

Form **990**
Department of the Treasury
Internal Revenue Service

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
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
EAST TENNESSEE FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
520 W SUMMIT HILL DR SUITE 1101

City or town, state or province, country, and ZIP or foreign postal code
KNOXVILLE, TN 37902

D Employer identification number
62-0807696

E Telephone number
(865) 524-1223

G Gross receipts \$ 29,419,408

F Name and address of principal officer
MICHAEL T MCCLAMROCH
520 W SUMMIT HILL DR SUITE 1101
KNOXVILLE, TN 37902

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.EASTTENNESSEEFUNDATION.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1986

M State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ETF IS A COMMUNITY FOUNDATION, SERVING 25 COUNTIES, WHOSE MISSION IS TO BUILD CHARITABLE RESOURCES TO MAKE COMMUNITIES STRONGER AND LIVES BETTER. IN 2016, THE FOUNDATION HELD 423 CHARITABLE FUNDS AND GRANTED 9,645,445

2 Check this box 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)	37
4 Number of independent voting members of the governing body (Part VI, line 1b)	37
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	22
6 Total number of volunteers (estimate if necessary)	370
7a Total unrelated business revenue from Part VIII, column (C), line 12	82,545
7b Net unrelated business taxable income from Form 990-T, line 34	70,500

	Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	12,910,464
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,276,289	5,469,511
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	214,540	247,495
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,401,293	17,859,706

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,957,018	9,645,445
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,317,969	1,257,351
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 661,789		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	816,227	740,790
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,091,214	11,643,586
19 Revenue less expenses Subtract line 18 from line 12	9,310,079	6,216,120

	Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	152,407,871
21 Total liabilities (Part X, line 26)	1,694,391	1,070,578
22 Net assets or fund balances Subtract line 21 from line 20	150,713,480	155,056,348

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
MICHAEL T MCCLAMROCH PRESIDENT AND CEO
Type or print name and title

2017-08-15
Date

Paid Preparer Use Only

Print/Type preparer's name JAMES E BOOHER CPA	Preparer's signature JAMES E BOOHER CPA	Date 2017-08-15	Check <input type="checkbox"/> if self-employed	PTIN P00286127
Firm's name ▶ BROWN JAKE & MCDANIEL PC			Firm's EIN ▶ 62-1170651	
Firm's address ▶ 2607 KINGSTON PIKE SUITE 110 KNOXVILLE, TN 379193336			Phone no (865) 637-8600	

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

ETF IS A COMMUNITY FOUNDATION, SERVING 25 COUNTIES, WHOSE MISSION IS TO BUILD CHARITABLE RESOURCES TO MAKE COMMUNITIES STRONGER AND LIVES BETTER IN 2016, THE FOUNDATION HELD 423 CHARITABLE FUNDS AND GRANTED 9,645,445

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 \$ 5,260,315 including grants of \$ 5,260,315) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 1,788,199 including grants of \$ 1,788,199) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 875,380 including grants of \$ 875,380) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 2,477,226 including grants of \$ 1,721,551) (Revenue \$)
4D-1) EXPENSES OF 589,999, INCLUDING GRANTS OF 589,999 - FUNDED CREATION OF THE PAT SUMMITT CLINIC, A STATE-OF-THE-ART FACILITY AT UTMC FOR THE TREATMENT OF ALZHEIMER'S AND OTHER NEUROLOGICAL DISEASES 4D-2) EXPENSES OF 562,956, INCLUDING GRANTS OF 562,956 - CONDUCTED 52 COMPETITIVE SCHOLARSHIP PROGRAMS TO ENABLE STUDENTS THROUGHOUT THE REGION TO OBTAIN A POST-SECONDARY EDUCATION, 177 STUDENTS RECEIVED SCHOLARSHIPS AND ATTENDED 46 INSTITUTIONS OF HIGHER LEARNING IN TENNESSEE AND THROUGHOUT THE NATION 4D-3) EXPENSES OF 504,037, INCLUDING GRANTS OF 504,037 - CONDUCTED COMPETITIVE GRANTMAKING PROGRAMS THROUGHOUT THE 25 COUNTY REGION IN THE FIELD-OF-INTEREST AREAS OF AFFORDABLE HOUSING, ECONOMIC DEVELOPMENT, EDUCATION & LITERACY, YOUTH DEVELOPMENT, ARTS & CULTURE, CHILDHOOD CANCER, RESPIRATORY DISEASE, AND WILDLIFE PRESERVATION, PROVIDING 27 GRANTS TO 26 501(C)(3) AND GOVERNMENT ENTITIES FOR WORTHWHILE PROJECTS IN THESE AREAS 4D-4) EXPENSES OF 820,234, INCLUDING GRANTS OF 64,559 - MADE DISCRETIONARY AND PROJECT GRANTS AND PAID PROGRAM-RELATED EXPENSES ASSOCIATED WITH THE MANAGEMENT OF CHARITABLE FUNDS AND THE ALLOCATION OF GRANT FUNDS TO BENEFIT THE 25 COUNTY EAST TENNESSEE REGION

4d Other program services (Describe in Schedule O)
(Expenses \$ 2,477,226 including grants of \$ 1,721,551) (Revenue \$)

4e Total program service expenses ▶ 10,401,120

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
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? If "Yes," complete Schedule C, Part II	Yes	
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
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? If "Yes," complete Schedule D, Part I	Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	Yes	
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? If "Yes," complete Schedule D, Part VI	Yes	
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? If "Yes," complete Schedule D, Part VII	Yes	
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? If "Yes," complete Schedule D, Part VIII		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? If "Yes," complete Schedule F, Parts I and IV		No
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? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
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? If "Yes," complete Schedule G, Part I (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	Yes	
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>	Yes	
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>	Yes	
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>		No
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>		No
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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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>	Yes	
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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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>		No
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>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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 [X]

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (37), 1b (37), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b (), 11a (No), 11b (), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (No), 16b ().

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [X] Other (explain in Schedule O)
19 Describe in 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: CAROLYN SCHWENN 520 W SUMMIT HILL DR SUITE 1101 KNOXVILLE, TN 37902 (865) 524-1223

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,238,681				
	d Related organizations	1d	129,491				
	e Government grants (contributions)	1e	402,893				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,371,635				
	g Noncash contributions included in lines 1a-1f \$ _____		4,313,752				
	h Total. Add lines 1a-1f		12,142,700				
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,203,877			1,203,877	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		39,135			39,135	
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)		4,265,634			4,265,634
	8a Gross income from fundraising events (not including \$ 1,238,681 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses					
		c Net income or (loss) from fundraising events		-26,996			-26,996
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS REVENUES	900099	152,811			152,811		
b FIRST NATIONAL BANK OF ONEIDA	522100	82,545		82,545			
c _____							
d All other revenue							
e Total. Add lines 11a-11d		235,356					
12 Total revenue. See Instructions		17,859,706		82,545	5,634,461		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	9,072,489	9,072,489		
2 Grants and other assistance to domestic individuals See Part IV, line 22	562,956	562,956		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	10,000	10,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	297,363	77,651	130,504	89,208
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	790,588	356,216	145,903	288,469
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	36,620	14,796	7,016	14,808
9 Other employee benefits	53,525	19,953	11,583	21,989
10 Payroll taxes	79,255	29,622	20,371	29,262
11 Fees for services (non-employees)				
a Management	23,240	9,296	5,810	8,134
b Legal	51,623	4,379	28,479	18,765
c Accounting	48,108		48,108	
d Lobbying	5,100	5,100		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	46,137		46,137	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,362	3,362		
12 Advertising and promotion	102,181	55,341	699	46,141
13 Office expenses	71,869	21,777	13,473	36,619
14 Information technology	70,218	30,007	18,755	21,456
15 Royalties				
16 Occupancy	204,217	81,687	51,054	71,476
17 Travel	15,263	13,524	235	1,504
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,364	16,165	1,905	3,294
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,672	5,069	3,168	4,435
23 Insurance	18,097	8,649	3,985	5,463
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a TAX, LIFE INSUR & ANNUIT	45,126	2,025	43,101	
b PROFESSIONAL DEVELOPMENT	2,213	1,056	391	766
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,643,586	10,401,120	580,677	661,789
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)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	9,162,224	2	9,063,822
	3 Pledges and grants receivable, net	7,051,752	3	7,104,830
	4 Accounts receivable, net	11,779	4	22,045
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	59,167	7	73,415
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,612	9	9,259
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	198,691		
	b Less accumulated depreciation	104,724		
		106,639	10c	93,967
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	136,009,698	12	139,759,588
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	152,407,871	16	156,126,926	
Liabilities	17 Accounts payable and accrued expenses	49,079	17	54,960
	18 Grants payable	703,600	18	521,979
	19 Deferred revenue		19	
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		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	941,712	25	493,639
	26 Total liabilities. Add lines 17 through 25	1,694,391	26	1,070,578
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	144,351,279	27	149,145,933
	28 Temporarily restricted net assets	6,362,201	28	5,910,415
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	150,713,480	33	155,056,348
	34 Total liabilities and net assets/fund balances	152,407,871	34	156,126,926

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	17,859,706
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,643,586
3	Revenue less expenses Subtract line 2 from line 1	3	6,216,120
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	150,713,480
5	Net unrealized gains (losses) on investments	5	8,035
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-2,397,936
9	Other changes in net assets or fund balances (explain in Schedule O)	9	516,649
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	155,056,348

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a		No
<p>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 in Schedule O and describe any steps taken to undergo such audits</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 62-0807696

Name: EAST TENNESSEE FOUNDATION

Form 990 (2016)

Form 990, Part III, Line 4a:

PROVIDED ASSISTANCE IN THE FORM OF 649 GRANTS FROM 82 DONOR ADVISED FUNDS TO 332 501(C)(3) ORGANIZATIONS AND GOVERNMENT ENTITIES TO SUPPORT A WIDE RANGE OF CHARITABLE PURPOSES, BOTH LOCALLY WITHIN THE 25 COUNTY SERVICE AREA AND ALSO OUTSIDE THE REGION

Form 990, Part III, Line 4b:

PROVIDED GENERAL SUPPORT TO 75 501(C)(3) ORGANIZATIONS IN THE FORM OF 98 GRANTS FROM DESIGNATED ORGANIZATION AND AGENCY ENDOWMENT FUNDS

Form 990, Part III, Line 4c:

CONDUCTED LOCALIZED, COUNTY-SPECIFIC, COMPETITIVE GRANTMAKING PROGRAMS THROUGH THE FOUNDATION'S COUNTY AFFILIATE FUNDS, ALLOWING LOCAL ADVISORY BOARDS TO SELECT WORTHY PROJECTS AND PROGRAMS AT THE LOCAL LEVEL, 58 GRANTS WERE AWARDED TO 51 ORGANIZATIONS FOR A WIDE VARIETY OF CHARITABLE PURPOSES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
DAN M BECHTOL DIRECTOR	1 00 0 00	X						0	0	0
JEFFREY M BECKER CHAIR	1 00 0 20	X		X				0	0	0
BERNARD E BERNSTEIN DIRECTOR	0 20 0 20	X						0	0	0
HOWARD Z BLUM DIRECTOR	0 20	X						0	0	0
CYNTHIA S BURNLEY DIRECTOR	0 20	X						0	0	0
PATSY Q CARSON DIRECTOR	1 00	X						0	0	0
AMY E CATHEY DIRECTOR	1 00	X						0	0	0
JEFFERSON CHAPMAN DIRECTOR	1 00 1 00	X						0	0	0
BOBBY Y CONGLETON LIFETIME HON	0 20	X						0	0	0
JOAN C CRONAN DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
JED E DANCE DIRECTOR	0 20	X						0	0	0
JOHN T GEPPI DIRECTOR	1 00	X						0	0	0
KEITH D GOODWIN PAST CHAIR	1 00	X		X				0	0	0
JAMES L HARLAN DIRECTOR	0 20	X						0	0	0
NATALIE L HASLAM LIFETIME HON	0 20	X						0	0	0
WILL J HASLAM DIRECTOR	0 20	X						0	0	0
DAVID R HAYNES DIRECTOR	0 20	X						0	0	0
MARK HEINZ DIRECTOR	2 20 0 20	X						0	0	0
JOE MARLETTE DIRECTOR	0 20	X						0	0	0
A DAVID MARTIN LIFETIME HON	1 00 0 30	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
CHERYL MASSINGALE DIRECTOR	0 20	X						0	0	0
GREGORY S MCMILLAN DIRECTOR	0 20	X						0	0	0
JAN MCNALLY TREASURER	1 00	X		X				0	0	0
NANCY MOODY DIRECTOR	0 20	X						0	0	0
PHYLLIS Y NICHOLS DIRECTOR	1 00	X						0	0	0
CHARLES M PECCOLO DIRECTOR	0 20	X						0	0	0
JOE E PETRE DIRECTOR	0 20	X						0	0	0
PATRICIA D POSTMA DIRECTOR	0 20	X						0	0	0
PAIGE K PRESTON DIRECTOR	0 20	X						0	0	0
WILL J PUGH DIRECTOR	0 20	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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				
AVICE E REED DIRECTOR	0 20	X							0	0	0
NITA W SUMMERS DIRECTOR	0 20	X							0	0	0
GARY R WADE DIRECTOR	0 20	X							0	0	0
MARY BETH WEST DIRECTOR	1 00	X							0	0	0
DAVID V WHITE LIFETIME HON	0 20	X							0	0	0
PAUL G WILLSON VICE CHAIR	1 00	X		X					0	0	0
STUART R WORDEN LIFETIME HON	0 00	X							0	0	0
MICHAEL T MCCLAMROCH PRESIDENT AN	35 00			X					167,038	0	13,072
CAROLYN SCHWENN SECRETARY	0 50 35 00 1 00			X					100,941	0	11,128

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
EAST TENNESSEE FOUNDATION

Employer identification number

62-0807696

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	8,833,463	7,701,904	24,782,278	12,910,464	12,142,700	66,370,809
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,833,463	7,701,904	24,782,278	12,910,464	12,142,700	66,370,809
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,709,932
6 Public support. Subtract line 5 from line 4						59,660,877

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total	
7 Amounts from line 4	8,833,463	7,701,904	24,782,278	12,910,464	12,142,700	66,370,809	
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,842,194	2,381,494	1,222,086	1,862,014	1,243,012	8,550,800	
9 Net income from unrelated business activities, whether or not the business is regularly carried on	86,420	67,619	75,401	102,478	82,545	414,463	
10 Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))	101,539	127,906	135,767	122,391	152,811	640,414	
11 Total support. Add lines 7 through 10						75,976,486	
12 Gross receipts from related activities, etc (see instructions)						12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>							

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	78.530 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	75.340 %

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	MISCELLANEOUS REVENUES 640,414

Schedule A Form 990 of 990-E 2016

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2016
Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization EAST TENNESSEE FOUNDATION	Employer identification number 62-0807696
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2** Political expenditures ▶ \$ _____
- 3** Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a** Was a correction made? Yes No
- b** If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4** Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
 (The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		5,100
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			5,100
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART IV	EAST TENNESSEE FOUNDATION JOINED WITH A GROUP OF OVER 70 COMMUNITY FOUNDATIONS FROM ACROSS THE UNITED STATES TO ENGAGE THE SERVICES OF VAN SCOYOC ASSOCIATES TO ADVANCE THE UNDERSTANDING OF COMMUNITY FOUNDATIONS ON THE PART OF WASHINGTON ELECTED OFFICIALS AND THEIR STAFFS AND TO SPECIFICALLY EXPLAIN THE IMPACT AND USE OF DONOR ADVISED FUNDS BY COMMUNITY FOUNDATIONS AND ASK FOR INCLUSION OF DONOR ADVISED FUNDS IN IRA CHARITABLE ROLLOVER LEGISLATION

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

▶ 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization EAST TENNESSEE FOUNDATION	Employer identification number 62-0807696
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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	145	63
2 Aggregate value of contributions to (during year)	5,378,652	1,159,812
3 Aggregate value of grants from (during year)	5,447,415	562,956
4 Aggregate value at end of year	51,349,230	18,344,506

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? Yes 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? Yes 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 (e.g., recreation or education) Preservation of an 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 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, 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? Yes No

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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ▶ \$ _____ 26,949

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 are a 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 programs
 - 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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 in 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	114,984,121	111,079,383	92,688,622	81,006,632	73,113,722
b Contributions	1,703,549	8,060,830	18,456,840	2,845,541	2,287,772
c Net investment earnings, gains, and losses	5,040,238	-20,368	3,532,485	12,115,680	9,103,517
d Grants or scholarships	3,211,977	3,234,565	2,666,584	2,447,821	2,707,856
e Other expenditures for facilities and programs	358,989	359,076	376,255	285,068	149,787
f Administrative expenses	557,876	542,083	555,725	546,342	640,736
g End of year balance	117,599,066	114,984,121	111,079,383	92,688,622	81,006,632

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 100 000 %
 - b** Permanent endowment ▶
 - c** Temporarily restricted 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) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 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		38,100		38,100
b Buildings				
c Leasehold improvements				
d Equipment		160,591	104,724	55,867
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				93,967

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) COMMINGLED FUNDS	133,340,353	F
(B) FIDELITY INVESTMENTS/MARTIN & CO	2,396,313	F
(C) MERRILL LYNCH/FULLER GROUP	1,122,525	F
(D) PRIVATELY HELD STOCKS	1,119,636	F
(E) MERRILL LYNCH/MCLAUGHLIN GROUP	836,980	F
(F) FIDELITY INVESTMENTS/BRINKER CAPITAL	656,002	F
(G) LIMITED LIABILITY CORPORATION	227,755	F
(H) PUBLICLY HELD STOCKS	33,075	F
(I) PAINTINGS	26,949	C
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	139,759,588	

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. (Column (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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ANNUITY/UNITRUST LIABILITY	493,639
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	493,639

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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	32,565,903
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	8,035	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	16,126,084	
e	Add lines 2a through 2d			2e 16,134,119
3	Subtract line 2e from line 1			3 16,431,784
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	1,427,922	
c	Add lines 4a and 4b			4c 1,427,922
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 17,859,706

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	18,558,724
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	2,397,936	
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	5,578,657	
e	Add lines 2a through 2d			2e 7,976,593
3	Subtract line 2e from line 1			3 10,582,131
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	1,061,455	
c	Add lines 4a and 4b			4c 1,061,455
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 11,643,586

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 62-0807696

Name: EAST TENNESSEE FOUNDATION

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(3) Other (A) COMMINGLED FUNDS	133,340,353	F
(3) Other (A) FIDELITY INVESTMENTS/MARTIN & CO	2,396,313	F
(B) MERRILL LYNCH/FULLER GROUP	1,122,525	F
(C) PRIVATELY HELD STOCKS	1,119,636	F
(D) MERRILL LYNCH/MCLAUGHLIN GROUP	836,980	F
(E) FIDELITY INVESTMENTS/BRINKER CAPITAL	656,002	F
(F) LIMITED LIABILITY CORPORATION	227,755	F
(G) PUBLICLY HELD STOCKS	33,075	F
(H) PAINTINGS	26,949	C

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART III, LINE 4	DONATED PORTRAIT CURRENTLY ON CONSIGNMENT FOR RESALE, PROCEEDS OF WHICH WILL BE ADDED TO THE ARTS ENDOWMENT FOR GRANTMAKING

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	AS THE REGION'S COMMUNITY FOUNDATION, EAST TENNESSEE FOUNDATION'S MISSION IS TO BUILD PERMANENT RESOURCES FOR THE BENEFIT OF THE REGION - TO ENRICH LIVES AND STRENGTHEN COMMUNITIES ITS ENDOWMENT FUNDS EXIST TO SUPPORT ON A CONTINUING BASIS A WIDE RANGE OF CHARITABLE PURPOSES IN KEEPING WITH ITS MISSION

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	UNDER ACCOUNTING STANDARDS, AN ORGANIZATION MUST RECOGNIZE TAX BENEFITS ASSOCIATED WITH TA X TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR 2016 AND 2015

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	BROKERS FEES INCLUDED ON 990, PART VIII, LINE 7B 2,275 CHANGE IN VALUE OF SPLIT-INTEREST A GREEMENTS 516,649 FUNDRAISING EVENTS DIRECT EXPENSES 283,597 REVENUE OF SUPPORTING FOUNDAT IONS REPORTED SEPARATELY 15,323,563

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	CURRENT YEAR EFFECT OF FASB ASC 958-605 1,427,922

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	EXPENSES OF SUPPORTING FOUNDATIONS REPORTED SEPARATELY 5,292,785 FUNDRAISING EVENTS DIRECT EXPENSES 283,597 BROKER FEES INCLUDED ON 990, PART VII, LINE 7B 2,275

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	CURRENT YEAR EFFECT OF FASB ASC 958-605 1,061,455

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2016

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
EAST TENNESSEE FOUNDATION

Employer identification number

62-0807696

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<u>PAT SUMMITT</u> (event type)	<u>CENTENNIAL PARK</u> (event type)	<u>6</u> (total number)	Total events (add col (a) through col (c))
1	Gross receipts	595,924	508,499	380,371	1,484,794
2	Less Contributions	472,158	508,499	248,849	1,229,506
3	Gross income (line 1 minus line 2)	123,766		131,522	255,288
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	32,740		20,422	53,162
	6 Rent/facility costs	99,377		16,365	115,742
	7 Food and beverages	24,628		32,213	56,841
	8 Entertainment	575		5,240	5,815
	9 Other direct expenses	32,983		17,782	50,765
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-27,037

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

**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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
EAST TENNESSEE FOUNDATION

Employer identification number
62-0807696

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
--	---------	-------------------------------	--------------------------	-----------------------------------	---	--	------------------------------------

See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 161

3 Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) EDUCATIONAL SCHOLARSHIPS	177	562,956			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	THE PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS DEPEND ON THE TYPE OF GRANT MADE GRANTEEES OF COMPETITIVE GRANT CYCLES ARE CLOSELY MONITORED THROUGHOUT THE GRANT APPLICATION AND AWARD PERIOD APPLICATIONS, INCLUDING THOROUGH PROJECT DESCRIPTIONS, ANALYSES OF EXPECTED OUTCOMES, AND DETAILED PROJECT BUDGETS, ARE REVIEWED BY STAFF AND A QUALIFIED GRANTS PANEL ORGANIZATION SITE VISITS ARE CONDUCTED FOR MOST PROGRAMS FUNDED ORGANIZATIONS CERTIFY THE USE OF GRANT FUNDS AND DEMONSTRATE SUCH USES THROUGH THE REQUIRED SUBMISSION OF FINAL AND/OR INTERIM WRITTEN REPORTS GRANT PAYMENTS ARE MADE CONDITIONAL TO THE RECEIPT OF THE REQUIRED CERTIFICATIONS AND REPORTING SCHOLARSHIP RECIPIENTS ACKNOWLEDGE IN WRITING THAT GRANT FUNDS ARE INTENDED TO BE USED ONLY FOR (1) TUITION AND FEES FOR ENROLLMENT AT A QUALIFYING INSTITUTION, (2) FEES, BOOKS, SUPPLIES, AND EQUIPMENT REQUIRED FOR COURSES OF INSTRUCTION AT SUCH AN EDUCATIONAL INSTITUTION, AND (3) ROOM AND BOARD ACTUAL SCHOLARSHIP PAYMENTS ON BEHALF OF THE SCHOLARSHIP RECIPIENT ARE MADE TO THE INSTITUTION OF ENROLLMENT ACCOMPANIED BY A GRANT AWARD LETTER STIPULATING THE ACCEPTABLE USES AS ABOVE STATED STUDENT TRANSCRIPTS ARE REVIEWED FOR STUDENTS RECEIVING PAYMENT FOR MORE THAN ONE SEMESTER TO ENSURE CONTINUED ELIGIBILITY RECIPIENT ORGANIZATIONS OF GRANTS FROM DONOR ADVISED FUNDS CERTIFY THAT BY DEPOSITING THE GRANT CHECK, GRANT FUNDS WILL BE USED FOR THE SPECIFIC PURPOSE STATED IN THE GRANT AWARD LETTER ORGANIZATION/DESIGNATED FUND GRANTEEES RECEIVING ANNUAL DISTRIBUTIONS FROM ENDOWMENT FUNDS ARE PERIODICALLY REVIEWED TO UPDATE ORGANIZATIONAL INFORMATION AND CHECK CONTINUED QUALIFICATION AS A 501(C)(3) ORGANIZATION

Additional Data

Software ID:
Software Version:
EIN: 62-0807696
Name: EAST TENNESSEE FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADFAC PO BOX 5953 OAK RIDGE, TN 37831	58-1727751	501C3	10,000				PROGRAM DEVELOPMENT
ALLIANCE FOR BETTER NONPROFITS 318 N GAY STREET SUITE 203 THE REGAS BUILDING KNOXVILLE, TN 37917	47-2265490	501C3	55,500				OTHER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RIVERS INC 1101 14TH STREET NW SUITE 1400 WASHINGTON, DC 20005	23-7305963	501C3	6,250				GEN/OPER SUPPORT
APPALACHIAN RCD COUNCIL 3211 N ROAN STREET JOHNSON CITY, TN 37601	62-1590577	501C3	101,000				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPEN ART MUSEUM 637 EAST HYMAN AVE ASPEN, CO 81611	84-0746671	501C3	19,250				PROGRAM DEVELOPMENT
ATLANTIC COUNCIL 1030 15TH STREET NW 12TH FLOOR WASHINGTON, DC 20005	52-0742294	501C3	6,000				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST COLLEGIATE MINISTRIES 1811 MELROSE AVENUE KNOXVILLE, TN 37916	20-1947615	501C3	251,902				PROGRAM DEVELOPMENT
BAREFOOT REPUBLIC CAMP PO BOX 40365 NASHVILLE, TN 37204	62-1841336	501C3	90,000				SUPPORT, UNSPECIFIED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS GREAT SMOKY MTN COUNCIL 1333 OLD WEISGARBER ROAD KNOXVILLE, TN 37909	22-1576300	501C3	22,230				PROGRAM DEVELOPMENT
BOY SCOUTS SEQUOYAH COUNCIL PO BOX 3010 JOHNSON CITY, TN 37602	22-1576300	501C3	10,000				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF THE SMOKY MTNS PO BOX 5743 SEVIERVILLE, TN 37864	62-1507789	501C3	10,000				GEN/OPER SUPPORT
BOYS & GIRLS CLUB OF OCOEE REGION 385 THIRD STREET SW CLEVELAND, TN 37311	62-0729406	501C3	25,000				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF THE TN VALLEY 967 IRWIL STREET JOHN D LEE ADMINISTRATIVE OFFICES KNOXVILLE, TN 37917	62-0475743	501C3	297,500				PROGRAM DEVELOPMENT
CANCER SUPPORT COMMUNITY - EAST TN 2230 SUTHERLAND AVENUE KNOXVILLE, TN 37919	58-1846210	501C3	156,100				GEN/OPER SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARSON-NEWMAN UNIVERSITY 1646 RUSSELL AVENUE OFFICE OF ADVANCEMENT C-N BOX 72017 JEFFERSON CITY, TN 37760	62-0479189	501C3	11,000				ENDOWMENT FUNDS
CATHOLIC CHARITIES OF EAST TN 119 DAMERON AVENUE ADMINISTRATIVE OFFICES KNOXVILLE, TN 37917	62-1377551	501C3	5,300				EMERGENCY FUNDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC DIOCESE OF KNOXVILLE 805 SOUTH NORTSHORE DRIVE KNOXVILLE, TN 37919	62-1357183	501C3	29,000				GEN/OPER SUPPORT
CATHOLIC DIOCESE OF ST AUGUSTINE 11625 OLD ST AUGUSTINE ROAD JACKSONVILLE, FL 32258	59-0637829	501C3	1,000,000				CAPITAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR SPRINGS PRESBYTERIAN CHURCH 9132 KINGSTON PIKE KNOXVILLE, TN 37923	62-0649031	501C3	21,600				SUPPORT, UNSPECIFIED
CENTRAL BAPTIST CHURCH OF BEARDEN 6300 DEANE HILL DRIVE KNOXVILLE, TN 37919		501C3	9,200				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEREBRAL PALSY CTR HANDICAP ADULTS 241 E WOODLAND AVENUE KNOXVILLE, TN 37917	62-0791388	501C3	5,500				EMERGENCY FUNDS
CHEROKEE HEALTH SYSTEMS 2018 WESTERN AVENUE KNOXVILLE, TN 37921	62-0637925	501C3	16,136				GEN/OPER SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDHELP INC 2505 KINGSTON PIKE KNOXVILLE, TN 37919	95-2884608	501C3	11,250				SUPPORT, UNSPECIFIED
CHILDREN'S MUSEUM OF OAK RIDGE 461 WEST OUTER DRIVE OAK RIDGE, TN 37830	23-7411712	501C3	8,244				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN ACADEMY OF KNOXVILLE 529 ACADEMY WAY KNOXVILLE, TN 37923	62-1006269	501C3	6,875				FUNDRAISING EVENT
CITY OF ELIZABETHTON 136 S SYCAMORE STREET ELIZABETHTON, TN 37643	62-6000283	GOV	115,700				BUILDING/RENOVATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF KINGSPORT 225 WEST CENTER STREET KINGSPORT, TN 37660	62-6000323	GOV	520,000				CAPITAL CAMPAIGN
CIVIL WAR TRUST 1156 15TH STREET NW SUITE 900 WASHINGTON, DC 20005	54-1426643	501C3	7,500				CAPITAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION FOR KIDS INC PO BOX 3156 JOHNSON CITY, TN 37602	62-1765487	501C3	10,000				PROGRAM DEVELOPMENT
COLONIAL HEIGHTS UMC 631 LEBANON ROAD KINGSPORT, TN 37663		501C3	132,194				GEN/OPER SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNSELING & CONSULTATION SERVICES 110 STEPPENSTONE BOULEVARD LIMESTONE, TN 37681	62-1425012	501C3	15,000				PROGRAM DEVELOPMENT
CRUMLEY HOUSE HEAD INJURY REHAB 300 URBANA ROAD LIMESTONE, TN 37681	58-1988511	501C3	15,000				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEPAUW UNIVERSITY PO BOX 37 OFFICE OF ANNUAL GIVING GREENCASTLE, IN 46135	35-0869045	501C3	20,000				SUPPORT, UNSPECIFIED
DOGWOOD ARTS INC 123 W JACKSON AVENUE KNOXVILLE, TN 37902	62-6074113	501C3	15,000				ANNUAL CAMPAIGNS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DOLLYWOOD FOUNDATION 111 DOLLYWOOD LANE PIGEON FORGE, TN 37863	62-1348105	501C3	96,253				EMERGENCY FUNDS
DREAM CONNECTION INC P O BOX 10924 KNOXVILLE, TN 37939	58-1678211	501C3	10,000				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EAST TENNESSEE CHILDREN'S HOSPITAL P O BOX 15010 KNOXVILLE, TN 37901	62-6002604	501C3	69,235				SUPPORT, UNSPECIFIED
EAST TENNESSEE HISTORICAL SOCIETY P O BOX 1629 KNOXVILLE, TN 37901	32-0320825	501C3	12,650				ANNUAL CAMPAIGNS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EAST TN STATE UNIVERSITY FOUNDATION P O BOX 70721 JOHNSON CITY, TN 37614	23-7092731	501C3	6,050				PROGRAM DEVELOPMENT
EMERALD YOUTH FOUNDATION 1718 N CENTRAL STREET KNOXVILLE, TN 37917	62-1474791	501C3	198,164				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EMORY VALLEY CENTER 715 EMORY VALLEY ROAD OAK RIDGE, TN 37830	62-0762198	501C3	5,930				PROGRAM DEVELOPMENT
ERLANGER HEALTH SYSTEM FOUNDATIONS 975 EAST THIRD STREET CHATTANOOGA, TN 37403	58-1664027	501C3	90,000				OTHER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST BAPTIST CHURCH OF KNOXVILLE 510 W MAIN STREET KNOXVILLE, TN 37902		501C3	22,000				SUPPORT, UNSPECIFIED
FOOTHILLS LAND CONSERVANCY 373 ELLIS AVENUE MARYVILLE, TN 37804	62-1256238	501C3	10,203				ANNUAL CAMPAIGNS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FORT SANDERS FOUNDATION 280 FORT SANDERS WEST BOULEVARD SUITE 202 KNOXVILLE, TN 37922	62-1748601	501C3	21,000				OTHER
FRIENDS GREAT SMOKY MTNS NAT'L PARK PO BOX 1660 KODAK, TN 37764	62-1564782	501C3	35,150				EMERGENCY FUNDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FRIENDS OF KNOX COUNTY LIBRARY 500 W CHURCH AVENUE KNOXVILLE, TN 37902	23-7208195	501C3	7,099				GEN/OPER SUPPORT
FRIENDS OF THE TELLICO VILLAGE LIBR 300 IRENE LANE LOUDON, TN 37774	62-1577053	501C3	240,898				GEN/OPER SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREAT SCHOOLS PARTNERSHIP CHAR TR PO BOX 2188 KNOXVILLE, TN 37901	76-6206166	501C3	100,000				PROGRAM DEVELOPMENT
GREENE COUNTY UNITED WAY INC 115 ACADEMY STREET GREENEVILLE, TN 37743	62-6015767	501C3	12,500				ANNUAL CAMPAIGNS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREENEVILLE CUMBERLAND PRES CHURCH 201 NORTH MAIN STREET GREENEVILLE, TN 37745	62-0863428	501C3	107,500				SUPPORT, UNSPECIFIED
GREENEVILLE-GREENE CO CMTY MINISTRY PO BOX 545 GREENEVILLE, TN 37744	62-1207222	501C3	13,600				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HABITAT FOR HUMANITY OF MCMINN CO PO BOX 1556 ATHENS, TN 37371	62-1553486	501C3	15,000				BUILDING/RENOVATION
HARMONY FAMILY CENTER 118 MABRY HOOD ROAD SUITE 400 KNOXVILLE, TN 37922	62-1772291	501C3	10,500				GEN/OPER SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HAVEN HOUSE INC PO BOX 134 ALCOA, TN 37701	58-1534034	501C3	6,298				GEN/OPER SUPPORT
HELEN ROSS MCNABB CENTER INC 201 W SPRINGDALE AVENUE KNOXVILLE, TN 37917	62-0548914	501C3	10,000				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HELEN ROSS MCNABB FOUNDATION 201 W SPRINGDALE AVENUE NE KNOXVILLE, TN 37917	23-7213935	501C3	20,850				FUNDRAISING EVENT
HENRY FORD HEALTH SYSTEM 6777 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322	38-1357020	501C3	67,500				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HISTORIC RUGBY INC PO BOX 8 RUGBY, TN 37733	62-0840267	501C3	13,732				GEN/OPER SUPPORT
HIWASSEE COLLEGE 225 HIWASSEE COLLEGE DRIVE MADISONVILLE, TN 37354	62-0511454	501C3	7,131				EQUIPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HONORAIR KNOXVILLE 7536 TAGGART LANE KNOXVILLE, TN 37938	26-2825063	501C3	12,000				PROGRAM DEVELOPMENT
HOPE REINS 529 LIVINGSTON ROAD BEAN STATION, TN 37708	56-2607182	501C3	9,040				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOPE RESOURCE CENTER 2700 PAINTER AVENUE KNOXVILLE, TN 37919	58-1592223	501C3	7,000				PROGRAM DEVELOPMENT
HUMANE SOCIETY OF THE TN VALLEY PO BOX 51723 KNOXVILLE, TN 37950	62-0596930	501C3	113,400				GEN/OPER SUPPORT

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IJAMS NATURE CENTER 2915 ISLAND HOME AVENUE KNOXVILLE, TN 37920	59-1777902	501C3	22,950				GEN/OPER SUPPORT
INDIANA UNIVERSITY 601 EAST KIRKWOOD AVENUE ROOM 011 OFFICE OF THE BURSAR FRANKLIN HALL BLOOMINGTON, IN 47405	35-6001673	501C3	75,000				COMPUTER SYSTS/EQUIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INTERFAITH HEALTH CLINIC 315 GILL AVENUE KNOXVILLE, TN 37917	58-1947641	501C3	32,886				SUPPORT, UNSPECIFIED
JOHNSON COUNTY FARMER'S MARKET 110 COURT STREET MOUNTAIN CITY, TN 37683	27-1474866	501C3	6,400				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JOHNSON COUNTY HIGH SCHOOL 290 FAIRGROUND HILL MOUNTAIN CITY, TN 37683	62-6000688	GOV	9,140				PROGRAM DEVELOPMENT
JONI AND FRIENDS KNOXVILLE 410 S NORTHSHORE DRIVE KNOXVILLE, TN 37919	95-3402002	501C3	7,544				GEN/OPER SUPPORT

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JOY OF MUSIC SCHOOL 1209 EUCLID AVENUE KNOXVILLE, TN 37921	31-1776315	501C3	10,750				SUPPORT, UNSPECIFIED
JUNIOR ACHIEVEMENT TRI-CITIES TNVA 330 BROAD STREET SUITE 1 KINGSPORT, TN 37660	62-0757847	501C3	69,633				GEN/OPER SUPPORT

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JUNIOR ACHIEVEMENT OF EAST TN 2135 N CHARLES G SEIVERS BLVD CLINTON, TN 37716	62-0810145	501C3	60,000				PROGRAM DEVELOPMENT
KNOX AREA RESCUE MINISTRIES PO BOX 3310 KNOXVILLE, TN 37927	62-0670972	501C3	26,538				GEN/OPER SUPPORT

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KNOX COUNTY GOVERNMENT 400 W MAIN STREET 615 KNOXVILLE, TN 37902	62-6007979	GOV	78,707				GEN/OPER SUPPORT
KNOX HERITAGE INC P O BOX 1242 KNOXVILLE, TN 37901	51-0148798	501C3	11,500				SUPPORT, UNSPECIFIED

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KNOXVILLE BOTANICAL GARDENS 2743 WIMPOLE AVENUE KNOXVILLE, TN 37914	62-1868560	501C3	133,085				GEN/OPER SUPPORT
KNOXVILLE HABITAT FOR HUMANITY PO BOX 27478 KNOXVILLE, TN 37927	58-1727980	501C3	86,862				GEN/OPER SUPPORT

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KNOXVILLE MUSEUM OF ART 1050 WORLDS FAIR PARK DRIVE KNOXVILLE, TN 37916	62-0677701	501C3	33,581				ANNUAL CAMPAIGNS
KNOXVILLE SYMPHONY SOCIETY PO BOX 360 KNOXVILLE, TN 37901	62-6008097	510C3	27,250				ANNUAL CAMPAIGNS

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KNOXVILLE-KNOX COUNTY CAC P O BOX 51650 KNOXVILLE, TN 37950		GOV	173,350				GEN/OPER SUPPORT
KREMPELS CENTER 100 CAMPUS DRIVE SUITE 24 PORTSMOUTH, NH 03801	02-0499997	501C3	10,000				PROGRAM DEVELOPMENT

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L5 FOUNDATION 5201 KINGSTON PIKE SUITE 6-319 KNOXVILLE, TN 37919	47-2371498	501C3	5,500				ANNUAL CAMPAIGNS
LAKESHORE PARK PO BOX 10244 KNOXVILLE, TN 37939	62-1648241	501C3	12,000				SUPPORT, UNSPECIFIED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LEADERSHIP KNOXVILLE INC 17 MARKET SQUARE 201 KNOXVILLE, TN 37902	62-1212211	501C3	9,528				GEN/OPER SUPPORT
LEGACY PARKS FOUNDATION 900 VOLUNTEER LANDING KNOXVILLE, TN 37915	20-4631230	501C3	9,000				SUPPORT, UNSPECIFIED

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MARYVILLE CITY SCHOOLS FOUNDATION 402 MELROSE STREET MARYVILLE, TN 37803	62-1453443	501C3	45,720				GEN/OPER SUPPORT
MARYVILLE CITY SCHOOLS 833 LAWRENCE AVENUE MARYVILLE, TN 37803		GOV	90,000				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MARYVILLE COLLEGE 502 E LAMAR ALEXANDER PARKWAY OFFICE OF INSTITUTIONAL ADVANCEMENT MARYVILLE, TN 37804	62-0475691	501C3	242,703				ANNUAL CAMPAIGNS
MARYVILLE HIGH SCHOOL 825 LAWRENCE AVENUE MARYVILLE, TN 37803		GOV	30,000				PROGRAM DEVELOPMENT

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MILLIGAN COLLEGE PO BOX 189 MILLIGAN COLLEGE, TN 37682	62-0535755	501C3	15,000				BUILDING/RENOVATION
MISSION OF HOPE PO BOX 51824 KNOXVILLE, TN 37950	62-1794508	501C3	35,000				SCHOLARSHIP FUNDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MONROE COUNTY BOXING CLUB 191 SCENIC CIRCLE MADISONVILLE, TN 37385	80-0767540	501C3	6,830				PROGRAM DEVELOPMENT
MONROE CO CMTY HEALTH ACCESS COMM PO BOX 1119 MADISONVILLE, TN 37354	58-2046314	501C3	9,975				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MONROE COUNTY FRIENDS OF ANIMALS PO BOX 106 VONORE, TN 37885	20-1909433	501C3	100,000				LAND ACQUISITION
MORGAN COUNTY TRUSTEE PO BOX 189 WARTBURG, TN 37887		GOV	150,660				GEN/OPER SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MOUNTAIN STATES FOUNDATION INC 2335 KNOB CREEK ROAD SUITE 101 JOHNSON CITY, TN 37604	58-1418862	501C3	125,000				PROGRAM DEVELOPMENT
NAT'L TR FOR HISTORIC PRESERVATION 2600 VIRGINIA AVENUE NW SUITE 1100 WASHINGTON, DC 20037	53-0210807	501C3	11,000				GEN/OPER SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEIGHBORHOOD HOUSING INC 318 N GAY STREET SUITE 210 KNOXVILLE, TN 37917	62-1771501	501C3	115,000				HOUSING/NEIGHBORHOOD
NEW HOPE ACADEMY 1820 DOWNS BOULEVARD FRANKLIN, TN 37064	63-1172489	501C3	23,000				SUPPORT, UNSPECIFIED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NISWONGER FOUNDATION PO BOX 5112 TUSCULUM COLLEGE GREENEVILLE, TN 37743	62-1871605	501C3	156,000				PROGRAM DEVELOPMENT
OAK RIDGE HIGH SCHOOL 1450 OAK RIDGE TURNPIKE OAK RIDGE, TN 37830	62-6014956	GOV	10,000				PROGRAM DEVELOPMENT

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OLD GRAY CEMETERY HIST & MEMO ASSN PO BOX 806 KNOXVILLE, TN 37901	23-7426428	501C3	12,626				SUPPORT, UNSPECIFIED
ONEIDA ELEMENTARY SCHOOL 330 CLAUDE TERRY DRIVE ONEIDA, TN 37841		GOV	6,000				EQUIPMENT

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PELLISSIPPI STATE COMMUNITY COLLEGE P O BOX 22990 BUSINESS OFFICE KNOXVILLE, TN 37933	62-0938734	GOV	9,680				PROGRAM DEVELOPMENT
PELLISSIPPI STATE FOUNDATION P O BOX 22990 KNOXVILLE, TN 37933	58-1493050	501C3	37,000				SCHOLARSHIPS (INDIV)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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POSITIVELY LIVING 1501 E FIFTH AVENUE KNOXVILLE, TN 37917	62-1698383	501C3	12,000				GEN/OPER SUPPORT
ROANE COUNTY HERITAGE COMMISSION PO BOX 738 KINGSTON, TN 37763	51-0185468	501C3	8,400				BUILDING/RENOVATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ROANE STATE COMMUNITY COLLEGE FDN 276 PATTON LANE HARRIMAN, TN 37748	58-1413034	501C3	10,000				PROGRAM DEVELOPMENT
ROCKY MOUNT HISTORICAL ASSOCIATION PO BOX 160 PINEY FLATS, TN 37686	62-0674646	501C3	6,428				GEN/OPER SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE OF KNOXVILLE 1705 WEST CLINCH AVENUE KNOXVILLE, TN 37916	58-1510276	501C3	165,464				GEN/OPER SUPPORT
ROSE CENTER & COUNCIL FOR THE ARTS PO BOX 1976 MORRISTOWN, TN 37816	62-0978968	501C3	10,658				GEN/OPER SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROTARY FOUNDATION OF KNOXVILLE 501 MAIN AVENUE NO 166 KNOXVILLE, TN 37901	62-6047101	501C3	51,429				GEN/OPER SUPPORT
SACRED HEART CATHEDRAL 417 ERIN DRIVE SUITE 120 KNOXVILLE, TN 37919	62-0572260	501C3	50,000				CAPITAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501C3	6,000				GEN/OPER SUPPORT
SECOND HARVEST FOOD BANK OF EAST TN 136 HARVEST LANE MARYVILLE, TN 37801	58-1450139	501C3	11,000				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND HARVEST FOOD BANK NE TN 1020 JERICHO DRIVE KINGSPORT, TN 37663	62-1303822	501C3	7,750				SUPPORT, UNSPECIFIED
SENIOR CITIZENS HOME ASST SERVICE PO BOX 3025 KNOXVILLE, TN 37927	62-0809589	501C3	32,500				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEQUOYAH HILLS PRESBYTERIAN CHURCH 3700 KEOWEE AVENUE SW KNOXVILLE, TN 37919		501C3	14,250				GEN/OPER SUPPORT
SERTOMA CENTER INC 1400 EAST FIFTH AVENUE KNOXVILLE, TN 37917	62-0818599	501C3	11,000				ANNUAL CAMPAIGNS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHANGRI-LA THERAPEUTIC ACAD RIDING 11800 HIGHWAY 11E LENOIR CITY, TN 37772	62-1330640	501C3	13,960				PROGRAM DEVELOPMENT
SHARE OUR STRENGTH PO BOX 75475 BALTIMORE, MD 21275	52-1367538	501C3	30,000				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER SOCIETY INC PO BOX 5402 ONEIDA, TN 37841	62-1661162	501C3	17,000				PROGRAM DEVELOPMENT
SISKIN CHILDREN'S INSTITUTE 1101 CARTER STREET CHATTANOOGA, TN 37402	59-1781637	501C3	10,000				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMALL MIRACLES THERAPEU EQUESTER CTR 1026 ROCK SPRINGS DR KINGSPORT, TN 37664	62-1603341	501C3	12,000				PROGRAM DEVELOPMENT
SMOKY MOUNTAIN SERVICE DOGS 110 TOOWEKA CIRCLE LOUDON, TN 37774	27-3365083	501C3	10,000				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIALY EQUAL ENERGY EFFICIENT DEV 1617 DANDRIDGE AVENUE KNOXVILLE, TN 37915	26-4436303	501C3	18,000				PROGRAM DEVELOPMENT
SONS OF THE REVOLUTION - TN SOCIETY PO BOX 7322 KNOXVILLE, TN 37921	62-6065808	501C3	5,402				GEN/OPER SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEASTERN COUNCIL OF FOUNDATIONS 100 PEACHTREE STREET NW SUITE 2080 ATLANTA, GA 30303	56-0995114	501C3	5,400				COMMUNITY IMPROVE
SPECIAL OPPTS INC 453 BROADMOOR DRIVE MARYVILLE, TN 37803	27-1990951	501C3	12,600				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN'S CATHEDRAL 413 W CUMBERLAND AVENUE KNOXVILLE, TN 37902		501C3	80,250				SUPPORT, UNSPECIFIED
ST JOHN'S EPISCOPAL CHURCH 500 N ROAN STREET JOHNSON CITY, TN 37601	62-6075442	501C3	11,000				SUPPORT, UNSPECIFIED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN'S LUTHERAN CHURCH 544 N BROADWAY KNOXVILLE, TN 37917		501C3	25,500				SUPPORT, UNSPECIFIED
ST JUDE CHILDREN'S RESEARCH HOSP 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501C3	12,485				SUPPORT, UNSPECIFIED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SWEETWATER HOSPITAL ASSOCIATION 304 CHURCH STREET SWEETWATER, TN 37874	62-0544855	501C3	5,809				GEN/OPER SUPPORT
TN COLLEGE OF APPLIED TECH ATHENS PO BOX 848 ATHENS, TN 37371	37-1559128	501C3	10,000				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHANGE CENTER 203 HARRIET TUBMAN STREET KNOXVILLE, TN 37915	38-3991050	501C3	62,500				GEN/OPER SUPPORT
THE EDIBLE SCHOOLYARD PROJECT 1517 SHATTUCK AVENUE BERKELEY, CA 94709	94-3248671	501C3	100,000				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIMBER RIDGE PRESBYTERIAN CHURCH 80 TIMBER RIDGE ROAD GREENEVILLE, TN 37743		501C3	7,000				GEN/OPER SUPPORT
TNACHIEVES 10427 PETA SAFE WAY KNOXVILLE, TN 37932	27-4673873	501C3	100,000				SCHOLARSHIP FUNDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES PONY CLUBS INC 4041 IRON WORKS PARKWAY LEXINGTON, KY 40511	61-1352306	501C3	10,000				ENDOWMENT FUNDS
UNITEDWAY - COFFEE & MOORE COUNTIES PO BOX 27 TULLAHOMA, TN 37388	58-1468822	501C3	10,000				ANNUAL CAMPAIGNS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER KNOXVILLE 1301 HANNAH AVENUE KNOXVILLE, TN 37921	62-0475748	501C3	111,443				SUPPORT, UNSPECIFIED
UNITED WAY OF NORTHEAST FLORIDA 40 EAST ADAMS STREET SUITE 200 JESSIE BALL DUPONT CENTER JACKSONVILLE, FL 32202	59-0637825	501C3	25,000				SUPPORT, UNSPECIFIED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF WASHINGTON COUNTY PO BOX 4039 JOHNSON CITY, TN 37602	62-6001105	501C3	15,000				ANNUAL CAMPAIGNS
UNIVERSITY HEALTH SYSTEM INC 2121 MEDICAL CENTER WAY SUITE 200 KNOXVILLE, TN 37920	31-1626179	501C3	502,999				SEED MONEY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF MARYLAND COLLEGE PARK FDN 4603 CALVERT ROAD COLLEGE PARK, MD 20742	52-2197313	501C3	6,000				PROGRAM DEVELOPMENT
UT KNOXVILLE 1525 UNIVERSITY AVENUE SUITE 100 OFFICE OF ADVANCEMENT SERVICES KNOXVILLE, TN 37921	62-6001636	GOV	186,915				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 49503	52-2000823	501C3	25,000				RESEARCH
VOLUNTEER MINISTRY CENTER PO BOX 325 KNOXVILLE, TN 37901	62-1338748	501C3	24,110				SUPPORT, UNSPECIFIED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS OF AMERICA OF KY AND TN 446 METROPLEX DRIVE SUITE 100 NASHVILLE, TN 37211	61-0480950	501C3	7,749				GEN/OPER SUPPORT
WEBB SCHOOL OF KNOXVILLE 9800 WEBB SCHOOL DRIVE KNOXVILLE, TN 37923	62-0550980	501C3	22,922				ANNUAL CAMPAIGNS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESLEY MEMORIAL UNITED METH CHURCH PO BOX 306 ETOWAH, TN 37331	62-0560800	501C3	6,500				PROGRAM DEVELOPMENT
WESLEYAN COLLEGE 4760 FORSYTH ROAD MACON, GA 31210	58-0593438	501C3	9,941				GEN/OPER SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST HIGH SCHOOL FOUNDATION PO BOX 10321 KNOXVILLE, TN 37939	62-1634667	501C3	6,500				EQUIPMENT
WHITNEY MUSEUM OF AMERICAN ART 99 GANSEVOORT STREET NEW YORK, NY 10014	13-1789318	501C3	22,500				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S FUND OF EAST TENNESSEE 625 MARKET STREET SUITE 1300 KNOXVILLE, TN 37902	47-4871564	501C3	92,338				SUPPORT, UNSPECIFIED
YMCA - ATHENS-MCMINN FAMILY PO BOX 376 ATHENS, TN 37371	62-0586361	501C3	5,600				PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG LIFE GREENE PO BOX 2165 GREENEVILLE, TN 37744	84-0385934	501C3	5,500				SUPPORT, UNSPECIFIED
YOUNG LIFE KNOXVILLE P O BOX 647 KNOXVILLE, TN 37901	84-0385934	501C3	25,000				FUNDRAISING EVENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH ACHIEVEMENT FOUNDATION INC 2569 COOK ROAD CROSSVILLE, TN 38571	27-2479470	501C3	10,000				PROGRAM DEVELOPMENT

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.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
EAST TENNESSEE FOUNDATION

Employer identification number
62-0807696

Part I Questions Regarding Compensation

		Yes	No								
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 (e.g., maid, chauffeur, chef)			
<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 (e.g., maid, chauffeur, chef)										
<p>b If any of the boxes in 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.</p>	1b										
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2										
<p>3 Indicate which, if any, of the following the filing 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" 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					
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input checked="" 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										
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c		No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>											
<p>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:</p> <p>a The organization?</p>	5a		No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b		No								
<p>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:</p> <p>a The organization?</p>	6a		No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b		No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No								
<p>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.</p>	8		No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9										

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
EAST TENNESSEE FOUNDATION

Employer identification number
62-0807696

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	39	2,524,095	HIGH/LOW AVG DATE OF GIFT
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests	X	2	67,000	APPRAISAL
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (CRAT)	X	1	1,722,657	VALUATION BY TRUST CO
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a		No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
EAST TENNESSEE FOUNDATION

Employer identification number

62-0807696

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	370 INDIVIDUALS FROM THE 25 COUNTY REGION SERVED IN 2016 AS VOLUNTEERS ON THE FOUNDATION'S BOARD OF DIRECTORS, GEOGRAPHIC AFFILIATE FUND ADVISORY BOARDS, FIELD-OF-INTEREST GRANTS PANELS, AND SCHOLARSHIP SELECTION COMMITTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	4D-1) EXPENSES OF 589,999, INCLUDING GRANTS OF 589,999 - FUNDED CREATION OF THE PAT SUMMIT T CLINIC, A STATE-OF-THE-ART FACILITY AT UPMC FOR THE TREATMENT OF ALZHEIMER'S AND OTHER NEUROLOGICAL DISEASES 4D-2) EXPENSES OF 562,956, INCLUDING GRANTS OF 562,956 - CONDUCTED 52 COMPETITIVE SCHOLARSHIP PROGRAMS TO ENABLE STUDENTS THROUGHOUT THE REGION TO OBTAIN A POST-SECONDARY EDUCATION, 177 STUDENTS RECEIVED SCHOLARSHIPS AND ATTENDED 46 INSTITUTIONS OF HIGHER LEARNING IN TENNESSEE AND THROUGHOUT THE NATION 4D-3) EXPENSES OF 504,037, INCLUDING GRANTS OF 504,037 - CONDUCTED COMPETITIVE GRANTMAKING PROGRAMS THROUGHOUT THE 25 COUNTY REGION IN THE FIELD-OF-INTEREST AREAS OF AFFORDABLE HOUSING, ECONOMIC DEVELOPMENT, EDUCATION & LITERACY, YOUTH DEVELOPMENT, ARTS & CULTURE, CHILDHOOD CANCER, RESPIRATORY DISEASE, AND WILDLIFE PRESERVATION, PROVIDING 27 GRANTS TO 26 501(C)(3) AND GOVERNMENT ENTITIES FOR WORTHWHILE PROJECTS IN THESE AREAS 4D-4) EXPENSES OF 820,234, INCLUDING GRANTS OF 64,559 - MADE DISCRETIONARY AND PROJECT GRANTS AND PAID PROGRAM-RELATED EXPENSES ASSOCIATED WITH THE MANAGEMENT OF CHARITABLE FUNDS AND THE ALLOCATION OF GRANT FUNDS TO BENEFIT THE 25 COUNTY EAST TENNESSEE REGION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 5, PART V, LINE 3B	THE 990-T IS ON EXTENSION AWAITING INFORMATION FROM VARIOUS SOURCES TO COMPLETE THE RETURN THE FOUNDATION INTENDS TO FILE THE 990-T BEFORE THE EXTENDED DUE DATE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI	SECTION C DISCLOSURE LINE 17 THE FOUNDATION IS REGISTERED IN TENNESSEE, BUT HAS FILED CHARITABLE SOLICITATION APPLICATIONS IN ALL OTHER STATES IN WHICH THEY ARE REQUIRED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	NATALIE HASLAM WILL HASLAM HON LIFE DIR DIRECTOR FAMILY RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE PRESIDENT AND EXECUTIVE VICE PRESIDENT REVIEW THE COMPLETE FORM 990 PRIOR TO FILING B ECAUSE EAST TENNESSEE FOUNDATION HAS SUCH A LARGE BOARD OF DIRECTORS AND THE INFORMATION C ONTAINED IN SCHEDULE B IS SOMEWHAT SENSITIVE IN NATURE, SCHEDULE B IS NOT INCLUDED IN THE COPY OF THE FORM 990 REVIEWED BY THE FOUNDATION'S AUDIT COMMITTEE AND SENT VIA EMAIL TO TH E ENTIRE BOARD OF DIRECTORS PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE ASKED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM WHICH IS KEPT ON FILE IN THE ETF OFFICE OFFICERS AND DIRECTORS WITH A CONFLICT OF INTEREST ON AN ISSUE ON A MEETING AGENDA ARE ASKED TO DISCLOSE THE CONFLICT AT THE MEETING AND TO RECUSE THEMSELVES FROM PARTICIPATION IN DISCUSSION AND VOTING ON THAT ITEM, SUCH RECUSALS ARE DOCUMENTED IN THE MEETING MINUTES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	<p>EAST TENNESSEE FOUNDATION CHAIR AND IMMEDIATE PAST CHAIR LEAD THE ANNUAL PERFORMANCE APPRAISAL AND DETERMINATION OF COMPENSATION PROCESSES FOR THE PRESIDENT/CEO. A COMPREHENSIVE PERFORMANCE APPRAISAL FORM, COMPRISED OF RATING GRIDS IN EACH BROAD AREA OF JOB RESPONSIBILITY AND A SERIES OF QUESTIONS ADDRESSING PERFORMANCE, IS COMPLETED BY EACH MEMBER OF THE FOUNDATION'S EXECUTIVE COMMITTEE. THE PRESIDENT PREPARES A WRITTEN SELF-EVALUATION OF HIS PERFORMANCE RELATIVE TO PROGRESS TOWARD ACCOMPLISHMENT OF PREVIOUSLY DETERMINED GOALS. IN ADDITION, THE FULL BOARD IS INFORMED OF THE PROCESS, AND BOARD MEMBERS ARE INVITED TO PROVIDE INPUT AND COMMENTS. THE IMMEDIATE PAST CHAIR PREPARES A COMPOSITE OF COMPLETED APPRAISAL FORMS AND OTHER COMMENTS RECEIVED, WHICH BECOMES THE BASIS FOR THE PRESIDENT'S REVIEW. THE CHAIR AND IMMEDIATE PAST CHAIR MEET WITH THE PRESIDENT TO REVIEW THE APPRAISAL, DISCUSS FEEDBACK RECEIVED FROM BOARD AND EXECUTIVE COMMITTEE MEMBERS, REVIEW PROGRESS MADE TOWARD MEETING INDIVIDUAL GOALS AND THOSE OF THE FOUNDATION, OUTLINE OPPORTUNITIES FOR ADVANCEMENT, AND SET GOALS AND A WORK PLAN FOR THE NEXT YEAR. AFTER THE MEETING, THE CHAIR AND IMMEDIATE PAST CHAIR CONFER TO FINALIZE THE APPRAISAL PROCESS AND PREPARE A RECOMMENDATION FOR ANNUAL COMPENSATION. NORMALLY, THE MOST RECENT COUNCIL ON FOUNDATIONS SALARY SURVEY IS CONSULTED AS WELL AS ASSESSING ON A LOCAL LEVEL COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS. RESULTS AND RECOMMENDATIONS ARE PRESENTED TO THE EXECUTIVE COMMITTEE FOR REVIEW AND SUBSEQUENT APPROVAL OR MODIFICATION. THE EXECUTIVE COMMITTEE MEETS BOTH INDEPENDENTLY AND WITH THE PRESIDENT IN CONDUCTING ITS DELIBERATIONS AND DECISION-MAKING.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 18	BOTH THE IRS FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE READILY AVAILABLE ON THE FOUNDATION WEBSITE THESE DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST FUNDHOLDERS ARE NOTIFIED VIA THE FOUNDATION'S DONOR PORTAL WHEN THE FINANCIAL STATEMENTS ARE AVAILABLE THE 990-T IS AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	EAST TENNESSEE FOUNDATION MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	BROKERS FEES INCLUDED ON 990, PART VIII, LINE 7B 2,275 CHANGE IN VALUE OF SPLIT-INTEREST A GREEMENTS 516,649 FUNDRAISING EVENTS DIRECT EXPENSES 283,597 REVENUE OF SUPPORTING FOUNDAT IONS REPORTED SEPARATELY 15,323,563 CURRENT YEAR EFFECT OF FASB ASC 958-605 -1,427,922 EXP ENSES OF SUPPORTING FOUNDATIONS REPORTED SEPARATELY -5,292,785 FUNDRAISING EVENTS DIRECT E XPENSES -283,597 BROKER FEES INCLUDED ON 990, PART VII, LINE 7B -2,275 CURRENT YEAR EFFECT OF FASB ASC 958-605 1,061,455 TOTAL 10,180,960

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
EAST TENNESSEE FOUNDATION

Employer identification number

62-0807696

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
(1) CHOICES IN SENIOR CARE LLC 151 F MARKET PLACE BOULEVARD KNOXVILLE, TN 37922 27-2329897		TN		67,000	N/A
(2) 520 W SUMMIT HILL DR SUITE 1101 KNOXVILLE, TN 37902 26-6707947		TN		160,755	N/A

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.

See Additional Data Table

(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

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

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

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

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)WOMEN'S FUND OF EAST TENNESSEE	B	92,338	CASH
(2)WOMEN'S FUND OF EAST TENNESSEE	C	74,991	CASH

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**

Additional Data

Software ID:
Software Version:
EIN: 62-0807696
Name: EAST TENNESSEE FOUNDATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
(1) 520 W SUMMIT HILL DR SUITE 1101 KNOXVILLE, TN 37902 62-1586446	CHARITABLE	TN	501C3	12A	N/A		No
(1) 520 W SUMMIT HILL DR SUITE 1101 KNOXVILLE, TN 37902 62-6351709	CHARITABLE	TN	501C3	12A	N/A		No
(2) 520 W SUMMIT HILL DR SUITE 801 KNOXVILLE, TN 37902 20-0753128	CHARITABLE	TN	501C3	12A	N/A		No
(3) 625 MARKET STREET SUITE 1200 KNOXVILLE, TN 37902 62-1666220	CHARITABLE	TN	501C3	12A	N/A		No
(4) 625 MARKET STREET SUITE 1200 KNOXVILLE, TN 37902		TN			N/A		No
(5) 520 W SUMMIT HILL DR SUITE 1101 KNOXVILLE, TN 37902 20-3859268	CHARITABLE	TN	501C3	12A	N/A		No
(6) 520 W SUMMIT HILL DR SUITE 1101 KNOXVILLE, TN 37902 62-1803826	CHARITABLE	TN	501C3	12A	N/A		No
(7) 520 W SUMMIT HILL DR SUITE 1101 KNOXVILLE, TN 37902 47-2695560	CHARITABLE	TN	501C3	12A	N/A		No
(8) 520 W SUMMIT HILL DR SUITE 1101 KNOXVILLE, TN 37902 62-6360595	CHARITABLE	TN	501C3	12A	N/A		No
(9) 625 MARKET STREET SUITE 400 KNOXVILLE, TN 37902 45-3263428	CHARITABLE	TN	501C3	12A	N/A		No
(10) 625 MARKET STREET SUITE 1300 KNOXVILLE, TN 37902 47-4871564	CHARITABLE	TN	501C3	12A	N/A		No