

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

2989332804031.8  
OMB No. 1545-0047

**2017**

Department of the Treasury  
Internal Revenue Service

For calendar year 2017 or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_  
Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

**A**  Check box if address changed

**B** Exempt under section  
 501(c)(3)  220(e)  530(a)  
 408(e)  408A  529(a)

**C** Book value of all assets at end of year  
275,839,900

**Name of organization** (  Check box if name changed and see instructions )  
**EAST TENNESSEE FOUNDATION.**

**Number, street, and room or suite no** If a P O box, see instructions  
**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**  
(Employees' trust, see instructions)  
62-0807696

**E Unrelated business activity codes**  
(See instructions)  
525990 | 624100

**F Group exemption number** (See instructions) ▶

**G Check organization type** ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

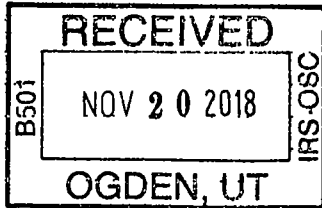
**H Describe the organization's primary unrelated business activity**  
▶ SEE STATEMENT 1

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

**J The books are in care of** ▶ CAROLYN SCHWENN Telephone number ▶ 856-524-1223

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement) SEE STMT 2	5	37,660	37,660
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule) SEE STMT 3	12	1,275	1,275
13	<b>Total.</b> Combine lines 3 through 12	13	38,935	38,935

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	6,435
20	Charitable contributions (See instructions for limitation rules) SEE STMT 4	20	2,886
21	Depreciation (attach Form 4562)	21	
22a	Less depreciation claimed on Schedule A and elsewhere on return	22a	0
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 5	28	3,640
29	<b>Total deductions.</b> Add lines 14 through 28	29	12,961
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	25,974
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32	25,974
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	24,974



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**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		
(1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of (1) Additional 5% tax (not more than \$11,750)	\$ _____	
(2) Additional 3% tax (not more than \$100,000)	\$ _____	
<b>c</b> Income tax on the amount on line 34		<b>35c</b> 3,746
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		<b>36</b>
<b>37 Proxy tax.</b> See instructions		<b>37</b>
<b>38 Alternative minimum tax</b>		<b>38</b>
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions		<b>39</b>
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies		<b>40</b> 3,746

**Part IV Tax and Payments**

<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>		
<b>b</b> Other credits (see instructions)	<b>41b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>41c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>		
<b>e</b> Total credits. Add lines 41a through 41d		<b>41e</b>	
<b>42</b> Subtract line 41e from line 40		<b>42</b>	3,746
<b>43</b> Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att sch)		<b>43</b>	
<b>44</b> Total tax. Add lines 42 and 43		<b>44</b>	3,746
<b>45a</b> Payments. A 2016 overpayment credited to 2017	<b>45a</b>		
<b>b</b> 2017 estimated tax payments	<b>45b</b>	30,000	
<b>c</b> Tax deposited with Form 8868	<b>45c</b>		
<b>d</b> Foreign organizations. Tax paid or withheld at source (see instructions)	<b>45d</b>		
<b>e</b> Backup withholding (see instructions)	<b>45e</b>		
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>		
<b>g</b> Other credits and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>45g</b>		
<b>46</b> Total payments. Add lines 45a through 45g		<b>46</b>	30,000
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		<b>47</b>	
<b>48</b> Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		<b>48</b>	
<b>49</b> Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		<b>49</b>	26,254
<b>50</b> Enter the amount of line 49 you want credited to 2018 estimated tax <input type="checkbox"/> Refunded <input checked="" type="checkbox"/>		<b>50</b>	26,254

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

<b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file	Yes	No
		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year	\$	

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

*James E. Booher* 11/13/18 EXEC VP & SECRETARY

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: JAMES E. BOOHER, CPA  
 Preparer's signature: *James E. Booher, CPA*  
 Date: 11/13/18  
 Check  if PTIN self-employed P00286127  
 Firm's name: BROWN JAKE & MCDANIEL, PC  
 Firm's EIN: 62-1170651  
 Firm's address: 2607 KINGSTON PIKE, SUITE 110  
 Phone no: 865-637-8600  
 KNOXVILLE, TN 37919-3336

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ►

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2		
3	Cost of labor	3					
4a	Additional sec 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property		
(1)	N/A	
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)	N/A			
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1) N/A				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>						

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ▶						
<b>Totals, Part II (lines 1-5)</b> ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 ▶			

**Statement 1 - Form 990-T - Primary Unrelated Business Activity**

## Description

THE FOUNDATION RECEIVES UNRELATED BUSINESS INCOME FROM THREE LOCAL PASS-THRU ENTITIES AND VARIOUS PRIVATE PLACEMENT INVESTMENTS THROUGH THE INVESTMENT FUND FOR FOUNDATIONS (TIFF).

IN ADDITION, THE FOUNDATION HAS MINOR MERCHANDISE SALES.

**Statement 2 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps**

Name of Partnership or S-Corp	Gross Income	Direct Deductions (Part. only)	Net Income
FIRST NATIONAL BANK OF ONEIDA	\$ 66,106	\$	\$ 66,106
PELLISSIPPI PARTNERSHIP			
CHOICES IN SENIOR CARE, LLC	15,864		15,864
TIFF REP I, LLC	-5,353		-5,353
TIFF REP II, LLC	7,401		7,401
TIFF R&R 2008, LLC	-7,501		-7,501
TIFF R&R 2009, LLC	9,425		9,425
TIFF R&R I, LLC			
TIFF R&R II, LLC	1,276		1,276
TIFF R&R III, LLC	629		629
TIFF R&R IV, LLC	-3,612		-3,612
TIFF PARTNERS III, LLC	-25		-25
TIFF PARTNERS IV, LLC	-2		-2
TIFF PARTNERS V-INTL, LLC	1,164		1,164
TIFF PARTNERS V-US, LLC	-709		-709
TIFF PEP 2005, LLC	-9		-9
TIFF PEP 2006, LLC	6,749		6,749
TIFF PEP 2007, LLC	-3,461		-3,461
TIFF PEP 2008, LLC	8,502		8,502
TIFF PEP 2011, LLC	-467		-467
TIFF PEP 2012, LLC	-5,103		-5,103
TIFF PEP 2013, LLC	-4,535		-4,535
TIFF PEP 2014, LLC	-1,585		-1,585
TIFF PEP 2015, LLC	-5,709		-5,709
TIFF PEP 2016, LLC	-12,431		-12,431
TIFF PEP 2017, LLC	-5,615		-5,615
TIFF ROF, LLC	11,608		11,608
TIFF SECONDARY PTRS II, LLC	-530		-530
TIFF SOF, LLC	-9,781		-9,781
TIFF SOF II, LLC	-24,636		-24,636
TOTAL	\$ 37,660	\$ 0	\$ 37,660

**Statement 3 - Form 990-T, Part I, Line 12 - Other Income**

Description	Amount
MERCHANDISE SALES	\$ 1,275
TOTAL	\$ 1,275

**Statement 4 - Form 990-T, Part II, Line 20 - Charitable Contributions**

<u>Description</u>	<u>Amount</u>
CURRENT YEAR CONTRIBUTIONS	\$ 40,500
CARRYOVER FROM PRIOR YEARS	364,376
TOTAL CONTRIBUTIONS AVAILABLE	404,876
LESS RECLASSIFICATION TO NOL	
LESS CONTRIBUTIONS DISALLOWED	401,990
TOTAL DEDUCTION ALLOWED	<u>2,886</u>

**Statement 5 - Form 990-T, Part II, Line 28 - Other Deductions**

<u>Description</u>	<u>Amount</u>
PROFESSIONAL FEES	\$ 3,640
TOTAL	<u>\$ 3,640</u>