, Camp Jordan and other facilities throughout the County. We work with local and state elected officials and anyone else who shares our vision to improve Hamilton County through tourism promotion and development.

6. What is your organization's long-term vision, as it relates to your philanthropy and operations?

The mission of the Tourism Co. is to promote & develop visitor experiences for our community's economic & social prosperity. We are guided by our commitments to 1) enhance quality of place for our residents through tourism, 2) connect visitors to their best Chattanooga experiences, 3) champion tourism-related economic opportunities for our industry and community stakeholders, and 4) steward public and private investments by maximizing ROI and prioritizing communication with stakeholders. We champion economic development through tourism.

C. Evaluation and Sustainability

7. If you utilize any evidence-based programs, please indicate which state and/or federal websites list the program and the rating given.

n/a

8. Describe how your organization plans to sustain services financially if Hamilton County funds do not extend past the awarded fiscal year

The Tourism Co. received 44.9% of all lodging taxes collected in Hamilton County in 2024, and is on pace to receive 42.3% for 2025. This is down from 51.2% in 2022. We continue to work with Chattanooga through their process to increase the city's allocation of lodging taxes. We are currently working with Hamilton County and the City of Chattanooga to develop a comprehensive lodging tax investment strategy for all municipalities and the County. We continue to educate stakeholders and elected officials in Hamilton County regarding the value of tourism to ensure visitor-generated lodging taxes are expended in alignment with T.C.A. § 67-4-1403.

D. Budget, Supporting Financial Documents and Attachments

Submit each of the following and complete the schedules that follow. If a document is not attached to your submission, please select N/A in the appropriate dropdown box:

- Your most recent audit (and previous two audits for organizations with a budget of \$750,000 or more)
Document Attached
- The organization's current operating budget - Schedule I
Document Attached
- A Form 990 from the previous three (3) years
Document Attached
- IRS Letter of Determination
Document Attached
- Current Certificate of Existence with the State of Tennessee
Document Attached
- Demographic information for clients served - Schedule II
Document Attached
- Board & Staff Information - Schedule III
Document Attached
- Grants, Contracts, MOU Table - Schedule IV
Document Attached
- Strategic Plan
Document Attached
- Letters of Support
Document Attached

PROGRAM BUDGET SUPPORT REVENUE

NAME OF AGENCY BUDGET BY SERVICES FOR	FY 2026 Approved Budget	FY 2027 Proposed Budget	REVENUES		EXPENSES/EXPENDITURES						
			Support/ Revenues	PROGRAM SERVICES			SUPPORT SERVICES				
				Program 1	Program 2	Program 3	Total Prog. Servs.	Mgmt & General	Fund Raising	Total Supp. Serv.	
SUPPORT/REVENUE FOR CURRENT OPERATIONS:											
Contributions			0								
Net Proceeds Special Events			0								
Designations			0								
United Way			0								
Fees/Grants from Governmental Agencies	1,050,000	3,829,742	3,829,742								
Membership Dues			0								
Program Income			0								
Sales to Public	25,625	24,500	24,500								
Investment Income			0								
Transfers to Operating Budget			0								
Income from Previous Year			0								
Miscellaneous [^] interest	12,000	120,000	120,000								
*Support Requested from Hamilton County	10,366,500	10,084,977	10,084,977								
TOTAL SUPPORT/REVENUES	11,454,125	14,059,219	14,059,219								
EXPENDITURES FOR CURRENT OPERATIONS:											
Salaries Only (No Benefits)	2,846,855	2,612,406		2,612,406				2,612,406			0
Employee Health & Retirement Benefits	469,308	459,665		459,665				459,665			0
Employment Taxes, etc.	206,936	191,627		191,627				191,627			0
Professional Fees/Contract Service Payments	187,413	195,381		195,381				195,381			0
Supplies	11,406	11,333		11,333				11,333			0
Telephone	56,667	50,803		50,803				50,803			0
Postage and Shipping	65,000	65,000		65,000				65,000			0
Occupancy	155,546	226,857		226,857				226,857			0
Equipment Rental and Maintenance	0	0		0				0			0
Outside printing, art work, etc.	256,000	233,000		233,000				233,000			0
Local Transportation	44,334	42,328		42,328				42,328			0
Conferences, Conventions, etc.	92,408	63,555		63,555				63,555			0
Special Assistance to Individuals	0	0		0				0			0
Organization Dues	179,539	163,944		163,944				163,944			0
Awards and Grants <i>**see below</i>	2,054,424	2,456,450		2,456,450				2,456,450			0
Fund Raising/Self-Support Activities	0	0		0				0			0
Insurance	31,908	29,155		29,155				29,155			0
Miscellaneous <i>**see below</i>	4,796,381	7,257,714		7,257,714				7,257,714			0
Depreciation	55,674	129,136		129,136				129,136			0
National Dues/Support Payments	0	0		0				0			0
Equipment Purchases	0	0		0				0			0
TOTAL EXPENSES/EXPENDITURES	11,509,799	14,188,354		14,188,354	0	0	0	14,188,354	0	0	0
REVENUES OVER (UNDER) EXPENDITURES	(55,674)	(129,135)									

**Miscellaneous includes Advertising, Public Relations, Research, Website, Business Development / Sales / Client Development, Promotional Materials, Destination Discovery Tours, Special Promotions **Awards & Grants includes \$300,000 to the Convention Center plus bid fees and required event acquisition & hosting fees for sporting events and groups, No other grant funds are included or allocated.

Program Beneficiary Statistics

(This should reflect total program count. Copy as needed for each program.)

Chattanooga Tourism Co.

(Name of Program)

Program Beneficiary Characteristics Clients/Patients/Recipients/Other	Fiscal 2026 Budget	Fiscal 2026 Projected	Fiscal 2027 Proposed Budget
1. Unduplicated Count of Program Beneficiaries	0	0	0
TOTAL			
a. Total Continuing from Previous Fiscal Year			
b. Total New for the Year			
c. Total Terminated During the Year			
2. Age Group	0	0	0
TOTAL			
a. Infants-Under 5			
b. Between 5 and 12			
c. Between 13 and 17			
d. Between 18 and 29			
e. Between 30 and 64			
f. 65 and over			
g. Not Known			
3. Gender	0	0	0
TOTAL			
a. Male			
b. Female			
c. Not Known/Other			
4. Ethnic Background	0	0	0
TOTAL			
a. White			
b. Black			
c. Hispanic			
d. Oriental			
e. Other - Ethnic Minority			
f. Not Known			
5. Income Level	0	0	0
TOTAL			
a. Below 4,999			
b. 5,000-7,499			
c. 7,500-9,999			
d. 10,000-14,999			
e. 15,000-19,999			
f. 20,000-29,999			
g. 30,000 and Over			
h. Not Known			
6. Location of Residence	0	0	0
TOTAL			
a. Hamilton County			
b. Outside of Hamilton County			
c. Not Known			

**HAMILTON COUNTY, TENNESSEE
FISCAL YEAR 2027**

Agency Name: Chattanooga Tourism Co.

1. Are the dollars Hamilton County appropriates to your agency designated for the benefit of a specific geographical segment of the community? **NO**
2. If the answer to question number 1 above is yes, please explain.

3. Please estimate the percentage of your services provided to the geographic area listed below:

Unincorporated County	<u>0.0%</u>	<i>Services and benefits are dependent on the choices of the leisure traveler or the location of the meeting, sporting event, or lodging, food, retail, or attraction.</i>
City of Chattanooga	<u>0.0%</u>	
City of East Ridge	<u>0.0%</u>	
City of Signal Mountain	<u>0.0%</u>	
City of Red Bank	<u>0.0%</u>	<i>Hospitality employees live and work throughout Hamilton County.</i>
City of Soddy Daisy	<u>0.0%</u>	
City of Lakesite	<u>0.0%</u>	
City of Walden	<u>0.0%</u>	<i>Overall economic impact generates taxes that benefit general government and education as well as individual tax payers and tourism-supportive adjacent industries (such as banking, accounting, architecture, contractors, building trades and other businesses).</i>
City of Collegedale	<u>0.0%</u>	
City of Ridgeside	<u>0.0%</u>	
City of Lookout Mountain	<u>0.0%</u>	
All areas outside of Hamilton County	<u>0.0%</u>	
Total	<u><u>0.0%</u></u>	

Schedule of Positions, Salaries & Wages
Confidential (for Hamilton County internal use only)

Tourism Co. Board members are uncompensated volunteers

Chattanooga Tourism Co.

(Name of Agency)

ALL FINANCIAL INFORMATION ROUNDED TO NEAREST DOLLAR

Board of Directors Title and/or Position	Name(s) Last Name, Initial	Part Time	#Years Emp	Emp. Covered by Retirement (a)	Current FY			Proposed FY		
					# Weeks Employed	Annual Salary	Budgeted Salary	# Weeks Employed	Annual Salary	Budgeted Salary
Chairperson	Dawes, D	--		NO						
Vice-Chair	O'brien, J	--		NO						
Treasurer	Mathis, M	--		NO						
Executive Committee Member	Niel, E	--		NO						
Executive Committee Member	Morrow, H	--		NO						
Director	Chapin, D	--		NO						
Director	Dale, J	--		NO						
Director	Eversole, J	--		NO						
Director	Freeman, E	--		NO						
Director	Kelly, T	--		NO						
Director - ex officio	Mack, E	--		NO						
Director	Raynor, J	--		NO						
Director - ex officio	Wamp, W	--		NO						
Director - ex officio	Wood, C	--		NO						
Director - ex officio, non-voting	White, B	--		--						
		--		--						
		--		--						
		--		--						
		--		--						

* If a position is changed from a part-time to a full-time position, show each as a separate position unit.
 List positions in order of responsibility and include all staff and employees of agency in this schedule.
 Non-professional employees performing similar services may be reported as a group.
 (a.) Check if person is covered by retirement benefits.

Schedule of Positions, Salaries & Wages
Confidential (for Hamilton County internal use only)

Chattanooga Tourism Co.

(Name of Agency)

ALL FINANCIAL INFORMATION ROUNDED TO NEAREST DOLLAR

Organization Staff Members Title and/or Position	Name(s) Last Name, Initial	Part Time	#Years Emp	Emp. Covered by Retirement (a)	Current FY			Proposed FY		
					# Weeks Employed	Annual Salary	Budgeted Salary	# Weeks Employed	Annual Salary	Budgeted Salary
Chief Executive Officer	White, B	NO		YES	52	260,260		52	260,260	
Chief Operating Officer	Harris, S	NO		YES	52	129,610		52	129,610	
VP of Sales	Murphy, B	NO		YES	52	192,756		52	192,756	
Chief Marketing Officer	Blair, D	NO		YES	52	177,557		52	177,557	
VP of Engagement & Impact	Harrison, D	NO		YES	52	83,712		52	83,712	
VP of Visitor Experience	Brinkley, C	NO		YES	52	35,737		52	35,737	
VP of Human Resources	Puffer, E	NO		YES	52	148,515		52	148,515	
Business Development Director	Dodd, L	NO		YES	52	113,267		52	113,267	
Business Development Director	Smith, M	NO		YES	52	95,213		52	95,213	
Business Development Director	Tatum, J	NO		YES	52	90,453		52	90,453	
Business Development Director	vacant	NO		YES	52		51,360	52		51,360
Marketing Director	Phipps, S	NO		YES	52	79,483		52	79,483	
Director of Destination & Visitor Services	Terry, A	NO		YES	52	98,804		52	98,804	
Director of Community Engagement	Wolfe, A	NO		YES	52	90,949		52	90,949	
Director of Event Operations	van den Bos, M	NO		YES	52	56,469		52	56,469	
Director of Content	Joyner, S	NO		YES	52	76,424		52	76,424	
Partnership Manager	Goodwin, M	NO		YES	52	3,975		52	3,975	
Creative Services Manager	Johnson, T	NO		YES	52	62,721		52	62,721	
Destination Services Manager	Belucci, L	NO		YES	52	58,376		52	58,376	
Website Manager	Cavitt, R	NO		YES	52	48,688		52	48,688	

* If a position is changed from a part-time to a full-time position, show each as a separate position unit.
 List positions in order of responsibility and include all staff and employees of agency in this schedule.
 Non-professional employees performing similar services may be reported as a group.
 (a.) Check if person is covered by retirement benefits.

Employment Data as of 12/31/2025

Schedule of Positions, Salaries & Wages
Confidential (for Hamilton County internal use only)

Chattanooga Tourism Co.

(Name of Agency)

ALL FINANCIAL INFORMATION ROUNDED TO NEAREST DOLLAR

Organization Staff Members Title and/or Position	Name(s) Last Name, Initial	Part Time	#Years Emp	Emp. Covered by Retirement (a)	Current FY			Proposed FY		
					# Weeks Employed	Annual Salary	Budgeted Salary	# Weeks Employed	Annual Salary	Budgeted Salary
Communications Manager	Kimberlin, D	NO		YES	52	68,163		52	68,163	
Visitor Information Services Manager	Lawson, M	NO		YES	52	73,466		52	73,466	
Event Manager	McCollum, M	NO		YES	52	40,932		52	40,932	
Event Manager	Hisamoto, R	NO		YES	52	35,195		52	35,195	
Public Relations Manager	Rymer, A	NO		YES	52	60,859		52	60,859	
Database Operations Manager	Williams, T	NO		YES	52	58,969		52	58,969	
Executive Assistant	Leonardo, K	NO		YES	52	74,580		52	74,580	
Finance Director	Zumbaugh, M	YES		YES	52	78,520		52	78,520	
Marketing Project Manager	vacant	NO		--	52		56,612	52		56,612
Information Specialist (Chattanooga Concierge)	multiple PT	YES		YES	52	15,600		52	15,600	
interns (marketing & events)	multiple PT	YES		NO	52	15,600		52	15,600	
Partnership Director	Burnette, C	NO		YES	52	5,750		52	5,760	
Visitor Services Coordinator	Smith, M	NO		YES	52	46,696		52	46,696	
		--		--						
		--		--						
		--		--						
		--		--						
		--		--						
		--		--						

* If a position is changed from a part-time to a full-time position, show each as a separate position unit.
 List positions in order of responsibility and include all staff and employees of agency in this schedule.
 Non-professional employees performing similar services may be reported as a group.
 (a.) Check if person is covered by retirement benefits.

Information Specialists are PT / avg 20 hours per week @15 / hr. & are covered by retirement based on length of service and hours worked. Interns are also PT at same rate but change throughout the year and are not covered by retirement.

Employment Data as of 12/31/2025

AGENCY: Chattanooga Tourism Co.

AWARDS AND GRANTS FROM GOVERNMENTAL AGENCIES CITY/COUNTY/STATE/FEDERAL

PROGRAM/PROJECT TITLE	NAME OF SOURCE	FOR HOW LONG?	LAST YEAR	THIS YEAR	NEXT YEAR
1 Marketing Grant	State of TN (TDTD)	Annually - 3 years	300,000	300,000	300,000
2 Lodging Taxes	City of Chattanooga	Requested	750,000	1,050,000	3,529,742
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
Total Fees From Governmental Agencies			1,050,000	1,350,000	3,829,742

ALL FINANCIAL INFORMATION ROUNDED TO NEAREST DOLLAR

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC.		D Employer identification number 62-0156713
	Doing business as CHATTANOOGA TOURISM COMPANY		E Telephone number 423-756-8687
	Number and street (or P.O. box if mail is not delivered to street address) 736 MARKET STREET, 18TH FLOOR	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code CHATTANOOGA, TN 37402		G Gross receipts \$ 12,349,629.
	F Name and address of principal officer: BARRY WHITE 736 MARKET STREET, 18TH FLOOR, CHATTANOOGA,		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c)(**4**) (insert no.) 4947(a)(1) or 527
J Website: **VISITCHATTANOOGA.COM**
K Form of organization: Corporation Trust Association Other
L Year of formation: **1946** **M** State of legal domicile: **TN**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE TOURISM AND CONVENTIONS IN THE LOCAL CHATTANOOGA AREA
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 14
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 46
	6 Total number of volunteers (estimate if necessary) 6 787
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 10,724,945. 10,946,548.
	9 Program service revenue (Part VIII, line 2g) 1,391,579. 1,381,537.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -378. 13,185.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,420. 8,359.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12,124,566. 12,349,629.
	Expenses
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,444,487. 2,800,010.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,838,720. 8,179,918.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,136,676. 12,131,679.	
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12 1,987,890. 217,950.
	20 Total assets (Part X, line 16) 6,892,228. 8,117,452.
	21 Total liabilities (Part X, line 26) 1,366,562. 2,373,836.
	22 Net assets or fund balances. Subtract line 21 from line 20 5,525,666. 5,743,616.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	BARRY WHITE, CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BRIAN D. MILLER, CPA		05/15/23	<input type="checkbox"/>	P00365109
	Firm's name	Firm's EIN		Phone no.	
	HENDERSON HUTCHERSON & MCCULLOUGH PLLC	62-1114363		(423) 756-7771	
	Firm's address				
	1200 MARKET STREET CHATTANOOGA, TN 37402				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.

Form 990 (2022)

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Part 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 PROMOTE TOURISM AND CONVENTIONS IN THE LOCAL CHATTANOOGA AREA

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 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 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 others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 11,011,980. including grants of \$ 1,151,751.) (Revenue \$ _____)
TO PROMOTE TOURISM AND CONVENTIONS IN THE LOCAL CHATTANOOGA AREA

4b (Code: _____) (Expenses \$ 289,138. including grants of \$ _____) (Revenue \$ 1,389,896.)
TO IMPROVE AWARENESS OF LOCAL REGION AND AREA ATTRACTIONS THROUGH USE OF PROMOTIONAL MAILERS AND MARKET RESEARCH

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 11,301,118.

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

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)? <i>If "Yes," complete Schedule A</i>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 "Yes," 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	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a 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 "Yes," complete Schedule F, Parts I and IV</i>	14b	X
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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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 "Yes," 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 "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Part IV Checklist of Required Schedules *(continued)*

	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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		125
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**CHATTANOOGA AREA CONVENTION & VISITORS
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Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	46	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 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 organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

**CHATTANOOGA AREA CONVENTION & VISITORS
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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.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 O.	14	
b	Enter the number of voting members included on line 1a, above, who are independent	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed TN
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
MIKE ZUMBAUGH - 423-756-8687
736 MARKET STREET 18TH FLOOR, CHATTANOOGA, TN 37402

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, box 6 of 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARRY WHITE CHIEF EXECUTIVE OFFICER	40.00 5.00			X			276,710.	0.	49,600.	
(2) TIMOTHY MORGAN CHIEF SPORTS OFFICER	40.00			X			174,532.	0.	33,851.	
(3) BRIAN MURPHY CHIEF DEVELOPMENT OFFICER	40.00			X			168,023.	0.	34,858.	
(4) SUSAN HARRIS CHIEF OPERATING OFFICER	40.00			X			128,147.	0.	15,635.	
(5) KEITH SANFORD BOARD MEMBER	0.00 5.00	X					0.	0.	0.	
(6) LISA MARAGNANO SECRETARY/TREASURER	0.00 5.00	X		X			0.	0.	0.	
(7) JIM COPPINGER BOARD MEMBER	0.00 5.00	X					0.	0.	0.	
(8) ELIZABETH WILLIAMS BOARD MEMBER	0.00 5.00	X					0.	0.	0.	
(9) HUGH MORROW CHAIRMAN	0.00 5.00	X		X			0.	0.	0.	
(10) MITCH PATEL BOARD MEMBER	0.00 5.00	X					0.	0.	0.	
(11) ALLEN COREY BOARD MEMBER	0.00 5.00	X					0.	0.	0.	
(12) KEN DEFOOR BOARD MEMBER	0.00 5.00	X					0.	0.	0.	
(13) JOHNNY O'BRIEN VICE CHAIR	0.00 5.00	X		X			0.	0.	0.	
(14) CHRISTY GILLENWATER BOARD MEMBER	0.00 5.00	X					0.	0.	0.	
(15) SABRENA SMEDLEY BOARD MEMBER	0.00 5.00	X					0.	0.	0.	
(16) DARIK DAWES BOARD MEMBER	0.00 5.00	X					0.	0.	0.	
(17) EMILY MACK BOARD MEMBER	0.00 5.00	X					0.	0.	0.	

**CHATTANOOGA AREA CONVENTION & VISITORS
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) REBECCA ASHFORD BOARD MEMBER	0.00 5.00	X						0.	0.	0.
1b Subtotal							747,412.	0.	133,944.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							747,412.	0.	133,944.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MILES PARTNERSHIP, 13952 DENVER WEST PARKWAY, STE. 200, LAKEWOOD, CO 80401	MARKETING	3,301,464.
MODUS BUILD LLC, 3808 CUMMING HWY, SUITE 120, CHATTANOOGA, TN 37419	BUNKER DESIGN AND WORK	474,377.
CHATTANOOGA CONVENTION CENTER 1150 CARTER STREET, CHATTANOOGA, TN 37402	EVENT SPACE	411,320.
TSSAA 3333 LEBANON PIKE, HERMITAGE, TN 37076	ATHLETIC EVENTS	282,424.
WORLD TRIATHOLON CORPORATION, 3407 W DR MARTIN LUTHER KING JR BLVD, TAMPA, FL	ATHLETIC EVENTS	210,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 11

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	10,946,548.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			10,946,548.			
Program Service Revenue	2 a SHOWS/FAM & COLLATERAL	Business Code					
		541800	556,962.	556,962.			
	b CO-OP ADVERTISING	541800	489,672.	489,672.			
	c PARTNERSHIPS	541800	214,803.	214,803.			
	d VISITORS GUIDE ADS	541800	120,100.	120,100.			
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,381,537.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		13,185.			13,185.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
c Gain or (loss)	7c						
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code					
		900099	8,359.	8,359.			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			8,359.				
12 Total revenue. See instructions			12,349,629.	1,389,896.	0.	13,185.	

CHATTANOOGA AREA CONVENTION & VISITORS

BUREAU, INC.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,151,751.	1,151,751.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	827,693.	765,218.	62,475.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,493,974.	1,008,401.	485,573.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	313,357.	243,931.	69,426.	
10 Payroll taxes	164,986.	118,364.	46,622.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	66,119.	53,826.	12,293.	
12 Advertising and promotion	4,941,062.	4,937,601.	3,461.	
13 Office expenses	140,899.	140,833.	66.	
14 Information technology	3,323.	3,323.		
15 Royalties				
16 Occupancy	137,862.	108,149.	29,713.	
17 Travel	265,816.	229,563.	36,253.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,301.	26,478.	3,823.	
23 Insurance	49,467.	47,106.	2,361.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SPONSORSHIPS	874,041.	865,114.	8,927.	
b GUARANTEES/RIGHTS	492,424.	492,424.		
c RESEARCH & REPORTING	176,184.	173,195.	2,989.	
d CONTRACTUAL SERVICES	139,603.	139,603.		
e All other expenses	862,817.	796,238.	66,579.	
25 Total functional expenses. Add lines 1 through 24e	12,131,679.	11,301,118.	830,561.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Form 990 (2022)

62-0156713 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,946,664.	1	5,443,326.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,782,639.	4	1,907,232.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	76,679.	9	135,755.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,499,910.		
	b Less: accumulated depreciation	870,239.	10c	629,671.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,347.	15	1,468.
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,892,228.	16	8,117,452.	
Liabilities	17 Accounts payable and accrued expenses	1,315,867.	17	2,346,554.
	18 Grants payable		18	
	19 Deferred revenue	50,695.	19	27,282.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,366,562.	26	2,373,836.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,525,666.	27	5,743,616.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,525,666.	32	5,743,616.
33 Total liabilities and net assets/fund balances	6,892,228.	33	8,117,452.	

Form 990 (2022)

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Part 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	12,349,629.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,131,679.
3	Revenue less expenses. Subtract line 2 from line 1	3	217,950.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,525,666.
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	5,743,616.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2022

Name of the organization CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC.	Employer identification number 62-0156713
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**4**) (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

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* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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) (2022)

Name of organization CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC.	Employer identification number 62-0156713
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC.	Employer identification number 62-0156713
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC.	Employer identification number 62-0156713
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, 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 gift	
Transferee's name, address, 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 gift	
Transferee's name, address, 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 gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC. Employer identification number 62-0156713

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and expenses, and questions about monitoring and requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts required to be reported.

CHATTANOOGA AREA CONVENTION & VISITORS

BUREAU, INC.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,158,415.	641,533.	516,882.
d Equipment		319,403.	221,432.	97,971.
e Other		22,092.	7,274.	14,818.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				629,671.

CHATTANOOGA AREA CONVENTION & VISITORS

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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" on Form 990, Part IV, line 11d. 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Part XI Reconciliation of Revenue per Audited Financial Statements 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	12,349,629.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	12,349,629.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	0.
5 Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	12,349,629.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements		1	12,131,679.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	12,131,679.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	0.
5 Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	12,131,679.

Part 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 X, LINE 2:

MANAGEMENT OF THE COMPANY HAS EVALUATED THE TAX POSITIONS TAKEN WITHIN THE FEDERAL TAX RETURN AND DOES NOT BELIEVE THERE ARE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS TAKEN ON THE RETURN. THERE ARE NO PENDING TAX EXAMINATIONS BY FEDERAL OR STATE TAX AUTHORITIES. THE COMPANY IS NO LONGER SUBJECT TO EXAMINATIONS BY TAX AUTHORITIES FOR TAX YEARS BEFORE 2019.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.** Employer identification number **62-0156713**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2022

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BARRY WHITE CHIEF EXECUTIVE OFFICER	(i)	219,500.	54,105.	3,105.	18,035.	31,565.	326,310.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TIMOTHY MORGAN CHIEF SPORTS OFFICER	(i)	134,537.	39,944.	51.	11,442.	22,409.	208,383.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRIAN MURPHY CHIEF DEVELOPMENT OFFICER	(i)	130,694.	35,789.	1,540.	11,107.	23,751.	202,881.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.

Employer identification number
62-0156713

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

A COPY OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY
BEFORE IT IS FILED. IT IS REVIEWED BY BOTH THE PRESIDENT AND COO, AND A
COPY IS KEPT ON FILE TO BE SEEN UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE GOVERNING BODY USES PUBLISHED INDUSTRY ASSOCIATION GUIDANCE TO ALIGN
WITH THE COMPENSATION RECOMMENDATIONS BASED ON SIZE, LOCATION AND TYPE OF
ORGANIZATION. THE INFORMATION IS PRESENTED TO THE GOVERNING BODY AND
APPROVED BEFORE BEING IMPLEMENTED.

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

ANY REQUESTS TO VIEW ARE FIELDDED BY THE PRESIDENT AND CEO WHO THEN SENDS
THE REQUEST TO THE COO FOR FULFILLMENT.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022
Open to Public
Inspection

Name of the organization **CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC.** Employer identification number **62-0156713**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CHATTANOOGA TOURISM FOUNDATION - 58-1866591 736 MARKET STREET, 18TH FLOOR CHATTANOOGA, TN 37402	TO SUPPORT AND PROMOTE TOURISM- RELATED ACTIVITIES OF THE HAMILTON	TENNESSEE	501(C)(3)	LINE 11			X

CHATTANOOGA AREA CONVENTION & VISITORS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

CHATTANOOGA AREA CONVENTION & VISITORS

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHATTANOOGA TOURISM FOUNDATION	B	851,751.	ACTUAL EXPENSE
(2)			
(3)			
(4)			
(5)			
(6)			

CHATTANOOGA AREA CONVENTION & VISITORS

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

CHATTANOOGA TOURISM FOUNDATION

PRIMARY ACTIVITY: TO SUPPORT AND PROMOTE TOURISM- RELATED ACTIVITIES OF
THE HAMILTON CO. AREA.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING
December 31, 2022

Prepared for	Chattanooga Area Convention & Visitors Bureau, Inc. 736 Market Street, 18th Floor Chattanooga, TN 37402
Prepared by	Henderson Hutcherson & McCullough PLLC 1200 Market Street Chattanooga, TN 37402
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20__

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

EIN or SSN
62-0156713

Name and title of officer or person subject to tax **BARRY WHITE
CHIEF EXECUTIVE OFFICER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	_____
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	_____
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	_____
6a	Form 990-T check here	<input checked="" type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	0.
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	_____
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	_____
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **HENDERSON HUTCHERSON & MCCULLOUGH PLLC** to enter my PIN **58987**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62031682510

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date **05/15/23**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2022

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(4) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 736 MARKET STREET, 18TH FLOOR</p> <p>City or town, state or province, country, and ZIP or foreign postal code CHATTANOOGA, TN 37402</p>	<p>D Employer identification number 62-0156713</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 8,117,452.</p>			

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university

H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T)

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

L The books are in care of **MIKE ZUMBAUGH** Telephone number **423-756-8687**

Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

Table with 11 rows and 4 columns. Rows include: 1a Foreign tax credit, b Other credits, c General business credit, d Credit for prior year minimum tax, e Total credits, 2 Subtract line 1e from Part II, line 7, 3 Other amounts due, 4 Total tax, 5 Current net 965 tax liability paid, 6a-6g Payments, 7 Total payments, 8 Estimated tax penalty, 9 Tax due, 10 Overpayment, 11 Enter the amount of line 10 you want.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

Table with 5 main rows and 3 columns (Yes, No, and a description column). Rows include: 1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account... 2 During the tax year, did the organization receive a distribution from... 3 Enter the amount of tax-exempt interest received... 4 Enter available pre-2018 NOL carryovers here... 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers.

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here section with fields for Signature of officer, Date, Title (CHIEF EXECUTIVE OFFICER), and a checkbox for 'May the IRS discuss this return with the preparer shown below (see instructions)?'. Below this is the 'Paid Preparer Use Only' section with fields for Print/Type preparer's name (BRIAN D. MILLER, CPA), Preparer's signature, Date (05/15/23), Check self-employed, PTIN (P00365109), Firm's name (HENDERSON HUTCHERSON & MCCULLOUGH PLLC), Firm's EIN (62-1114363), Firm's address (1200 MARKET STREET, CHATTANOOGA, TN 37402), and Phone no. ((423) 756-7771).

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



April 23, 2024

Chattanooga Area Convention & Visitors
Bureau, Inc.
200 W ML King Blvd, Suite 1200
Chattanooga, TN 37402
Attention: Mr. Barry White

Dear Mr. White

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2024.

FORM 990-T RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

No amount is due on Form 990-T.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

We prepared returns from information you furnished us without verification. Upon examination of the returns by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Very truly yours,

Henderson Hutcherson & McCullough, PLLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

Chattanooga Area Convention & Visitors
Bureau, Inc.
200 W ML King Blvd, Suite 1200
Chattanooga, TN 37402

Prepared By:

Henderson Hutcherson & McCullough PLLC
1200 Market Street
Chattanooga, TN 37402

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2024.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

Chattanooga Area Convention & Visitors
Bureau, Inc.
200 W ML King Blvd, Suite 1200
Chattanooga, TN 37402

Prepared By:

Henderson Hutcherson & McCullough PLLC
1200 Market Street
Chattanooga, TN 37402

Amount Due or Refund:

No amount is due.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS

***** THIS IS NOT A FILEABLE COPY *****

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form **8879-TE**

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC.**

EIN or SSN
**** - *** 6713**

Name and title of officer or person subject to tax **BARRY WHITE
CHIEF EXECUTIVE OFFICER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,382,529.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize HENDERSON HUTCHERSON & MCCULLOUGH PLLC to enter my PIN 58987
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

***** THIS IS NOT A FILEABLE COPY *****

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62759582510

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 04/23/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC.		D Employer identification number ** - *** 6713
	Doing business as CHATTANOOGA TOURISM COMPANY		E Telephone number 423-756-8687
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 12,382,529.
	200 W ML KING BLVD, SUITE 1200		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code CHATTANOOGA, TN 37402		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: BARRY WHITE 200 W ML KING BLVD, SUITE 1200, CHATTANOOGA,		If "No," attach a list. See instructions	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: VISITCHATTANOOGA.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1946	M State of legal domicile: TN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE TOURISM AND CONVENTIONS IN THE LOCAL CHATTANOOGA AREA		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	53
	6 Total number of volunteers (estimate if necessary)	6	965
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 10,946,548.	Current Year 10,626,225.
	9 Program service revenue (Part VIII, line 2g)	1,381,537.	1,703,700.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,185.	38,498.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,359.	14,106.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,349,629.	12,382,529.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,151,751.	300,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,800,010.	3,541,284.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,179,918.	9,220,760.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,131,679.	13,062,044.	
19 Revenue less expenses. Subtract line 18 from line 12	217,950.	-679,515.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 8,117,452.	End of Year 8,438,027.
	21 Total liabilities (Part X, line 26)	2,373,836.	3,373,926.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,743,616.	5,064,101.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	BARRY WHITE, CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	ERIC LIDDY, CPA		04/23/24		P01647158
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	HENDERSON HUTCHERSON & MCCULLOUGH PLLC 1200 MARKET STREET CHATTANOOGA, TN 37402	** - *** 4363		(423) 756-7771	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part 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 PROMOTE TOURISM AND CONVENTIONS IN THE LOCAL CHATTANOOGA AREA

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 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 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 others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 11,286,006. including grants of \$ 300,000.) (Revenue \$ _____)
TO PROMOTE TOURISM AND CONVENTIONS IN THE LOCAL CHATTANOOGA AREA

4b (Code: _____) (Expenses \$ 391,867. including grants of \$ _____) (Revenue \$ 1,717,806.)
TO IMPROVE AWARENESS OF LOCAL REGION AND AREA ATTRACTIONS THROUGH USE OF PROMOTIONAL MAILERS AND MARKET RESEARCH

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 11,677,873.

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

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)? <i>If "Yes," complete Schedule A</i>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 "Yes," 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	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a 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 "Yes," complete Schedule F, Parts I and IV</i>	14b	X
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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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 "Yes," 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 "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Part IV Checklist of Required Schedules *(continued)*

	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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? <i>If "Yes," complete Schedule L, Part III</i>	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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," 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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	157
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	53	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 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 organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

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.

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	14		
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 O.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a			X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b			
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c			
13 Did the organization have a written whistleblower policy?	13			X
14 Did the organization have a written document retention and destruction policy?	14			X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b			X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed TN
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
MIKE ZUMBAUGH - 423-756-8687
200 W ML KING BLVD, SUITE 1200, CHATTANOOGA, TN 37402

CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, box 6 of 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEITH SANFORD BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(2) ELIZABETH WILLIAMS BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(3) CHIP BAKER BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(4) EVANN FREEMAN BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(5) KEN DEFOOR BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(6) EMILY MACK BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(7) PATTY MARTINEZ BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(8) ERIK NEIL BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(9) WESTON WAMP BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(10) REBECCA ASHFORD BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(11) DARIK DAWES BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(12) LISA MARAGNANO SECRETARY/TREASURER	1.00 5.00	X		X				0.	0.	0.
(13) HUGH MORROW CHAIRMAN	1.00 5.00	X		X				0.	0.	0.
(14) JOHNNY O'BRIEN VICE CHAIR	1.00 5.00	X		X				0.	0.	0.
(15) TIMOTHY MORGAN CHIEF SPORTS OFFICER	40.00			X				183,157.	0.	33,495.
(16) BRIAN MURPHY CHIEF DEVELOPMENT OFFICER	40.00			X				179,118.	0.	32,717.
(17) BARRY WHITE CHIEF EXECUTIVE OFFICER	40.00 5.00			X				281,963.	0.	34,898.

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUSAN HARRIS CHIEF OPERATING OFFICER	40.00			X				219,730.	0.	29,157.
(19) DAVID BLAIR CHIEF MARKETING OFFICER	40.00			X				109,273.	0.	13,137.
1b Subtotal								973,241.	0.	143,404.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								973,241.	0.	143,404.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MILES PARTNERSHIP, 13952 DENVER WEST PARKWAY, STE. 200, LAKEWOOD, CO 80401	MARKETING	3,515,662.
CHATTANOOGA CONVENTION CENTER 1150 CARTER STREET, CHATTANOOGA, TN 37402	EVENT SPACE	535,445.
TSSAA 3333 LEBANON PIKE, HERMITAGE, TN 37076	ATHLETIC EVENTS	330,954.
WORLD TRIATHOLON CORPORATION, 3407 W DR MARTIN LUTHER KING JR BLVD, TAMPA, FL	ATHLETIC EVENTS	210,000.
STARKEY PRINTING COMPANY, 2710 EAST 30TH STREET, CHATTANOOGA, TN 37407	MARKETING	205,693.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 10

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	10,626,225.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			10,626,225.			
Program Service Revenue	2 a SHOWS/FAM & COLLATERAL	Business Code					
		541800	905,246.	905,246.			
	b CO-OP ADVERTISING	541800	379,158.	379,158.			
	c PARTNERSHIPS	541800	282,796.	282,796.			
	d VISITORS GUIDE ADS	541800	136,500.	136,500.			
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,703,700.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		38,498.			38,498.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code					
		900099	14,106.	14,106.			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			14,106.				
12 Total revenue. See instructions			12,382,529.	1,717,806.	0.	38,498.	

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Form 990 (2023)

-*6713 Page **10**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	300,000.	300,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	973,243.	910,432.	62,811.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,913,787.	1,024,634.	889,153.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	145,059.	98,930.	46,129.	
9 Other employee benefits	293,246.	233,434.	59,812.	
10 Payroll taxes	215,949.	156,876.	59,073.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,865.	2,166.	699.	
12 Advertising and promotion	4,866,683.	4,852,208.	14,475.	
13 Office expenses	193,401.	193,401.		
14 Information technology	14,286.	14,286.		
15 Royalties				
16 Occupancy	507,281.	422,499.	84,782.	
17 Travel	240,904.	218,508.	22,396.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	69,863.	56,701.	13,162.	
23 Insurance	79,865.	79,865.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SPONSORSHIPS	1,750,540.	1,726,833.	23,707.	
b GUARANTEES/RIGHTS	333,634.	333,634.		
c RESEARCH & REPORTING	255,668.	252,091.	3,577.	
d COLLATERAL MATERIAL	216,875.	216,875.		
e All other expenses	688,895.	584,500.	104,395.	
25 Total functional expenses. Add lines 1 through 24e	13,062,044.	11,677,873.	1,384,171.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	5,443,326.	1	3,902,526.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	1,907,232.	4	1,766,479.	
	5 Loans and other receivables from 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		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	135,755.	9	192,525.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 824,028.			
	b Less: accumulated depreciation	10b 244,173.	629,671.	10c	579,855.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	1,468.	15	1,996,642.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,117,452.	16	8,438,027.		
Liabilities	17 Accounts payable and accrued expenses	2,346,554.	17	1,253,530.	
	18 Grants payable		18		
	19 Deferred revenue	27,282.	19	52,832.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other 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		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	2,067,564.	
	26 Total liabilities. Add lines 17 through 25	2,373,836.	26	3,373,926.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	5,743,616.	27	5,064,101.	
	28 Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	5,743,616.	32	5,064,101.	
	33 Total liabilities and net assets/fund balances	8,117,452.	33	8,438,027.	

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Part 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	12,382,529.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,062,044.
3	Revenue less expenses. Subtract line 2 from line 1	3	-679,515.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,743,616.
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	5,064,101.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Employer identification number

**** - *** 6713**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(4) (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

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* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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).

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

Schedule B (Form 990) (2023)

Name of organization CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC.	Employer identification number ** - *** 6713
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
**CHATTANOOGA AREA CONVENTION & VISITORS
 BUREAU, INC.**

Employer identification number
**** - *** 6713**

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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC.	Employer identification number ** - *** 6713
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, 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 gift			
Transferee's name, address, 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 gift			
Transferee's name, address, 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 gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC. Employer identification number ** - *** 6713

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include whether the organization elected to report art collections and the revenue/assets included.

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Schedule D (Form 990) 2023

-*6713 Page 3

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET	1,996,642.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,996,642.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	2,067,564.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,067,564.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.

Part XI Reconciliation of Revenue per Audited Financial Statements 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	12,382,529.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	12,382,529.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,382,529.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	13,062,044.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	13,062,044.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,062,044.

Part 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 X, LINE 2:

MANAGEMENT OF THE COMPANY HAS EVALUATED THE TAX POSITIONS TAKEN WITHIN THE FEDERAL TAX RETURN AND DOES NOT BELIEVE THERE ARE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS TAKEN ON THE RETURN. THERE ARE NO PENDING TAX EXAMINATIONS BY FEDERAL OR STATE TAX AUTHORITIES. THE COMPANY IS NO LONGER SUBJECT TO EXAMINATIONS BY TAX AUTHORITIES FOR TAX YEARS BEFORE 2020.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Employer identification number
****-***6713**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
CHATTANOOGA CONVENTION CENTER 1 CARTER PLAZA CHATTANOOGA , TN 37402	**-***5122	501(C)(3)	300,000.	0.			SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Employer identification number
****-***6713**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Schedule J (Form 990) 2023

-*6713

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TIMOTHY MORGAN CHIEF SPORTS OFFICER	(i)	145,005.	36,251.	1,901.	11,290.	22,205.	216,652.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRIAN MURPHY CHIEF DEVELOPMENT OFFICER	(i)	141,672.	35,418.	2,028.	10,367.	22,350.	211,835.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BARRY WHITE CHIEF EXECUTIVE OFFICER	(i)	222,748.	56,340.	2,875.	17,393.	17,505.	316,861.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUSAN HARRIS CHIEF OPERATING OFFICER	(i)	173,221.	43,305.	3,204.	9,069.	20,088.	248,887.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.

Employer identification number

-*6713

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

A COPY OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY
BEFORE IT IS FILED. IT IS REVIEWED BY BOTH THE PRESIDENT AND COO, AND A
COPY IS KEPT ON FILE TO BE SEEN UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE GOVERNING BODY USES PUBLISHED INDUSTRY ASSOCIATION GUIDANCE TO ALIGN
WITH THE COMPENSATION RECOMMENDATIONS BASED ON SIZE, LOCATION AND TYPE OF
ORGANIZATION. THE INFORMATION IS PRESENTED TO THE GOVERNING BODY AND
APPROVED BEFORE BEING IMPLEMENTED.

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

ANY REQUESTS TO VIEW ARE FIELDDED BY THE PRESIDENT AND CEO WHO THEN SENDS
THE REQUEST TO THE COO FOR FULFILLMENT.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC.** Employer identification number ****-***6713**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CHATTANOOGA TOURISM FOUNDATION - 58-1866591 200 W ML KING BLVD, SUITE 1200 CHATTANOOGA, TN 37402	TO SUPPORT AND PROMOTE TOURISM- RELATED ACTIVITIES OF THE HAMILTON	TENNESSEE	501(C)(3)	LINE 11			X

CHATTANOOGA AREA CONVENTION & VISITORS

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

Table with 11 main columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership.

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

Table with 10 main columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No).

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

CHATTANOOGA TOURISM FOUNDATION

PRIMARY ACTIVITY: TO SUPPORT AND PROMOTE TOURISM- RELATED ACTIVITIES OF
THE HAMILTON CO. AREA.

IRS E-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

2023

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC.

EIN or SSN ** - *** 6713

Name and title of officer or person subject to tax BARRY WHITE CHIEF EXECUTIVE OFFICER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize HENDERSON HUTCHERSON & MCCULLOUGH PLLC to enter my PIN 58987. Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62759582510

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 04/23/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2023

For calendar year 2023 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed.

B Exempt under section 501(c)(4) 408(e) 220(e) 408A 530(a) 529(a) 529A

Print or Type

Name of organization CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC. Number, street, and room or suite no. 200 W ML KING BLVD, SUITE 1200 City or town, state or province, country, and ZIP or foreign postal code CHATTANOOGA, TN 37402

D Employer identification number ** - *** 6713

E Group exemption number (see instructions)

F Check box if an amended return.

C Book value of all assets at end of year 8,438,028.

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university 6417(d)(1)(A) Applicable entity

H Check if filing only to claim Credit from Form 8941 Refund shown on Form 2439 Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T)

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

L The books are in care of MIKE ZUMBAUGH Telephone number 423-756-8687

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Includes lines 1-11 with descriptions and numerical values.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Includes lines 1-7 with descriptions and numerical values.

Part III Tax and Payments

Table with 5 main rows for Part III: Tax and Payments. Includes sub-rows 1a-1d, 2, 3a-3e, 4, and 5 with descriptions and numerical values.

Part III Tax and Payments (continued)			
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		
	Available post-2017 NOL carryover		
	\$		
	\$		
	\$		
	\$		
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	ERIC LIDDY, CPA		04/23/24	PTIN P01647158
	Firm's name	HENDERSON HUTCHERSON & MCCULLOUGH PLLC		Firm's EIN ** - *** 4363
	Firm's address	1200 MARKET STREET CHATTANOOGA, TN 37402		Phone no. (423) 756-7771

May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2024

Prepared For:

Chattanooga Area Convention & Visitors
Bureau, Inc.
200 W ML King Blvd, Suite 1200
Chattanooga, TN 37402

Prepared By:

Henderson Hutcherson & McCullough PLLC
1200 Market Street
Chattanooga, TN 37402

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2025.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

December 31, 2024

Prepared For:

Chattanooga Area Convention & Visitors
Bureau, Inc.
200 W ML King Blvd, Suite 1200
Chattanooga, TN 37402

Prepared By:

Henderson Hutcherson & McCullough PLLC
1200 Market Street
Chattanooga, TN 37402

Amount Due or Refund:

No amount is due.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20____

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

EIN or SSN
62-0156713

Name and title of officer or person subject to tax **BARRY WHITE
CHIEF EXECUTIVE OFFICER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,567,324.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize HENDERSON HUTCHERSON & MCCULLOUGH PLLC to enter my PIN 58987
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62759582510

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 05/13/25

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

LHA 402521 12-26-24

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.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC.		D Employer identification number 62-0156713
	Doing business as CHATTANOOGA TOURISM COMPANY		E Telephone number 423-756-8687
	Number and street (or P.O. box if mail is not delivered to street address) 200 W ML KING BLVD, SUITE 1200	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code CHATTANOOGA, TN 37402		G Gross receipts \$ 12,567,324.
	F Name and address of principal officer: BARRY WHITE 200 W ML KING BLVD, SUITE 1200, CHATTANOOGA,		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) (**4**) (insert no.) 4947(a)(1) or 527
J Website: **VISITCHATTANOOGA.COM**
K Form of organization: Corporation Trust Association Other **L** Year of formation: **1946** **M** State of legal domicile: **TN**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE AND DEVELOP VISITOR EXPERIENCES FOR THE COMMUNITY'S ECONOMIC AND SOCIAL PROSPERITY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	52
	6 Total number of volunteers (estimate if necessary)	6	15
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 10,626,225.	Current Year 12,369,729.
	9 Program service revenue (Part VIII, line 2g)	1,703,700.	41,752.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,498.	145,345.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,106.	10,498.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,382,529.	12,567,324.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	300,000.	300,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,541,284.	3,498,177.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,220,760.	6,944,873.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,062,044.	10,743,050.	
19 Revenue less expenses. Subtract line 18 from line 12	-679,515.	1,824,274.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 8,438,027.	End of Year 8,706,432.
	21 Total liabilities (Part X, line 26)	3,373,926.	3,185,510.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,064,101.	5,520,922.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	BARRY WHITE, CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KIM HUSKEY, CPA		05/13/25		P00958962
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	HENDERSON HUTCHERSON & MCCULLOUGH PLLC 1200 MARKET STREET CHATTANOOGA, TN 37402	62-1114363		(423) 756-7771	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part 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 PROMOTE TOURISM AND CONVENTIONS IN THE LOCAL CHATTANOOGA AREA

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 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 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 others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 8,988,665. including grants of \$ 300,000.) (Revenue \$ 52,250.)
TO PROMOTE AND DEVELOP VISITOR EXPERIENCES FOR THE COMMUNITY'S ECONOMIC AND SOCIAL PROSPERITY

4b (Code: _____) (Expenses \$ 340,142. including grants of \$ _____) (Revenue \$ _____)
TO STRENGTHEN THE LOCAL ECONOMY AND ENRICH THE COMMUNITY BY ESTABLISHING CHATTANOOGA AS A PREMIER DESTINATION FOR MEETINGS, CONVENTIONS, SPORTING EVENTS, AND LEISURE TRAVEL

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 9,328,807.

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Form 990 (2024)

62-0156713 Page **3**

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)? <i>If "Yes," complete Schedule A</i>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 "Yes," 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	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a 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 "Yes," complete Schedule F, Parts I and IV</i>	14b	X
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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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 "Yes," 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 "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Form 990 (2024)

62-0156713 Page 4

Part IV Checklist of Required Schedules *(continued)*

	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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? <i>If "Yes," complete Schedule L, Part III</i>	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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," 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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	74
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 52		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	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 organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
	If "Yes," complete Form 6069.		

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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.

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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 O.	1a	15		
b Enter the number of voting members included on line 1a, above, who are independent	1b	15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b			X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c			X
13 Did the organization have a written whistleblower policy?	13			X
14 Did the organization have a written document retention and destruction policy?	14			X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b			X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed TN
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
MIKE ZUMBAUGH - 423-756-8687
200 W ML KING BLVD, SUITE 1200, CHATTANOOGA, TN 37402

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response 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, box 6 of 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFF EVERSOLE BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(2) ELIZABETH WILLIAMS BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(3) TIM KELLY BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(4) EVANN FREEMAN BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(5) MICHAEL MATHIS BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(6) EMILY MACK BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(7) ERIK NIEL BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(8) WESTON WAMP BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(9) REBECCA ASHFORD BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(10) DARIK DAWES VICE CHAIR	1.00 5.00	X						0.	0.	0.
(11) KEITH SANFORD BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(12) CHARLES WOOD BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(13) LISA MARAGNANO SECRETARY/TREASURER	1.00 5.00	X		X				0.	0.	0.
(14) HUGH MORROW CHAIRMAN	1.00 5.00	X		X				0.	0.	0.
(15) JOHNNY O'BRIEN BOARD MEMBER	1.00 5.00	X		X				0.	0.	0.
(16) TIMOTHY MORGAN CHIEF SPORTS OFFICER	40.00			X				176,430.	0.	39,020.
(17) BRIAN MURPHY CHIEF DEVELOPMENT OFFICER	40.00			X				172,441.	0.	32,949.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID BLAIR CHIEF MARKETING OFFICER	40.00			X				177,762.	0.	33,950.
(19) SUSAN HARRIS CHIEF OPERATING OFFICER	40.00			X				212,831.	0.	40,067.
(20) BARRY WHITE CHIEF EXECUTIVE OFFICER	40.00 5.00			X				329,099.	0.	42,838.
1b Subtotal								1,068,563.	0.	188,824.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,068,563.	0.	188,824.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MILES PARTNERSHIP, 13952 DENVER WEST PARKWAY, STE. 200, LAKEWOOD, CO 80401	MARKETING	2,601,072.
CHATTANOOGA CONVENTION CENTER 1150 CARTER STREET, CHATTANOOGA, TN 37402	EVENT SPACE	331,357.
WORLD TRIATHOLON CORPORATION, 3407 W DR MARTIN LUTHER KING JR BLVD, TAMPA, FL TSSAA	ATHLETIC EVENTS	256,680.
3333 LEBANON PIKE, HERMITAGE, TN 37076	ATHLETIC EVENTS	238,155.
SIMPLEVIEW 8950 N ORACLE RD, TUCSON, AZ 85704	MARKETING	198,422.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 7

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	12,369,729.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f		12,369,729.				
Program Service Revenue	2 a SHOWS/FAM & COLLATERAL	Business Code					
		541800	21,652.	21,652.			
	b PARTNERSHIPS	541800	20,100.	20,100.			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		41,752.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		145,345.			145,345.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code					
		900099	10,498.	10,498.			
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		10,498.					
12 Total revenue. See instructions		12,567,324.	52,250.	0.	145,345.		

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	300,000.	300,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,068,563.	993,913.	74,650.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,781,739.	959,908.	821,831.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	195,550.	142,956.	52,594.	
9 Other employee benefits	247,414.	176,040.	71,374.	
10 Payroll taxes	204,911.	148,410.	56,501.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,159.	1,076.	83.	
12 Advertising and promotion	3,685,753.	3,667,089.	18,664.	
13 Office expenses	73,684.	71,740.	1,944.	
14 Information technology				
15 Royalties				
16 Occupancy	344,735.	271,883.	72,852.	
17 Travel	264,345.	205,815.	58,530.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	67,652.	55,088.	12,564.	
23 Insurance	14,234.	11,194.	3,040.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SPONSORSHIPS	1,571,072.	1,568,134.	2,938.	
b RESEARCH & REPORTING	279,822.	276,245.	3,577.	
c COLLATERAL MATERIAL	251,151.	251,151.		
d MEMBERSHIPS & SUBSCRIPT	194,812.	51,242.	143,570.	
e All other expenses	196,454.	176,923.	19,531.	
25 Total functional expenses. Add lines 1 through 24e	10,743,050.	9,328,807.	1,414,243.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	3,902,526.	1	4,558,425.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	1,766,479.	4	1,685,478.	
	5 Loans and other receivables from 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		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	192,525.	9	59,272.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 830,975.			
	b Less: accumulated depreciation	10b 311,665.	579,855.	10c	519,310.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	1,996,642.	15	1,883,947.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,438,027.	16	8,706,432.		
Liabilities	17 Accounts payable and accrued expenses	1,253,530.	17	1,121,559.	
	18 Grants payable		18		
	19 Deferred revenue	52,832.	19	0.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other 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		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,067,564.	25	2,063,951.	
	26 Total liabilities. Add lines 17 through 25	3,373,926.	26	3,185,510.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	5,064,101.	27	5,520,922.	
	28 Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	5,064,101.	32	5,520,922.	
	33 Total liabilities and net assets/fund balances	8,438,027.	33	8,706,432.	

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Part 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	12,567,324.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,743,050.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,824,274.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,064,101.
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	-1,367,453.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,520,922.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2024)

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

**CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Employer identification number

62-0156713

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(4) (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

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* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC.	Employer identification number 62-0156713
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 375,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 1,377,726.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC.	Employer identification number 62-0156713
--	---

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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC.	Employer identification number 62-0156713
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.** Employer identification number
62-0156713

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

CHATTANOOGA AREA CONVENTION & VISITORS

Schedule D (Form 990) (Rev. 12-2024) **BUREAU, INC.**

62-0156713 Page **3**

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET	1,883,947.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,883,947.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	2,063,951.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,063,951.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

CHATTANOOGA AREA CONVENTION & VISITORS

Part XI Reconciliation of Revenue per Audited Financial Statements 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	12,567,324.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	12,567,324.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,567,324.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	10,743,050.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	10,743,050.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,743,050.

Part 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 X, LINE 2:

MANAGEMENT OF THE COMPANY HAS EVALUATED THE TAX POSITIONS TAKEN WITHIN THE FEDERAL TAX RETURN AND DOES NOT BELIEVE THERE ARE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS TAKEN ON THE RETURN. THERE ARE NO PENDING TAX EXAMINATIONS BY FEDERAL OR STATE TAX AUTHORITIES. THE COMPANY IS NO LONGER SUBJECT TO EXAMINATIONS BY TAX AUTHORITIES FOR TAX YEARS BEFORE 2021.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

Employer identification number
62-0156713

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
CHATTANOOGA CONVENTION CENTER 1 CARTER PLAZA CHATTANOOGA, TN 37402	62-1125122	501(C)(3)	300,000.	0.			SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization **CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.** Employer identification number **62-0156713**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

CHATTANOOGA AREA CONVENTION & VISITORS

Schedule J (Form 990) (Rev. 12-2024) BUREAU, INC.

62-0156713

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TIMOTHY MORGAN CHIEF SPORTS OFFICER	(i)	150,080.	26,140.	210.	12,265.	26,755.	215,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRIAN MURPHY CHIEF DEVELOPMENT OFFICER	(i)	146,632.	25,494.	315.	9,225.	23,724.	205,390.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID BLAIR CHIEF MARKETING OFFICER	(i)	150,976.	26,305.	481.	6,932.	27,018.	211,712.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUSAN HARRIS CHIEF OPERATING OFFICER	(i)	180,150.	31,778.	903.	14,746.	25,321.	252,898.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BARRY WHITE CHIEF EXECUTIVE OFFICER	(i)	261,000.	66,713.	1,386.	22,416.	20,422.	371,937.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC.	Employer identification number	62-0156713
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FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED. IT IS REVIEWED BY BOTH THE PRESIDENT AND COO, AND A COPY IS KEPT ON FILE TO BE SEEN UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE GOVERNING BODY USES PUBLISHED INDUSTRY ASSOCIATION GUIDANCE TO ALIGN WITH THE COMPENSATION RECOMMENDATIONS BASED ON SIZE, LOCATION AND TYPE OF ORGANIZATION. THE INFORMATION IS PRESENTED TO THE GOVERNING BODY AND APPROVED BEFORE BEING IMPLEMENTED.

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

ANY REQUESTS TO VIEW ARE FIELDDED BY THE PRESIDENT AND CEO WHO THEN SENDS THE REQUEST TO THE COO FOR FULFILLMENT.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET ASSETS TRANSFERRED OUT	-1,367,453.
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**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Name of the organization **CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC.** Employer identification number **62-0156713**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CHATTANOOGA TOURISM FOUNDATION - 58-1866591 200 W ML KING BLVD, SUITE 1200 CHATTANOOGA, TN 37402	TO SUPPORT AND PROMOTE TOURISM- RELATED ACTIVITIES OF THE HAMILTON	TENNESSEE	501(C)(3)	LINE 11			X

SEE PART VII FOR CONTINUATIONS

CHATTANOOGA AREA CONVENTION & VISITORS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

CHATTANOOGA AREA CONVENTION & VISITORS

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

CHATTANOOGA TOURISM FOUNDATION

PRIMARY ACTIVITY: TO SUPPORT AND PROMOTE TOURISM- RELATED ACTIVITIES OF THE HAMILTON CO. AREA.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20____

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **CHATTANOOGA AREA CONVENTION & VISITORS
BUREAU, INC.**

EIN or SSN
62-0156713

Name and title of officer or person subject to tax **BARRY WHITE
CHIEF EXECUTIVE OFFICER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>0.</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **HENDERSON HUTCHERSON & MCCULLOUGH PLLC** to enter my PIN **58987**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62759582510

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____

Date **05/13/25**

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2024

For calendar year 2024 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed.

B Exempt under section 501(c)(4) 408(e) 220(e) 408A 530(a) 529(a) 529A

Print or Type

Name of organization (Check box if name changed and see instructions.) CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC.

Number, street, and room or suite no. If a P.O. box, see instructions. 200 W ML KING BLVD, SUITE 1200

City or town, state or province, country, and ZIP or foreign postal code CHATTANOOGA, TN 37402

D Employer identification number 62-0156713

E Group exemption number (see instructions)

F Check box if an amended return.

C Book value of all assets at end of year 8,706,432.

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university 6417(d)(1)(A) Applicable entity

H Check if filing only to claim Credit from Form 8941 Refund shown on Form 2439 Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T)

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

L The books are in care of MIKE ZUMBAUGH Telephone number 423-756-8687

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Includes lines 1-11 with descriptions and numerical values.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Includes lines 1-7 with descriptions and numerical values.

Part III Tax and Payments

Table with 4 main rows for Part III: Tax and Payments. Includes sub-rows 1a-1d, 2, 3a-3e, 3f, and 4 with descriptions and numerical values.

Part III Tax and Payments <i>(continued)</i>			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information <i>(see instructions)</i>			
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	<div style="border: 1px solid black; padding: 2px; font-size: x-small;"> May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>
			CHIEF EXECUTIVE OFFICER	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	KIM HUSKEY, CPA		05/13/25	P00958962
	Firm's name	Firm's EIN		
	HENDERSON HUTCHERSON & MCCULLOUGH PLLC	62-1114363		
	Firm's address	Phone no.		
	1200 MARKET STREET	(423) 756-7771		
	CHATTANOOGA, TN 37402			

Alternative Minimum Tax-Corporations

2024

Attach to your tax return.
 Go to www.irs.gov/Form4626 for instructions and the latest information.

Name of corporation CHATTANOOGA AREA CONVENTION & VISITORS BUREAU, INC.	Employer identification number (EIN) 62-0156713
---	---

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes No
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? Yes No
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)
If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
1 Net income or loss per applicable financial statement(s) (AFS) (see inst):			
a Consolidated net income or loss per the AFS of the corporation	1a		
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b		
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c		
d Adjustment for certain consolidating entries (see instructions)	1d		
e Specified additional net income or loss item B. Reserved for future use	1e		
f AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	1f		
2 Adjustments (see instructions):			
a Financial statements covering different tax years	2a		
b Corporations that are not included on the taxpayer's consolidated return	2b		
c Aggregate pro-rata share of adjusted net income from controlled foreign corporations (CFCs) for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions for special rules if completing this form for an FPMG)	2c		
d Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	2d		
e Certain taxes	2e		
f Patronage dividends and per-unit retain allocations (cooperatives only)	2f		
g Alaska native corporations	2g		
h Certain credits	2h		
i Mortgage servicing income	2i		
j Tax-exempt entities (organizations subject to tax under section 511)	2j		
k Depreciation	2k		
l Qualified wireless spectrum	2l		
m Covered transactions	2m		
n Adjustments related to bankruptcy and insolvency	2n		
o Certain insurance company adjustments	2o		
p Adjustment P - Reserved for future use	2p		
q Adjustment Q - Reserved for future use	2q		
r Adjustment R - Reserved for future use	2r		
s Adjustment S - Reserved for future use	2s		
z Other	2z		
3 Specified adjustment. Reserved for future use	3		
4 Total adjustments. Combine lines 2a through 2z	4		
5 AFSI. Combine lines 1f and 4	5		
6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5			6
7 3-year average annual AFSI (see instructions)			7

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?
 - Yes.** Continue to line 9.
 - No.** STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?
 - Yes.** Continue to line 10.
 - No.** Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended	
10 AFSI for purposes of the \$100 million test before adjustments:				
a AFSI from line 5	10a			
b Aggregation differences (see instructions)	10b			
c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b	10c			
11 Adjustments:				
a Income not effectively connected to a U.S. trade or business	11a			
b Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions)	11b			
c Reserved for future use - Other adjustments 1	11c			
d Reserved for future use - Other adjustments 2	11d			
12 Total adjustments. Combine lines 11a and 11b	12			
13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12	13			
14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13				14
15 3-year average annual AFSI for purposes of the \$100 million test				15

- 16** Is line 15 \$100 million or more?
 - Yes.** Continue to Part II.
 - No.** STOP here. Attach to your tax return.

Part II Corporate Alternative Minimum Tax (CAMT)

1 Net income or loss per AFS (see instructions):		
a Consolidated net income or loss per the AFS of the corporation	1a	-1,000.
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d Adjustment for certain consolidating entries (see instructions)	1d	
e Specified additional net income or loss item D. Reserved for future use	1e	
f AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	-1,000.
2 Adjustments (see instructions):		
a Financial statements covering different tax years	2a	
b Reserved for future use - Adjustment 2b	2b	
c Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d The corporation's distributive share of adjusted financial statement income of partnerships	2d	
e Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3	2e	
f Amounts that are not effectively connected to a U.S. trade or business	2f	
g Certain taxes. Enter the amount from Part III, line 7	2g	
h Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i Alaska native corporations	2i	
j Certain credits	2j	
k Mortgage servicing income	2k	
l Covered benefit plans described in section 56A(c)(11)(B)	2l	
m Tax-exempt entities (organizations subject to tax under section 511)	2m	
n Depreciation	2n	
o Qualified wireless spectrum	2o	
p Covered transactions	2p	
q Adjustments related to bankruptcy and insolvency	2q	
r Certain insurance company adjustments	2r	
s AFSI adjustment S - Reserved for future use	2s	
t AFSI adjustment T - Reserved for future use	2t	
u AFSI adjustment U - Reserved for future use	2u	
z Other	2z	
3 Total adjustments. Combine lines 2a through 2z	3	
4 AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	-1,000.
5 Financial statement net operating loss (FSNOL) (see instructions)	5	
6 AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	
7 Multiply line 6 by 15% (0.15)	7	
8 Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9 Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-	9	
10 Regular tax liability (see instructions)	10	
11 Base erosion minimum tax (see instructions)	11	
12 Combine lines 10 and 11	12	
13 Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

1 Current income tax provision - Foreign	1	
2 Current income tax provision - Federal	2	
3 Deferred income tax provision - Foreign	3	
4 Deferred income tax provision - Federal	4	
5 Income taxes included in equity method investment income	5	
6a Adjustment A - Reserved for future use	6a	
b Adjustment B - Reserved for future use	6b	
c Adjustment C - Reserved for future use	6c	
d Adjustment D - Reserved for future use	6d	
e Adjustment E - Reserved for future use	6e	
f Adjustment F - Reserved for future use	6f	
g Adjustment G - Reserved for future use	6g	
h Adjustment H - Reserved for future use	6h	
z Income taxes in other places	6z	
7 Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	

Part IV Corporate Alternative Minimum Tax - Foreign Tax Credit

Section I - CAMT Foreign Tax Credit

1	Domestic corporation CAMT foreign income taxes:			
a	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j)	1a		
b	Adjustment	1b		
c	Adjustment	1c		
d	Adjustment	1d		
e	Adjustment	1e		
f	Adjustment	1f		
g	Adjustment	1g		
2	Total domestic corporation CAMT foreign income taxes. Combine lines 1a through 1g.....			2
3	Allowable CFC CAMT foreign income taxes:			
a	Pro-rata share of CFC CAMT foreign income taxes from Part IV, Section II, line 11, column (n)	3a		
b	Other	3b		
c	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3c		
d	Total CFC CAMT foreign income taxes. Add lines 3a, 3b, and 3c			3d
e	Percentage specified in section 55(b)(2)(A)(i)	3e	15%	
f	Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 (see instructions)	3f		
g	CFC CAMT FTC limitation (multiply line 3e by line 3f)			3g
h	Allowable CFC CAMT foreign income taxes (lesser of line 3d or line 3g)			3h
4	CAMT FTC Line 4 - Reserved for future use			4
5	CAMT FTC Line 5 - Reserved for future use			5
6	Total CAMT foreign income taxes. Combine lines 2 and 3h. Enter this amount on Part II, line 8.....			6

CHATTANOOGA TOURISM COMPANY

FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021



CERTIFIED PUBLIC ACCOUNTANTS

CHATTANOOGA TOURISM COMPANY

INDEX TO REPORT

DECEMBER 31, 2022 AND 2021

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
Chattanooga Area Convention and Visitors Bureau, Inc.
d/b/a Chattanooga Tourism Company
Chattanooga, Tennessee

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Chattanooga Area Convention and Visitors Bureau, Inc. d/b/a/ Chattanooga Tourism Company, a Tennessee nonprofit corporation, which comprise the statements of financial position as of December 31, 2022 and 2021, and the related statements of activities and changes in net assets, cash flows, and functional expenses for the years then ended and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Chattanooga Area Convention and Visitors Bureau, Inc. d/b/a/ Chattanooga Tourism Company as of December 31, 2022 and 2021, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Chattanooga Area Convention and Visitors Bureau, Inc. d/b/a/ Chattanooga Tourism Company and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Chattanooga Area Convention and Visitors Bureau, Inc. d/b/a/ Chattanooga Tourism Company's ability to continue as a going concern for one year after the date that the financial statements are issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Chattanooga Area Convention and Visitors Bureau, Inc. d/b/a/ Chattanooga Tourism Company's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Chattanooga Area Convention and Visitors Bureau, Inc. d/b/a/ Chattanooga Tourism Company's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Chattanooga, Tennessee
April 7, 2023

*Henderson Hutcherson
& McCullough, PLLC*

CHATTANOOGA TOURISM COMPANY

STATEMENTS OF FINANCIAL POSITION

DECEMBER 31, 2022 AND 2021

	2022	2021
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 5,443,326	\$ 4,946,664
Receivables:		
Trade, net	276,330	229,488
County	1,630,902	1,553,151
Prepaid and other assets	<u>137,223</u>	<u>78,026</u>
Total current assets	<u>7,487,781</u>	<u>6,807,329</u>
PROPERTY AND EQUIPMENT, net	<u>629,671</u>	<u>84,899</u>
TOTAL ASSETS	<u>\$ 8,117,452</u>	<u>\$ 6,892,228</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	\$ 1,351,491	\$ 1,147,126
Related party payable	851,751	-
Accrued expenses	143,312	168,741
Deferred revenue	<u>27,282</u>	<u>50,695</u>
Total current liabilities	<u>2,373,836</u>	<u>1,366,562</u>
NET ASSETS		
Without donor restrictions - general	2,545,023	3,340,260
Without donor restrictions - board designated	<u>3,198,593</u>	<u>2,185,406</u>
Total net assets	<u>5,743,616</u>	<u>5,525,666</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 8,117,452</u>	<u>\$ 6,892,228</u>

The accompanying notes are an integral part of the financial statements.

CHATTANOOGA TOURISM COMPANY

STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
REVENUE AND SUPPORT		
Hotel revenue	\$ 9,845,585	\$ 8,972,305
Short term vacation rental revenue	950,963	755,427
Private revenue	1,403,081	1,400,730
Government grants	<u>150,000</u>	<u>997,213</u>
Total revenue and support	<u>12,349,629</u>	<u>12,125,675</u>
EXPENSES		
Program	11,301,118	9,525,525
Management and general	<u>830,561</u>	<u>612,260</u>
Total expenses	<u>12,131,679</u>	<u>10,137,785</u>
CHANGE IN NET ASSETS	217,950	1,987,890
Net assets - beginning of year	<u>5,525,666</u>	<u>3,537,776</u>
Net assets - end of year	<u>\$ 5,743,616</u>	<u>\$ 5,525,666</u>

CHATTANOOGA TOURISM COMPANY

STATEMENTS OF CASH FLOWS

YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
CASH FLOWS FROM OPERATING ACTIVITIES		
Changes in net assets	\$ 217,950	\$ 1,987,890
Adjustments to reconcile changes in net assets to net cash from operating activities:		
Depreciation	30,302	14,633
Loss on disposal of equipment	2,929	1,109
Changes in operating assets and liabilities:		
Receivables - trade	(46,842)	(153,980)
Receivables - county	(77,751)	(610,410)
Prepaid and other assets	(59,197)	(5,837)
Accounts payable	204,365	470,908
Related party payable	851,751	-
Accrued expenses	(25,429)	9,788
Deferred revenue	(23,413)	(70,833)
	<u>1,074,665</u>	<u>1,643,268</u>
Net cash from operating activities		
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	<u>(578,003)</u>	<u>(64,350)</u>
Net cash from investing activities	<u>(578,003)</u>	<u>(64,350)</u>
NET CHANGE IN CASH AND CASH EQUIVALENTS	496,662	1,578,918
Cash and cash equivalents - beginning of year	<u>4,946,664</u>	<u>3,367,746</u>
Cash and cash equivalents - end of year	<u>\$ 5,443,326</u>	<u>\$ 4,946,664</u>

CHATTANOOGA TOURISM COMPANY

STATEMENTS OF FUNCTIONAL EXPENSES

YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022			2021		
	Program Services	Management and General	Total	Program Services	Management and General	Total
Advertising / PR	\$ 5,184,964	\$ 3,089	\$ 5,188,053	\$ 4,131,803	\$ 3,754	\$ 4,135,557
Employee expenses	2,134,069	682,745	2,816,814	1,979,470	488,386	2,467,856
Indirect	312,612	69,702	382,314	259,119	72,706	331,825
Program expenses	<u>3,669,473</u>	<u>75,025</u>	<u>3,744,498</u>	<u>3,155,133</u>	<u>47,414</u>	<u>3,202,547</u>
TOTAL EXPENSES	<u>\$ 11,301,118</u>	<u>\$ 830,561</u>	<u>\$ 12,131,679</u>	<u>\$ 9,525,525</u>	<u>\$ 612,260</u>	<u>\$ 10,137,785</u>

The accompanying notes are an integral part of the financial statements.

CHATTANOOGA TOURISM COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

NOTE 1 – NATURE OF OPERATIONS

The Chattanooga Area Convention and Visitors Bureau, Inc. d/b/a/ Chattanooga Tourism Company (the Company) is a not-for-profit organization. Its mission is to strengthen the area's economy by marketing Chattanooga as a year-round destination for conventions, meetings, trade shows, events and leisure travel, and to provide information and services that enhance and reinforce that image for the area's visitors. In 2020, Chattanooga Area Convention and Visitors Bureau, Inc. rebranded by changing their name to Chattanooga Tourism Company.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Company prepares their financial statements using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP). The Financial Accounting Standards Board (FASB) establishes GAAP in the Accounting Standards Codification (ASC). Updates to the ASC are done through the issuance of Accounting Standards Updates (ASU).

Classification of Net Assets

GAAP requires the company to report financial information regarding its financial position and activities according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the organization. These net assets may be used at the discretion of the Company's management and the board of directors. The board has designated funds to be used for various purposes at their discretion. These funds have been identified on the financial statements as net assets without donor restrictions – board designated.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Company or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Contributions received are recorded as with or without donor restrictions support, depending on the existence and/or nature of any donor restrictions. All donor-restricted contributions are reported as an increase in donor restricted net assets. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restriction. At December 31, 2022 and 2021, there were no donor restricted net assets.

(Continued)

CHATTANOOGA TOURISM COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Functional Expenses

The costs of providing program and other activities have been summarized on a functional basis in the statements of activities. Accordingly, certain costs have been allocated among program services and supporting services benefited. All allocations are determined by management and allocated based on time and effort.

Cash and Cash Equivalents

For purposes of the statements of cash flows, the Company considers all monies in banks and highly liquid investments with original maturity dates of three months or less when purchased to be cash equivalents.

Receivables

Trade accounts receivable result from sales of partnerships, marketing assistance, cooperative advertising programs and other services to customers. Standard payment terms are net 30 days. Accounts become delinquent after 30 days and are subject to a finance charge of 1.5% per month. Company staff regularly review all receivables to determine appropriate collection actions. Uncollected accounts are written off one year after the due date or if it is confirmed the customer is unwilling to pay. Trade accounts receivable are presented net of an allowance for doubtful accounts of \$2,026 at December 31, 2022 and 2021.

Property and Equipment

Property and equipment are stated at historical cost and depreciation is calculated principally on the straight-line method, using a useful life of five years for computer equipment and seven to twenty years for other property. Maintenance and repairs are charged to expense as incurred. It is the Company's policy to expense purchases of property and equipment with a cost of less than \$1,000.

Compensated Absences

Employees of the Company are entitled to paid vacations and paid time off, depending on job classification, length of service, and other factors. As of November 2021, employees receive 15 days of personal time off. This amount grows based on tenure. Maximum of 5 days can be carried over. Prior to this carryover of days was allowed only at the discretion of the President. Under such policies, compensated absences carryover is accrued at year end.

(Continued)

CHATTANOOGA TOURISM COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Income Taxes

The Company is exempt from federal income taxes under the provisions of Section 501(c)(4) of the Internal Revenue Code.

Concentration of Credit Risk

At various times during the year, the Company's cash in bank balances exceeded the Federal insured limits. The amounts in excess of the Federal limit at December 31, 2022 and 2021 totaled \$5,248,570 and \$4,827,853, respectively. Concentrations of credit risks with respect to trade accounts receivable are generally limited due to the large number of customers comprising the Company's customer base. In regards to such credit risk, as of December 31, 2022 and 2021, three customers comprised 46.50% and two customers comprised 50.87%, respectively, of the trade accounts receivable balance.

Revenue Recognition

The Company follows the guidance of ASU 2014-09, *Revenue from Contracts with Customers* and all subsequent amendments to the ASU (collectively, ASC 606), which (i) creates a single framework for recognizing revenue from contracts with customers that fall within its scope and (ii) revises when it is appropriate to recognize a gain (loss) from the transfer of nonfinancial assets. Most of the Company's revenues come from allocation of hotel and short-term rental tax and government grants that are outside the scope of ASC 606. The Company's services that fall within the scope of ASC 606 are presented as private revenue on the statement of activities and are recognized as revenue as the Company satisfies its obligation to the partners or participants. Services within the scope of ASC 606 include partner services and participant fees.

Partner services - The Company bills for partner services beginning with the month the partner begins using the services. All partner services are recognized as revenue on a pro-rata basis from when the services begin until the end of December for the initial year. Partnership services are subsequently billed in January for a one-year term. They digital presence on the touch-screen kiosks at the Visitor Information Center and advertising on the Company's website and Lifestyle Magazine.

Participant fees - The Company hosts several sporting events each year and charges participants an entry fee to participate. The entry fees are recognized in revenue when the event has occurred and the performance obligation has been satisfied.

CHATTANOOGA TOURISM COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

NOTE 3 – PROPERTY AND EQUIPMENT

Property and equipment consist of the following classifications as of December 31:

	2022	2021
Furniture and fixtures	\$ 142,726	\$ 142,726
Vehicles	22,092	22,092
Computers	176,676	101,313
Leasehold improvements	<u>1,158,416</u>	<u>666,440</u>
	1,499,910	932,571
Less accumulated depreciation	<u>(870,239)</u>	<u>(847,672)</u>
Cost less accumulated depreciation	<u>\$ 629,671</u>	<u>\$ 84,899</u>

Depreciation expense for the year ended December 31, 2022 and 2021 was \$30,302 and \$14,633, respectively.

NOTE 4 – CONCENTRATIONS AND SOURCES OF REVENUE AND SUPPORT

The majority of the Company's revenue and support is from allocations of the Hamilton County transient occupancy tax less a 2% fee to the County Trustee. For the year ended December 31, 2022 and 2021, the support comprised approximately 87.42% and 80.22% of the Company's total revenue, respectively.

As of December 31, 2022 and 2021, the Company has a receivable of \$1,630,902 and \$1,553,151, respectively, from Hamilton County.

NOTE 5 – RETIREMENT PLAN

The Company provides a 401(k) retirement plan to all full time and some part time employees who meet the eligibility requirements under the plan. The Company matches up to 1.5% of an employee's salary (contingent upon employee salary deferrals) and makes a discretionary contribution of 5% of an employee's salary to the plan. It is the Company's policy to fund accrued costs. Total expense under the plan for the year ended December 31, 2022 and 2021 totaled \$112,752 and \$123,072, respectively.

NOTE 6 – OPERATING LEASE COMMITMENTS

The Company leases office space on the eighteenth floor of the Truist building under an operating lease agreement. On November 1, 2022 the lease of office space on the eighteenth floor of the Truist building was renewed through September 30, 2023. Rent expense, including other temporary rental agreements, totaled \$170,365 and \$146,221 for the year ended December 31, 2022 and 2021, respectively.

CHATTANOOGA TOURISM COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

NOTE 7 – ADVERTISING

The Company expenses advertising costs as they are incurred. Advertising expenses for the years ended December 31, 2022 and 2021 were \$5,188,053 and \$4,135,557, respectively.

NOTE 8 – UNCERTAIN TAX POSITIONS

Management of the Company has evaluated the tax positions taken within the federal tax return and does not believe there are any significant uncertain tax positions taken on the return. There are no pending tax examinations by federal or state tax authorities. The Company is no longer subject to examinations by tax authorities for tax years before 2019.

NOTE 9 – RELATED ENTITY TRANSACTIONS

During the years ended December 31, 2022 and 2021, the Company shared office space and board members with the Chattanooga Tourism Foundation (CTF) which is a 501(c)(3). During 2022 and 2021, the Company contributed \$851,751 and \$542,500 to CTF.

NOTE 10 – NET ASSETS WITHOUT DONOR RESTRICTION - BOARD DESIGNATED

The Board of Directors designates Company funds for various programs or projects. The Company's spending policy requires board approval for disbursement of these funds. The net assets without donor restriction – board designated as of December 31, 2022 and 2021 are as follows:

- (1) *Cultural Tourism Advancement Grant Fund* represents board designated funds for the support of Cultural Tourism in Chattanooga. The Cultural Tourism Advancement Grant Fund balance was \$585,614 and \$486,403 as of December 31, 2022 and 2021.
- (2) *Special Projects Reserve Fund* represents board designated funds for the support of Special Projects in Chattanooga. The Special Projects Reserve Fund balance was \$525,000 and \$375,000 as of December 31, 2022 and 2021.
- (3) *VC/Office Capital Fund* represents board designated funds for the support of office renovations and improvements. The VC/Office Capital Fund balance was \$1,188,099 and \$793,684 as of December 31, 2022 and 2021.
- (4) *Capital Assets Fund* represents board designated funds for the support of office renovations and improvements. The Capital Assets Fund balance was \$49,561 and \$30,000 as of December 31, 2022 and 2021.
- (5) *Operating Reserve Fund* represents board designated funds for the support operation in the Company. The Operating Reserve Fund balance was \$700,319 and \$400,319 as of December 31, 2022 and 2021.
- (6) *Convention/Sports Development Fund* represents board designated funds for the support of conventions and sports in the Chattanooga area. The Convention/Sports Development Fund balance was \$150,000 and \$100,000 as of December 31, 2022 and 2021.

CHATTANOOGA TOURISM COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

NOTE 11 – AVAILABILITY AND LIQUIDITY

The following represents the Company's financial assets at December 31:

	2022	2021
Financial assets at year-end:		
Cash and cash equivalents	\$ 5,443,326	\$ 4,946,664
Trade receivable	276,330	229,488
County receivables	1,630,902	1,553,151
Other assets	<u>137,223</u>	<u>78,026</u>
Total financial assets	7,487,781	6,807,329
Financial assets available to meet general expenditures over the next twelve months	<u>\$ 7,487,781</u>	<u>\$ 6,807,329</u>

The Company is substantially supported by Hamilton County for hosting conventions, meetings, trade shows, leisure travel, events and to provide information and services that enhance and reinforce that image for the area's visitors. All revenue is generally without donor restriction. The Company did not receive any donations with donor restrictions during the years ended December 31, 2022 and, 2021. Therefore, all financial assets are available for general expenditure over the next twelve months. The Company has approximately 62% of its estimated annual functional expenditures in cash.

NOTE 12 – GOVERNMENT GRANTS

The Company was eligible for and received loan funds totaling \$400,785 through the Paycheck Protection Program (PPP) operated by the U.S. Small Business Administration (SBA) for the year ended December 31, 2021. Under the terms of this program, the loan may be forgiven if the funds were spent in accordance with the program. On September 28, 2021, the Company received notification from the SBA that the entire amount of the \$400,785 loan was forgiven. Therefore, these funds are included in the statement of activities and changes in net assets as government grants totaling \$400,785 for the year ended December 31, 2021.

The Company recognized government grant revenue related to the Employer Retention Credit (ERC) during the year ended December 31, 2021 totaling \$126,428. These credits were provided to promote continued employment to small businesses harmed by the coronavirus disease (COVID-19). As of December 31, 2022, the Company had received the credit.

NOTE 13 – SUBSEQUENT EVENTS

Management has evaluated events and transactions subsequent to December 31, 2022 through April 7, 2023 (the date the financial statements were available to be issued) for potential recognition or disclosure in the financial statements. Management has not identified any items requiring recognition or disclosure.

CHATTANOOGA TOURISM COMPANY

FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022



CERTIFIED PUBLIC ACCOUNTANTS

CHATTANOOGA TOURISM COMPANY

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
Chattanooga Tourism Company
Chattanooga, Tennessee

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Chattanooga Tourism Company, a Tennessee nonprofit corporation, which comprise the statements of financial position as of December 31, 2023 and 2022, and the related statements of activities and changes in net assets, cash flows, and functional expenses for the years then ended and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Chattanooga Tourism Company as of December 31, 2023 and 2022, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of Chattanooga Tourism Company and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Chattanooga Tourism Company's ability to continue as a going concern for one year after the date that the financial statements are issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Chattanooga Tourism Company's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Chattanooga Tourism Company's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Chattanooga, Tennessee

June 10, 2024

*Henderson Hutcherson
& McCullough, PLLC*

CHATTANOOGA TOURISM COMPANY

STATEMENTS OF FINANCIAL POSITION

DECEMBER 31, 2023 AND 2022

	2023	2022
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 3,902,526	\$ 5,443,326
Receivables:		
Trade, net	296,400	276,330
County	1,470,079	1,630,902
Prepaid and other assets	<u>192,525</u>	<u>137,223</u>
Total current assets	<u>5,861,530</u>	<u>7,487,781</u>
PROPERTY AND EQUIPMENT, net	<u>579,856</u>	<u>629,671</u>
OTHER ASSETS		
Right-of-use asset, operating lease	<u>1,996,642</u>	<u>-</u>
Total other assets	<u>1,996,642</u>	<u>-</u>
TOTAL ASSETS	<u>\$ 8,438,028</u>	<u>\$ 8,117,452</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Operating lease liability	\$ 22,012	\$ -
Accounts payable	1,208,469	1,351,491
Related party payable	-	851,751
Accrued expenses	45,061	143,312
Deferred revenue	<u>52,832</u>	<u>27,282</u>
Total current liabilities	<u>1,328,374</u>	<u>2,373,836</u>
LONG-TERM LIABILITIES		
Operating lease liability	<u>2,045,553</u>	<u>-</u>
TOTAL LIABILITIES	<u>3,373,927</u>	<u>2,373,836</u>
NET ASSETS		
Without donor restrictions - general	2,225,486	2,545,023
Without donor restrictions - board designated	<u>2,838,615</u>	<u>3,198,593</u>
Total net assets	<u>5,064,101</u>	<u>5,743,616</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 8,438,028</u>	<u>\$ 8,117,452</u>

The accompanying notes are an integral part of the financial statements.

CHATTANOOGA TOURISM COMPANY

STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023	2022
REVENUE AND SUPPORT		
Hotel revenue	\$ 9,567,904	\$ 9,845,585
Short term vacation rental revenue	908,321	950,963
Private revenue	1,756,304	1,403,081
Government grants	<u>150,000</u>	<u>150,000</u>
Total revenue and support	<u>12,382,529</u>	<u>12,349,629</u>
EXPENSES		
Program	11,719,761	11,132,854
Management and general	<u>1,342,283</u>	<u>998,825</u>
Total expenses	<u>13,062,044</u>	<u>12,131,679</u>
CHANGE IN NET ASSETS	(679,515)	217,950
Net assets - beginning of year	<u>5,743,616</u>	<u>5,525,666</u>
Net assets - end of year	<u>\$ 5,064,101</u>	<u>\$ 5,743,616</u>

CHATTANOOGA TOURISM COMPANY

STATEMENTS OF CASH FLOWS

YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023	2022
CASH FLOWS FROM OPERATING ACTIVITIES		
Changes in net assets	\$ (679,515)	\$ 217,950
Adjustments to reconcile changes in net assets to net cash from operating activities:		
Depreciation	69,863	30,302
Operating lease expense	70,923	-
Loss on disposal of equipment	-	2,929
Changes in operating assets and liabilities:		
Receivables - trade	(20,070)	(46,842)
Receivables - county	160,823	(77,751)
Prepaid and other assets	(55,302)	(59,197)
Accounts payable	(143,022)	204,365
Related party payable	(851,751)	851,751
Accrued expenses	(98,251)	(25,429)
Deferred revenue	25,550	(23,413)
	<u>(1,520,752)</u>	<u>1,074,665</u>
Net cash from operating activities		
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	<u>(20,048)</u>	<u>(578,003)</u>
Net cash from investing activities	<u>(20,048)</u>	<u>(578,003)</u>
NET CHANGE IN CASH AND CASH EQUIVALENTS	(1,540,800)	496,662
Cash and cash equivalents - beginning of year	<u>5,443,326</u>	<u>4,946,664</u>
Cash and cash equivalents - end of year	<u>\$ 3,902,526</u>	<u>\$ 5,443,326</u>
SUPPLEMENTAL NONCASH INVESTING AND FINANCING ACTIVITIES		
Right-of-use asset in exchange for lease liability	<u>\$ 2,080,043</u>	<u>\$ -</u>

The accompanying notes are an integral part of the financial statements.

CHATTANOOGA TOURISM COMPANY

STATEMENTS OF FUNCTIONAL EXPENSES

YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023			2022		
	Program Services	Management and General	Total	Program Services	Management and General	Total
Leisure advertising	\$ 3,172,008	\$ -	\$ 3,172,008	\$ 3,305,167	\$ -	\$ 3,305,167
Meetings and group advertising	174,569	-	174,569	109,775	-	109,775
Sports advertising	94,941	-	94,941	97,929	-	97,929
AOR, creative, and production	331,705	-	331,705	506,168	3,089	509,257
PR, community relations, and advocacy	195,940	-	195,940	177,329	-	177,329
Digital experience	153,340	-	153,340	136,846	-	136,846
Grant funds distributed	-	-	-	851,751	-	851,751
Sporting events	1,264,550	-	1,264,550	1,441,805	-	1,441,805
Research and reporting	252,091	3,577	255,668	173,195	2,989	176,184
Event support	1,404,664	348	1,405,012	557,688	304	557,992
Collateral material	216,875	-	216,875	106,308	-	106,308
Postage and freight	70,223	128	70,351	68,413	66	68,479
Promotional material	131,331	1,174	132,505	95,485	68	95,553
Destination discovery and site visits	89,263	-	89,263	54,865	-	54,865
Tradeshows	228,845	-	228,845	444,493	-	444,493
Tradeshow booth	139,929	-	139,929	-	-	-
Special promotions, events, and sponsorships	220,848	23,707	244,555	72,455	8,925	81,380
Sales blitz/sales missions	37,155	-	37,155	-	-	-
Travel and networking	182,478	27,170	209,648	197,202	20,666	217,868
Capital support	300,000	-	300,000	300,000	-	300,000
Local meetings and travel	34,924	16,149	51,073	29,899	15,587	45,486
Dues and subscriptions	47,114	82,963	130,077	95,162	26,418	121,580
Rent, utilities, and parking	196,340	56,026	252,366	140,652	29,713	170,365
Maintenance contracts	79,051	18,109	97,160	36,370	8,261	44,631

(Continued)

The accompanying notes are an integral part of the financial statements.

CHATTANOOGA TOURISM COMPANY

STATEMENTS OF FUNCTIONAL EXPENSES

YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023			2022		
	Program Services	Management and General	Total	Program Services	Management and General	Total
(Continued)						
Professional fees	55,799	12,953	68,752	52,132	11,842	63,974
Administrative expenses	66,279	11,283	77,562	59,342	13,702	73,044
Compensation and benefits	2,487,117	1,054,167	3,541,284	1,965,647	834,363	2,800,010
Employee development	-	9,790	9,790	-	6,714	6,714
Professional development training	35,681	11,577	47,258	30,298	12,295	42,593
Depreciation	56,701	13,162	69,863	26,478	3,823	30,301
TOTAL EXPENSES	<u>\$ 11,719,761</u>	<u>\$ 1,342,283</u>	<u>\$ 13,062,044</u>	<u>\$ 11,132,854</u>	<u>\$ 998,825</u>	<u>\$ 12,131,679</u>

The accompanying notes are an integral part of the financial statements.

CHATTANOOGA TOURISM COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

NOTE 1 – NATURE OF OPERATIONS

The Chattanooga Tourism Company (the Company) is a not-for-profit organization. Its mission is to strengthen the area's economy by marketing Hamilton County and Chattanooga as a year-round destination for conventions, meetings, trade shows, events, and leisure travel, and to provide information and services that enhance and reinforce that image for the area's visitors.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Company prepares their financial statements using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP). The Financial Accounting Standards Board (FASB) establishes GAAP in the Accounting Standards Codification (ASC). Updates to the ASC are done through the issuance of Accounting Standards Updates (ASU).

Classification of Net Assets

GAAP requires the Company to report financial information regarding its financial position and activities according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the organization. These net assets may be used at the discretion of the Company's management and the board of directors. The board has designated funds to be used for various purposes at their discretion. These funds have been identified on the financial statements as net assets without donor restrictions – board designated.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Company or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Contributions received are recorded as with or without donor restrictions support, depending on the existence and/or nature of any donor restrictions. All donor-restricted contributions are reported as an increase in donor restricted net assets. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restriction. At December 31, 2023 and 2022, there were no donor restricted net assets.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(Continued)

CHATTANOOGA TOURISM COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Functional Expenses

The costs of providing program and other activities have been summarized on a functional basis in the statements of activities. Accordingly, certain costs have been classified among program services and supporting services benefited. All classifications are determined by management and classified based on time and effort.

Cash and Cash Equivalents

For purposes of the statements of cash flows, the Company considers all monies in banks and highly liquid investments with original maturity dates of three months or less when purchased to be cash equivalents.

Trade Receivables

Trade accounts receivable result from sales of partnerships, marketing assistance, cooperative advertising programs, and other services to customers. Standard payment terms are net thirty days. Accounts become delinquent after thirty days and are subject to a finance charge of 1.5% per month. Company staff regularly review all receivables to determine appropriate collection actions. Uncollected accounts are written off one year after the due date or if it is confirmed the customer is unwilling to pay. Trade accounts receivable, net of an allowance for credit losses, are \$296,400; \$276,330; and \$229,488 at December 31, 2023, 2022, and 2021, respectively.

Allowance for Credit Losses

In June 2016, the FASB issued guidance (FASB ASC 326) which significantly changed how entities will measure credit losses for most financial assets and certain other instruments that are not measured at fair value through net income. The most significant change in this standard is a shift from the incurred loss model to the expected loss model. Under the standard, disclosures are required to provide users of the financial statements with useful information in analyzing an entity's exposure to credit risk and the measurement of credit losses. Financial assets held by the Company that are subject to the guidance in FASB ASC 326 were trade accounts receivable.

The Company adopted the standard effective January 1, 2023. The impact of the adoption was not considered material to the financial statements and had no impact.

Property and Equipment

Property and equipment are stated at historical cost and depreciation is calculated principally on the straight-line method, using a useful life of five years for computer and various equipment and seven to twenty years for other property. Maintenance and repairs are charged to expense as incurred. It is the Company's policy to expense purchases of property and equipment with a cost of less than \$1,000.

(Continued)

CHATTANOOGA TOURISM COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Compensated Absences

Employees of the Company are entitled to paid vacations and paid time off, depending on job classification, length of service, and other factors. Upon hire employees receive fifteen days of personal time off. This amount grows based on tenure. Maximum of five days can be carried over.

Income Taxes

The Company is exempt from federal income taxes under the provisions of Section 501(c)(4) of the Internal Revenue Code.

Concentration of Credit Risk

At various times during the year, the Company's cash in bank balances exceeded the Federal insured limits. The amounts in excess of the Federal limit at December 31, 2023 and 2022 totaled \$3,732,256 and \$5,248,570, respectively. Concentrations of credit risks with respect to trade accounts receivable are generally limited due to the large number of customers comprising the Company's customer base. In regards to such credit risk, as of December 31, 2023 and 2022, three customers comprised 56.31% and 46.50%, respectively, of the trade accounts receivable balance. Concentration of credit risk for accounts payable as of December 31, 2023 and 2022 of two vendors comprised of 77.51% and 37.11%, respectively.

Revenue Recognition

The Company follows the guidance of ASC 606, *Revenue from Contracts with Customers*, which (i) creates a single framework for recognizing revenue from contracts with customers that fall within its scope and (ii) revises when it is appropriate to recognize a gain (loss) from the transfer of nonfinancial assets. Most of the Company's revenues come from allocation of hotel and short-term rental tax and government grants that are outside the scope of ASC 606. The Company's services that fall within the scope of ASC 606 are presented as private revenue on the statement of activities and changes in net assets and are recognized as revenue as the Company satisfies its obligation to the partners or participants. Services within the scope of ASC 606 include partner services and participant fees.

Partner services - The Company bills for partner services beginning with the month the partner begins using the services. All partner services are recognized as revenue on a pro-rata basis from when the services begin until the end of December for the initial year. Partnership services are subsequently billed in January for a one-year term. Some of those services include a digital presence on the touch-screen kiosks at the Visitor Information Center and advertising on the Company's website and Lifestyle Magazine.

Participant fees - The Company hosts several sporting events each year and charges participants an entry fee to participate. The entry fees are recognized in revenue when the event has occurred, and the performance obligation has been satisfied.

(Continued)

CHATTANOOGA TOURISM COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Lease

Effective January 1, 2022, the Company adopted the new lease accounting guidance in ASU 2016-02, *Leases* (ASC Topic 842). The Company elected the package of practical expedients permitted in ASC Topic 842. Accordingly, the Company accounted for its existing leases with the same classifications under the new guidance, without reassessing (a) whether the contract contains a lease under ASC Topic 842, (b) whether classification of either lease would be different in accordance with ASC Topic 842, or (c) whether the unamortized initial direct costs before transition adjustments would have met the definition of initial direct costs in ASC Topic 842 at lease commencement. As a result of the adoption of the new lease accounting guidance, the Company recognized as of January 1, 2023 (a) an operating lease liability of \$2,080,043, which represents the present value of the remaining lease payments discounted using the risk-free rates at that time, and (b) a right-of-use asset of \$2,080,043.

Concurrent with the adoption of ASC 842, the Company adopted the lease guidance in ASU 2021-09, *Leases* (ASC Topic 842): *Discount Rate for Lessees That Are Not Public Business Entities*. This guidance provides flexibility to lessees that make the risk-free rate election to make that election by class of underlying asset rather than at the entity level. The guidance also requires that the lessee use the rate implicit in the lease when it is readily determinable, instead of a risk-free rate or incremental borrowing rate.

NOTE 3 – CONCENTRATIONS AND SOURCES OF REVENUE AND SUPPORT

The majority of the Company's revenue and support is from allocations of the Hamilton County transient occupancy tax less a 2% fee to the County Trustee. For the year ended December 31, 2023, and 2022, the support comprised 84.60% and 87.42% of the Company's total revenue, respectively.

As of December 31, 2023, and 2022, the Company has a receivable of \$1,470,079 and \$1,630,902, respectively, from Hamilton County.

NOTE 4 – PROPERTY AND EQUIPMENT

Property and equipment consists of the following classifications as of December 31:

	2023	2022
Furniture and fixtures	\$ 101,476	\$ 142,726
Vehicles	22,092	22,092
Computers and various equipment	178,590	176,676
Leasehold improvements	<u>521,870</u>	<u>1,158,416</u>
Total property and equipment	824,028	1,499,910
Less accumulated depreciation	<u>(244,172)</u>	<u>(870,239)</u>
Cost less accumulated depreciation	<u>\$ 579,856</u>	<u>\$ 629,671</u>

(Continued)

CHATTANOOGA TOURISM COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

NOTE 4 – PROPERTY AND EQUIPMENT (Continued)

Depreciation expense for the year ended December 31, 2023 and 2022 was \$69,863 and \$30,302, respectively.

NOTE 5 – RETIREMENT PLAN

The Company provides a 401(k) retirement plan to all full time and some part time employees who meet the eligibility requirements under the plan. The Company matches up to 1.5% of an employee's salary (contingent upon employee salary deferrals) and makes a discretionary contribution of 5% of an employee's salary to the plan. Total expense under the plan for the year ended December 31, 2023 and 2022 totaled \$145,059 and \$112,752, respectively.

NOTE 6 – ADVERTISING

The Company expenses advertising costs as they are incurred. Advertising expenses for the years ended December 31, 2023, and 2022 were \$4,122,504 and \$5,188,053, respectively.

NOTE 7 – UNCERTAIN TAX POSITIONS

Management of the Company has evaluated the tax positions taken within the federal tax return and does not believe there are any significant uncertain tax positions taken on the return. There are no pending tax examinations by federal or state tax authorities. The Company is no longer subject to examinations by tax authorities for tax years before 2020.

NOTE 8 – RELATED ENTITY TRANSACTIONS

During the years ended December 31, 2023, and 2022, the Company shared office space and board members with the Chattanooga Tourism Foundation (CTF), which is a 501(c)(3). During 2023, no funds were transferred to CTF. During 2022, the Company contributed \$851,751 to CTF.

NOTE 9 – OPERATING LEASE

The Company follows guidance of ASC 842, *Leases*. The weighted average remaining lease term in years for the operating leases is 11.42 years and the weighted average discount rate for the operating lease is 3.61%.

The Company leases temporary office space on the ninth floor of the Tallan building under an operating lease agreement. On June 1, 2023, the lease of office temporary office space on the ninth floor commenced and will remain in effect until completion of renovations of the twelfth floor which is estimated to be complete by December 2024. The current monthly lease expense is \$8,000.

The Company is under an operating lease agreement for a permanent office space once renovations are complete on the twelfth floor of the Tallan Building. The lease will commence upon move in and effective for 125 months with the option to renew for two consecutive terms of five years. The monthly lease expense is \$18,462 that will increase by 2.5% each year.

(Continued)

CHATTANOOGA TOURISM COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

NOTE 9 – OPERATING LEASE (Continued)

The following is a maturity analysis of the annual undiscounted cash flows of the operating lease payments to be paid as of December 31:

2024	\$ 96,000
2025	221,540
2026	221,540
2027	221,540
2028	227,079
Thereafter	<u>1,567,278</u>
Total undiscounted cash flows	2,554,977
Less present value discount	<u>(487,412)</u>
Total lease liability	<u>\$ 2,067,565</u>

Rent expense for the year ended December 31, 2023 and 2022 was \$126,922 and \$170,365, respectively. The Company also leases certain office equipment under short-term operating leases. Rent expense for equipment was \$5,063 and \$5,558 for the years ended December 31, 2023 and 2022, respectively.

NOTE 10 – NET ASSETS WITHOUT DONOR RESTRICTION - BOARD DESIGNATED

The Board of Directors designates company funds for various programs or projects. The Company's spending policy requires board approval for disbursement of these funds. The net assets without donor restriction – board designated as of December 31, 2023 and 2022 are as follows:

(1) *Cultural Tourism Advancement Grant Fund* represents board designated funds for the support of Cultural Tourism in Chattanooga. The Cultural Tourism Advancement Grant Fund balance was \$88,554 and \$585,614 as of December 31, 2023 and 2022, respectively.

(2) *Special Projects Reserve Fund* represents board designated funds for the support of Special Projects in Chattanooga. The Special Projects Reserve Fund balance was \$482,844 and \$525,000 as of December 31, 2023 and 2022, respectively.

(3) *Visitor Center/Administrative Office Capital Fund* represents board designated funds for the building acquisition, design, development, leaseholds, improvements, furniture, fixtures and equipment necessary for the effective operation of a new Visitor Center and/or Administrative offices. The Visitor Center/Administrative Office Capital Fund balance was \$1,208,530 and \$1,188,099 as of December 31, 2023 and 2022, respectively.

(4) *Capital Assets Fund* represents board designated funds intended to provide a ready source of finances for repair or acquisition of leasehold improvements, furniture, fixtures and equipment necessary for the effective operation of the organization and programs. The Capital Assets Fund balance was \$46,862 and \$49,561 as of December 31, 2023 and 2022, respectively.

(5) *Operating Reserve Fund* represents board designated funds for the support operation in the Company. The Operating Reserve Fund balance was \$811,825 and \$700,319 as of December 31, 2023 and 2022, respectively.

(Continued)

CHATTANOOGA TOURISM COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

NOTE 10 – NET ASSETS WITHOUT DONOR RESTRICTION - BOARD DESIGNATED (Continued)

(6) *Convention/Sports Development Fund* represents board designated funds for the support of conventions and sports in the Chattanooga area. The Convention/Sports Development Fund balance was \$200,000 and \$150,000 as of December 31, 2023 and 2022, respectively.

NOTE 11 – AVAILABILITY AND LIQUIDITY

The following represents the Company's financial assets at December 31:

	2023	2022
Financial assets at year-end:		
Cash and cash equivalents	\$ 3,902,526	\$ 5,443,326
Trade receivable	296,400	276,330
County receivables	<u>1,470,079</u>	<u>1,630,902</u>
Total financial assets	5,669,005	7,350,558
Financial assets available to meet general expenditures over the next twelve months	<u>\$ 5,669,005</u>	<u>\$ 7,350,558</u>

The Company is substantially supported by Hamilton County for hosting conventions, meetings, trade shows, leisure travel, events, and to provide information and services that enhance and reinforce that image for the area's visitors. All revenue is generally without donor restriction. The Company did not receive any donations with donor restrictions during the years ended December 31, 2023 or 2022. Therefore, all financial assets are available for general expenditure over the next twelve months. The Company has approximately 43% of its estimated annual functional expenditures in liquid assets.

NOTE 12 – GOVERNMENT GRANTS

The Company recognized government grant revenue related to the Employer Retention Credit (ERC) during the year ended December 31, 2021, totaling \$126,428. These credits were provided to promote continued employment to small businesses harmed by the coronavirus disease (COVID-19). As of December 31, 2022, the Company had received the credit.

NOTE 13 – SUBSEQUENT EVENTS

Management has evaluated events and transactions subsequent to December 31, 2023 through June 10, 2024 (the date the financial statements were available to be issued) for potential recognition or disclosure in the financial statements. Except for the following, management has not identified any items requiring recognition or disclosure.

During 2023, the Chattanooga Tourism Foundation approved a restructuring plan to provide more support to the Company for 2024. In 2024, CTF will provide support for tourism related activities, events and projects, specifically sporting events and partnership promotions, as well as other opportunities in line with CTF's mission and purpose.

CHATTANOOGA TOURISM COMPANY

FINANCIAL STATEMENTS

DECEMBER 31, 2024



CERTIFIED PUBLIC ACCOUNTANTS

CHATTANOOGA TOURISM COMPANY

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
Chattanooga Tourism Company
Chattanooga, Tennessee

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Chattanooga Tourism Company, a Tennessee nonprofit corporation, which comprise the statement of financial position as of December 31, 2024, the related statement of activities and changes in net assets, cash flows, and functional expenses for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Chattanooga Tourism Company as of December 31, 2024, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of Chattanooga Tourism Company and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Chattanooga Tourism Company's ability to continue as a going concern for one year after the date that the financial statements are issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of Chattanooga Tourism Company's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Chattanooga Tourism Company's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated April 14, 2025, on our consideration of Chattanooga Tourism Company's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, and other matters. The purpose of that report is to solely describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on Chattanooga Tourism Company's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Chattanooga Tourism Company's internal control over financial reporting and compliance.

Chattanooga, Tennessee

April 14, 2025

Henderson Hutcherson
is McCullough, PLLC

CHATTANOOGA TOURISM COMPANY

STATEMENT OF FINANCIAL POSITION

DECEMBER 31, 2024

ASSETS	
CURRENT ASSETS	
Cash and cash equivalents	\$ 4,558,425
Receivables:	
Trade, net	14,583
County	1,650,000
Related party	20,895
Prepaid and other assets	<u>59,272</u>
 Total current assets	 6,303,175
 PROPERTY AND EQUIPMENT, net	 519,310
 OTHER ASSETS	
Right-of-use asset, operating lease	<u>1,883,947</u>
 TOTAL ASSETS	 <u>\$ 8,706,432</u>
 LIABILITIES AND NET ASSETS	
CURRENT LIABILITIES	
Operating lease liability, current portion	\$ 43,162
Accounts payable	928,176
Accrued expenses	<u>193,383</u>
 Total current liabilities	 1,164,721
 LONG-TERM LIABILITIES	
Operating lease liability, less current portion	<u>2,020,789</u>
 TOTAL LIABILITIES	 <u>3,185,510</u>
 NET ASSETS	
Without donor restrictions - general	1,592,158
Without donor restrictions - board designated	<u>3,928,764</u>
 Total net assets	 <u>5,520,922</u>
 TOTAL LIABILITIES AND NET ASSETS	 <u>\$ 8,706,432</u>

The accompanying notes are an integral part of the financial statements.

CHATTANOOGA TOURISM COMPANY

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

YEAR ENDED DECEMBER 31, 2024

REVENUE AND SUPPORT

Hotel revenue	\$ 10,017,923
Short term vacation rental revenue	824,080
Interest income	52,249
Miscellaneous income	145,346
Government grants	<u>1,527,726</u>
Total revenue and support	<u>12,567,324</u>

EXPENSES

Program	9,328,807
Management and general	<u>1,414,243</u>
Total expenses	<u>10,743,050</u>

CHANGE IN NET ASSETS

	1,824,274
Net assets - beginning of year	5,064,101
Net assets transferred out	<u>(1,367,453)</u>
Net assets - end of year	<u>\$ 5,520,922</u>

CHATTANOOGA TOURISM COMPANY

STATEMENT OF CASH FLOWS

YEAR ENDED DECEMBER 31, 2024

	2024
CASH FLOWS FROM OPERATING ACTIVITIES	
Changes in net assets	\$ 1,824,274
Adjustments to reconcile changes in net assets to net cash from operating activities:	
Depreciation	67,651
Operating lease expense	109,081
Changes in operating assets and liabilities:	
Receivables - trade	281,817
Receivables - county	(179,921)
Related party receivable	(20,895)
Prepaid and other assets	133,253
Accounts payable	(280,293)
Accrued expenses	148,322
Deferred revenue	<u>(52,832)</u>
Net cash from operating activities	<u>2,030,457</u>
CASH FLOWS FROM INVESTING ACTIVITIES	
Purchase of property and equipment	<u>(7,105)</u>
Net cash from investing activities	<u>(7,105)</u>
CASH FLOWS FROM FINANCING ACTIVITIES	
Net assets transferred out	<u>(1,367,453)</u>
Net cash from financing activities	<u>(1,367,453)</u>
NET CHANGE IN CASH AND CASH EQUIVALENTS	655,899
Cash and cash equivalents - beginning of year	<u>3,902,526</u>
Cash and cash equivalents - end of year	<u>\$ 4,558,425</u>
SUPPLEMENTAL NONCASH INVESTING AND FINANCING ACTIVITIES	
Right-of-use asset in exchange for lease liability	<u>\$ -</u>

The accompanying notes are an integral part of the financial statements.

CHATTANOOGA TOURISM COMPANY

STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED DECEMBER 31, 2024

	Program Services	Management and General	Total
Leisure advertising	\$ 2,200,176	\$ -	\$ 2,200,176
Meetings and group advertising	139,402	-	139,402
Sports advertising	153,128	-	153,128
AOR, creative, and production	361,778	-	361,778
PR, community relations, and advocacy	156,761	-	156,761
Digital experience	132,633	-	132,633
Sporting events	12,500	-	12,500
Research and reporting	276,246	3,577	279,823
Event support	1,479,708	-	1,479,708
Event support	251,152	-	251,152
Postage and freight	63,896	-	63,896
Promotional material	118,562	-	118,562
Destination discovery and site visits	92,377	-	92,377
Tradeshows	194,107	-	194,107
Tradeshow booth	139,229	-	139,229
Special promotions, events, and sponsorships	88,426	2,938	91,364
Sales blitz/sales missions	2,590	-	2,590
Travel and networking	172,399	36,248	208,647
Capital support	300,000	-	300,000
Local meetings and travel	33,416	22,282	55,698
Dues and subscriptions	51,242	143,570	194,812
Grant funds distributed	20,800	-	20,800
Rent, utilities, and parking	173,337	43,303	216,640
Maintenance contracts	55,114	17,765	72,879
Professional fees	68,723	18,664	87,387
Administrative expenses	63,544	16,851	80,395
Compensation and benefits	2,421,227	1,076,950	3,498,177
Employee development	-	4,176	4,176
Professional development training	51,246	15,355	66,601
Depreciation	55,088	12,564	67,652
TOTAL EXPENSES	<u>\$ 9,328,807</u>	<u>\$ 1,414,243</u>	<u>\$ 10,743,050</u>

The accompanying notes are an integral part of the financial statements.

CHATTANOOGA TOURISM COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE 1 – NATURE OF OPERATIONS

The Chattanooga Area Convention and Visitors Bureau, Inc. d/b/a Chattanooga Tourism Company (the Company) is a not-for-profit organization and is the official destination marketing organization for Hamilton County, dedicated to sustainably increasing visitation and connecting guests with authentic Chattanooga experiences. Its mission is to promote and develop visitor experiences for the community's economic and social prosperity. The organization aims to strengthen the local economy and enrich the community by establishing Chattanooga as a premier destination for meetings, conventions, sporting events, and leisure travel.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Company prepares their financial statements using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP). The Financial Accounting Standards Board (FASB) establishes GAAP in the Accounting Standards Codification (ASC). Updates to the ASC are done through the issuance of Accounting Standards Updates (ASU).

Classification of Net Assets

GAAP requires the Company to report financial information regarding its financial position and activities according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the organization. These net assets may be used at the discretion of the Company's management and the board of directors. The board has designated funds to be used for various purposes at their discretion. These funds have been identified on the financial statements as net assets without donor restrictions – board designated.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Company or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Contributions received are recorded as with or without donor restrictions support, depending on the existence and/or nature of any donor restrictions. All donor-restricted contributions are reported as an increase in donor restricted net assets. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restriction. At December 31, 2024, there were no donor restricted net assets.

(Continued)

CHATTANOOGA TOURISM COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Functional Expenses

The costs of providing program and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been classified among program services and supporting services benefited. All classifications are determined by management and classified based on time and effort.

Cash and Cash Equivalents

For purposes of the statement of cash flow, the Company considers all monies in banks and highly liquid investments with original maturity dates of three months or less when purchased to be cash equivalents.

Trade Receivables

Trade receivables result from marketing assistance, cooperative advertising programs, and other services to customers. Standard payment terms are net 30 days. Accounts become delinquent after 30 days and are subject to a finance charge of 1.5% per month. Company staff regularly review all receivables to determine appropriate collection actions. Uncollected accounts are written off one year after the due date or if it is confirmed the customer is unwilling to pay. Trade receivables, net of an allowance for credit losses, are \$14,583 and \$296,400 December 31, 2024 and 2023, respectively.

Allowance for Credit Losses

The Company follows the guidance in ASC 326, which uses the expected loss model, to determine the allowance for credit losses. Financial assets held by the Company that are subject to the guidance in ASC 326 include trade accounts receivable.

The Company maintains allowances for credit losses for estimated losses resulting from the inability of its customers to make required payments. Management considers the following factors when determining the collectability of specific customer accounts: customer creditworthiness, past transaction history with the customer, current economic industry trends, and changes in customer payment terms. Past due balances over 90 days and other higher risk amounts are reviewed individually for collectability. If the financial condition of the Company's customers were to deteriorate, adversely affecting their ability to make payments, additional allowances would be required. Management has established a valuation allowance of \$2,026 for the year ended December 31, 2024.

(Continued)

CHATTANOOGA TOURISM COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Property and Equipment

Property and equipment are stated at historical cost and depreciation is calculated on the straight-line method, using a useful life of five years for computer and various equipment and seven to 20 years for other property. Maintenance and repairs are charged to expenses as incurred. It is the Company's policy to expense purchases of property and equipment with a cost of less than \$1,000.

Compensated Absences

Employees of the Company are entitled to paid vacations and paid time off, depending on job classification, length of service, and other factors. Upon hire employees receive 15 days of personal time off. This amount grows based on tenure. A maximum of five days can be carried over.

Income Taxes

The Company is exempt from federal income taxes under the provisions of Section 501(c)(4) of the Internal Revenue Code.

Concentration of Credit Risk

At various times during the year, the Company's cash in bank balances exceeded the Federal insured limits. The amounts in excess of the Federal limit at December 31, 2024, totaled \$4,353,121.

Concentration of credit risk for accounts payable as of December 31, 2024, two vendors comprised of 61.30%.

Revenue Recognition

The Company follows the guidance of ASC 606, *Revenue from Contracts with Customers*, which (i) creates a single framework for recognizing revenue from contracts with customers that fall within its scope and (ii) revises when it is appropriate to recognize a gain (loss) from the transfer of nonfinancial assets. Most of the Company's revenues come from allocation of hotel and short-term rental tax and government grants that are outside the scope of ASC 606.

NOTE 3 – CONCENTRATIONS AND SOURCES OF REVENUE AND SUPPORT

The majority of the Company's revenue and support is from allocations of the Hamilton County transient occupancy tax less a 2% fee to the County Trustee. For the year ended December 31, 2024, the support comprised 83.29% of the Company's total revenue.

As of December 31, 2024, the Company has a receivable of \$1,650,000 from Hamilton County, which makes up 99% of the receivable balance.

CHATTANOOGA TOURISM COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE 4 – PROPERTY AND EQUIPMENT

Property and equipment consists of the following classifications as of December 31, 2024:

Furniture and fixtures	\$ 101,317
Vehicles	22,092
Computers and various equipment	185,696
Leasehold improvements	<u>521,870</u>
Total property and equipment	830,975
Less accumulated depreciation	<u>(311,665)</u>
Cost less accumulated depreciation	<u>\$ 519,310</u>

Depreciation expense for the year ended December 31, 2024, was \$67,651.

NOTE 5 – RETIREMENT PLAN

The Company provides a 401(k) retirement plan to all full time and some part time employees who meet the eligibility requirements under the plan. The Company matches up to 1.5% of an employee's salary (contingent upon employee salary deferrals) and makes a discretionary contribution of 5% of an employee's salary to the plan. Total expense under the plan for the year ended December 31, 2024, totaled \$195,550.

NOTE 6 – ADVERTISING

The Company expenses advertising costs as they are incurred. Advertising expenses for the year ended December 31, 2024, was \$3,143,878.

NOTE 7 – UNCERTAIN TAX POSITIONS

Management of the Company has evaluated the tax positions taken within the federal tax return and does not believe there are any significant uncertain tax positions taken on the return. There are no pending tax examinations by federal or state tax authorities. The Company is no longer subject to examinations by tax authorities for tax years before 2021.

NOTE 8 – NET ASSETS TRANSFERRED OUT

Effective, January 1, 2024, the Company, along with their board, approved the transfer of non-public revenue previously accounted for in a designated private revenue bank to the Chattanooga Tourism Foundation (CTF), a related entity as disclosed in Note 9. The Company transferred net assets of \$1,367,453 to CTF.

CHATTANOOGA TOURISM COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE 9 – RELATED ENTITY TRANSACTIONS

The Company has certain shared expenses with CTF in which they entered into a sublease agreement and employee lease agreement. CTF is a 501(c)(3) and shares office space, employees, and some board members. Expenses that related to the operation of the organization that are not specifically invoiced separately are split according to the sublease and employee lease agreements. CTF does not have any employees. All payroll expenses and related employee benefits are initially reported on the Company's books. The related expenses are then charged to CTF according to the previously mentioned agreements. As of December 31, 2024, \$20,895 was due from CTF.

NOTE 10 – OPERATING LEASE

The Company follows guidance of ASC 842, *Leases*. Accordingly, the Company recognizes (a) a lease liability representing the present value of the lease payments, and (b) a right-of-use asset. The Company has elected to use the risk-free discount rate applicable at the time the lease is executed for calculation of the lease liability. The weighted average remaining lease term in years for the operating leases is 11.25 years, and the weighted average discount rate for the operating lease is 3.61%.

On June 1, 2023, the Company started leasing temporary office space on the ninth floor of the Tallan building under an operating lease agreement. This agreement will remain in effect until the completion of renovations of the twelfth floor, which is estimated to be complete by October 2025. The current monthly lease expense is \$8,000.

The Company is under an operating lease agreement for a permanent office space once renovations are complete on the twelfth floor of the Tallan Building. The lease will commence upon move in and effective for 125 months with the option to renew for two consecutive terms of five years. The monthly lease expense is \$18,462 and will increase by 2.5% each year.

The following is a maturity analysis of the annual undiscounted cash flows of the operating lease payments to be paid as of December 31:

2025	\$ 116,923
2026	221,540
2027	221,540
2028	222,463
2029	228,505
Thereafter	<u>1,528,005</u>
Total undiscounted cash flows	2,538,976
Less present value discount	<u>(475,025)</u>
Total lease liability	<u>\$ 2,063,951</u>

Rent expense for the year ended December 31, 2024, was \$209,687. The Company also leases certain office equipment under short-term operating leases. Rent expense for equipment was \$3,261 for the year ended December 31, 2024.

CHATTANOOGA TOURISM COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE 11 – NET ASSETS WITHOUT DONOR RESTRICTION - BOARD DESIGNATED

The Board of Directors designates company funds for various programs or projects. The Company's spending policy requires board approval for disbursement of these funds. The net assets without donor restriction – board designated as of December 31, 2024, are as follows:

(1) *Special Projects Reserve Fund* represents board designated funds for the support of Special Projects in Chattanooga. The Special Projects Reserve Fund balance was \$482,844 as of December 31, 2024.

(2) *Visitor Center/Administrative Office Capital Fund* represents board designated funds for the building acquisition, design, development, leaseholds, improvements, furniture, fixtures and equipment necessary for the effective operation of a new Visitor Center and/or Administrative offices. The Visitor Center/Administrative Office Capital Fund balance was \$1,737,342 as of December 31, 2024.

(3) *Capital Assets Fund* represents board designated funds intended to provide a ready source of finances for repair or acquisition of leasehold improvements, furniture, fixtures, and equipment necessary for the effective operation of the organization and programs. The Capital Assets Fund balance was \$64,347 as of December 31, 2024.

(4) *Operating Reserve Fund* represents board designated funds for the support operation in the Company. The Operating Reserve Fund balance was \$775,965 as of December 31, 2024.

(5) *Convention/Sports Development Fund* represents board designated funds for the support of conventions and sports in the Chattanooga area. The Convention/Sports Development Fund balance was \$200,000 as of December 31, 2024.

(6) *American Rescue Plan Fund* represents board designated funds to complete Tennessee Department of Tourist Development approved transformational tourism projects of the Company. The American Rescue Plan Fund balance was \$668,266 as of December 31, 2024.

NOTE 12 – AVAILABILITY AND LIQUIDITY

The following represents the Company's financial assets at December 31, 2024:

Financial assets at year-end:	
Cash and cash equivalents	\$ 4,558,425
Trade receivables	14,583
County receivables	<u>1,650,000</u>
Total financial assets	6,223,008
Financial assets available to meet general expenditures over the next 12 months	<u>\$ 6,223,008</u>

(Continued)

CHATTANOOGA TOURISM COMPANY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE 12 – AVAILABILITY AND LIQUIDITY (Continued)

The Company is substantially supported by Hamilton County for hosting conventions, meetings, trade shows, leisure travel, events, and to provide information and services that enhance and reinforce that image for the area's visitors. All revenue is generally without donor restriction. The Company did not receive any donations with donor restrictions during the year ended December 31, 2024. Therefore, all financial assets are available for general expenditure over the next 12 months. The Company has approximately 58% of its estimated annual functional expenditures in liquid assets.

NOTE 13 – SUBSEQUENT EVENTS

Management has evaluated events and transactions subsequent to December 31, 2024, through April 14, 2025, (the date the financial statements were available to be issued) for potential recognition or disclosure in the financial statements. Management has not identified any items requiring recognition or disclosure.

SUPPLEMENTARY INFORMATION



**INDEPENDENT AUDITOR’S REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

To the Board of Directors
Chattanooga Tourism Company
Chattanooga, Tennessee

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to the financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Chattanooga Tourism Company (a nonprofit organization), which comprise the statement of financial position as of December 31, 2024 and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated April 14, 2025.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Chattanooga Tourism Company’s internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Chattanooga Tourism Company’s internal control. Accordingly, we do not express an opinion on the effectiveness of Chattanooga Tourism Company’s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity’s financial statements will not be prevented or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or combination of deficiencies, in internal control that is less severe than material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over financial reporting was for the limited purposes described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Chattanooga Tourism Company's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Chattanooga, Tennessee
April 14, 2025

Henderson Hutcherson
in McCullough, PLLC



**INDEPENDENT AUDITOR’S REPORT ON COMPLIANCE FOR
EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL
CONTROL OVER COMPLIANCE IN ACCORDANCE
WITH THE UNIFORM GUIDANCE**

Board of Directors
Chattanooga Tourism Center
Chattanooga, Tennessee

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Chattanooga’s Tourism Company’s compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of Chattanooga’s Tourism Company’s major federal programs for the year ended December 31, 2024. Chattanooga’s Tourism Company’s major federal programs are identified in the summary of the auditor’s results section of the accompanying schedule of findings and questioned costs.

In our opinion, Chattanooga Tourism Company’s complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2024.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor’s Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Chattanooga Tourism Company and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Chattanooga Tourism Company’s compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the Chattanooga Tourism Company's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Chattanooga Tourism Company's compliance based on our audit. Reasonable assurance is a high level of assurance but is not an absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Chattanooga Tourism Company's compliance with the requirements of each major federal program.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Chattanooga Tourism Company's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Chattanooga Tourism Company's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Chattanooga Tourism Company's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Chattanooga, Tennessee
April 14, 2025

Henderson Hutcherson
& McCullough, PLLC

CHATTANOOGA TOURISM COMPANY

SCHEDULE OF EXPENDITURES OF FEDERAL AND STATE AWARDS

FOR THE FISCAL YEAR ENDED DECEMBER 31, 2024

<u>FEDERAL AWARDS</u>	<u>Federal Assitance Listing Numbers</u>	<u>Grantor's Number</u>	<u>Expenditures</u>
U.S. Department of Treasury			
<u>Passed through from</u>			
Tennessee Department of Tourist Devolpment			
American Rescue Plan Funds	21.027	32601-73634	\$ <u>1,377,726</u>
Total U.S. Department of Treasury			<u>1,377,726</u>
TOTAL FEDERAL AWARDS			\$ <u>1,377,726</u>
<u>STATE AWARDS</u>			
Tennessee Department of Tourist Devolpment			
Marketing Grant	N/A	32601-65597	\$ <u>150,000</u>
Total Tennessee Deaprtment of Tourist Devolpment			<u>150,000</u>
TOTAL STATE AWARDS			\$ <u>150,000</u>

CHATTANOOGA TOURISM COMPANY

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AND STATE AWARDS

YEAR ENDED DECEMBER 31, 2024

NOTE 1 – BASIS OF PRESENTATION

The accompanying Schedule of Expenditures of Federal and State Awards (the Schedule) includes the federal and state grant activity and is presented on the modified accrual basis of accounting. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the modified accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance for all awards with the exception of assistance listing number 21.027, which follow criteria determined by the Department of Treasury for allowability of costs. Under these principles, certain types of expenditures are not allowable or are limited as to reimbursement.

NOTE 3 – INDIRECT COST RATE

The Company has elected not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

NOTE 4 – SUBRECIPIENTS

Of the federal expenditures presented in the Schedule, the Company has not provided any federal awards to subrecipients.

CHATTANOOGA TOURISM COMPANY

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

YEAR ENDED DECEMBER 31, 2024

SECTION 1 – SUMMARY OF AUDITOR’S RESULTS

Financial Statements

Type of auditor’s report issued: Unmodified

Internal control over financial reporting:

- Material weaknesses identified: ___yes x_no
- Significant deficiencies identified that are not considered to be material weaknesses? ___yes x_none reported

Noncompliance material to financial statements noted? ___yes x_no

Federal Awards

Internal control over major programs:

- Material weaknesses identified: ___yes x_no
- Significant deficiencies identified that are not considered to be material weaknesses? ___yes x_none reported

Type of auditor’s report issued on compliance for major programs: Unmodified

Any audit findings disclosed under the Uniform Guidance? ___yes x_no

Identification of major programs:

<u>Assistance Listing Number</u>	<u>Name of Federal Program or Cluster</u>
21.027	U.S. Department of Treasury American Rescue Plan Act

Dollar threshold used to distinguish between Type A and Type B programs: \$ 750,000

Auditee qualified as low-risk auditee? ___yes x_no

SECTION II - FINANCIAL STATEMENT FINDINGS

None noted.

SECTION III - FINDINGS AND QUESTIONED COSTS – MAJOR FEDERAL PROGRAMS

None noted.

CHATTANOOGA TOURISM COMPANY

SCHEDULE OF PRIOR YEAR FINDINGS

YEAR ENDED DECEMEBER 31, 2024

FINDINGS- FINANCIAL STATEMENT AUDIT

No prior year findings.

FINDINGS-MAJOR FEDERAL AWARD PROGRAM AUDIT

No prior year findings.



U. S. TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE

DISTRICT DIRECTOR

NASHVILLE, TENNESSEE 37203

October 7, 1964

RECEIVED JUL 26 1988

IN REPLY REFER TO

434:RCH:nrs

Mr. Ray W. Atkinson, Executive Director
Chattanooga Convention and Visitors Bureau
Memorial Auditorium
399 McCallie Avenue
Chattanooga, Tennessee 37402

Dear Mr. Atkinson:

Your letter of October 6, 1964 has clarified the matter.

Our files did not reflect the change in name from Chattanooga, Inc. to the present name. A Ruling dated July 13, 1949, was issued to Chattanooga, Inc., holding that the organization was exempt under Section 101(8), now Section 501(c)(4).

Your help in this matter is appreciated.

Very truly yours,

Robert C. Hall
Internal Revenue Agent

CHATTANOOGA CONVENTION & VISITORS

BOHEMIA

~~819 BRAD ST~~

1001 MARKET ST.

CHATTANOOGA TENN

501-C-4 7-13-53 980 C

62

ITEM NO. REMARKS (GIVE ADDITIONAL REMARKS WHICH PERTAIN TO QUESTIONS ON REVERSE SIDE, SHOWING ITEM NUMBER)

TABLE 2—PURPOSES, ACTIVITIES, OPERATIONS OR TYPES OF EXEMPT ORGANIZATIONS

Line No.	Description	Line No.	Description	Line No.	Description
01	Arts (Performing Arts, Fine Arts, etc.)	28	Exhibitions, Fairs, Trade Shows	59	Pension, Profit-Sharing Trust, etc.
02	Advertising	29	Farming	60	Perpetual Care Fund
03	Alumni Activities	30	Federal, State or Local Government Agency	61	Professional Advancement
04	Association of Employees	31	Financial Services	62	Public Safety
05	Association of Employers	32	Fraternity or Sorority	63	Publishing, Radio, TV, etc.
06	Athletics	33	Fund Raising	64	Real Estate Activities
07	Book Store	34	Garden Club	65	Recreation
08	Business Promotion	35	Gifts to Charitable Organizations	66	Religious Institution (Church, Synagogue, etc.)
09	Cafeteria, Restaurant, Snack Bar, Food Services	36	Gifts to Individuals	67	Religious (Other)
10	Camp	37	Handicapped, Aid to	68	Rental of Owned Property
11	Cemetery or Burial Association	38	Health Agency	69	Research and Development
12	Civic Welfare	39	Historical Sites, Historical Records, Preservation of, etc.	70	Retirement Plan
13	Civil Liberties or Rights	40	Hobby Club	71	Royalties, Receipt of
14	Clinic	41	Hospital, Nursing Home, etc.	72	Scholarships
15	Commemorative Organization (Centennial, Monument, etc.)	42	Housing for Aged	73	Senior Citizens or Retirees
16	Commodity Exchange	43	Housing (Other)	74	Services to Members
17	Community Deterioration, Prevention of	44	Humanitarian Activities	75	Sick or Death Benefits to Members
18	Community Fund	45	Indian (Tribe, Cultures, etc.)	76	Social Activities
19	Conservation (Natural Resources, Wildlife)	46	Industrial Development	77	Sports Activities
20	Country Club	47	Insurance	78	Student Activities
21	Credit Reporting	48	International Operations	79	Testing
22	Educational Institution	49	Juvenile Delinquency, Combating of	80	Thrift Shop, Retail Outlet, etc.
23	Educational (Other)	50	Legislative Activities	81	Traffic or Tariff Bureau
24	Emergency or Disaster Aid Fund	51	Library	82	Unemployment Benefits
25	Employees, Welfare of	52	Loans	83	Urban Renewal
26	Employment Assistance, Retraining, Apprentice or Vocational Training, etc.	53	Marketing Members' Products	84	Vacation Plan
27	Endowment Fund	54	Medical Care	85	Veterans Activities
		55	Museum	86	Volunteer Firemen's Organization
		56	Nursery	87	Voter Education
		57	Parent or Parent-Teachers Association	88	World Peace, Promotion of
		58	Patriotic Activities	89	YMCA, YMHA, etc.
				90	Youth Activities

READ THE INSTRUCTIONS ON PAGE 2 BEFORE ANSWERING QUESTIONS

(Use reverse side or attach additional sheets if necessary)

FOR IRS USE ONLY

FOR INTERNAL REVENUE SERVICE USE ONLY

1. COMPLETE NAME OF TAX EXEMPT ORGANIZATION

Chattanooga Convention and Visitors Bureau

2. EMPLOYER IDENTIFICATION NUMBER

62-0156713

3. ADDRESS (STREET, CITY, STATE AND ZIP CODE)

Memorial Auditorium, 399 McCallie Ave., Chattanooga, Tennessee
37402

4. OTHER NAMES BY WHICH ORGANIZATION IS KNOWN (USE REVERSE SIDE IF NECESSARY)

Chattanooga, Inc.

5. BASIS FOR EXEMPTION

1 INDIVIDUAL RULING OR DETERMINATION LETTER 2 GROUP RULING 3 OTHER

DATE OF LETTER/RULING

July 13, 1949

6. SUBSECTION OF CODE UNDER WHICH YOUR ORGANIZATION IS EXEMPT:

(4) IT:PIER:TUC

7. CLASSIFICATION OF EXEMPT ORGANIZATIONS (ENTER LINE NUMBERS FROM TABLE 1)

(040), (061), (), ()

8. FORM OF ORGANIZATION

1 CORPORATION 2 TRUST 3 COOPERATIVE 4 PARTNERSHIP 5 ASSOCIATION

9. TYPE OF FOUNDATION

1 PRIVATE 2 PUBLIC

10. PLACE OF FORMATION

1 U.S. (INCLUDING POSSESSIONS & TERRITORIES) 2 FOREIGN COUNTRY

11. MAJOR PURPOSES, ACTIVITIES OR OPERATIONS (ENTER LINE NUMBERS FROM TABLE 2)

(08), (), (), ()

12. MONTH IN WHICH ACCOUNTING YEAR ENDS:

December

13. AFFILIATION

1 CENTRAL 2 INTERMEDIATE 3 LOCAL 4 INDEPENDENT

14. IF A LOCAL OR INTERMEDIATE, ENTER FULL NAME AND ADDRESS OF CENTRAL

15. IF CENTRAL OR INTERMEDIATE, ENTER NUMBER OF LOCAL AFFILIATES:

16. ANNUAL RETURNS FILED

1 990 2 990-A 3 990-C 4 990-P 5 990-T
6 1065 7 NONE

17. IF A GROUP RETURN WAS FILED, ENTER THE NUMBER OF ORGANIZATIONS INCLUDED IN LATEST GROUP RETURN:

18. CITY OF DISTRICT OFFICE:
Nashville, Tennessee

19. SIGNATURE AND TITLE
Ray W. Atkinson
Ray W. Atkinson, Executive Director

DATE

August 10, 1964

20. TREASURY DEPARTMENT - INTERNAL REVENUE SERVICE



Division of Business and Charitable Organizations

Department of State

State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2286
tncab.tnsos.gov/portal/

Tre Hargett
Secretary of State

Susan Harris
736 MARKET STREET, 18TH FLOOR
CHATTANOOGA, TN 37402, USA

01/30/2026

Request Type: Certificate of Existence/Authorization

Issuance Date: 01/30/2026

Request #: C2026010062

Document Receipt

Order Number: C2026010062

Verification #: 88756397

Receipt #: 2026-102907

Filing Fee: \$20.00

Payment: Credit Card - 3914535238

\$20.00

Entity Name:	CHATTANOOGA AREA CONVENTION AND VISITORS BUREAU, INC.	Initial Filing Date:	06/24/1965
SOS Control #:	000070051	Formation Locale:	TENNESSEE
Entity Type:	Nonprofit Corporation	Duration Term:	Perpetual
Status:	Active	Annual Report Due:	04/01/2026
Fiscal Year Close:	December	Religious Type:	Non-Religious
Business County:	HAMILTON		
Benefit Type:	Mutual Benefit Corporation		

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

CHATTANOOGA AREA CONVENTION AND VISITORS BUREAU, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Verification #: 88756397

Hamilton County Travel Snapshot (2024)

Values represent the direct impact for both domestic and international travel

Direct Visitor Economic Impact

Spending	\$1,805,792,800
Employment	13,061
Labor Income	\$474,068,700
State Taxes	\$113,261,800
Local Taxes	\$73,141,500

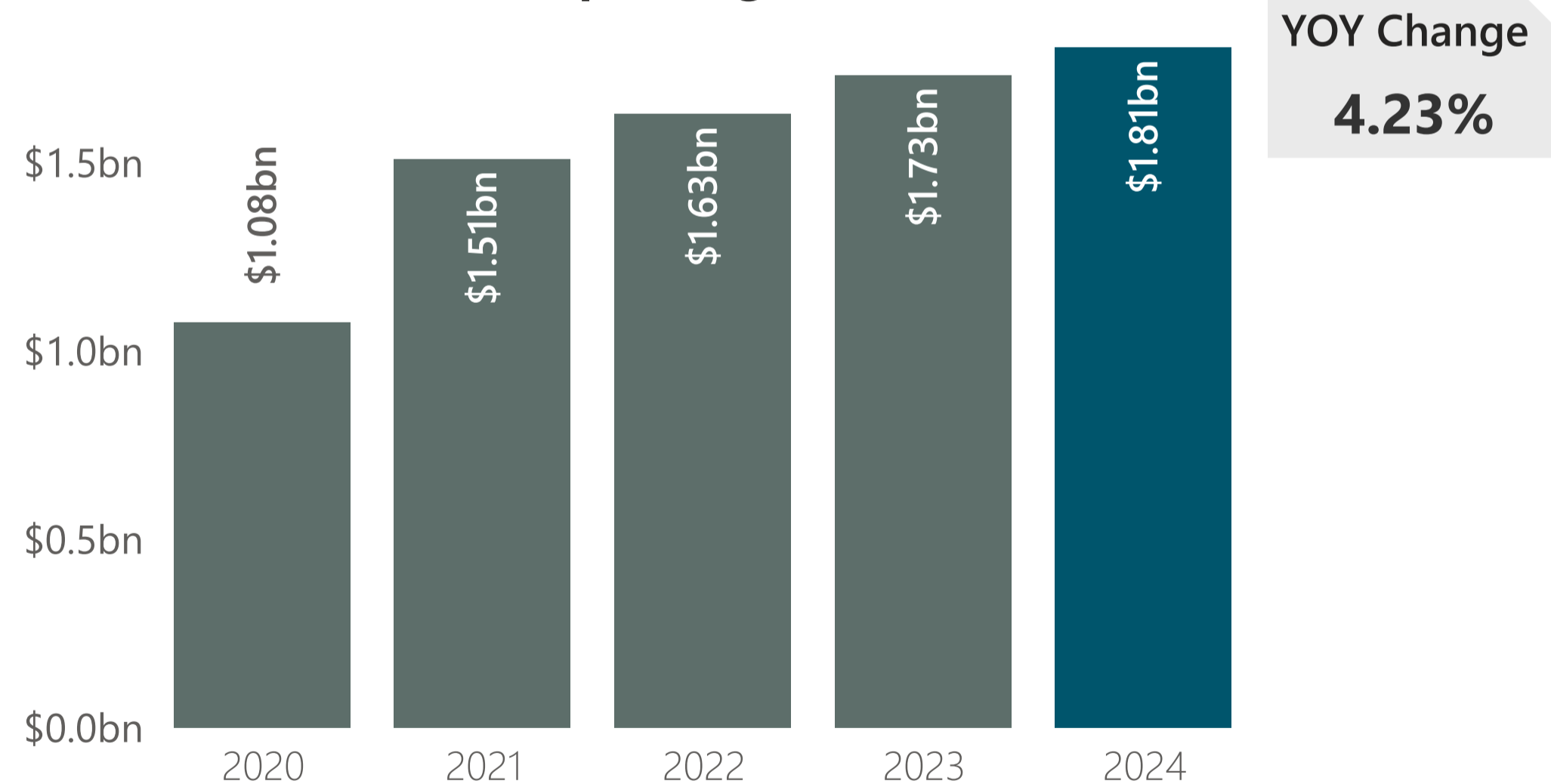
5
County Rank
2024 visitor spending ranking compared to all 95 counties.
Previous Rank: 5

Daily Tourism Impact

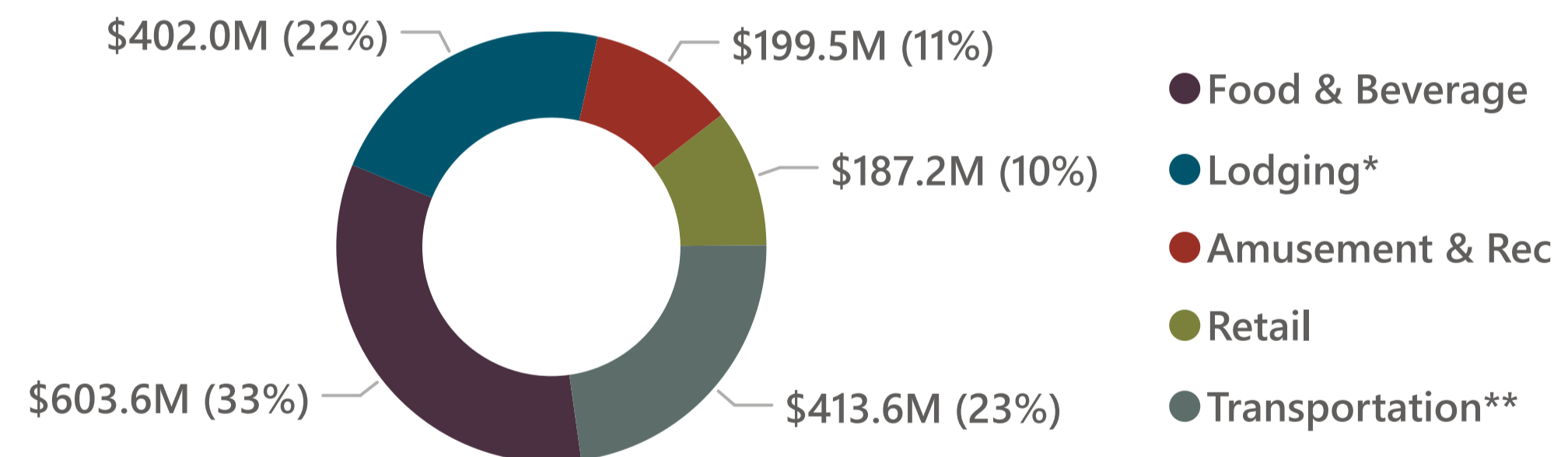
On an average day, visitor spending generated:

- \$4,947,378** in daily expenditures
- \$1,298,818** in daily labor income
- \$310,306** in daily state tax collections
- \$200,388** in daily local tax collections

Direct Visitor Spending Over Time



Direct Visitor Spending by Industry



This economic impact report attributes 15.30% of retail and non-retail sales in Hamilton County to travel and tourism.

* A small portion of Lodging comes from second home spending

** Transportation includes both ground and air transportation

What is "direct visitor spending" and why does it matter?

Direct visitor spending are those dollars that a visitor exchanges with businesses in the five categories shown in the pie chart (below). It does not include indirect spending (ex: B2B purchases) or induced spending (ex: employee wages spent in the local economy). **Visitor spending injects real money into the local economy and generates taxes for local and state government budgets.**

Hamilton County Travel Snapshot (2024)

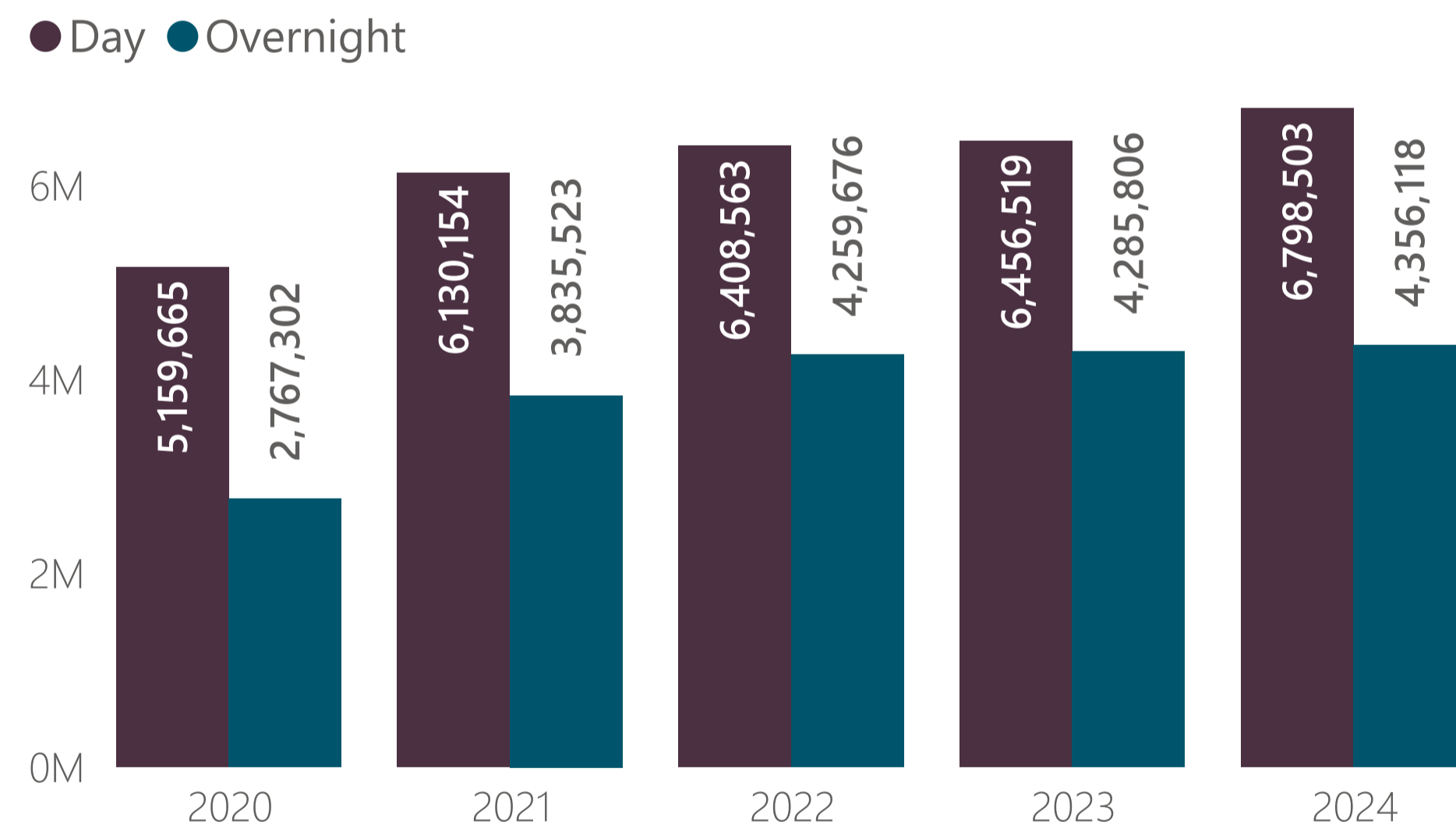
Who counts as a visitor?

Someone who completes any journey for business or pleasure, outside their normal community and not part of a normal routine.

- **Day visitor:** one whose trip involved travel >50 miles from home, spending time in destination market, and returning home to sleep.
- **Overnight visitor:** one who spent one or more nights in a lodging facility, short-term rental, the home of friends/family, etc.

Below is a modeled estimate of county visitation illustrating how visitors to this county factor into the overall state visitor totals.

Estimated Number of County Visitors



Note: Local DMOs may publish their own visitation numbers. Do not compare this visitation data to other state, national, or local models. Methods, assumptions, and data inputs may vary.

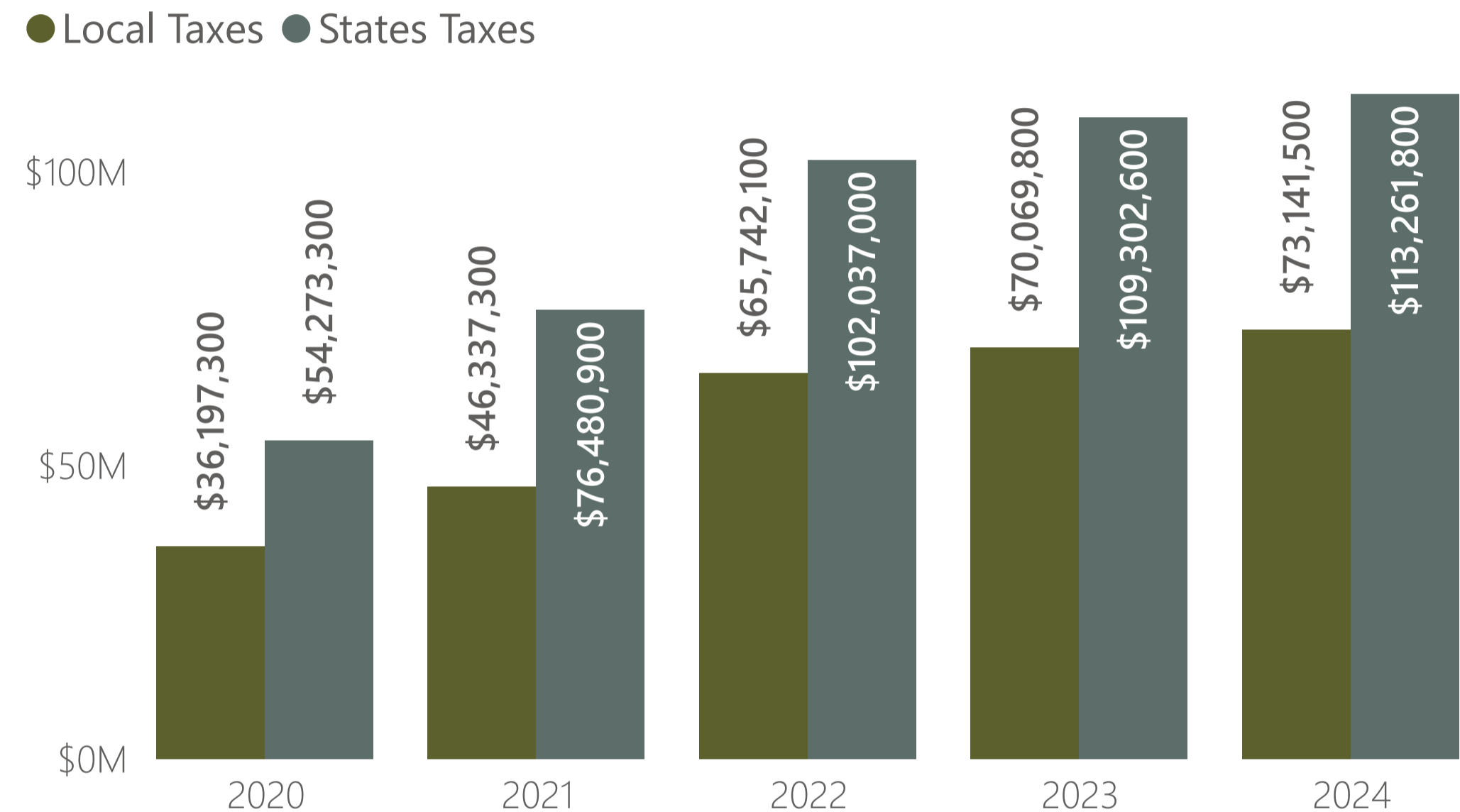
ABOUT THIS REPORT

Economic impact and visitation are modeled using data from Smith Travel Research, AirDNA, Arrivalist, TN Dept. of Revenue, TN Dept. of Tourist Development, US Bureau of Economic Analysis, US Bureau of Labor Statistics, US Census Bureau, Longwoods International, Visa Data Insights, Zartico, Placer.AI, and Tourism Economics. This report should not be compared with versions published before 2020 due to the changes in model and vendor.

How do visitors help this community?

Visitor spending produced state and local tax collections; reducing the burden on residents to support infrastructure, education, health and safety services, etc.

State and Local Tax Collections from Visitor Spending



Tax Savings per Household

In **2024**, visitors to **Hamilton County** generated **\$1,232** in tax savings per household through state and local tax collections.

Statewide AVG savings per household: \$1,174

*Based on 2023 American Community Survey 5-year estimated households: 151K

2025-2026

Strategic Plan

Chattanooga Tourism Co.



Prepared November 18, 2024
by Bridge Innovate

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OPENING STATEMENT

A Letter from the CEO

As we look to the future, I am excited to share with you the Chattanooga Tourism Co.'s (CT Co.) newly developed strategy, crafted in partnership with Bridge Innovate. This strategic plan reflects a bold step forward in our mission to promote and develop visitor experiences that drive our community's economic and social prosperity. The journey of shaping this strategy was deeply intentional, and I am confident it will guide our work in impactful ways for years to come.

At the heart of this strategic planning process was a commitment to honoring our promises to stakeholders, especially our investors who play a crucial role in Chattanooga's economic development through tourism. Our new strategy emphasizes collaboration with these investors, aiming for stronger partnerships and a clearer, shared vision for growth. We know that by working closely together, we can realize our shared goals for a thriving tourism ecosystem that benefits all.

In shaping this strategy, we sought insights and guidance from a broad cross-section of community stakeholders, recognizing the need for diverse voices to help shape the future of Chattanooga's tourism. The input we received was invaluable in helping us understand both the aspirations and challenges facing our community, ensuring that this strategy is as inclusive and forward-thinking as possible. Through this collaborative effort, we have built a foundation that prioritizes the distinctive experiences that make Chattanooga a unique and memorable destination.

Our strategic exploration also included an in-depth look at the competitive landscape, as we sought to refine the visitor experience with new, creative approaches. As tourism evolves, it's essential that Chattanooga stands out by offering something truly special to visitors. This strategy gives our team clear direction on how to craft, promote, and enhance these experiences in a way that reflects the rich character of our area.

With this strategy, we are providing our team with clarity and direction to achieve the greatest possible impact in the coming years. I look forward to working alongside each of you to bring this vision to life and to strengthen Chattanooga's position as a premier tourism destination. Together, let's continue to make Chattanooga a welcoming, vibrant place for all who visit and a place we're proud to call home.

Warm regards,

Barry White
CEO, Chattanooga Tourism Co.

Sponsor Team:

Barry White
Susan Harris

Board Member Contributor:

Hugh Morrow

Strategy Contributors:

Brian Murphy, Tim Morgan,
Ellen Puffer, David Blair,
Allison Wolfe

Special Thanks:

A special thanks to the entire Chattanooga Tourism Team for their valuable insights and dedication in shaping the 2025-2026 strategic vision and plan.



OUR MISSION

Promote and develop visitor experiences for our community's economic and social prosperity.



OUR VALUES

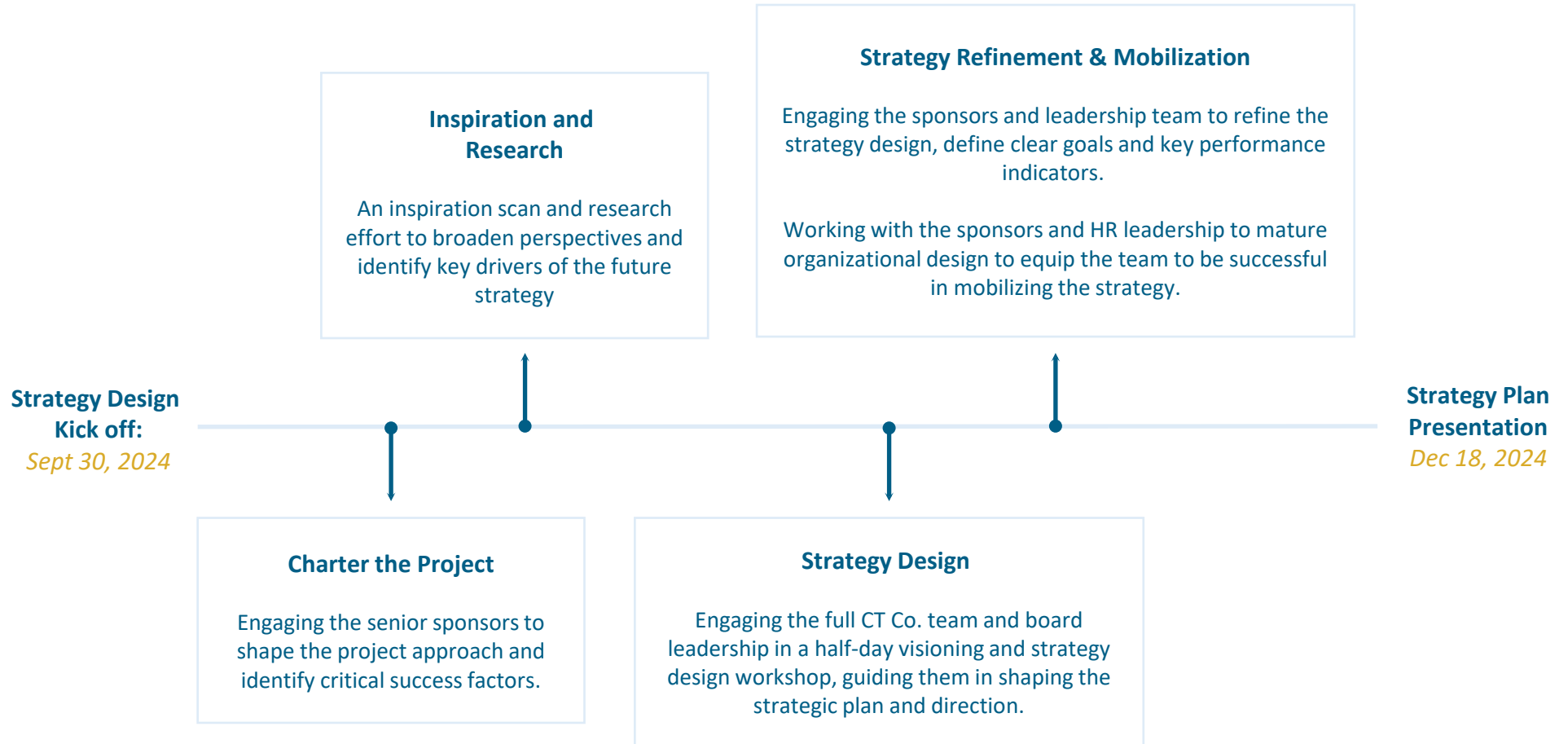
Collaboration
Vision
Integrity
Accountability
Inclusivity

The Project Approach





THE STRATEGIC PLANNING APPROACH





RESEARCH & INSPIRATION

An inspiration scan and research effort to broaden perspectives and identify key drivers of the future strategy



Note: For a full summary briefing of the research effort please contact the sponsor team.



THE KEY DRIVERS OF THE STRATEGY

This inspiration scan and research assessment surfaced a set of key drivers that influenced the strategy design.

To develop the strategy, the team gathered insights from key stakeholders, board members, staff, and community leaders.

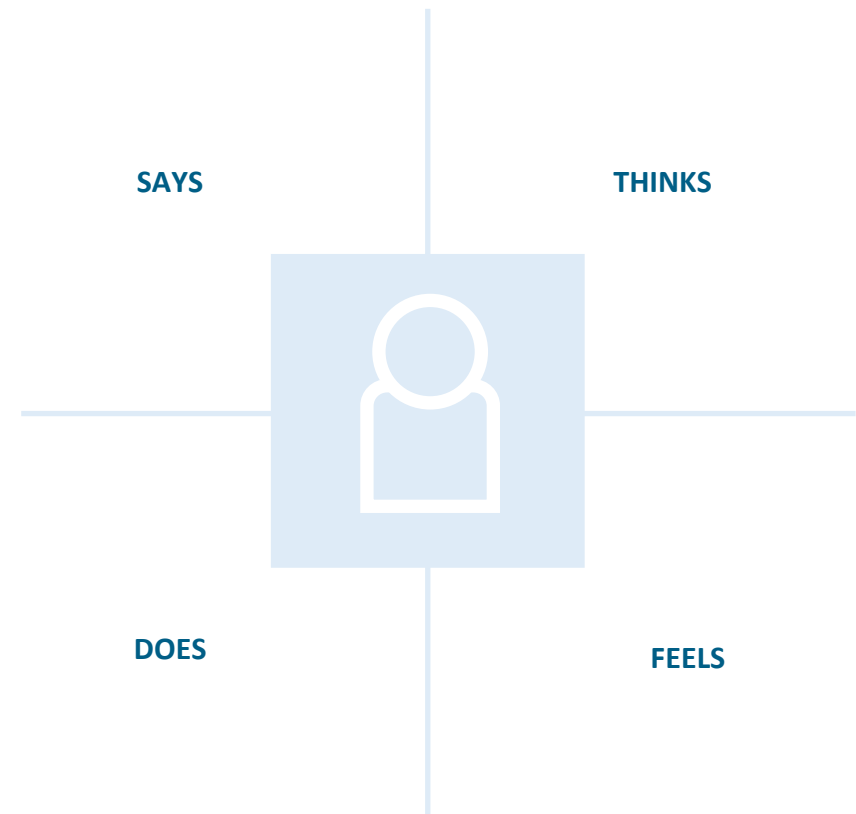
Additionally, we evaluated trend data and leading practices from other communities such as Greenville, Asheville, Huntsville, Knoxville, Charleston, Savannah, Lexington, Acworth, Richmond.





HUMAN CENTERED DESIGN

To ensure the future strategy addressed our promise commitments and the needs and pain points of a full range of key stakeholders, we engaged in visioning and empathy mapping to develop insights.




A stylized graphic in the top right corner of the page. It features a sun with rays at the top, and below it, three simplified human figures with rounded heads and bodies, arranged in a row. The entire graphic is rendered in a light blue color against the dark blue background.

The 2025-2026 Strategy



THE 2026 VISION STORY

Our vision story paints a picture of what the future could look like. It serves as a guidepost, describing CT Co.'s 2026 aspirations and the impact it seeks to achieve.

 <p>VISION STORY</p>	<p>LIVING OUR PROMISES</p> <ul style="list-style-type: none"> • Create a thriving tourism ecosystem that balances community engagement, visitor satisfaction, and partner collaboration. • Ensure tourism drives local economic prosperity, enhances quality of life, and positions Chattanooga as a must-visit destination. • Strengthen partnerships across sectors, including nonprofits, businesses, and public organizations, to align resources and vision. <p>1</p>	<p>EXAMPLES OF HOW WE DELIVERED ON THE PROMISES</p> <ul style="list-style-type: none"> • Development of custom itineraries tailored to visitor interests, with partnerships offering unique cultural and outdoor experiences. • Improved internal dashboards and communication systems for seamless stakeholder collaboration. • Expanded concierge services, immersive events, and real-time visitor feedback loops to optimize visitor experiences. • Developed an integrated calendar to ensure year-round programming that engages both residents and visitors, driving repeat visits and increased community involvement. <p>2</p>	<p>WAYS WE COMMUNICATED</p> <ul style="list-style-type: none"> • Shared key metrics with stakeholders through clear, visual dashboards showcasing visitor spend, community impact, and feedback. • Conducted quarterly partner outreach meetings to keep all stakeholders aligned and engaged. • Highlighted success stories through social media campaigns and local media channels to maintain public engagement. <p>3</p>
<p>WHAT VISITORS ARE SAYING</p> <p>“Chattanooga is a place I want to return to.”</p> <p>“The local businesses feel like part of the experience, not just tourist stops.”</p> <p>“We now understand how tourism contributes to the community’s economic success.”</p> <p>4</p>	<p>OUR ENHANCED VISITOR EXPERIENCE</p> <ul style="list-style-type: none"> • Seamless blend of nature, culture, and hospitality, offering a variety of experiences ranging from outdoor activities to arts and entertainment. • Visitors and locals alike engage in events, contributing to the city’s vibrant atmosphere. • Local businesses actively participate, enhancing authenticity and creating deeper community connections. <p>5</p>	<p>CHANGES WE MADE</p> <ul style="list-style-type: none"> • Strengthened relationships with local businesses, resulting in new collaborative events and opportunities. • Increased engagement from residents through advocacy programs and accessible events. • Enhanced use of data-driven strategies to understand visitor trends and refine offerings accordingly. <p>6</p>	<p>THE IMPACT FOR OUR MISSION</p> <ul style="list-style-type: none"> • Aligned tourism goals with community priorities, ensuring both economic and social benefits. • Expanded marketing efforts to attract new segments while nurturing local pride and involvement in tourism initiatives <p>7</p>



STRATEGIC INITIATIVES	VISITOR DEMAND GROUP & LEISURE	VISITOR EXPERIENCE	DESTINATION DEVELOPMENT	ENGAGEMENT & IMPACT	ORGANIZATIONAL EXCELLENCE
GOALS	<ul style="list-style-type: none"> Increase total annual visitation Refine promotional strategy Expand into new markets Increase promotional spending 	<p>Elevate the visitor experiences across the following:</p> <ul style="list-style-type: none"> Website Information center Group sales and services Inquiry fulfillment Marketing 	<ul style="list-style-type: none"> Improve competitive positioning and influence decisions for the benefit of tourism 	<ul style="list-style-type: none"> Mobilize a comprehensive advocacy and engagement approach Develop and implement a long term public investment strategy that includes all government entities who collect lodging taxes in Hamilton County 	<ul style="list-style-type: none"> Elevate shared leadership commitment supporting the strategy, culture and mission Complete new office design, build, and move to align with established organizational strategies and facilitate employee performance
KPI's	<ul style="list-style-type: none"> Grow total visitation (day + overnight) by 12% to 12,031,404 people by 2026 Grow group visitation by 4% to X# attendees 	<ul style="list-style-type: none"> Establish baseline metrics for all visitor touchpoints by July 2025 Develop plans to improve visitor experience for key touchpoints by 10% 	<ul style="list-style-type: none"> # of new facility enhancements or development for sports, music & the convention center Responsibly invest all ARPA funds prior to established deadline 	<ul style="list-style-type: none"> Diversify and increase overall revenue funding by 10%, by end of 2026 Community sentiment survey overall score TBD Participate in the budget investment request process for all government entities who are collecting lodging taxes in Hamilton County 	<ul style="list-style-type: none"> Raise overall Q12 engagement score one complete quartile Complete the office move, on budget, by the end of October 2025 Determine appropriate people development metrics around employee retention and performance rating scores



STRATEGIC INITIATIVE:

*Visitor Demand
Group & Leisure*

GOAL	KPI's
<ul style="list-style-type: none"> • Increase total annual visitation • Refine promotional strategy • Expand into new markets • Increase promotional spending 	<ul style="list-style-type: none"> • Grow total visitation (day + overnight) by 12% to 12,031,404 people by 2026 • Grow group visitation by 4% to X# attendees

TACTICS	ACTIONS	
	YEAR 1	YEAR 2
Increase exposure to leisure markets	<ul style="list-style-type: none"> • Develop and execute an aggressive 2-year marketing plan • Partner with TDTD to enhance effectiveness of marketing spend 	<ul style="list-style-type: none"> • Measure and modify as required
Refine Chattanooga's competitive positioning	<ul style="list-style-type: none"> • Develop competitive positioning profiles for leisure visitation, meetings/conventions, and sports 	<ul style="list-style-type: none"> • Refine and modify as needed
Identify assets needed to support competitive positioning outcomes	<ul style="list-style-type: none"> • Develop marketing & sales plans based on positioning profiles • Begin implementation of identified sales plan • Update collateral, processes, resources, and other marketing support material 	<ul style="list-style-type: none"> • Review, modify and continue implementation of plans based on year 1 results
Evaluate effectiveness of leisure marketing spend	<ul style="list-style-type: none"> • Review past 4 years and identify opportunities and trends to determine priority changes • Implement changes based on data and identified opportunities 	
Identify underperforming financial resources across all departments	<ul style="list-style-type: none"> • Reallocate found resources to marketing spend 	
Refine group (Sports and M&C) sales plans to maximize returns	<ul style="list-style-type: none"> • Determine the most effective shows and sales strategies • Create 2-year sales plans • Develop group tool kits to support the sales process 	<ul style="list-style-type: none"> • Manage and motivate sales teams to reach KPIs • Refine toolkits as needed



STRATEGIC INITIATIVE:

Visitor Experience

		GOAL	KPI's
		Elevate the visitor experiences across the following: <ul style="list-style-type: none"> • Website • Information center • Group sales and services • Inquiry fulfillment • Marketing 	<ul style="list-style-type: none"> • Establish baseline metrics for all visitor touchpoints by July 2025 • Develop plans to improve visitor experience for key touchpoints by 10%
TACTICS	ACTIONS		
	YEAR 1		YEAR 2
	Evaluate the current visitor experience to understand our baseline and opportunities to elevate at customer journey touchpoints	<ul style="list-style-type: none"> • Create a customer journey map to understand the customer journey experience • Identify top opportunities for improvement in the current customer journey at touchpoints we can measure and affect • Develop measurement & reporting systems, refine goals, and identify improvement opportunities 	<ul style="list-style-type: none"> • Review year 1 performance and adjust measurement, goals & strategy as needed
Improve the UX/UI of VisitChattanooga.com to be more helpful to prospective and converted visitors	<ul style="list-style-type: none"> • Evaluate website usability, performance, and content for alignment with user needs and expectations • Identify structural changes to sitemap needed to improve usefulness of VisitChattanooga.com • Identify destination related SEO keywords we can own organically (placing top 3 in search results) by creating content relevant to the search query 	<ul style="list-style-type: none"> • Test organic SEO blog workflow on targeted opportunity keywords • Implement changes to website layout and navigation based on UX/UI evaluation 	
Elevate the visitor experience across the destination by acting as a catalyst for affiliated partners	<ul style="list-style-type: none"> • Curate content to better meet the needs and preferences of visitors by segment • Manage and/ or coordinate service delivery by clients and segments • Define, KPIs and measurement techniques for leisure and group service delivery 	<ul style="list-style-type: none"> • Identify unaddressed key segments with targeted campaigns • Partner with other community economic development organizations (River City Company, Chamber, etc.) to present a unified brand voice for Chattanooga • Continue to improve service delivery by clients and segments 	



STRATEGIC INITIATIVE:

Destination Development

	GOAL		KPI's	
	<ul style="list-style-type: none"> Improve competitive positioning and influence decisions for the benefit of tourism 		<ul style="list-style-type: none"> # of new facility enhancements or development for sports, music & the convention center Responsibly expend all ARPA funds prior to established deadline 	
TACTICS	ACTIONS			
	YEAR 1		YEAR 2	
Complete destination development studies and drive progress towards plan recommendations	<ul style="list-style-type: none"> Manage consultant and lead stakeholder engagement and outreach for Sports Facilities planning process and report release Seek investor support for convention center recommendations Develop a short list of achievable enhancement projects for the convention center recommendations Determine an approach to sell music venue recommendations to potential investors 		<ul style="list-style-type: none"> Develop a short list of achievable enhancement & new construction projects for sports, convention center & music recommendations Create an inclusive plan(s) with potential funding sources that require consultant engagement Champion & execute completed plan with political support and financial backing 	
Create & execute a spending plan for ARPA transformational funding	<ul style="list-style-type: none"> Create a spending plan for ARPA funding that focuses on high priority transformational projects and begin implementation 		<ul style="list-style-type: none"> Continue to execute transformational projects outlined in the ARPA spending plan 	
Create clear plan that engages cross-community input for destination development	<ul style="list-style-type: none"> Working within established tactics for Impact & Engagement and Visitor Experience, gather feedback from stakeholders for destination development plan Evaluate existing statutorily-permitted revenue strategies for tourism capital investment 		<ul style="list-style-type: none"> Develop crisis / disaster management plan for tourism 	



STRATEGIC INITIATIVE:

Engagement & Impact

	GOAL		KPI's	
	<ul style="list-style-type: none"> Mobilize a comprehensive advocacy and engagement approach Develop and implement a long-term public investment strategy that includes all government entities who collect lodging taxes in Hamilton County 		<ul style="list-style-type: none"> Diversify and increase overall revenue funding by 10%, by end of 2026 Community sentiment survey overall score TBD Participate in the budget / investment request process for all government entities who are collecting lodging taxes in Hamilton County 	
TACTICS	ACTIONS			
	YEAR 1		YEAR 2	
Implement relationship management plan for government officials and other key stakeholders.	<ul style="list-style-type: none"> Identify relationship managers and define engagement touchpoint goals Identify key times & events for customized communication to stakeholders Identify each entity's budget process and timeline and participate by making an affirmative investment ask Determine key needs to inform educational initiatives and dashboard reporting 		<ul style="list-style-type: none"> Mature dynamic relationship management plan Refine and improve budgeting process activation Working with the Tourism Foundation, expand educational outreach Implement intentional Legislative Advocacy Days to connect government investors with industry partners and stakeholders 	
Broaden communication strategy with industry and community partners	<ul style="list-style-type: none"> Develop and implement customized communication strategies for industry and community partners (segmented & comprehensive) Create collaborative networking events & exclusive engagement opportunities Implement partner feedback mechanism for continual improvement 		<ul style="list-style-type: none"> Implement an enhanced partner portal to include partner communication hub Plan and execute public awareness campaign on the value of tourism in the community 	
Develop and activate a community engagement plan	<ul style="list-style-type: none"> Review Business and Resident Sentiment Surveys to determine baseline engagement levels and assess strategies to respond to findings (including communication and education opportunities) Working with the Tourism Foundation, evaluate, refine and activate an improved organization-wide volunteer program 		<ul style="list-style-type: none"> Explore establishment of a Community Advisory Council Increase volunteer engagement and diversity through enhanced volunteer recruitment, incentive and reward programs Prepare and execute follow up sentiment surveys. 	



STRATEGIC INITIATIVE:

Organizational Excellence

	GOAL		KPI's	
	<ul style="list-style-type: none"> Elevate shared leadership commitment supporting the strategy, culture and mission Complete new office design, build, and move to align with established organizational strategies and facilitate employee performance 		<ul style="list-style-type: none"> Raise overall Q12 engagement score one complete quartile Complete the office move, on budget, by the end of October 2025 Determine appropriate people development metrics around employee retention and performance rating scores 	
TACTICS	ACTIONS			
	YEAR 1		YEAR 2	
Align structure and people development to new two-year organizational strategy	<ul style="list-style-type: none"> Review, assess and update organizational chart with planned communication strategies to facilitate success Continue implementation of comprehensive multi-year HR strategy and people development planning, prioritizing culture and care for all team members Determine hiring needs to execute priority initiatives Activate adjusted EDI framework Establish KPIs for retention, attrition, turnover, and performance rating scores 		<ul style="list-style-type: none"> Review efficiency and effectiveness of updated organizational chart and make necessary changes Refine and continue implementation of people development initiatives 	
Determine shared frameworks for cultural leadership	<ul style="list-style-type: none"> Determine framework for team, department, and individual communication with consistency across the organization Facilitate and support leadership development for cultural alignment with people development strategies Review design and plan of new office to ensure alignment of space with business and leadership priorities 		<ul style="list-style-type: none"> Assess efficiency and effectiveness of Y1 initiatives Adapt initiatives as needed 	
Assess and improve processes / tools across teams and individuals	<ul style="list-style-type: none"> Identify software tools, workflow processes, and associated policies used by each team Include state of the art technology in office design Evaluate existing tools and contracts to determine RFP needs Identify changes (with associated benefits) needed in tools, processes and policies, along with budgetary needs and implementation schedule 		<ul style="list-style-type: none"> Complete action plan for any identified changes for implementation Continuous feedback loop analysis and implementation of core needs 	



Strategy Mobilization



Mature the organizational structure to align to the strategy work effort

Launch five strategic initiatives effective January 1, 2025

Enhance communications and data reporting across all stakeholder groups

**CHATTA
NOODGA
TOURISM CO.**

Hamilton County, TN

Budget Hearings

FY 2027

911 Emergency Communications District

BUDGETED APPROPRIATION TO 911 ECD

	Adopted Budget	<i>Increase over PY</i>	<i>Percent Inc.</i>
FY 2021	\$2,096,780		
FY 2022	2,160,144	63,364	3.0%
FY 2023	2,271,517	111,373	5.2%
FY 2024	2,426,924	155,407	6.8%
FY 2025	2,536,991	110,067	4.5%
FY 2026	2,807,437	270,446	10.7%

Key Items to Address with County Commission:

1. What's the increase in your budget request investing in?
2. Where are you maintaining/holding the line within your budget?
3. What are you transitioning from within your budget?

**HAMILTON COUNTY 9-1-1 EMERGENCY COMMUNICATIONS DISTRICT
Unified Emergency Communications**

**FY27 Agency Funding
By Percent of Population and Telephone Calls for Service**

\$12,689,166.00 = Agencies FY Funding

**Population = US Census Bureau - July 2020
Agency Calls for Service = 2025**

\$5,570,543.87 43.9% by Population
\$7,118,622.13 56.1% by Call Volume
\$12,689,166.00

	Total Calls	%	Call Volume Funding	Population	%	Population Funding	Total Funding	Projected AGENCY FY27 FUNDING	Agency FY26 Funding	Difference	FY27 District Subsidy	FY27 Agency Increase	FY27 Adjusted Agency Funding
Chattanooga	387,411	66.5%	\$4,733,631.28	181,099	49.7%	\$2,770,349.29	\$7,503,980.57	\$7,503,980.57	\$6,385,575	\$1,118,406	\$838,804.18	\$279,601.39	\$6,665,176.39
Hamilton County	115,137	19.8%	\$1,406,816.29	115,953	31.8%	\$1,773,782.91	\$3,180,599.20	\$3,180,599.20	\$2,807,437	\$373,162	\$279,871.65	\$93,290.55	\$2,900,727.55
East Ridge	34,177	5.9%	\$417,596.08	22,167	6.1%	\$339,098.13	\$756,694.22	\$756,694.22	\$649,233	\$107,461	\$80,595.91	\$26,865.30	\$676,098.30
Red Bank	10,721	1.8%	\$130,995.92	11,899	3.3%	\$182,024.12	\$313,020.04	\$313,020.04	\$275,509	\$37,511	\$28,133.28	\$9,377.76	\$284,886.76
Signal Mountain	5,154	0.9%	\$62,974.81	8,852	2.4%	\$135,412.85	\$198,387.67	\$198,387.67	\$169,224	\$29,164	\$21,872.75	\$7,290.92	\$176,514.92
Collegedale	10,049	1.7%	\$122,785.00	11,109	3.1%	\$169,939.15	\$292,724.15	\$292,724.15	\$266,832	\$25,892	\$19,419.12	\$6,473.04	\$273,305.04
Soddy Daisy	19,955	3.4%	\$243,822.74	13,070	3.6%	\$199,937.41	\$443,760.15	\$443,760.15	\$389,906	\$53,854	\$40,390.61	\$13,463.54	\$403,369.54
	582,604	100.0%	\$7,118,622.13	364,149	100.0%	\$5,570,543.87	\$12,689,166.00	\$12,689,166.00	\$10,943,716	\$1,745,450	\$1,309,087.50	\$436,362.50	\$11,380,078.50

HAMILTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT



3404 AMNICOLA HWY • CHATTANOOGA, TN 37406 • (423) 622-1911 • www.hc911.org

DR. RICHARD BROWN

Chairman, Board of Directors

JEFFERY D. CARNEY, ENP

Executive Director

MIKE MAHN

Legal Counsel

March 27, 2026

The Honorable Weston Wamp
Mayor of Hamilton County Tennessee
201 E. 7th Street, Room 208
Chattanooga, TN 37402

Dear Mayor Wamp:

Pursuant to the 2008 Unification Agreement, the District is to submit an annual notification to each participating entity which provides the Agency Funding Payable for the upcoming fiscal year that begins July 1, 2026. For Hamilton County Government, the FY27 Agency Funding Payable is \$2,900,728 as shown on the enclosed Agency Funding Chart.

The \$93,291 increase for the FY27 agency funding over FY26 is a result of the first phase of a 4-year plan to bring our Telecommunicator-grade positions up to market salary. We are phasing this plan in to avoid any substantial financial impact on your agency in a single fiscal year. Of note, the District is paying \$1,309,088 out of District unrestricted reserve funds to cover 75% of the first-year implementation costs of this plan.

The payable percentages are determined by the 9-1-1 emergency and 10-digit non-emergency call volume for 2025 as well as population for each agency.

The funds provided by the agencies pay only for the Telecommunicators; the employees at the heart of our operation, who answer the non-emergency and 9-1-1 calls and who dispatch and assist your first responder units via radio. The District pays for all supervision on the communications floor, the training staff, the personnel that respond to open records requests and assist your agencies with network connected devices as well as our Incident Dispatch Unit which responds to critical incident scenes to provide direct communications assistance to your responders. The District also pays all costs for training, technology and capital expenditures.

Thank you for your continued support of 9-1-1 in Hamilton County. If I or my staff can be of any assistance to you or should you have any questions, please do not hesitate to contact me.

Sincerely,

Jeffery D. Carney, ENP
Executive Director

cc: Hamilton County 9-1-1 ECD Board of Directors