

Form **990**

Return of Organization Exempt From Income Tax

2021

Include section 513(c), 514, or 517(b)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may create privacy.
- Do not check qualified 501(c)(29) for individuals and the other alternative.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047
EPC: 00000000

1 For the 2021 calendar year, or for your beginning and ending:

| | |
|---|---|
| a Name of the organization JORDAN CHAMBERLAIN SOCIETY NASHVILLE | b Employer identification number 45-3087728 |
| c Street address, including apartment, suite, or other address (do not check this box unless you are a private foundation) 321 CHEVYCHASE DR NASHVILLE TN 37215 | d Telephone number 615-488-8878 |
| e City or town, state or province, county, and ZIP+4 (do not check this box unless you are a private foundation) NASHVILLE, TN 37215 | f Accounting period (month and year) 12/31/2021 |
| g Federal tax classification (check one) <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(29) <input type="checkbox"/> 501(c)(27) <input type="checkbox"/> 501(c)(28) <input type="checkbox"/> 501(c)(29) <input type="checkbox"/> 501(c)(30) <input type="checkbox"/> 501(c)(31) <input type="checkbox"/> 501(c)(32) <input type="checkbox"/> 501(c)(33) <input type="checkbox"/> 501(c)(34) <input type="checkbox"/> 501(c)(35) <input type="checkbox"/> 501(c)(36) <input type="checkbox"/> 501(c)(37) <input type="checkbox"/> 501(c)(38) <input type="checkbox"/> 501(c)(39) <input type="checkbox"/> 501(c)(40) <input type="checkbox"/> 501(c)(41) <input type="checkbox"/> 501(c)(42) <input type="checkbox"/> 501(c)(43) <input type="checkbox"/> 501(c)(44) <input type="checkbox"/> 501(c)(45) <input type="checkbox"/> 501(c)(46) <input type="checkbox"/> 501(c)(47) <input type="checkbox"/> 501(c)(48) <input type="checkbox"/> 501(c)(49) <input type="checkbox"/> 501(c)(50) <input type="checkbox"/> 501(c)(51) <input type="checkbox"/> 501(c)(52) <input type="checkbox"/> 501(c)(53) <input type="checkbox"/> 501(c)(54) <input type="checkbox"/> 501(c)(55) <input type="checkbox"/> 501(c)(56) <input type="checkbox"/> 501(c)(57) <input type="checkbox"/> 501(c)(58) <input type="checkbox"/> 501(c)(59) <input type="checkbox"/> 501(c)(60) <input type="checkbox"/> 501(c)(61) <input type="checkbox"/> 501(c)(62) <input type="checkbox"/> 501(c)(63) <input type="checkbox"/> 501(c)(64) <input type="checkbox"/> 501(c)(65) <input type="checkbox"/> 501(c)(66) <input type="checkbox"/> 501(c)(67) <input type="checkbox"/> 501(c)(68) <input type="checkbox"/> 501(c)(69) <input type="checkbox"/> 501(c)(70) <input type="checkbox"/> 501(c)(71) <input type="checkbox"/> 501(c)(72) <input type="checkbox"/> 501(c)(73) <input type="checkbox"/> 501(c)(74) <input type="checkbox"/> 501(c)(75) <input type="checkbox"/> 501(c)(76) <input type="checkbox"/> 501(c)(77) <input type="checkbox"/> 501(c)(78) <input type="checkbox"/> 501(c)(79) <input type="checkbox"/> 501(c)(80) <input type="checkbox"/> 501(c)(81) <input type="checkbox"/> 501(c)(82) <input type="checkbox"/> 501(c)(83) <input type="checkbox"/> 501(c)(84) <input type="checkbox"/> 501(c)(85) <input type="checkbox"/> 501(c)(86) <input type="checkbox"/> 501(c)(87) <input type="checkbox"/> 501(c)(88) <input type="checkbox"/> 501(c)(89) <input type="checkbox"/> 501(c)(90) <input type="checkbox"/> 501(c)(91) <input type="checkbox"/> 501(c)(92) <input type="checkbox"/> 501(c)(93) <input type="checkbox"/> 501(c)(94) <input type="checkbox"/> 501(c)(95) <input type="checkbox"/> 501(c)(96) <input type="checkbox"/> 501(c)(97) <input type="checkbox"/> 501(c)(98) <input type="checkbox"/> 501(c)(99) <input type="checkbox"/> 501(c)(100) | h Website URL (do not check this box unless you are a private foundation) WWW.CHAMBERLAINSOCTY.ORG |

Part I Summary

| | | Part I, Section 513(c), 514, or 517(b)(1) | Part I, Section 513(c), 514, or 517(b)(1) |
|--|---|---|---|
| 1 | a Total revenue (do not check this box unless you are a private foundation): | | |
| | b Total expenses (do not check this box unless you are a private foundation): | | |
| | c Total revenue less total expenses (do not check this box unless you are a private foundation): | | |
| | d Total revenue less total expenses less total expenses (do not check this box unless you are a private foundation): | | |
| | e Total revenue less total expenses less total expenses less total expenses (do not check this box unless you are a private foundation): | | |
| | f Total revenue less total expenses less total expenses less total expenses less total expenses (do not check this box unless you are a private foundation): | | |
| | g Total revenue less total expenses less total expenses less total expenses less total expenses less total expenses (do not check this box unless you are a private foundation): | | |
| 2 | a Contributions and grants (Part III, Sec. 17) | 11,552 | 11,552 |
| | b Program service income (Part III, Sec. 17) | | |
| | c Investment income (Part III, columns (A), (B), (C), (D), and (E)) | 7,188 | 11,297 |
| | d Other revenue (Part III, columns (A), (B), (C), (D), (E), (F), and (G)) | 20,221 | 39,480 |
| | e Total revenue (Part III, column (H)) | 38,961 | 62,329 |
| | f Total revenue less total expenses (Part III, column (I)) | 27,375 | 27,375 |
| | g Total revenue less total expenses less total expenses (Part III, column (J)) | | |
| | h Total revenue less total expenses less total expenses less total expenses (Part III, column (K)) | | |
| | i Total revenue less total expenses less total expenses less total expenses less total expenses (Part III, column (L)) | | |
| | j Total revenue less total expenses less total expenses less total expenses less total expenses less total expenses (Part III, column (M)) | | |
| | k Total revenue less total expenses less total expenses less total expenses less total expenses less total expenses less total expenses (Part III, column (N)) | | |
| | l Total revenue less total expenses less total expenses less total expenses less total expenses less total expenses less total expenses less total expenses (Part III, column (O)) | | |
| 3 | a Total assets (Part I, Sec. 17) | | |
| | b Total liabilities (Part I, Sec. 17) | | |
| 4 Total assets less total liabilities (Part I, Sec. 17) | | 152,375 | 152,375 |

Do not check this box unless you are a private foundation (do not check this box unless you are a private foundation)

Under penalty of perjury, I declare that I have prepared this return, including accompanying schedules and statements, in full and true and correct accordance with the law and the instructions to this form, and I am not aware of any information that would cause me to believe that this return or any accompanying statement is not true and correct. Declaration of preparer (other than officer) is based on information of which preparer has any knowledge.

| | | | |
|-----------------------------------|---|---|-----------------------|
| Preparer's name (print) | Signature | Date | Preparer's EIN |
| LINDSEY W. GEORGE | LINDSEY W. GEORGE | | 750221228 |
| Organization (print) | Address (street, city, state, and ZIP+4) | Phone number (include area code) | |
| JORDAN CHAMBERLAIN SOCIETY | 321 CHEVYCHASE DR NASHVILLE, TN 37215 | 615-488-8878 | |

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