

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **01-01-2018**, and ending **12-31-2018**

- 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 \$ 39,648,082

**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 PROVIDE PHILANTHROPIC LEADERSHIP INSPIRING DONORS TO MAKE LIVES BETTER AND COMMUNITIES STRONGER IN ENDURING WAYS ACROSS GENERATIONS

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	36
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	36
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	23
<b>6</b> Total number of volunteers (estimate if necessary)	439
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	190,856
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	167,450

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	112,071,029	12,476,100
<b>9</b> Program service revenue (Part VIII, line 2g)		0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,302,116	10,080,252
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	343,767	326,237
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	126,716,912	22,882,589
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	33,408,108	33,604,172
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,445,433	1,541,780
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 655,388		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	929,792	941,425
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	35,783,333	36,087,377
<b>19</b> Revenue less expenses Subtract line 18 from line 12	90,933,579	-13,204,788
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	275,839,900	256,015,743
<b>21</b> Total liabilities (Part X, line 26)	22,033,260	36,661,416
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	253,806,640	219,354,327

## Part II Signature Block

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

**Sign Here**

Signature of officer: \*\*\*\*\* Date: 2019-10-25

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

**Paid Preparer Use Only**

Print/Type preparer's name: BROWN JAKE & MCDANIEL PC  
Preparer's signature: [Signature]  
Date: 2019-10-30  
Check  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 [X]

1 Briefly describe the organization's mission

ETF IS A COMMUNITY FOUNDATION, SERVING 25 COUNTIES, WHOSE MISSION IS TO PROVIDE PHILANTHROPIC LEADERSHIP INSPIRING DONORS TO MAKE LIVES BETTER AND COMMUNITIES STRONGER IN ENDURING WAYS ACROSS GENERATIONS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 26,751,661 including grants of \$ 26,751,661 ) (Revenue \$ )
See Additional Data

4b (Code ) (Expenses \$ 2,816,857 including grants of \$ 2,816,857 ) (Revenue \$ )
See Additional Data

4c (Code ) (Expenses \$ 1,617,626 including grants of \$ 1,617,626 ) (Revenue \$ )
See Additional Data

(Code ) (Expenses \$ 3,580,097 including grants of \$ 2,418,028 ) (Revenue \$ )
4D-1 EXPENSES OF 972,233, INCLUDING GRANTS OF 972,233 - CONDUCTED COMPETITIVE GRANTMAKING PROGRAMS IN THE FIELD-OF-INTEREST AREAS OF AFFORDABLE HOUSING, YOUTH-AT-RISK, WOMEN AND CHILDREN, LITERACY, ARTS & CULTURE, SPAY & NEUTER SERVICES, WILDLIFE PRESERVATION, HEALTHCARE, RESPIRATORY DISEASE, CHILDHOOD CANCER, AND PARKINSON'S DISEASE RESEARCH, PROVIDING 71 GRANTS TO 65 501(C)(3) ORGANIZATIONS FOR WORTHWHILE PROJECTS IN THE 25 COUNTY SERVICE AREA AND TO 2 NATIONAL DISEASE RESEARCH ORGANIZATIONS 4D-2) EXPENSES OF 548,250, INCLUDING GRANTS OF 548,250 - FUNDED 9 GRANTS FROM THE PAT SUMMITT FOUNDATION FUND TO THE PAT SUMMITT CLINIC, A STATE- OF-THE-ART FACILITY AT UNIVERSITY OF TENNESSEE MEDICAL CENTER FOR TREATMENT AND RESEARCH OF ALZHEIMER'S AND OTHER NEUROLOGICAL DISEASES AND TO OTHER ORGANIZATIONS RELATED TO THE DISEASE 4D-3) EXPENSES OF 823,006, INCLUDING GRANTS OF 823,006 - CONDUCTED LOCALIZED, COMPETITIVE GRANTMAKING PROGRAMS THROUGH THE FOUNDATION'S AFFILIATE AND COUNTY-SPECIFIC FUNDS, ALLOWING LOCAL ADVISORY BOARDS TO SELECT WORTHY PROJECTS AND PROGRAMS AT THE LOCAL LEVEL, 81 GRANTS WERE AWARDED TO 69 ORGANIZATIONS FOR A WIDE VARIETY OF CHARITABLE PURPOSES 4D-4) EXPENSES OF 1,236,608, INCLUDING GRANTS OF 74,539 - MADE 49 DISCRETIONARY AND PROJECT GRANTS FROM 7 FUNDS 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 \$ 3,580,097 including grants of \$ 2,418,028 ) (Revenue \$ )

4e Total program service expenses 34,766,241

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, political activities, and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	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	
<b>24a</b>	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>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>25b</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
<b>26</b>	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
<b>27</b>	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
<b>28</b>	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)		
<b>28a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>28b</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
<b>28c</b>	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
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	Yes	
<b>30</b>	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
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	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
<b>33</b>	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	
<b>34</b>	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	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>35b</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> . . . . .		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> 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
<b>37</b>	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
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		



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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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-A 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
[ ] Own website [ ] Another's website [ ] Upon request [ ] 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>			
	<b>b</b> Membership dues . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . .	<b>1c</b>	808,957		
	<b>d</b> Related organizations	<b>1d</b>	1,324,260		
	<b>e</b> Government grants (contributions)	<b>1e</b>	457,167		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	9,885,716		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____		2,977,239		
	<b>h Total.</b> Add lines 1a-1f . . . . .		12,476,100		

<b>Program Service Revenue</b>	Business Code				
<b>2a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> All other program service revenue					
<b>9 Total.</b> Add lines 2a-2f . . . . .					

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		3,202,707			3,202,707
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties . . . . .		5,960			5,960
	<b>6a</b> Gross rents	(i) Real	(ii) Personal			
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	<b>b</b> Less cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss) . . . . .			6,877,545		6,877,545
	<b>8a</b> Gross income from fundraising events (not including \$ 808,957 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	369,518			
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	409,769			
	<b>c</b> Net income or (loss) from fundraising events . . . . .			-40,251		-40,251
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code					
<b>11a</b> MISCELLANEOUS REVENUES	522100		169,672		169,672	
<b>b</b> FIRST NATIONAL BANK OF ONEIDA	900099		137,026	137,026		
<b>c</b> AGGREGATE TIFF INCOME	531390		47,018	47,018		
<b>d</b> All other revenue . . . . .			6,812	6,812		
<b>e Total.</b> Add lines 11a-11d . . . . .			360,528			
<b>12 Total revenue.</b> See Instructions . . . . .			22,882,589	190,856	10,215,633	

**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
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	31,899,546	31,899,546		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	1,617,626	1,617,626		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	87,000	87,000		
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	311,121	87,844	135,435	87,842
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	1,022,540	468,709	237,999	315,832
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	44,743	21,165	9,320	14,258
<b>9</b> Other employee benefits.	66,686	30,128	15,854	20,704
<b>10</b> Payroll taxes.	96,690	40,506	26,888	29,296
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	7,735	3,287	2,041	2,407
<b>b</b> Legal.	21,814		13,233	8,581
<b>c</b> Accounting.	58,415		58,415	
<b>d</b> Lobbying.	7,500	7,500		
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	47,968		47,968	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	263,176	263,176		
<b>12</b> Advertising and promotion.	69,286	40,583	186	28,517
<b>13</b> Office expenses.	70,787	19,631	10,723	40,433
<b>14</b> Information technology.	82,420	40,015	19,577	22,828
<b>15</b> Royalties.				
<b>16</b> Occupancy.	219,566	96,442	59,396	63,728
<b>17</b> Travel.	21,121	10,024	4,967	6,130
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	21,778	16,289	2,926	2,563
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	9,959	4,183	2,789	2,987
<b>23</b> Insurance.	20,702	8,695	5,797	6,210
<b>24</b> 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):				
<b>a</b> TAX, LIFE INSUR & ANNUIT	10,908		10,908	
<b>b</b> PROFESSIONAL DEVELOPMENT	8,290	3,892	1,326	3,072
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	36,087,377	34,766,241	665,748	655,388
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	27,067,028	<b>2</b>	21,138,821
	<b>3</b> Pledges and grants receivable, net . . . . .	84,785,905	<b>3</b>	84,071,073
	<b>4</b> Accounts receivable, net . . . . .	13,815	<b>4</b>	33,872
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	4,640	<b>7</b>	33,528
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	6,014	<b>9</b>	3,830
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 171,431		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 87,276	94,114	<b>10c</b> 84,155
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	163,868,384	<b>12</b>	150,650,464
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	275,839,900	<b>16</b>	256,015,743	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	37,497	<b>17</b>	36,776
	<b>18</b> Grants payable . . . . .	21,485,595	<b>18</b>	36,190,915
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	510,168	<b>25</b>	433,725
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	22,033,260	<b>26</b>	36,661,416
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	249,211,231	<b>27</b>	215,191,979
	<b>28</b> Temporarily restricted net assets . . . . .	4,595,409	<b>28</b>	4,162,348
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	253,806,640	<b>33</b>	219,354,327	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	275,839,900	<b>34</b>	256,015,743	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	22,882,589
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	36,087,377
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-13,204,788
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	253,806,640
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-21,022,074
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-225,451
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	219,354,327

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 62-0807696

**Name:** EAST TENNESSEE FOUNDATION

Form 990 (2018)

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**Form 990, Part III, Line 4a:**

PROVIDED ASSISTANCE IN THE FORM OF 762 GRANTS FROM 92 DONOR ADVISED FUNDS TO 386 501(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

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**Form 990, Part III, Line 4b:**

PROVIDED GENERAL SUPPORT TO 117 501(C)(3) ORGANIZATIONS IN THE FORM OF 149 GRANTS FROM 68 DESIGNATED ORGANIZATION AND AGENCY ENDOWMENT FUNDS

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**Form 990, Part III, Line 4c:**

CONDUCTED 55 COMPETITIVE SCHOLARSHIP PROGRAMS TO ENABLE STUDENTS THROUGHOUT THE REGION TO OBTAIN A POST-SECONDARY EDUCATION, 202 STUDENTS RECEIVED SCHOLARSHIPS AND ATTENDED 47 INSTITUTIONS OF HIGHER LEARNING IN TENNESSEE AND THROUGHOUT THE NATION

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**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			
JEFFREY M BECKER ..... PAST CHAIR	1 00 .....	X		X				0	0	0
BERNARD E BERNSTEIN ..... DIRECTOR	0 20 .....	X						0	0	0
CATHERINE BIGGS ..... DIRECTOR	0 20 .....	X						0	0	0
LISA BINGHAM ..... DIRECTOR	0 20 .....	X						0	0	0
DAVID BRADSHAW ..... DIRECTOR	0 20 .....	X						0	0	0
AMY E CATHEY ..... VICE CHAIR	1 00 .....	X		X				0	0	0
BOBBY Y CONGLETON ..... LIFETIME HON	0 00 .....	X						0	0	0
JOAN C CRONAN ..... DIRECTOR	1 00 .....	X						0	0	0
JED E DANCE ..... DIRECTOR	1 00 .....	X						0	0	0
TOM FISHER ..... DIRECTOR	0 00 ..... 0 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			
RICK T FOX ..... DIRECTOR	0 20 .....	X						0	0	0
KEITH GRAY ..... DIRECTOR	0 20 .....	X						0	0	0
SHARON Y HANNUM ..... DIRECTOR	0 20 .....	X						0	0	0
JAMES L HARLAN ..... DIRECTOR	1 00 .....	X						0	0	0
NATALIE L HASLAM ..... LIFETIME HON	0 00 .....	X						0	0	0
WILL J HASLAM ..... DIRECTOR	0 20 .....	X						0	0	0
DAVID R HAYNES ..... DIRECTOR	1 00 .....	X						0	0	0
MARK HEINZ ..... DIRECTOR	0 20 .....	X						0	0	0
LOGAN HICKMAN ..... DIRECTOR	0 20 .....	X						0	0	0
ELLEN B MARKMAN ..... 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			
JOE MARLETTE ..... DIRECTOR	1 00 .....	X						0	0	0
A DAVID MARTIN ..... LIFETIME HON	0 20 .....	X						0	0	0
CASSANDRA MCGEE STUART ..... DIRECTOR	0 20 .....	X						0	0	0
GREGORY MCMILLAN ..... DIRECTOR	0 00 .....	X						0	0	0
JAN MCNALLY ..... TREASURER	1 00 .....	X		X				0	0	0
ALICE MERCER ..... DIRECTOR	0 20 .....	X						0	0	0
NANCY MOODY ..... DIRECTOR	1 20 ..... 0 00	X						0	0	0
GENE PATTERSON ..... DIRECTOR	0 00 .....	X						0	0	0
CHARLES M PECCOLO ..... DIRECTOR	0 20 .....	X						0	0	0
JOE E PETRE ..... DIRECTOR	1 00 ..... 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			
PAIGE K PRESTON ..... DIRECTOR	0 20 .....	X						0	0	0
AVICE E REED ..... DIRECTOR	1 00 .....	X						0	0	0
NITA W SUMMERS ..... DIRECTOR	2 00 0 20 .....	X						0	0	0
CAROL G TRANSOU ..... DIRECTOR	0 20 .....	X						0	0	0
MARY BETH WEST ..... DIRECTOR	1 00 .....	X						0	0	0
DAVID V WHITE ..... LIFETIME HON	0 00 .....	X						0	0	0
PAUL G WILLSON ..... CHAIR	2 00 .....	X		X				0	0	0
STUART R WORDEN ..... LIFETIME HON	0 00 .....	X						0	0	0
MARGIN S WORSHAM ..... DIRECTOR	0 20 .....	X						0	0	0
MICHAEL T MCCLAMROCH ..... PRESIDENT AN	35 00 ..... 1 00			X				188,501	0	11,702

**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			
CAROLYN SCHWENN ..... EXEC VP & SE	35 00 ..... 1 00			X				101,000	0	6,412

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

**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.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	24,782,278	12,910,464	12,142,700	112,071,029	12,476,100	174,382,571
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	24,782,278	12,910,464	12,142,700	112,071,029	12,476,100	174,382,571
<b>5</b>	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)						85,239,149
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						89,143,422

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4	24,782,278	12,910,464	12,142,700	112,071,029	12,476,100	174,382,571
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,222,086	1,862,014	1,243,012	5,021,360	3,208,667	12,557,139
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on	75,401	102,478	82,545	66,106	190,856	517,386
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	135,767	122,391	152,811	180,536	169,672	761,177
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						188,218,273

**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** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	47.360 %
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	46.890 %

**16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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** ►

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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 ►

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	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.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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 <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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).		
	<b>7</b>		
<b>8</b>	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).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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 <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</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.)		
	<b>10b</b>		



**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>	Yes	No
<b>b</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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

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

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	

- 7**  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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

**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)

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART II, LINE 10	MISCELLANEOUS REVENUES 761,177

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
  
**Open to Public Inspection**

**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
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**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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**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-
1				
2				
3				
4				
5				
6				



**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
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		7,500
<b>j</b> Total Add lines 1c through 1i			7,500
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
EAST TENNESSEE FOUNDATION

**Employer identification number**  
62-0807696

**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
<b>1</b> Total number at end of year	160	70
<b>2</b> Aggregate value of contributions to (during year)	5,840,185	726,323
<b>3</b> Aggregate value of grants from (during year)	42,473,585	1,617,626
<b>4</b> Aggregate value at end of year	147,457,936	19,639,686

- 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	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

- 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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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
<b>1a</b> Beginning of year balance . . . . .	137,043,182	117,599,066	114,984,121	111,079,383	92,688,622
<b>b</b> Contributions . . . . .	21,038,939	7,213,029	1,703,549	8,060,830	18,456,840
<b>c</b> Net investment earnings, gains, and losses	-9,496,983	18,455,685	5,040,238	-20,368	3,532,485
<b>d</b> Grants or scholarships . . . . .	5,661,596	5,221,123	3,211,977	3,234,565	2,666,584
<b>e</b> Other expenditures for facilities and programs . . . . .	461,245	391,676	358,989	359,076	376,255
<b>f</b> Administrative expenses . . . . .	605,930	611,799	557,876	542,083	555,725
<b>g</b> End of year balance . . . . .	141,856,367	137,043,182	117,599,066	114,984,121	111,079,383

- 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
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . .   | <b>Yes</b> | <b>No</b> |
| <b>3a(i)</b>   | No         | No        |
| <b>(ii)</b> related organizations . . . . .  | <b>Yes</b> | <b>No</b> |
| <b>3a(ii)</b>  | No         | No        |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>  |           |
- 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
<b>1a</b> Land . . . . .		38,100		38,100
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		133,331	87,276	46,055
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				84,155

**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	145,870,241	F
(B) FIDELITY INVESTMENTS/MARTIN & CO	2,514,013	F
(C) PRIVATELY HELD STOCKS	1,195,214	F
(D) MERRILL LYNCH/MCLAUGHLIN GROUP	604,489	F
(E) LIMITED LIABILITY CORPORATION	226,258	F
(F) PUBLICLY HELD STOCKS	213,300	F
(G) PAINTINGS	26,949	C
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)	150,650,464	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ANNUITY/UNITRUST LIABILITY	433,725
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	433,725

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	40,252,000
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-21,022,074
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	38,664,904
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	17,642,830
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	22,609,170
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	47,968
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	225,451
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	273,419
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	22,882,589

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	39,660,757
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	4,865,863
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	4,865,863
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	34,794,894
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	47,968
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	1,244,515
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,292,483
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	36,087,377

**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

## 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 AND USED 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 ENDOWMENT FUNDS EXIST TO SUPPORT ON A CONTINUING BASIS A WIDE RANGE OF CHARITABLE PURPOSES AND ORGANIZATIONS IN KEEPING WITH ITS MISSION OF PHILANTHROPIC LEADERSHIP

## 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 2018 AND 2017

# Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	FUNDRAISING EVENTS DIRECT EXPENSES 409,769 REVENUE OF SUPPORTING FOUNDATIONS REPORTED SEPA RATELY 36,570,535 CURRENT YEAR EFFECT OF FASB ASC 958-605 1,684,600



## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 225,451

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	EXPENSES OF SUPPORTING FOUNDATIONS REPORTED SEPARATELY 4,456,094 FUNDRAISING EVENTS DIRECT EXPENSES 409,769

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	CURRENT YEAR EFFECT OF FASB ASC 958-605 1,244,515

**SCHEDULE F  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

Name of the organization  
EAST TENNESSEE FOUNDATION

**Employer identification number**  
62-0807696

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 )					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total					
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)					

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>( 1 )</b>	See Add'l Data								
<b>( 2 )</b>									
<b>( 3 )</b>									
<b>( 4 )</b>									
<b>( 5 )</b>								<b>Schedule F (Form 990) 2018</b>	
<b>( 6 )</b>									
<b>( 7 )</b>									
<b>( 8 )</b>									
<b>( 9 )</b>									
<b>( 10 )</b>									
<b>( 11 )</b>									
<b>( 12 )</b>									
<b>( 13 )</b>									
<b>( 14 )</b>									
<b>( 15 )</b>									
<b>( 16 )</b>									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_ **5**

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*  Yes  No





## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 62-0807696

**Name:** EAST TENNESSEE FOUNDATION

### Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	INTERNAT'L AFFAIRS	22,000	CHECK			
		MIDDLE EAST/NORTH AFRICA	BASEBALL PROGRAM	10,000	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND PACIFIC	ORPHAN HOMES SUPPORT	10,000	CHECK			
		SUB-SAHARAN AFRICA	MEDICAL CLINIC SUPP	25,000	CHECK			

<b>Form 990 Schedule F Part II - Grants or Entities Outside The United States</b>								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENT AMERICA AND CARIBBEAN	PURCH MED SUPPLIES	20,000	CHECK			

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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2018**

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

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						
<b>Total</b>						

**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.

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		<b>PAT SUMMITT</b> (event type)	<b>BUTTERFLY EVENT</b> (event type)	<b>6</b> (total number)	Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	944,172	94,331	136,542	1,175,045
	<b>2</b> Less Contributions . . . . .	674,899	46,481	84,966	806,346
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	269,273	47,850	51,576	368,699
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .		13,375	3,441	16,816
	<b>6</b> Rent/facility costs . . . . .		20,755	23,622	44,377
	<b>7</b> Food and beverages . . . . .		6,738	381	7,119
	<b>8</b> Entertainment . . . . .			1,800	1,800
	<b>9</b> Other direct expenses . . . . .	318,956	8,469	11,463	338,888
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				409,000
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-40,301

**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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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
 

<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%

**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 provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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...
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

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EDUCATIONAL SCHOLARSHIPS	193	1,617,626			
(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 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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
4 MARKET SQUARE INC 4 MARKET SQUARE SUITE 303C KNOXVILLE, TN 37902	62-1719382	501C3	6,000				PROGRAM DEVELOPMENT
4TH JUDICIAL DIST RECOVERY SERVICES PO BOX 293 DANDRIDGE, TN 37725	46-1320385	501C3	25,000				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALL SOULS FOUNDATION 4 MARKET SQUARE KNOXVILLE, TN 37902	20-5255789	501C3	10,000				GEN/OPER SUPPORT
ALLIANCE FOR BETTER NONPROFITS 318 N GAY STREET SUITE 203 THE REGAS BUILDING KNOXVILLE, TN 37917	47-2265490	501C3	37,100				GEN/OPER SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN BATTLEFIELD TRUST 1156 15TH STREET NW SUITE 900 WASHINGTON, DC 20005	54-1426643	501C3	15,000				PROGRAM DEVELOPMENT
AMERICAN CANCER SOCIETY 871 N WEISGARBER ROAD KNOXVILLE, TN 37909	13-1788491	501C3	10,000				ANNUAL CAMPAIGNS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN NUCLEAR SOCIETY 97781 EAGLE WAY LOCK BOX 97781 CHICAGO, IL 606789770	36-2386176	501C3	15,000				PROGRAM DEVELOPMENT
ARC KNOX COUNTY 3000 NORTH CENTRAL STREET KNOXVILLE, TN 37917	62-0759415	501C3	67,789				PROGRAM DEVELOPMENT

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

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ARTS&CULTURE ALLIANCE GR KNOXVILLE PO BOX 2506 KNOXVILLE, TN 37901	62-0962249	501C3	10,000				GEN/OPER SUPPORT
ASBURY UNITED METHODIST CHURCH 201 SOUTH MAIN STREET GREENEVILLE, TN 37743		CHURCH	19,000				GEN/OPER SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ASPEN ART MUSEUM 637 EAST HYMAN AVENUE ASPEN, CO 81611	84-0746671	501C3	6,250				GEN/OPER SUPPORT
ATOMIC HERITAGE FOUNDATION 910 17TH STREET NW SUITE 408 WASHINGTON, DC 20006	03-0380408	501C3	10,000				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AUSTIN HATCHER FDN PEDIATRIC CANCER 232 E 11TH STREET SUITE 100 CHATTANOOGA, TN 37402	20-8065108	501C3	10,000				PROGRAM DEVELOPMENT
BAPTIST MEMORIAL HEALTH CARE FDN 350 N HUMPHREYS BOULEVARD MEMPHIS, TN 38120	58-1544781	501C3	15,000				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BAREFOOT REPUBLIC CAMP PO BOX 40365 NASHVILLE, TN 37204	62-1841336	501C3	70,000				BUILDING/RENOVATION
BLACKBERRY FARM FOUNDATION 1471 WEST MILLERS COVE ROAD WALLAND, TN 37886	82-3457227	501C3	718,421				PROGRAM DEVELOPMENT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BLOSSOM CENTER CHILDHOOD EXCELLENCE 280 ROYCE CIRCLE OAK RIDGE, TN 37830	47-4275689	501C3	8,500				PROGRAM DEVELOPMENT
BOY SCOUTS AMERICASEQUOYAH COUNCIL PO BOX 3010 JOHNSON CITY, TN 37602	22-1576300	501C3	6,500				ANNUAL CAMPAIGNS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOY SCOUTS GREAT SMOKY MTN COUNCIL 1333 OLD WEISGARBER ROAD KNOXVILLE, TN 37909	62-0476811	501C3	49,005				ANNUAL CAMPAIGNS
BOYS & GIRLS CLUB OF OCOEE REGION 385 THIRD STREET SW CLEVELAND, TN 37311	62-0729406	501C3	26,500				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUB OF THE SMOKY MTNS PO BOX 5743 SEVIERVILLE, TN 37864	62-1507789	501C3	25,984				GEN/OPER SUPPORT
BOYS & GIRLS CLUBS - DUMPLIN VALLEY PO BOX 669 WHITE PINE, TN 37890	26-1475216	501C3	25,000				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUBS OF THE TN VALLEY 967 IRWIN STREET JOHN D LEE ADMINISTRATIVE OFFICES KNOXVILLE, TN 37917	62-0475743	501C3	1,838,900				ANNUAL CAMPAIGNS
BOYS AND GIRLS CLUB OF GREENEVILLE PO BOX 1977 GREENEVILLE, TN 377441977	62-1706248	501C3	13,500				ANNUAL CAMPAIGNS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRIDGE REFUGEE SERVICES 3839 BUFFAT MILL ROAD KNOXVILLE, TN 37914	58-1505955	501C3	7,500				PROGRAM DEVELOPMENT
CANCER SUPPORT COMMUNITY EAST TN 2230 SUTHERLAND AVENUE KNOXVILLE, TN 379192350	58-1846210	501C3	179,298				GEN/OPER SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CARSON-NEWMAN UNIVERSITY PO BOX 557 JEFFERSON CITY, TN 37760	62-0479189	501C3	40,400				PROGRAM DEVELOPMENT
CASA MONROE 301 COLLEGE STREET NORTH MADISONVILLE, TN 37354	32-0204451	501C3	12,500				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CASA OF EAST TENNESSEE INC PO BOX 10752 KNOXVILLE, TN 379390752	62-1278520	501C3	5,500				GEN/OPER SUPPORT
CATHOLIC CHARITIES OF EAST TN 119 DAMERON AVENUE ADMINISTRATIVE OFFICES KNOXVILLE, TN 37917	62-1377551	501C3	7,800				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC DIOCESE OF KNOXVILLE 805 SOUTH NORTSHORE DRIVE KNOXVILLE, TN 37919	62-1357183	501C3	24,000				GEN/OPER SUPPORT
CATHOLIC DIOCESE OF ST AUGUSTINE 11625 OLD ST AUGUSTINE ROAD JACKSONVILLE, FL 32258	59-0637829	501C3	50,000				PROGRAM DEVELOPMENT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CEDAR SPRINGS PRESBYTERIAN CHURCH 9132 KINGSTON PIKE KNOXVILLE, TN 37923	62-0649031	501C3	257,600				GEN/OPER SUPPORT
CENTRAL BAPTIST CHURCH OF BEARDEN 6300 DEANE HILL DRIVE KNOXVILLE, TN 37919		CHURCH	9,650				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHEROKEE HEALTH SYSTEMS 2018 WESTERN AVENUE KNOXVILLE, TN 37921	62-0637925	501C3	25,679				GEN/OPER SUPPORT
CHILD ADVOCACY CTR 9TH JUDICIAL DIS PO BOX 928 LENOIR CITY, TN 37771	62-1846638	501C3	27,500				CONFERENCES/SEMINARS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDRENS CENTER OF THE CUMBERLANDS PO BOX 4314 ONEIDA, TN 37841	62-1873070	501C3	10,000				GEN/OPER SUPPORT
CHILDREN'S MUSEUM OF OAK RIDGE 461 WEST OUTER DRIVE OAK RIDGE, TN 37830	23-7411712	501C3	15,145				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRIST PRESBYTERIAN CHURCH 2323 OLD HICKORY BLVD NASHVILLE, TN 37215		CHURCH	20,000				GEN/OPER SUPPORT
CHRISTIAN UNION INC 19 VANDEVENTER AVENUE PRINCETON, NJ 08542	22-3834440	501C3	7,500				GEN/OPER SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHURCH STREET UNITED METHODIST CHUR PO BOX 1303 KNOXVILLE, TN 37901		CHURCH	204,319				BUILDING/RENOVATION
CITY OF ELIZABETHTON 136 S SYCAMORE STREET ELIZABETHTON, TN 37643	62-6000283	GOVERN	9,778				BUILDING/RENOVATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CITY OF ETOWAH PO BOX 1077 ETOWAH, TN 37331		GOVERN	300,000				BUILDING/RENOVATION
CITY OF KINGSPORT 225 WEST CENTER STREET KINGSPORT, TN 376604237	62-6000323	GOVERN	10,009				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CITY OF KINGSTON PARKS & RECREATION 201 PATTON FERRY ROAD KINGSTON, TN 37763	62-6002119	GOVERN	6,000				BUILDING/RENOVATION
CITY OF SWEETWATER PO BOX 267 SWEETWATER, TN 378740267	62-6000419	GOVERN	6,500				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COAL CREEK MINERS MUSEUM PO BOX 223 ROCKY TOP, TN 37769	62-1752516	501C3	7,500				PROGRAM DEVELOPMENT
COALITION FOR KIDS INC PO BOX 3156 JOHNSON CITY, TN 37602	62-1765487	501C3	10,000				PROGRAM DEVELOPMENT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COCKE COUNTY SCHOOL SYSTEM 305 HEDRICK DRIVE NEWPORT, TN 37821		GOVERN	20,000				PROGRAM DEVELOPMENT
COLONIAL HEIGHTS UMC - KINGSPORT TN PO BOX 6027 KINGSPORT, TN 37663		CHURCH	180,332				GEN/OPER SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMM COAL AGAINST HUMAN TRAFFICKING PO BOX 20937 KNOXVILLE, TN 37940	27-3460268	501C3	17,000				PROGRAM DEVELOPMENT
COMPASSION COALITION 318 N GAY STREET SUITE 207 KNOXVILLE, TN 37917	62-0011300	501C3	10,400				GEN/OPER SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMPASSION COUNSELING 200 E BROADWAY AVENUE SUITE 515 MARYVILLE, TN 37804	46-2300707	501C3	8,500				PROGRAM DEVELOPMENT
COORD SCHOOL HEALTH- JEFFERSON CO 1030 S HIGHWAY 92 SUITE B DANDRIDGE, TN 37725	62-6000685	GOVERN	12,000				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COUNSELING & CONSULTATION SERVICES PO BOX 278 LIMESTONE, TN 37681	62-1425012	501C3	10,000				PROGRAM DEVELOPMENT
CRU (CAMPUS CRUSADE FOR CHRIST) PO BOX 628222 ORLANDO, FL 328628222	95-6006173	501C3	15,500				PROGRAM DEVELOPMENT

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

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CRUMLEY HOUSE HEAD INJURY REHAB 300 URBANA ROAD LIMESTONE, TN 376812852	58-1988511	501C3	25,000				EQUIPMENT
CUMBERLAND COMMUNITIES COMM CORP 301 S GAY STREET KNOXVILLE, TN 37927	58-2004387	501C3	12,500				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DEXTER FIRST UNITED METHODIST CHURC PO BOX 156 DEXTER, MO 63841		CHURCH	50,000				GEN/OPER SUPPORT
DOGWOOD ARTS INC 123 W JACKSON AVENUE KNOXVILLE, TN 37902	62-6074113	501C3	20,500				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DOUGLAS-CHEROKEE ECONOMIC AUTHORITY PO BOX 1218 MORRISTOWN, TN 378161218	62-0752586	501C3	8,000				PROGRAM DEVELOPMENT
DREAM CONNECTION INC PO 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 PO BOX 15010 KNOXVILLE, TN 379015010	62-6002604	501C3	54,346				PROGRAM DEVELOPMENT
EAST TN COMMUNITY DESIGN CENTER 1300 N BROADWAY KNOXVILLE, TN 37917	62-0817716	501C3	7,245				GEN/OPER SUPPORT



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

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EAST TN PUBLIC COMMUNICATIONS CORP 1611 E MAGNOLIA AVENUE KNOXVILLE, TN 37917	62-1173293	501C3	5,500				PROGRAM DEVELOPMENT
EAST TN STATE UNIVERSITY FOUNDATION PO BOX 70721 JOHNSON CITY, TN 37614	23-7092731	501C3	217,250				PROGRAM DEVELOPMENT

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

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EMERALD YOUTH FOUNDATION 1014 HEISKELL AVENUE KNOXVILLE, TN 37921	62-1474791	501C3	393,943				PROGRAM DEVELOPMENT
ERLANGER HEALTH SYSTEM FOUNDATIONS 975 EAST THIRD STREET SUITE B-508 CHATTANOOGA, TN 37403	58-1664027	501C3	10,000				GEN/OPER SUPPORT

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FELLOWSHIP OF CHRISTIAN ATHLETES 502 S GAY STREET SUITE 401 KNOXVILLE, TN 37902	44-0610626	501C3	5,500				GEN/OPER SUPPORT
FIRST CHRISTIAN CHURCH 1130 TEMPLE STREET GREENEVILLE, TN 37745		CHURCH	125,000				GEN/OPER SUPPORT

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FIRST PRIORITY OF AMERICA INC PO BOX 473 BRENTWOOD, TN 37027	62-1638690	501C3	10,000				GEN/OPER SUPPORT
FLORENCE CRITTENTON AGENCY 1531 DICK LONAS ROAD BUILDING C KNOXVILLE, TN 379091218	62-6044288	501C3	5,403				PROGRAM DEVELOPMENT

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

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FOOD PANTRY OF TELLICO PLAINS PO BOX 434 TELLICO PLAINS, TN 37385	81-3006555	501C3	10,000				PROGRAM DEVELOPMENT
FOOTHILLS LAND CONSERVANCY INC 3402 ANDY HARRIS ROAD ROCKFORD, TN 37853	62-1256238	501C3	39,683				GEN/OPER SUPPORT

**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 W BLVD SUITE 202 KNOXVILLE, TN 379223352	62-1748601	501C3	10,000				PROGRAM DEVELOPMENT
FRANKLIN ROAD ACADEMY 4700 FRANKLIN ROAD NASHVILLE, TN 37220	62-1138075	501C3	50,000				GEN/OPER SUPPORT

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FREE WILL BAPTIST FAMILY MINISTRIES 90 STANLEY LANE GREENEVILLE, TN 37743	62-0515535	501C3	173,000				PROGRAM DEVELOPMENT
FRIENDS OF GREAT SMOKY MOUNTAINS NP PO BOX 1660 KODAK, TN 377647660	62-1564782	501C3	71,038				PROGRAM DEVELOPMENT

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

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GEORGE CLEM MULTICULTURAL ALLIANCE 802 WESLEY AVENUE GREENEVILLE, TN 37743	46-3125849	501C3	6,000				PROGRAM DEVELOPMENT
GEORGE W BUSH FOUNDATION 2943 SMU BOULEVARD DALLAS, TX 75205	20-4119317	501C3	1,005,500				GEN/OPER SUPPORT



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GIRLS INC OF HAMBLEN COUNTY PO BOX 3058 MORRISTOWN, TN 378153058	23-7306313	501C3	7,415				PROGRAM DEVELOPMENT
GOOD SHEPHERD CENTER PO BOX 353 MADISONVILLE, TN 37354	58-2233171	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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GREAT SCHOOLS PARTNERSHIP CHAR TR 912 S GAY STREET L210 KNOXVILLE, TN 37902	76-6206166	501C3	287,000				PROGRAM DEVELOPMENT
GREAT SMOKY MOUNTAINS HERITAGE CNTR PO BOX 268 TOWNSEND, TN 378820268	62-1821411	501C3	5,500				PROGRAM DEVELOPMENT

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

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GREAT SMOKY MOUNTAINS INSTITUTE 9275 TREMONT ROAD TOWNSEND, TN 37882	62-1833479	501C3	8,000				GEN/OPER SUPPORT
GREENE COUNTY UNITED WAY INC 115 ACADEMY STREET GREENEVILLE, TN 37743	62-6015767	501C3	35,000				GEN/OPER SUPPORT

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GREENEVILLE CITY SCHOOLS FOUNDATION PO BOX 1420 GREENEVILLE, TN 377441420	62-1672018	501C3	15,250				PROGRAM DEVELOPMENT
GREENEVILLE CUMBERLAND PRESB CHURCH 201 NORTH MAIN STREET GREENEVILLE, TN 37745	62-0863428	CHURCH	55,000				GEN/OPER SUPPORT

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GREENEVILLE-GREENE CO CMTY MINISTRY PO BOX 545 GREENEVILLE, TN 377440545	62-1207222	501C3	10,000				PROGRAM DEVELOPMENT
HELEN ROSS MCNABB FOUNDATION 201 W SPRINGDALE AVENUE NE KNOXVILLE, TN 37917	23-7213935	501C3	78,000				PROGRAM DEVELOPMENT

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HISTORIC RUGBY INC PO BOX 8 RUGBY, TN 37733	62-0840267	501C3	13,374				GEN/OPER SUPPORT
HISTORIC TENNESSEE THEATRE FDN 604 S GAY STREET KNOXVILLE, TN 37901	62-1651302	501C3	100,300				BUILDING/RENOVATION

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

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HIWASSEE COLLEGE INC 225 HIWASSEE COLLEGE DRIVE MADISONVILLE, TN 37354	62-0511454	501C3	8,058				PROGRAM DEVELOPMENT
HOMESOURCE EAST TENNESSEE 109 N WINONA STREET KNOXVILLE, TN 37917	62-1465760	501C3	60,000				BUILDING/RENOVATION

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HOPE RESOURCE CENTER 2700 PAINTER AVENUE KNOXVILLE, TN 37919	58-1592223	501C3	17,100				GEN/OPER SUPPORT
HUMANE SOCIETY OF THE TN VALLEY PO BOX 51723 KNOXVILLE, TN 37950	62-0596930	501C3	134,101				GEN/OPER SUPPORT



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IJAMS NATURE CENTER 2915 ISLAND HOME AVENUE KNOXVILLE, TN 37920	59-1777902	501C3	8,000				PROGRAM DEVELOPMENT
INSTITUTE ON RELIGION & PUBLIC LIFE 35 EAST 21ST STREET SIXTH FLOOR NEW YORK, NY 10010	52-1628303	501C3	25,000				BUILDING/RENOVATION

**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	33,533				PROGRAM DEVELOPMENT
INTERVARSITY CHRISTIAN FELLOWSHIP PO BOX 7895 MADISON, WI 537077895	36-2171714	501C3	10,000				PROGRAM DEVELOPMENT

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ISLAMORADA FOUNDATION PO BOX 1315 ISLAMORADA, FL 33036	90-0586396	501C3	20,000				BUILDING/RENOVATION
JEFFERSON CITY FIRE DEPARTMENT PO BOX 530 JEFFERSON CITY, TN 37760	62-6000317	GOVERN	61,250				EQUIPMENT

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

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JEFFERSON CITY POLICE DEPARTMENT PO BOX 530 JEFFERSON CITY, TN 37760	62-6000317	GOVERN	33,000				PROGRAM DEVELOPMENT
JEFFERSON CO EDUCATION FOUNDATION 532 PATRIOT DRIVE DANDRIDGE, TN 37725	62-1753096	501C3	13,000				PROGRAM DEVELOPMENT

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JEFFERSON CO HABITAT FOR HUMANITY PO BOX 346 JEFFERSON CITY, TN 37760	62-1516257	501C3	25,000				BUILDING/RENOVATION
JEFFERSON COUNTY EMS 581 W OLD A J HIGHWAY NEW MARKET, TN 378204353	62-6000684	GOVERN	75,000				EQUIPMENT

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

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JEFFERSON COUNTY RESCUE SQUAD PO BOX 261 DANDRIDGE, TN 37725	62-0996223	501C3	50,000				EQUIPMENT
JEFFERSON RURAL CLINIC INC 1413 RUSSELL AVENUE JEFFERSON CITY, TN 377602562	20-1932232	501C3	70,000				PROGRAM DEVELOPMENT

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JESSE'S HOUSE PO BOX 3318 CUMMING, GA 30028	58-2516541	501C3	6,750				GEN/OPER SUPPORT
JOHNSON CITY SYMPHONY ORCHESTRA PO BOX 533 JOHNSON CITY, TN 37605	62-0910261	501C3	8,000				PROGRAM DEVELOPMENT

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

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JOHNSON COUNTY ARTS COUNCIL PO BOX 269 MOUNTAIN CITY, TN 37683	62-1731844	501C3	14,423				PROGRAM DEVELOPMENT
JOHNSON COUNTY FARMER'S MARKET 110 COURT STREET MOUNTAIN CITY, TN 37683	27-1474866	501C3	5,500				PROGRAM DEVELOPMENT



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JOHNSON COUNTY HIGH SCHOOL 290 FAIRGROUND HILL MOUNTAIN CITY, TN 376831667	62-6000688	GOVERN	8,350				PROGRAM DEVELOPMENT
JONI AND FRIENDS TENNESSEE 410 S NORTSHORE DRIVE KNOXVILLE, TN 37919	95-3402002	501C3	32,333				GEN/OPER SUPPORT

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JOY OF MUSIC SCHOOL 1209 EUCLID AVENUE KNOXVILLE, TN 37921	31-1776315	501C3	27,014				PROGRAM DEVELOPMENT
JUBILEE COMMUNITY ARTS 1538 LAUREL AVENUE KNOXVILLE, TN 379162016	62-1066028	501C3	6,000				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JUNIOR ACHIEVEMENT EAST TENNESSEE 2135 N CHARLES G SEIVERS BOULEVARD CLINTON, TN 377166749	62-0810145	501C3	34,500				PROGRAM DEVELOPMENT
JUNIOR ACHIEVEMENT-TRI- CITIES TNVA 330 BROAD STREET SUITE 1 KINGSPORT, TN 37660	62-0757847	501C3	66,702				GEN/OPER SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JUNIOR LEAGUE OF KNOXVILLE INC 520 W SUMMIT HILL DRIVE STE 1101 KNOXVILLE, TN 37902	62-6051012	501C3	6,300				GEN/OPER SUPPORT
KNOX AREA RESCUE MINISTRIES PO BOX 3310 KNOXVILLE, TN 379273310	62-0670972	501C3	18,607				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KNOX HERITAGE INC PO BOX 1242 KNOXVILLE, TN 37901	51-0148798	501C3	6,700				CAPITAL CAMPAIGN
KNOX MAKERS 116 CHILDRESS STREET SW BAY 2 KNOXVILLE, TN 37920	45-3981182	501C3	8,000				BUILDING/RENOVATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KNOX BOTANICAL GARDENS & ARBORETUM 2743 WIMPOLE AVENUE KNOXVILLE, TN 37914	62-1868560	501C3	24,748				PROGRAM DEVELOPMENT
KNOXVILLE AREA URBAN LEAGUE 1514 E FIFTH AVENUE KNOXVILLE, TN 37917	62-0797293	501C3	78,800				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KNOXVILLE CHRISTIAN COMMUNITY FDN PO BOX 52250 KNOXVILLE, TN 379502250	62-1695494	501C3	30,000				GEN/OPER SUPPORT
KNOXVILLE FAMILY JUSTICE CENTER 400 HARRIET TUBMAN STREET KNOXVILLE, TN 37915	30-0342598	501C3	8,500				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KNOXVILLE HABITAT FOR HUMANITY PO BOX 27478 KNOXVILLE, TN 379277478	58-1727980	501C3	65,955				BUILDING/RENOVATION
KNOXVILLE KIWANIS YOUTH FOUNDATION PO BOX 232 KNOXVILLE, TN 37901	62-6042535	501C3	10,000				PROGRAM DEVELOPMENT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KNOXVILLE MUSEUM OF ART 1050 WORLDS FAIR PARK DRIVE KNOXVILLE, TN 379161653	62-0677701	501C3	40,388				GEN/OPER SUPPORT
KNOXVILLE SYMPHONY SOCIETY PO BOX 360 KNOXVILLE, TN 379010360	62-6008097	501C3	45,550				GEN/OPER SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KNOXVILLE ZOOLOGICAL GARDENS INC 3500 KNOXVILLE ZOO DRIVE KNOXVILLE, TN 37914	62-1034633	501C3	5,160,500				CAPITAL CAMPAIGN
KNOXVILLE-KNOX CO CAC OFF ON AGING PO BOX 51650 KNOXVILLE, TN 379501650		GOVERN	46,781				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KNOXVILLE-KNOX COUNTY CAC PO BOX 51650 KNOXVILLE, TN 379501650		GOVERN	121,750				PROGRAM DEVELOPMENT
LAKESHORE PARK PO BOX 10244 KNOXVILLE, TN 37939	62-1648241	501C3	24,829				GEN/OPER SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LEADERSHIP KNOXVILLE INC 17 MARKET SQUARE 201 KNOXVILLE, TN 37902	62-1212211	501C3	11,818				GEN/OPER SUPPORT
LEGACY PARKS FOUNDATION 900 VOLUNTEER LANDING KNOXVILLE, TN 37915	20-4631230	501C3	6,200				GEN/OPER SUPPORT

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

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LEGAL AID OF EAST TENNESSEE 607 W SUMMIT HILL DRIVE SW KNOXVILLE, TN 37902	58-9132803	501C3	11,500				PROGRAM DEVELOPMENT
LINCOLN MEMORIAL UNIVERSITY 6965 CUMBERLAND GAP PARKWAY HARROGATE, TN 377528245	62-0479542	501C3	18,000				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MAIN STREET ATHENS PO BOX 531 ATHENS, TN 373710531	81-3112676	501C3	7,501				PROGRAM DEVELOPMENT
MAKE-A-WISH FOUNDATION OF EAST TN 6005 CENTURY OAKS DRIVE SUITE 500 CHATTANOOGA, TN 37416	58-1799549	501C3	6,000				GEN/OPER SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MARINE CORPS HERITAGE FOUNDATION 18900 JEFFERSON DAVIS HIGHWAY TRIANGLE, VA 22172	26-0803466	501C3	7,374				GEN/OPER SUPPORT
MARYVILLE ALCOA ANIMAL RESCUE CNTR 426 HOME AVENUE MARYVILLE, TN 37801	82-2358444	501C3	7,000				GEN/OPER SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MARYVILLE CITY SCHOOLS FOUNDATION 402 MELROSE STREET MARYVILLE, TN 37803	62-1453443	501C3	52,339				GEN/OPER SUPPORT
MARYVILLE COLLEGE 502 E LAMAR ALEXANDER PARKWAY OFFICE OF INSTITUTIONAL ADVANCEMENT MARYVILLE, TN 378045907	62-0475691	501C3	1,113,054				BUILDING/RENOVATION



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEANINGFUL LIFE CENTER 116 CARR STREET KNOXVILLE, TN 37919	47-1645965	501C3	10,000				GEN/OPER SUPPORT
MENTAL HEALTH ASSOCIATION - EAST TN PO BOX 32731 KNOXVILLE, TN 379302731	62-0642878	501C3	10,500				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MILLY'S WINGS PO BOX 143 NORRIS, TN 37828	47-5060921	501C3	8,000				BUILDING/RENOVATION
MISSION OF HOPE PO BOX 51824 KNOXVILLE, TN 37950	62-1794508	501C3	37,100				PROGRAM DEVELOPMENT

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

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MONROE AREA COUNCIL FOR THE ARTS PO BOX 491 MADISONVILLE, TN 37354	62-1615958	501C3	9,000				PROGRAM DEVELOPMENT
MONROE CO COMM HEALTH ACCESS CMTE PO BOX 1119 MADISONVILLE, TN 37354	58-2046314	501C3	10,000				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MONROE COUNTY BOXING CLUB 191 SCENIC CIRCLE MADISONVILLE, TN 37385	80-0767540	501C3	10,000				PROGRAM DEVELOPMENT
MORGAN COUNTY TRUSTEE PO BOX 189 WARTBURG, TN 37887		GOVERN	150,385				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 2335 KNOB CREEK ROAD SUITE 101 JOHNSON CITY, TN 376042002	58-1418862	501C3	111,020				ANNUAL CAMPAIGNS
MOUNTAIN TOUGH RECOVERY TEAM 906 EAST PARKWAY SUITE 2 GATLINBURG, TN 37738	82-1016756	501C3	20,000				EMERGENCY FUNDS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MUSIC ASSOCIATES OF ASPEN INC 225 MUSIC SCHOOL ROAD ASPEN, CO 81611	84-0445087	501C3	9,250				GEN/OPER SUPPORT
NEIGHBORHOOD HOUSING INC 318 N GAY STREET SUITE 210 KNOXVILLE, TN 37917	62-1771501	501C3	120,000				BUILDING/RENOVATION

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

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NEW HOPE ACADEMY 1820 DOWNS BOULEVARD FRANKLIN, TN 37064	63-1172489	501C3	80,000				GEN/OPER SUPPORT
NEW HOPE BLOUNT CO CHILD ADVOCACY PO BOX 5058 MARYVILLE, TN 37802	62-1806067	501C3	32,500				PROGRAM DEVELOPMENT

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

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NISWONGER FOUNDATION PO BOX 1508 GREENEVILLE, TN 37744	62-1871605	501C3	130,000				PROGRAM DEVELOPMENT
NISWONGER PERFORMING ARTS CENTER PO BOX 727 GREENEVILLE, TN 37744	71-0971054	501C3	10,000				GEN/OPER SUPPORT



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OAK RIDGE PUBLIC SCHOOLS EDUC FDN PO BOX 117 MS-22 OAK RIDGE, TN 37831	62-1809810	501C3	7,500				PROGRAM DEVELOPMENT
OAK RIDGE ROTARY COMMUNITY FUND PO BOX 4183 OAK RIDGE, TN 37831	20-1693222	501C3	7,500				PROGRAM DEVELOPMENT

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

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OLD GRAY CEMETERY HIST & MEMO ASSN PO BOX 806 KNOXVILLE, TN 379010806	23-7426428	501C3	21,597				PROGRAM DEVELOPMENT
PELLISSIPPI STATE FOUNDATION PO BOX 22990 KNOXVILLE, TN 379330990	58-1493050	501C3	35,000				PROGRAM DEVELOPMENT

**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	121,500				BUILDING/RENOVATION
PRESIDENT & FELLOWS HARVARD COLLEGE 124 MOUNT AUBURN STREET ATTN ALUMNI DEVELOPMENT SERVICES CAMBRIDGE, MA 02138	04-2103580	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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PRINCETON CHRISTIAN FELLOWSHIP 24 MOORE STREET PRINCETON, NJ 08542	22-1903095	501C3	10,000				GEN/OPER SUPPORT
PRISONERS OF CHRIST INC PO BOX 43390 JACKSONVILLE, FL 32203	59-3004784	501C3	200,000				BUILDING/RENOVATION

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

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PROVISION FOUNDATION 2095 LAKESIDE CENTRE WAY SUITE 101 KNOXVILLE, TN 37922	62-1837284	501C3	12,500				GEN/OPER SUPPORT
PUTNAM COUNTY SCHOOL SYSTEM 1400 EAST SPRING STREET COOKEVILLE, TN 38506		GOVERN	10,000				PROGRAM DEVELOPMENT

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

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RANDOM ACTS OF FLOWERS - NATIONAL 3500 WORKMAN ROAD SUITE 101A KNOXVILLE, TN 37921	26-3006360	501C3	7,000				GEN/OPER SUPPORT
RENOVATUS RECOVERY COMMUNITY PO BOX 153 JEFFERSON CITY, TN 37760	45-4242163	501C3	29,500				PROGRAM DEVELOPMENT

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

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RESTORATION HOUSE OF EAST TENNESSEE 2205 VILLAGE PLACE WAY KNOXVILLE, TN 37923	20-5775672	501C3	81,000				GEN/OPER SUPPORT
RHEA CRAIG DAR 1410 SANDS ROAD SWEETWATER, TN 37874	62-6051195	501C3	9,000				BUILDING/RENOVATION

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

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RIVER AND RAIL THEATRE COMPANY 100 GAY STREET SUITE 106 KNOXVILLE, TN 37902	47-2489844	501C3	20,000				BUILDING/RENOVATION
ROANE COUNTY HERITAGE COMMISSION PO BOX 738 KINGSTON, TN 37763	51-0185468	501C3	10,000				BUILDING/RENOVATION



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

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ROCKY MOUNT HISTORICAL ASSOCIATION PO BOX 160 PINEY FLATS, TN 376860160	62-0674646	501C3	29,144				GEN/OPER SUPPORT
RONALD MCDONALD HOUSE OF KNOXVILLE 1705 WEST CLINCH AVENUE KNOXVILLE, TN 37916	58-1510276	501C3	178,602				GEN/OPER SUPPORT

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

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ROSE CENTER & COUNCIL FOR THE ARTS PO BOX 1976 MORRISTOWN, TN 37816	62-0978968	501C3	41,352				GEN/OPER SUPPORT
ROTARY FOUNDATION OF KNOXVILLE PO BOX 166 KNOXVILLE, TN 37901	62-6047101	501C3	41,000				GEN/OPER SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RURAL RESOURCES 2870 HOLLY CREEK ROAD GREENEVILLE, TN 377454578	62-1546161	501C3	25,500				PROGRAM DEVELOPMENT
SAFESPACE 636 MIDDLE CREEK ROAD SUITE 3 SEVIERVILLE, TN 37862	58-1537647	501C3	8,500				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVATION ARMY PO BOX 669 KNOXVILLE, TN 379010669	58-0660607	501C3	5,351				GEN/OPER SUPPORT
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 286073000	58-1437002	501C3	6,000				GEN/OPER SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SECOND HARVEST FOOD BANK OF EAST TN 136 HARVEST LANE MARYVILLE, TN 378013930	58-1450139	501C3	25,100				PROGRAM DEVELOPMENT
SENIOR CITIZENS HOME ASST SERVICE PO BOX 3025 KNOXVILLE, TN 37927	62-0809589	501C3	17,340				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SEQUOYAH BIRTHPLACE MUSEUM PO BOX 69 VONORE, TN 37885	27-1690761	501C3	7,500				GEN/OPER SUPPORT
SEQUOYAH HILLS PRESBYTERIAN CHURCH 3700 KEOWEE AVENUE SW KNOXVILLE, TN 37919		CHURCH	21,181				GEN/OPER SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SERTOMA CENTER INC 1400 EAST FIFTH AVENUE KNOXVILLE, TN 37917	62-0818599	501C3	5,500				ANNUAL CAMPAIGNS
SEVIER CO HIGH SCHOOL FOUNDATION PO BOX 4124 SEVIERVILLE, TN 37864	91-1984587	501C3	15,750				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHANGRI-LA THERAPEUTIC ACAD RIDING 11800 HIGHWAY 11E LENOIR CITY, TN 37772	62-1330640	501C3	12,000				PROGRAM DEVELOPMENT
SHORELINE CHURCH 9635 WESTLAND DRIVE KNOXVILLE, TN 37922		CHURCH	13,715				PROGRAM DEVELOPMENT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SISKIN CHILDREN'S INSTITUTE 1101 CARTER STREET CHATTANOOGA, TN 37402	59-1781637	501C3	10,000				PROGRAM DEVELOPMENT
SMALL MIRACLES THERAPEU EQUESTER CTR 1026 ROCK SPRINGS DRIVE KINGSPORT, TN 37664	62-1603341	501C3	12,000				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SONS OF THE REVOLUTION - TN SOCIETY PO BOX 3685 KNOXVILLE, TN 379273685	62-6065808	501C3	5,291				PROGRAM DEVELOPMENT
SOUTHEASTERN COUNCIL OF FOUNDATIONS 100 PEACHTREE STREET NW SUITE 2080 ATLANTA, GA 30303	56-0995114	501C3	7,960				GEN/OPER SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SPAYNEUTER ASSISTANCE FOR PETS 190 BLUE JAY AVENUE VONORE, TN 378852071	74-3083045	501C3	12,000				PROGRAM DEVELOPMENT
ST JOHN'S CATHEDRAL PO BOX 153 KNOXVILLE, TN 379010153		CHURCH	128,600				ANNUAL CAMPAIGNS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JOHN'S EPISCOPAL CHURCH 500 N ROAN STREET JOHNSON CITY, TN 37601	62-6075442	501C3	11,000				GEN/OPER SUPPORT
ST JOHN'S LUTHERAN CHURCH 544 N BROADWAY AVENUE KNOXVILLE, TN 37917		CHURCH	17,500				CAPITAL CAMPAIGN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JUDE CHILDREN'S RESEARCH HOSP 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501C3	12,811				GEN/OPER SUPPORT
ST MARY'S SEWANEE PO BOX 188 SEWANEE, TN 37375	62-1359755	501C3	6,000				GEN/OPER SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STANFORD EISENBERG KNOX JEWISH SCHO PO BOX 10105 KNOXVILLE, TN 37939	20-8418046	501C3	10,850				PROGRAM DEVELOPMENT
SUSANNAH'S HOUSE 923 DAMERON AVE NW KNOXVILLE, TN 37921	47-1728129	501C3	7,600				GEN/OPER SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SWEETWATER HOSPITAL ASSOCIATION 304 CHURCH STREET SWEETWATER, TN 378742832	62-0544855	501C3	5,612				GEN/OPER SUPPORT
SWEETWATER VALLEY CITIZENS FOR ARTS PO BOX 261 SWEETWATER, TN 37874	62-1015183	501C3	7,540				PROGRAM DEVELOPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TENNESSEE PERFORMING ARTS CENTER PO BOX 190660 NASHVILLE, TN 37219	58-1320590	501C3	25,000				GEN/OPER SUPPORT
TENNESSEE STATE MUSEUM FOUNDATION 505 DEADERICK STREET NASHVILLE, TN 372431120	51-0200584	501C3	11,000				BUILDING/RENOVATION



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TENNESSEE WESLEYAN UNIVERSITY 204 EAST COLLEGE STREET ATHENS, TN 37303	62-0476661	501C3	36,630				PROGRAM DEVELOPMENT
THE BRETT BOYER FOUNDATION INC 1600 DIVISION STREET SUITE 225 NASHVILLE, TN 37203	82-3179454	501C3	10,000				GEN/OPER SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE CHANGE CENTER 203 HARRIET TUBMAN STREET KNOXVILLE, TN 37915	38-3991050	501C3	50,000				ANNUAL CAMPAIGNS
THE GARDEN CONSERVANCY PO BOX 608 GARRISON, NY 10524	13-3570145	501C3	7,500				GEN/OPER SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THISTLE FARMS INC 5122 CHARLOTTE PIKE NASHVILLE, TN 37209	58-2050089	501C3	10,000				GEN/OPER SUPPORT
THREE3 INC 520 W SUMMIT HILL DRIVE STE 1101 KNOXVILLE, TN 37902	36-4751531	501C3	10,000				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THRIVE LONSDALE YOUTH MINISTRIES PO BOX 51611 KNOXVILLE, TN 379501611	62-1714010	501C3	32,500				GEN/OPER SUPPORT
TIMBER RIDGE PRESBYTERIAN CHURCH 5180 WARRENSBURG ROAD GREENEVILLE, TN 37743		CHURCH	8,000				GEN/OPER SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TNACHIEVES 10427 PETA SAFE WAY KNOXVILLE, TN 37932	27-4673873	501C3	117,000				PROGRAM DEVELOPMENT
TOWN OF WHITE PINE VOL FIRE DEPT PO BOX 66 WHITE PINE, TN 37890	62-6010883	GOVERN	42,500				EQUIPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNION COUNTY HERITAGE FESTIVAL PO BOX 681 MAYNARDVILLE, TN 37807	26-0653976	501C3	8,000				PROGRAM DEVELOPMENT
UNITED WAY OF BLOUNT COUNTY 1615 E BROADWAY AVENUE MARYVILLE, TN 37804	23-7122193	501C3	13,600				GEN/OPER SUPPORT

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

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UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501C3	10,000				ANNUAL CAMPAIGNS
UNITED WAY OF GREATER KNOXVILLE 1301 HANNAH AVENUE KNOXVILLE, TN 379216330	62-0475748	501C3	750,753				ANNUAL CAMPAIGNS

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

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UNITED WAY OF MONROE COUNTY PO BOX 722 SWEETWATER, TN 378740722	23-7433635	501C3	14,549				PROGRAM DEVELOPMENT
UNITED WAY OF NORTHEAST FLORIDA 40 E ADAMS STREET SUITE 200 JESSIE BALL DUPONT CENTER JACKSONVILLE, FL 32202	59-0637825	501C3	280,000				PROGRAM DEVELOPMENT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF SEVIER COUNTY PO BOX 6458 SEVIERVILLE, TN 378646458	62-1225078	501C3	41,000				EMERGENCY FUNDS
UNITED WAY OF WASHINGTON COUNTY PO BOX 4039 JOHNSON CITY, TN 37602	62-6001105	501C3	20,000				ANNUAL CAMPAIGNS

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

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UNITED WAY-MCMINN & MEIGS COUNTIES PO BOX 1681 ATHENS, TN 373711681	23-7127376	501C3	19,000				GEN/OPER SUPPORT
UNIVERSITY HEALTH SYSTEM INC 2121 MEDICAL CENTER WAY SUITE 200 KNOXVILLE, TN 379203282	31-1626179	501C3	1,508,500				GEN/OPER SUPPORT

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

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UNIVERSITY OF TENNESSEE KNOXVILLE 1525 UNIVERSITY AVENUE SUITE 100 KNOXVILLE, TN 37921	62-6001636	STATE	10,189,398				PROGRAM DEVELOPMENT
VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 49503	52-2000823	501C3	25,000				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VOLUNTEER MINISTRY CENTER PO BOX 325 KNOXVILLE, TN 37901	62-1338748	501C3	25,500				GEN/OPER SUPPORT
VOLUNTEERS OF AMERICA OF KY AND TN 446 METROPLEX DRIVE SUITE 100 NASHVILLE, TN 372113139	61-0480950	501C3	11,891				PROGRAM DEVELOPMENT

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

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WALTERS STATE COMM COLLEGE FDN PO BOX 1508 MORRISTOWN, TN 378161508	51-0162364	501C3	26,000				PROGRAM DEVELOPMENT
WEBB SCHOOL OF KNOXVILLE 9800 WEBB SCHOOL DRIVE KNOXVILLE, TN 379233399	62-0550980	501C3	21,987				ANNUAL CAMPAIGNS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WESLEYAN COLLEGE 4760 FORSYTH ROAD MACON, GA 31210	58-0593438	501C3	9,744				GEN/OPER SUPPORT
WOMEN'S FUND OF EAST TENNESSEE 625 MARKET STREET SUITE 1300 KNOXVILLE, TN 37902	47-4871564	501C3	125,443				GEN/OPER SUPPORT

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

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WORDPLAYERS PO BOX 53717 KNOXVILLE, TN 379503717	62-1607607	501C3	6,000				PROGRAM DEVELOPMENT
YMCA OF EAST TENNESSEE 616 JESSAMINE STREET KNOXVILLE, TN 37917	62-0475700	501C3	89,200				CAPITAL CAMPAIGN

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

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YMCA OF METROPOLITAN CHATTANOOGA 301 W 6TH STREET CHATTANOOGA, TN 37402	62-0475699	501C3	100,000				CAPITAL CAMPAIGN
YOKE YOUTH MINISTRIES PO BOX 3492 KNOXVILLE, TN 37927	58-1380597	501C3	10,100				GEN/OPER SUPPORT



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

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YOUNG LIFE PAYMENT PROCESSING PO BOX 70065 PRESCOTT, AZ 863047065	84-0385934	501C3	197,668				PROGRAM DEVELOPMENT
YOUTH ACHEIVEMENT 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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
EAST TENNESSEE FOUNDATION

Employer identification number  
62-0807696

**Part I Questions Regarding Compensation**

	Yes	No		
<p><b>1a</b> 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%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<p><b>b</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>	<b>1b</b>			
<p><b>2</b> 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>	<b>2</b>			
<p><b>3</b> 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%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<p><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> 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>	<b>4a</b>	No		
	<b>4b</b>	No		
	<b>4c</b>	No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	No		
	<b>5b</b>	No		
<p><b>6</b> 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><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	No		
	<b>6b</b>	No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>	No		
<p><b>8</b> 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>	<b>8</b>	No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>			



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**Part III**   **Supplemental Information**

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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.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2018**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**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	57	2,977,239	HIGH/LOW AVG DATE OF GIFT
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
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 ▶ ( _____ )				
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

<b>29</b>	
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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 nonstandard 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**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

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	439 INDIVIDUALS FROM THE 25 COUNTY REGION SERVED IN 2018 AS VOLUNTEERS ON THE FOUNDATION'S BOARD OF DIRECTORS, BOARD COMMITTEES, GEOGRAPHIC AFFILIATE FUND ADVISORY BOARDS, FIELD-OF-INTEREST GRANTS PANELS, AND SCHOLARSHIP SELECTION COMMITTEES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 2, PART III, LINE 4D	4D-1) EXPENSES OF 972,233, INCLUDING GRANTS OF 972,233 - CONDUCTED COMPETITIVE GRANTMAKING PROGRAMS IN THE FIELD-OF-INTEREST AREAS OF AFFORDABLE HOUSING, YOUTH-AT-RISK, WOMEN AND CHILDREN, LITERACY, ARTS & CULTURE, SPAY & NEUTER SERVICES, WILDLIFE PRESERVATION, HEALTH CARE, RESPIRATORY DISEASE, CHILDHOOD CANCER, AND PARKINSON'S DISEASE RESEARCH, PROVIDING 71 GRANTS TO 65 501(C)(3) ORGANIZATIONS FOR WORTHWHILE PROJECTS IN THE 25 COUNTY SERVICE AREA AND TO 2 NATIONAL DISEASE RESEARCH ORGANIZATIONS 4D-2) EXPENSES OF 548,250, INCLUDING GRANTS OF 548,250 - FUNDED 9 GRANTS FROM THE PAT SUMMITT FOUNDATION FUND TO THE PAT SUMMITT CLINIC, A STATE- OF-THE-ART FACILITY AT UNIVERSITY OF TENNESSEE MEDICAL CENTER FOR TREATMENT AND RESEARCH OF ALZHEIMER'S AND OTHER NEUROLOGICAL DISEASES AND TO OTHER ORGANIZATIONS RELATED TO THE DISEASE 4D-3) EXPENSES OF 823,006, INCLUDING GRANTS OF 823,006 - CONDUCTED LOCALIZED, COMPETITIVE GRANTMAKING PROGRAMS THROUGH THE FOUNDATION'S AFFILIATE AND COUNTY-SPECIFIC FUNDS, ALLOWING LOCAL ADVISORY BOARDS TO SELECT WORTHY PROJECTS AND PROGRAMS AT THE LOCAL LEVEL, 81 GRANTS WERE AWARDED TO 69 ORGANIZATIONS FOR A WIDE VARIETY OF CHARITABLE PURPOSES 4D-4) EXPENSES OF 1,236,608, INCLUDING GRANTS OF 74,539 - MADE 49 DISCRETIONARY AND PROJECT GRANTS FROM 7 FUNDS 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, PART V	QUESTION 8 - EXCESS BUSINESS HOLDINGS ARE HELD IN ONE DONOR ADVISED FUND AND WILL BE DISPOSED OF IN ADVANCE OF THE TIME REQUIREMENT DEADLINE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART V, LINE 4B	CAYMAN ISLANDS

## 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, EXECUTIVE VICE PRESIDENT, AND AUDIT COMMITTEE REVIEW THE COMPLETE FORM 990 PRIOR TO SUBMISSION THE BOARD OF DIRECTORS ALSO REVIEWS FORM 990 PRIOR TO SUBMISSION, EXCEPT FOR SCHEDULE B

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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. 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 AND CONFLICT-OF- INTEREST POLICY ARE 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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	FUNDRAISING EVENTS DIRECT EXPENSES 409,769 REVENUE OF SUPPORTING FOUNDATIONS REPORTED SEPARATELY 36,570,535 CURRENT YEAR EFFECT OF FASB ASC 958-605 1,684,600 CHANGE IN VALUE OF SPL IT-INTEREST AGREEMENTS -225,451 EXPENSES OF SUPPORTING FOUNDATIONS REPORTED SEPARATELY -4,456,094 FUNDRAISING EVENTS DIRECT EXPENSES -409,769 CURRENT YEAR EFFECT OF FASB ASC 958-605 1,244,515 TOTAL 34,818,105

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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
<b>(1)</b> 520 W SUMMIT HILL DR SUITE 1101 KNOXVILLE, TN 37902 26-6707947		TN		159,258	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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> 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) CORNERSTONE FOUNDATION	C	1,247,792	CASH
(2) WOMEN'S FUND OF EAST TENNESSEE	B	125,443	CASH



**Part VII** **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>



**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
520 W SUMMIT HILL DR SUITE 1101 KNOXVILLE, TN 37902 62-1586446	CHARITABLE	TN	501C3	12A	N/A		No
520 W SUMMIT HILL DR SUITE 1101 KNOXVILLE, TN 37902 62-6351709	CHARITABLE	TN	501C3	12A	N/A		No
520 W SUMMIT HILL DR SUITE 801 KNOXVILLE, TN 37902 20-0753128	CHARITABLE	TN	501C3	12A	N/A		No
520 W SUMMIT HILL DR SUITE 1101 KNOXVILLE, TN 37902 62-1666220	CHARITABLE	TN	501C3	12A	N/A		No
520 W SUMMIT HILL DR SUITE 1101 KNOXVILLE, TN 37902		TN			N/A		No
520 W SUMMIT HILL DR SUITE 1101 KNOXVILLE, TN 37902 20-3859268	CHARITABLE	TN	501C3	12A	N/A		No
520 W SUMMIT HILL DR SUITE 1101 KNOXVILLE, TN 37902 62-1803826	CHARITABLE	TN	501C3	12A	N/A		No
520 W SUMMIT HILL DR SUITE 1101 KNOXVILLE, TN 37902 47-2695560	CHARITABLE	TN	501C3	12A	N/A		No
520 W SUMMIT HILL DR SUITE 1101 KNOXVILLE, TN 37902 45-3263428	CHARITABLE	TN	501C3	12A	N/A		No
625 MARKET STREET SUITE 1300 KNOXVILLE, TN 37902 47-4871564	CHARITABLE	TN	501C3	12A	N/A		No