

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 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

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

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 \$ 44,211,248

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.

3 Number of voting members of the governing body (Part VI, line 1a)	3	39
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	39
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	23
6 Total number of volunteers (estimate if necessary)	6	557
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	118,229
7b Net unrelated business taxable income from Form 990-T, line 39	7b	142,218

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	12,476,100	23,324,421
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,080,252	3,047,327
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	326,237	272,189
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,882,589	26,643,937
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	33,604,172	18,526,550
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,541,780	1,537,893
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 669,964		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	941,425	885,487
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	36,087,377	20,949,930
19 Revenue less expenses. Subtract line 18 from line 12	-13,204,788	5,694,007

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	256,015,743	285,674,128
21 Total liabilities (Part X, line 26)	36,661,416	36,801,919
22 Net assets or fund balances. Subtract line 21 from line 20	219,354,327	248,872,209

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: 2020-11-12

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: 2020-11-15
 Check if self-employed
 PTIN: P00286127
 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 \$ 13,817,101 including grants of \$ 13,817,101) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 1,569,631 including grants of \$ 1,569,631) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 1,019,412 including grants of \$ 94,490) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ 3,045,328 including grants of \$ 3,045,328) (Revenue \$)
4D-1) EXPENSES OF 889,610, INCLUDING GRANTS OF 889,610 - CONDUCTED COMPETITIVE GRANTMAKING PROGRAMS IN THE FIELD-OF-INTEREST AREAS OF AFFORDABLE HOUSING, YOUTH-AT-RISK, WOMEN AND CHILDREN, HOMELESSNESS SOLUTIONS, RACIAL JUSTICE, CHILDHOOD CANCER, AND PARKINSON'S DISEASE RESEARCH, PROVIDING 61 GRANTS TO 59 501(C)(3) ORGANIZATIONS FOR WORTHWHILE PROJECTS IN THE 25 COUNTY SERVICE AREA AND TO 1 NATIONAL DISEASE RESEARCH ORGANIZATION 4D-2) EXPENSES OF 821,640, INCLUDING GRANTS OF 821,640 - FUNDED 22 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 690,563, INCLUDING GRANTS OF 690,563 - CONDUCTED 60 COMPETITIVE SCHOLARSHIP PROGRAMS TO ENABLE STUDENTS THROUGHOUT THE REGION TO OBTAIN A POST-SECONDARY EDUCATION; 205 STUDENTS RECEIVED SCHOLARSHIPS AND ATTENDED 47 INSTITUTIONS OF HIGHER LEARNING IN TENNESSEE AND THROUGHOUT THE NATION 4D-4) EXPENSES OF 643,515, INCLUDING GRANTS OF 643,515 - 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; 80 GRANTS WERE AWARDED TO 72 ORGANIZATIONS FOR A WIDE VARIETY OF CHARITABLE PURPOSES

4d Other program services (Describe in Schedule O.)
(Expenses \$ 3,045,328 including grants of \$ 3,045,328) (Revenue \$)

4e Total program service expenses 19,451,472

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, 12, 14, and 20.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 34	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

Table with 16 main rows (2a-16) and sub-rows (a-d). Columns include question text, input fields (e.g., 2a, 7d), and Yes/No response columns. Includes sections for 501(c)(7), 501(c)(12), 4947(a)(1), and 501(c)(29) organizations.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (39), 1b (39), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-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.
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:

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							296,592		18,986	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	962,794		
	d Related organizations	1d	1,319,685		
	e Government grants (contributions)	1e	348,111		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	20,693,831		
	g Noncash contributions included in lines 1a - 1f: \$	1g	3,194,837		
	h Total. Add lines 1a-1f		23,324,421		

Program Service Revenue			Business Code			
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f.					

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,261,127			1,261,127	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			1,247			1,247	
	6a Gross rents		(i) Real	(ii) Personal				
			6a					
		b Less: rental expenses	6b					
		c Rental income or (loss)	6c					
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
			7a	19,022,965				
		b Less: cost or other basis and sales expenses	7b	17,236,765				
		c Gain or (loss)	7c	1,786,200				
	d Net gain or (loss)				1,786,200		1,786,200	
	8a Gross income from fundraising events (not including \$ 962,794 of contributions reported on line 1c). See Part IV, line 18							
			8a	321,375				
		b Less: direct expenses	8b	330,546				
	c Net income or (loss) from fundraising events				-9,171		-9,171	
	9a Gross income from gaming activities. See Part IV, line 19							
			9a					
		b Less: direct expenses	9b					
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances								
		10a						
	b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	Business Code							
11a MISCELLANEOUS REVENUES	522100			161,884			161,884	
b FIRST NATIONAL BANK OF ONEIDA	900099			160,012		160,012		
c CHOICES IN SENIOR CARE, LLC	531390			9,511		9,511		
d All other revenue				-51,294		-51,294		
e Total. Add lines 11a-11d				280,113				
12 Total revenue. See instructions				26,643,937		118,229	3,201,287	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17,616,987	17,616,987		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	690,563	690,563		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	219,000	219,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	319,264	90,178	138,908	90,178
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,011,127	449,378	252,059	309,690
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	44,918	20,266	11,235	13,417
9 Other employee benefits	65,618	28,142	16,222	21,254
10 Payroll taxes	96,966	39,475	28,320	29,171
11 Fees for services (non-employees):				
a Management	6,889		6,889	
b Legal	128,445		118,470	9,975
c Accounting	65,967		65,967	
d Lobbying	5,625	5,625		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	20,333		20,333	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	48,617	48,617		
12 Advertising and promotion	75,317	38,027	1,137	36,153
13 Office expenses	68,355	17,564	14,661	36,130
14 Information technology	114,710	46,520	32,805	35,385
15 Royalties				
16 Occupancy	233,630	98,618	67,506	67,506
17 Travel	20,259	9,396	2,200	8,663
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,849	19,165	1,283	2,401
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,452	3,780	2,836	2,836
23 Insurance	21,281	9,554	5,905	5,822
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TAX, LIFE INSUR. & ANNUIT	40,397	22	40,375	
b PROFESSIONAL DEVELOPMENT	3,361	595	1,383	1,383
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	20,949,930	19,451,472	828,494	669,964
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	21,138,821	2	8,494,373
	3 Pledges and grants receivable, net	84,071,073	3	86,007,420
	4 Accounts receivable, net	33,872	4	155,299
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	33,528	7	204,670
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,830	9	5,112
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 171,431		
	b Less: accumulated depreciation	10b 96,727	84,155	10c 74,704
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	150,650,464	12	190,732,550
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	256,015,743	16	285,674,128	
Liabilities	17 Accounts payable and accrued expenses	36,776	17	80,419
	18 Grants payable	36,190,915	18	36,216,610
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	433,725	25	504,890
	26 Total liabilities. Add lines 17 through 25	36,661,416	26	36,801,919
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	215,191,979	27	243,534,622
	28 Net assets with donor restrictions	4,162,348	28	5,337,587
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	219,354,327	32	248,872,209	
33 Total liabilities and net assets/fund balances	256,015,743	33	285,674,128	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,643,937
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,949,930
3	Revenue less expenses. Subtract line 2 from line 1	3	5,694,007
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	219,354,327
5	Net unrealized gains (losses) on investments	5	22,441,026
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,382,849
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	248,872,209

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

Additional Data

Software ID:

Software Version:

EIN: 62-0807696

Name: EAST TENNESSEE FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

PROVIDED ASSISTANCE IN THE FORM OF 1,001 GRANTS FROM 90 DONOR ADVISED FUNDS TO 453 501(C)(3) ORGANIZATIONS AND GOVERNMENT ENTITIES TO SUPPORT A WIDE RANGE OF CHARITABLE PURPOSES, BOTH LOCALLY WITHIN THE 25 COUNTY SERVICE AREA AND ALSO OUTSIDE THE REGION

Form 990, Part III, Line 4b:

PROVIDED GENERAL SUPPORT TO 78 501(C)(3) ORGANIZATIONS IN THE FORM OF 96 GRANTS FROM 65 DESIGNATED ORGANIZATION AND AGENCY ENDOWMENT FUNDS.

Form 990, Part III, Line 4c:

MADE 55 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.

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			
MICHAEL T MCCLAMROCH PRESIDENT AN	35.00 0.50			X				193,592	0	11,667
CAROLYN SCHWENN SECRETARY	35.00 1.00			X				103,000	0	7,319
SAM ALBRITTON DIRECTOR	0.20 1.00	X						0	0	0
KEN AVENT DIRECTOR	0.20 1.00	X						0	0	0
CATHERINE BIGGS VICE CHAIR	1.00 0.20	X		X				0	0	0
LISA BINGHAM DIRECTOR	0.20 1.00	X						0	0	0
DAVID BRADSHAW DIRECTOR	0.20 1.00	X						0	0	0
CLAUDIA CABALLERO DIRECTOR	0.20 1.00	X						0	0	0
PATSY CARSON DIRECTOR	0.20 1.00	X						0	0	0
AMY CATHEY CHAIR	1.00 1.00	X		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			
KAY CLAYTON DIRECTOR	0.20	X						0	0	0
BOBBY CONGLETON LIFETIME HON	0.00	X						0	0	0
JOAN CRONAN DIRECTOR	1.00	X						0	0	0
JED DANCE DIRECTOR	1.00	X						0	0	0
STEVE DARDEN DIRECTOR	0.20	X						0	0	0
RICK FOX DIRECTOR	0.20	X						0	0	0
KEITH GRAY DIRECTOR	0.20	X						0	0	0
SHARON HANNUM DIRECTOR	1.00	X						0	0	0
JAMES HARLAN DIRECTOR	1.00	X						0	0	0
NATALIE HASLAM LIFETIME HON	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			
WILL HASLAM DIRECTOR	0.00	X						0	0	0
DAVID HAYNES DIRECTOR	1.00	X						0	0	0
MARK HEINZ DIRECTOR	0.20 1.00	X						0	0	0
LOGAN HICKMAN DIRECTOR	0.10 0.20	X						0	0	0
ELLEN MARKMAN DIRECTOR	0.20	X						0	0	0
JOE MARLETTE DIRECTOR	1.00	X						0	0	0
A DAVID MARTIN LIFETIME HON	0.20 0.10	X						0	0	0
JAN MCNALLY TREASURER	1.00	X		X				0	0	0
ALICE MERCER DIRECTOR	0.20 1.10	X						0	0	0
GENE PATTERSON 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			
CHARLES PECCOLO DIRECTOR	1.00	X						0	0	0
JOE PETRE DIRECTOR	0.20	X						0	0	0
PAIGE PRESTON DIRECTOR	0.10	X						0	0	0
AVICE REID DIRECTOR	0.20	X						0	0	0
RICHARD ROBERTS DIRECTOR	1.00	X						0	0	0
CASSANDRA MCGEE STUART DIRECTOR	2.00	X						0	0	0
CAROL TRANSOU DIRECTOR	0.20	X						0	0	0
DAVID WHITE LIFETIME HON	1.00	X						0	0	0
PAUL WILLSON PAST CHAIR	0.00	X		X				0	0	0
STUART WORDEN LIFETIME HON	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
MARGIT WORSHAM DIRECTOR	0.20	X						0	0	0	
KRIS YARLETT DIRECTOR	0.20	X						0	0	0	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
EAST TENNESSEE FOUNDATION

Employer identification number
62-0807696

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	12,910,464	12,142,700	112,071,029	12,476,100	23,324,421	172,924,714
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	12,910,464	12,142,700	112,071,029	12,476,100	23,324,421	172,924,714
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						84,531,126
6	Public support. Subtract line 5 from line 4.						88,393,588

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	12,910,464	12,142,700	112,071,029	12,476,100	23,324,421	172,924,714
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,862,014	1,243,012	5,021,360	3,208,667	1,262,374	12,597,427
9	Net income from unrelated business activities, whether or not the business is regularly carried on . . .	102,478	82,545	66,106	190,856	118,229	560,214
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	122,391	152,811	180,536	169,672	161,884	787,294
11	Total support. Add lines 7 through 10						186,869,649

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

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	47.300 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	47.360 %

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	MISCELLANEOUS REVENUES 787,294

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 for instructions and the latest information.

OMB No. 1545-0047

2019
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-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		5,625
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total. Add lines 1c through 1i			5,625
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART IV	EAST TENNESSEE FOUNDATION JOINED WITH A GROUP OF OVER 100 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

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 showing values for total number, aggregate value of contributions, grants, and end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property... 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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. Table with columns: Line number, Held at the End of the Year. Rows 2a-2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under 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. 1b 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.

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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	141,856,367	137,043,182	117,599,066	114,984,121	111,079,383
b Contributions	15,765,042	21,038,939	7,213,029	1,703,549	8,060,830
c Net investment earnings, gains, and losses	22,564,193	-9,496,983	18,455,685	5,040,238	-20,368
d Grants or scholarships	4,738,020	5,661,596	5,221,123	3,211,977	3,234,565
e Other expenditures for facilities and programs	461,353	461,245	391,676	358,989	359,076
f Administrative expenses	635,743	605,930	611,799	557,876	542,083
g End of year balance	174,350,486	141,856,367	137,043,182	117,599,066	114,984,121

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 100.000 %
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		38,100		38,100
b Buildings				
c Leasehold improvements				
d Equipment		133,331	96,727	36,604
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				74,704

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	174,152,683	F
(B) RAYMOND JAMES TBILL	6,595,520	F
(C) BB&T SCOTT & STRINGFELLOW	5,541,721	F
(D) FIDELITY INVESTMENTS/MARTIN & CO.	3,011,647	F
(E) PRIVATELY HELD STOCKS	1,337,030	F
(F) LIMITED LIABILITY CORPORATION	67,000	F
(G) PAINTINGS	26,949	C
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	190,732,550	

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	504,890

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	89,967,313
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	22,441,026	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	46,721,723	
e	Add lines 2a through 2d			2e 69,162,749
3	Subtract line 2e from line 1			3 20,804,564
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,566	
b	Other (Describe in Part XIII.)	4b	5,831,807	
c	Add lines 4a and 4b			4c 5,839,373
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 26,643,937

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

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

1	Total expenses and losses per audited financial statements		1	23,095,621
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	2,918,827	
e	Add lines 2a through 2d			2e 2,918,827
3	Subtract line 2e from line 1			3 20,176,794
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,566	
b	Other (Describe in Part XIII.)	4b	765,570	
c	Add lines 4a and 4b			4c 773,136
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 20,949,930

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 MISSION IS TO BUILD PERMANENT RESOURCES FOR THE BENEFIT OF THE REGION - TO MAKE LIVES BETTER AND COMMUNITIES STRONGER. ITS ENDOWMENT FUNDS EXIST TO SUPPORT ON A CONTINUING BASIS A WIDE RANGE OF CHARITABLE PURPOSES IN KEEPING WITH ITS MISSION.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	UNDER ACCOUNTING STANDARDS, AN ORGANIZATION MUST RECOGNIZE TAX BENEFITS ASSOCIATED WITH TA X TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR 2019 AND 2018.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	FUNDRAISING EVENTS DIRECT EXPENSES 330,546 REVENUE OF SUPPORTING FOUNDATIONS REPORTED SEPARATELY 45,008,328 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 1,382,849

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	CURRENT YEAR EFFECT OF FASB ASC 958-605 5,831,807

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	EXPENSES OF SUPPORTING FOUNDATIONS REPORTED SEPARATELY 2,588,281 FUNDRAISING EVENTS DIRECT EXPENSES 330,546

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	CURRENT YEAR EFFECT OF FASB ASC 958-605 765,570

**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 for instructions and the latest information.

OMB No. 1545-0047

2019

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" on Form 990, Part IV, line 14b.

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (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" on 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.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								

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 ► 8

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" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation

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)
		CENT AMERICA AND CARIBBEAN	CHRIST. MISSION SUPP	10,000	CHECK			
		EAST ASIA AND THE PACIFIC	ORPHAN HOMES SUPPORT	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)
		SOUTH AMERICA	CHRISTIAN TRAINING	50,000	CHECK			
		EUROPE	PRESBY CHURCH PLANT	8,000	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 THE PACIFIC	CHRIST. MISSION SUPP	10,000	CHECK			
		CENT AMERICA AND CARIBBEAN	PURCH MED SUPPLIES	20,000	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)
		EUROPE	CHRIST. MISSION SUPP	11,000	CHECK			
		MIDDLE EAST/NORTH AFRICA	CHRIST. MISSION SUPP	100,000	CHECK			

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

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<u>PAT SUMMITT</u> (event type)	<u>BUTTERFLY EVENT</u> (event type)	<u>5</u> (total number)	(add col. (a) through col. (c))
1 Gross receipts	1,089,415	98,027	93,667	1,281,109
2 Less: Contributions	844,875	54,521	61,094	960,490
3 Gross income (line 1 minus line 2)	244,540	43,506	32,573	320,619
4 Cash prizes				
5 Noncash prizes	2,184	13,425	5,080	20,689
6 Rent/facility costs	99,528	25,217	13,161	137,906
7 Food and beverages	13,250	8,179	4,468	25,897
8 Entertainment	10,900	1,100	2,400	14,400
9 Other direct expenses	104,235	5,040	8,205	117,480
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				316,372
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				4,247

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also 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

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

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 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.

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. 234
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	205	690,563			
(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. GRANTEES 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 PAYMENT TRANSMITTAL 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 GRANTEE RECEIVING ANNUAL DISTRIBUTIONS FROM ENDOWMENT FUNDS ARE PERIODICALLY REVIEWED TO UPDATE ORGANIZATIONAL INFORMATION AND CHECK CONTINUED QUALIFICATION AS A 501(C)(3) ORGANIZATION.

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
4 MARKET SQUARE INC 4 MARKET SQUARE SUITE 303C KNOXVILLE, TN 37902	62-1719382	501C3	8,000				PROGRAM DEVELOPMENT
AID TO DISTRESSED FAMILIES OF APPAL PO BOX 5953 OAK RIDGE, TN 37831	58-1727751	501C3	10,000				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR BETTER NONPROFITS 318 N GAY STREET SUITE 203 THE REGAS BUILDING KNOXVILLE, TN 37917	47-2265490	501C3	29,000				GEN/OPER SUPPORT
ALL SOULS FOUNDATION 4 MARKET SQUARE KNOXVILLE, TN 37902	20-5255789	501C3	20,000				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPS ADULT DAY SERVICES 600 NORTH DAISY STREET MORRISTOWN, TN 37814	58-1726410	501C3	7,500				PROGRAM DEVELOPMENT
ALZHEIMER'S TENNESSEE 5801 KINGSTON PIKE SUITE 101 KNOXVILLE, TN 37919	62-1206312	501C3	44,040				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION INC 1818 PATTERSON STREET NASHVILLE, TN 37203	13-5613797	501C3	8,000				GEN/OPER SUPPORT
APPALACHIA SERVICE PROJECT INC 4523 BRISTOL HIGHWAY JOHNSON CITY, TN 37601	62-0989383	501C3	48,750				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC KNOX COUNTY 3000 NORTH CENTRAL STREET KNOXVILLE, TN 37917	62-0759415	501C3	74,848				GEN/OPER SUPPORT
ARROWMONT SCHOOL OF ARTS AND CRAFTS PO BOX 567 GATLINBURG, TN 37738	58-2007394	501C3	7,500				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS AND CULTURE ALLIANCE OF GREATER 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	49,200				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPEN ART MUSEUM 637 EAST HYMAN AVENUE ASPEN, CO 81611	84-0746671	501C3	27,518				GEN/OPER SUPPORT
ATHENS-MCMINN FAMILY YMCA PO BOX 376 ATHENS, TN 37371	62-0586361	501C3	9,500				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUSTIN HATCHER FOUNDATION FOR PEDIA 232 E 11TH STREET SUITE 100 CHATTANOOGA, TN 37402	20-8065108	501C3	10,000				PROGRAM DEVELOPMENT
BALLAD HEALTH FOUNDATION 1019 W OAKLAND AVENUE SUITE 2 JOHNSON CITY, TN 37604	58-1594191	501C3	20,100				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAREFOOT REPUBLIC CAMP PO BOX 40365 NASHVILLE, TN 37204	62-1841336	501C3	100,000				GEN/OPER SUPPORT
BECK CULTURAL EXCHANGE CENTER INC 1927 DANDRIDGE AVENUE KNOXVILLE, TN 37915	51-0141454	501C3	11,200				BUILDING/RESTORATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY CHRISTIAN SERVICES OF EAST 318 ERIN DRIVE SUITE 10 KNOXVILLE, TN 37919	38-1405282	501C3	20,000				PROGRAM DEVELOPMENT
BIG BROTHERS BIG SISTERS OF EAST TN 318 N GAY STREET SUITE 100 KNOXVILLE, TN 37917	62-0842531	501C3	12,800				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOUNT COUNTY COMMUNITY ACTION AGEN 3509 TUCKALEECHEE PIKE MARYVILLE, TN 37803	62-1561673	501C3	7,000				PROGRAM DEVELOPMENT
BLOUNT MEMORIAL FOUNDATION FOR MEDI 907 E LAMAR ALEXANDER PKWY MARYVILLE, TN 37804	62-1412287	501C3	7,500				EQUIPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA - GREAT SMOKY 1333 OLD WEISGARBER ROAD KNOXVILLE, TN 37909	62-0476811	501C3	12,750				GEN/OPER SUPPORT
BOYS & GIRLS CLUB OF GREENEVILLE PO BOX 1977 GREENEVILLE, TN 37744	62-1706248	501C3	7,500				GEN/OPER SUPPORT

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

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BOYS & GIRLS CLUB OF THE SMOKY MOUN PO BOX 5743 SEVIERVILLE, TN 37864	62-1507789	501C3	26,662				GEN/OPER SUPPORT
BOYS & GIRLS CLUBS OF DUMPLIN VALLE PO BOX 669 WHITE PINE, TN 37890	26-1475216	501C3	10,000				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF THE OCOEE REG 385 THIRD STREET SW CLEVELAND, TN 37311	62-0729406	501C3	52,000				GEN/OPER SUPPORT
BOYS & GIRLS CLUBS OF THE TENNESSEE 967 IRWIN STREET JOHN D LEE ADMINISTRATIVE OFFICES KNOXVILLE, TN 37917	62-0475743	501C3	1,675,900				GEN/OPER SUPPORT

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

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BRIDGE REFUGEE SERVICES 4420 WHITTLE SPRINGS ROAD KNOXVILLE, TN 37917	58-1505955	501C3	20,000				GEN/OPER SUPPORT
CAMPBELL COUNTY BOARD OF EDUCATION 172 VALLEY STREET JACKSBORO, TN 37757	62-6000507	GOVERN	19,100				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER SUPPORT COMMUNITY EAST TENNE 2230 SUTHERLAND AVENUE KNOXVILLE, TN 37919	58-1846210	501C3	173,697				PROGRAM DEVELOPMENT
CAREGIVER RELIEF PROGRAM OF BEDFORD PO BOX 584 SHELBYVILLE, TN 37162	62-1553312	501C3	15,000				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARSON-NEWMAN UNIVERSITY CARSON-NEWMAN ADVANCEMENT PO BOX 557 JEFFERSON CITY, TN 37760	62-0479189	501C3	25,000				PROGRAM DEVELOPMENT
CASA CORRIDOR OF EAST TENNESSEE 107 1/2 PARK STREET ATHENS, TN 37303	20-8726704	501C3	7,365				GEN/OPER SUPPORT

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

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CATHOLIC CHARITIES OF EAST TENNESSE 119 DAMERON AVENUE ADMINISTRATIVE OFFICES KNOXVILLE, TN 37917	62-1377551	501C3	35,400				GEN/OPER SUPPORT
CATHOLIC DIOCESE OF KNOXVILLE 805 SOUTH NORTSHORE DRIVE KNOXVILLE, TN 37919	62-1357183	501C3	21,500				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR SPRINGS PRESBYTERIAN CHURCH 9132 KINGSTON PIKE KNOXVILLE, TN 37923	62-0649031	501C3	354,150				GEN/OPER SUPPORT
CENTRAL BAPTIST CHURCH OF BEARDEN 6300 DEANE HILL DRIVE KNOXVILLE, TN 37919		CHURCH	15,450				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO HISPANO 2455 SUTHERLAND AVENUE KNOXVILLE, TN 37919	20-3415545	501C3	37,500				GEN/OPER SUPPORT
CHARLOTTE FELLOWS PO BOX 31576 CHARLOTTE, NC 28231	27-1901667	501C3	6,000				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEROKEE HEALTH SYSTEMS 2018 WESTERN AVENUE KNOXVILLE, TN 37921	62-0637925	501C3	15,651				GEN/OPER SUPPORT
CHILD ADVOCACY CENTER OF THE NINTH PO BOX 928 LENOIR CITY, TN 37771	62-1846638	501C3	48,362				GEN/OPER SUPPORT

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

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CHRIST EPISCOPAL CHURCH FOUNDATION 605 LURLEEN B WALLACE BOULEVARD N TUSCALOOSA, AL 35401	63-1270549	501C3	8,000				GEN/OPER SUPPORT
CHURCH OF THE SAVIOR UNITED CHURCH 934 N WEISGARBER ROAD KNOXVILLE, TN 37909		CHURCH	11,000				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BANEERRY 521 HARRISON FERRY ROAD BANEERRY, TN 37890	62-1358229	GOVERN	30,000				GEN/OPER SUPPORT
CITY OF ELIZABETHTON 136 S SYCAMORE STREET ELIZABETHTON, TN 37643	62-6000283	GOVERN	32,750				BUILDING/RESTORATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF PIGEON FORGE POLICE DEPARTM PO BOX 1350 PIGEON FORGE, TN 37868		GOVERN	7,000				EQUIPMENT
CITY OF SEVIERVILLE 120 GARY WADE BLVD SEVIERVILLE, TN 37862		GOVERN	7,000				EQUIPMENT

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

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CLAYTON FOUNDATION 520 W SUMMIT HILL DRIVE SUITE 801 KNOXVILLE, TN 37902	20-0753128	501C3	1,900,000				REGRANTING
CLEMSON UNIVERSITY PO BOX 1889 CLEMSON, SC 29633		STATE	10,000				GEN/OPER SUPPORT

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

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COALITION FOR KIDS INC PO BOX 3156 JOHNSON CITY, TN 37602	62-1765487	501C3	10,000				PROGRAM DEVELOPMENT
COLGATE UNIVERSITY 13 OAK DRIVE HAMILTON, NY 13346	15-0532078	501C3	10,000				GEN/OPER SUPPORT

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

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COLONIAL HEIGHTS UNITED METHODIST C PO BOX 6027 KINGSPORT, TN 37663		CHURCH	153,863				GEN/OPER SUPPORT
COMMUNITY COALITION AGAINST HUMAN PO BOX 20937 KNOXVILLE, TN 37940	27-3460268	501C3	31,000				GEN/OPER SUPPORT

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

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COMMUNITY FOUNDATION OF MIDDLE TENN PO BOX 440225 NASHVILLE, TN 37244	62-1471789	501C3	10,000				REGRANTING
COMMUNITY HEALTH OF EAST TENNESSEE PO BOX 209 JACKSBORO, TN 37757	58-1470587	501C3	24,500				GEN/OPER SUPPORT

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

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CONCORD UNITED METHODIST CHURCH 11020 ROANE DRIVE KNOXVILLE, TN 37934	62-0672582	CHURCH	20,000				PROGRAM DEVELOPMENT
COUNSELING AND CONSULTATION SERVICE PO BOX 278 LIMESTONE, TN 37681	62-1425012	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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CRU (CAMPUS CRUSADE FOR CHRIST) PO BOX 628222 ORLANDO, FL 32862	95-6006173	501C3	12,000				GEN/OPER SUPPORT
CRUMLEY HOUSE HEAD INJURY REHABILIT 300 URBANA ROAD LIMESTONE, TN 37681	58-1988511	501C3	25,000				EQUIPMENT

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

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DANDRIDGE VOLUNTEER FIRE DEPARTMENT PO BOX 249 DANDRIDGE, TN 37725	58-1879027	GOVERN	35,000				EQUIPMENT
DAWN OF HOPE DEVELOPMENT CENTER IN PO BOX 30 JOHNSON CITY, TN 37605	62-0798776	501C3	10,000				GEN/OPER SUPPORT

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

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DEPAUW UNIVERSITY PO BOX 37 OFFICE OF ANNUAL GIVING GREENCASTLE, IN 46135	35-0869045	501C3	10,000				GEN/OPER SUPPORT
DEXTER FIRST UNITED METHODIST CHURC 501 SOUTH WALNUT STREET DEXTER, MO 63841		CHURCH	32,000				BUILDING/RESTORATION

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

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DOUGLAS-CHEROKEE ECONOMIC AUTHORITY PO BOX 1218 MORRISTOWN, TN 37816	62-0752586	501C3	10,000				PROGRAM DEVELOPMENT
EAST TENNESSEE CHILDREN'S HOSPITAL PO BOX 15010 KNOXVILLE, TN 37901	62-6002604	501C3	47,944				PROGRAM DEVELOPMENT

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

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EAST TENNESSEE COMMUNITY DESIGN CEN 1300 N BROADWAY KNOXVILLE, TN 37917	62-0817716	501C3	8,457				GEN/OPER SUPPORT
EAST TENNESSEE HISTORICAL SOCIETY PO BOX 1629 KNOXVILLE, TN 37901	32-0320825	501C3	38,900				GEN/OPER SUPPORT

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

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EAST TENNESSEE STATE UNIVERSITY FOU PO BOX 70721 JOHNSON CITY, TN 37614	23-7092731	STATE	7,750				PROGRAM DEVELOPMENT
EAST TENNESSEE STATE UNIVERSITY - R 7276 GILBREATH DRIVE BOX 70300 JOHNSON CITY, TN 37614	62-6021046	STATE	13,000				EQUIPMENT

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

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EMERALD CHARTER SCHOOLS 220 CARRICK STREET KNOXVILLE, TN 37917	46-4687417	501C3	75,000				GEN/OPER SUPPORT
EMERALD YOUTH FOUNDATION 1014 HEISKELL AVENUE KNOXVILLE, TN 37921	62-1474791	501C3	390,825				GEN/OPER SUPPORT

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

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EPISCOPAL CHURCH OF THE ASCENSION 800 SOUTH NORTSHORE DRIVE KNOXVILLE, TN 37919	62-0586364	CHURCH	49,351				GEN/OPER SUPPORT
ETOWAH CITY SCHOOL 858 8TH STREET ETOWAH, TN 37331	62-0698753	GOVERN	8,000				PROGRAM DEVELOPMENT

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FIRST CHRISTIAN CHURCH 1130 TEMPLE STREET GREENEVILLE, TN 37745		CHURCH	100,000				GEN/OPER SUPPORT
FIRST PRIORITY OF AMERICA INC PO BOX 473 BRENTWOOD, TN 37027	62-1638690	501C3	10,000				GEN/OPER SUPPORT

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

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FISH HOSPITALITY PANTRIES INC 800 NORTSHORE DRIVE KNOXVILLE, TN 37919	62-1584500	501C3	8,000				GEN/OPER SUPPORT
FLORENCE CRITTENTON AGENCY 1531 DICK LONAS ROAD BUILDING C KNOXVILLE, TN 37909	62-6044288	501C3	10,395				GEN/OPER SUPPORT

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

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FOOTHILLS LAND CONSERVANCY INC 3402 ANDY HARRIS ROAD ROCKFORD, TN 37853	62-1256238	501C3	12,720				GEN/OPER SUPPORT
FORT SANDERS FOUNDATION 280 FORT SANDERS WEST BOULEVARD BU KNOXVILLE, TN 37922	62-1748601	501C3	11,500				GEN/OPER SUPPORT

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

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FOUNDATION FOR THE SEVIER COUNTY PO BOX 6693 SEVIERVILLE, TN 37864	20-0746397	501C3	35,475				CAPITAL CAMPAIGN
FRANKLIN ROAD ACADEMY 4700 FRANKLIN ROAD NASHVILLE, TN 37220	62-1138075	501C3	50,000				GEN/OPER SUPPORT

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FRIENDS OF GREAT SMOKY MOUNTAINS PO BOX 1660 KODAK, TN 37764	62-1564782	501C3	77,529				GEN/OPER SUPPORT
FRIENDS OF LITERACY PO BOX 3158 KNOXVILLE, TN 37927	58-1984690	501C3	20,000				GEN/OPER SUPPORT

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

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FULTON HIGH SCHOOL 2509 N BROADWAY AVENUE KNOXVILLE, TN 37917		GOVERN	9,900				PROGRAM DEVELOPMENT
GATLINBURG POLICE DEPARTMENT PO BOX 5 GATLINBURG, TN 37738		GOVERN	7,000				GEN/OPER SUPPORT

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

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GIRL SCOUT COUNCIL OF THE SOUTHERN 1567 DOWNTOWN WEST BOULEVARD KNOXVILLE, TN 37919	62-0518287	501C3	5,500				GEN/OPER SUPPORT
GRASSY FORK ELEMENTARY SCHOOL 4120 BIG CREEK ROAD HARTFORD, TN 37753	62-6000539	GOVERN	13,000				GEN/OPER SUPPORT

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	5,250				GEN/OPER SUPPORT
GREENE COUNTY SCHOOLS 910 W SUMMER STREET GREENEVILLE, TN 37743	62-6000621	GOVERN	20,000				PROGRAM DEVELOPMENT

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

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GREENE COUNTY UNITED WAY INC 115 ACADEMY STREET GREENEVILLE, TN 37743	62-6015767	501C3	54,434				GEN/OPER SUPPORT
GREENEVILLE CUMBERLAND PRESBYTERIAN 201 NORTH MAIN STREET GREENEVILLE, TN 37745	62-0863428	CHURCH	25,000				GEN/OPER SUPPORT

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

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HABITAT FOR HUMANITY OF MCMINN COUN PO BOX 1556 ATHENS, TN 37371	62-1553486	501C3	5,250				BUILDING/RESTORATION
HARMONY FAMILY CENTER 118 MABRY HOOD ROAD SUITE 400 KNOXVILLE, TN 37922	62-1772291	501C3	14,000				GEN/OPER SUPPORT

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

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HELEN ROSS MCNABB FOUNDATION 201 W SPRINGDALE AVENUE NE KNOXVILLE, TN 37917	23-7213935	501C3	17,000				GEN/OPER SUPPORT
HISTORIC RUGBY INC PO BOX 8 RUGBY, TN 37733	62-0840267	501C3	18,428				GEN/OPER SUPPORT

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

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HOPE COMMUNITY CHURCH CHARLOTTE NC 2813 COLTSGATE ROAD SUITE 200 CHARLOTTE, NC 28211		CHURCH	20,000				GEN/OPER SUPPORT
HOPE RESOURCE CENTER 2700 PAINTER AVENUE KNOXVILLE, TN 37919	58-1592223	501C3	20,000				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INNOVATIVE EDUCATION PARTNERSHIP 425 ALCOA TRAIL MARYVILLE, TN 37804	45-2317548	501C3	2,000,000				BUILDING/RESTORATION
INTERFAITH HEALTH CLINIC 315 GILL AVENUE KNOXVILLE, TN 37917	58-1947641	501C3	33,282				GEN/OPER SUPPORT

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

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INTERNATIONAL STORYTELLING CENTER 116 WEST MAIN STREET JONESBOROUGH, TN 37659	62-1014756	501C3	10,000				PROGRAM DEVELOPMENT
INTERVARSITY CHRISTIAN FELLOWSHIP PO BOX 7895 MADISON, WI 53707	36-2171714	501C3	12,000				GEN/OPER SUPPORT

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

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ISAIAH 117 HOUSE PO BOX 842 ELIZABETHTON, TN 37644	82-0631497	501C3	29,500				CAPITAL CAMPAIGN
JEFFERSON CITY FIRE DEPARTMENT PO BOX 530 JEFFERSON CITY, TN 37760	62-6000317	GOVERN	53,441				EQUIPMENT

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

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JEFFERSON COUNTY EDUCATIONAL AND CO 532 PATRIOT DRIVE DANDRIDGE, TN 37725	62-1753096	GOVERN	10,000				PROGRAM DEVELOPMENT
JEFFERSON COUNTY EMS 581 W OLD A J HIGHWAY NEW MARKET, TN 37820	62-6000684	GOVERN	46,100				EQUIPMENT

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JEFFERSON COUNTY RESCUE SQUAD PO BOX 261 DANDRIDGE, TN 37725	62-0996223	GOVERN	45,000				EQUIPMENT
JEFFERSON COUNTY SHERIFF'S OFFICE PO BOX 915 DANDRIDGE, TN 37725	62-6018145	GOVERN	20,000				EQUIPMENT

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JOHNSON COUNTY ARTS COUNCIL PO BOX 269 MOUNTAIN CITY, TN 37683	62-1731844	501C3	6,000				PROGRAM DEVELOPMENT
JOHNSON COUNTY HIGH SCHOOL 290 FAIRGROUND HILL MOUNTAIN CITY, TN 37683	62-6000688	GOVERN	9,500				PROGRAM DEVELOPMENT

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JOHNSON COUNTY SENIOR CENTER 128 COLLEGE STREET MOUNTAIN CITY, TN 37683	58-1813137	501C3	6,000				PROGRAM DEVELOPMENT
JOINING HANDS HEALTH CENTER 1413 RUSSELL AVENUE JEFFERSON CITY, TN 37760	20-1932232	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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JONI AND FRIENDS TENNESSEE 410 S NORTSHORE DRIVE KNOXVILLE, TN 37919	95-3402002	501C3	39,005				GEN/OPER SUPPORT
JOY OF MUSIC SCHOOL 1209 EUCLID AVENUE KNOXVILLE, TN 37921	31-1776315	501C3	18,000				GEN/OPER SUPPORT

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JUNIOR ACHIEVEMENT - TRI-CITIES TN 330 BROAD STREET SUITE 1 KINGSPORT, TN 37660	62-0757847	501C3	61,978				GEN/OPER SUPPORT
KNOX AREA RESCUE MINISTRIES PO BOX 3310 KNOXVILLE, TN 37927	62-0670972	501C3	34,341				PROGRAM DEVELOPMENT

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

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KNOX COUNTY SCHOOLS PO BOX 2188 KNOXVILLE, TN 37901	62-6000700	GOVERN	10,000				PROGRAM DEVELOPMENT
KNOX EDUCATION FOUNDATION 912 S GAY STREET L210 KNOXVILLE, TN 37902	76-6206166	501C3	285,000				GEN/OPER SUPPORT

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KNOX HERITAGE INC PO BOX 1242 KNOXVILLE, TN 37901	51-0148798	501C3	6,700				GEN/OPER SUPPORT
KNOXVILLE BOTANICAL GARDENS AND ARB 2743 WIMPOLE AVENUE KNOXVILLE, TN 37914	62-1868560	501C3	85,763				GEN/OPER SUPPORT

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

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KNOXVILLE CHRISTIAN COMMUNITY FOUND PO BOX 52250 KNOXVILLE, TN 37950	62-1695494	501C3	25,000				GEN/OPER SUPPORT
KNOXVILLE FAMILY JUSTICE CENTER 400 HARRIET TUBMAN STREET KNOXVILLE, TN 37915	30-0342598	501C3	21,000				PROGRAM DEVELOPMENT

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

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KNOXVILLE HABITAT FOR HUMANITY PO BOX 27478 KNOXVILLE, TN 37927	58-1727980	501C3	86,935				GEN/OPER SUPPORT
KNOXVILLE KIWANIS YOUTH FOUNDATION PO BOX 232 KNOXVILLE, TN 37901	62-6042535	501C3	10,000				PROGRAM DEVELOPMENT

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KNOXVILLE-KNOX COUNTY CAC PO BOX 51650 KNOXVILLE, TN 37950	62-1451534	GOVERN	239,560				PROGRAM DEVELOPMENT
KNOXVILLE-KNOX COUNTY CAC OFFICE PO BOX 51650 KNOXVILLE, TN 37950		GOVERN	89,419				GEN/OPER SUPPORT

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

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KNOXVILLE LEADERSHIP FOUNDATION 318 N GAY STREET SUITE 210 KNOXVILLE, TN 37917	62-1574495	501C3	13,000				PROGRAM DEVELOPMENT
KNOXVILLE MUSEUM OF ART 1050 WORLDS FAIR PARK DRIVE KNOXVILLE, TN 37916	62-0677701	501C3	34,687				GEN/OPER SUPPORT

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

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KNOXVILLE OPERA COMPANY 612 EAST DEPOT AVENUE KNOXVILLE, TN 37917	62-1015262	501C3	6,350				GEN/OPER SUPPORT
KNOXVILLE SYMPHONY SOCIETY INCORPO 100 SOUTH GAY STREET SUITE 302 KNOXVILLE, TN 37902	62-6008097	501C3	81,250				GEN/OPER SUPPORT

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LAKESHORE PARK CONSERVANCY PO BOX 10244 KNOXVILLE, TN 37939	62-1648241	501C3	18,250				CAPITAL CAMPAIGN
LEADERSHIP KNOXVILLE INC 17 MARKET SQUARE 201 KNOXVILLE, TN 37902	62-1212211	501C3	12,316				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	5,350				GEN/OPER SUPPORT
LIBERTI CHURCH PO BOX 22694 PHILADELPHIA, PA 19110		CHURCH	16,000				GEN/OPER SUPPORT

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LINCOLN MEMORIAL UNIVERSITY 6965 CUMBERLAND GAP PARKWAY HARROGATE, TN 37752	62-0479542	501C3	27,000				PROGRAM DEVELOPMENT
MAKE-A-WISH FOUNDATION OF EAST TENN 6700 BAUM DRIVE SUITE 7 KNOXVILLE, TN 37919	58-1799549	501C3	5,100				GEN/OPER SUPPORT

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MANE SUPPORT 2919 DAVIS FORD ROAD MARYVILLE, TN 37804	20-5107735	501C3	9,000				GEN/OPER SUPPORT
MARYVILLE ALCOA ANIMAL RESCUE CENTE 426 HOME AVENUE MARYVILLE, TN 37801	82-2358444	501C3	16,000				GEN/OPER SUPPORT

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MARYVILLE CITY SCHOOLS FOUNDATION 402 MELROSE STREET MARYVILLE, TN 37803	62-1453443	501C3	123,008				GEN/OPER SUPPORT
MARYVILLE COLLEGE 502 E LAMAR ALEXANDER PARKWAY OFFICE OF INSTITUTIONAL ADVANCEMENT MARYVILLE, TN 37804	62-0475691	501C3	282,115				PROGRAM DEVELOPMENT

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MEANINGFUL LIFE CENTER 116 CARR STREET KNOXVILLE, TN 37919	47-1645965	501C3	10,000				GEN/OPER SUPPORT
MENTAL HEALTH ASSOCIATION OF EAST T PO BOX 32731 KNOXVILLE, TN 37930	62-0642878	501C3	10,500				PROGRAM DEVELOPMENT

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METRO DRUG COALITION 4930 LYONS VIEW PIKE KNOXVILLE, TN 37919	58-1704454	501C3	20,000				PROGRAM DEVELOPMENT
MICHAEL J FOX FOUNDATION FOR PARKI PO BOX 4777 GRAND CENTRAL STATION NEW YORK, NY 10163	13-4141945	501C3	25,000				PROGRAM DEVELOPMENT

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MICHIGAN STATE UNIVERSITY 535 CHESTNUT ROAD ROOM 300 EAST LANSING, MI 48824	38-6005984	501C3	31,500				PROGRAM DEVELOPMENT
MIDST INC 2506 SOUTH ROAN STREET JOHNSON CITY, TN 37601	46-2609575	501C3	40,000				GEN/OPER SUPPORT

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MIDTOWN FELLOWSHIP CHURCH 2415 12TH AVENUE SOUTH NASHVILLE, TN 37204		CHURCH	10,500				GEN/OPER SUPPORT
MISSION OF HOPE PO BOX 51824 KNOXVILLE, TN 37950	62-1794508	501C3	43,500				PROGRAM DEVELOPMENT

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MISSION TO NORTH AMERICA PO BOX 890233 CHARLOTTE, NC 28289	64-0541857	501C3	8,000				PROGRAM DEVELOPMENT
MONROE COUNTY SENIOR CITIZENS AND F 144 COLLEGE STREET MADISONVILLE, TN 37354	62-0987274	501C3	35,000				PROGRAM DEVELOPMENT

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MORGAN COUNTY TRUSTEE PO BOX 189 WARTBURG, TN 37887		GOVERN	188,144				GEN/OPER SUPPORT
MUSEUM OF APPALACHIA PO BOX 1189 NORRIS, TN 37828	04-3595011	501C3	6,500				GEN/OPER SUPPORT

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MUSIC ASSOCIATES OF ASPEN INC 225 MUSIC SCHOOL ROAD ASPEN, CO 81611	84-0445087	501C3	9,250				GEN/OPER SUPPORT
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10011	13-2654926	501C3	10,000				GEN/OPER SUPPORT

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NEIGHBORHOOD HOUSING INC 318 N GAY STREET SUITE 210 KNOXVILLE, TN 37917	62-1771501	501C3	70,000				GEN/OPER SUPPORT
NEW CITY RESOURCES PO BOX 397 KNOXVILLE, TN 37901	61-1551009	501C3	10,000				GEN/OPER SUPPORT

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NEW HOPE ACADEMY 1820 DOWNS BOULEVARD FRANKLIN, TN 37064	63-1172489	501C3	20,000				GEN/OPER SUPPORT
NEW HOPE CHURCH 2450 WINFIELD DUNN PARKWAY KODAK, TN 37764		CHURCH	6,000				BUILDING/RESTORATION

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	67,000				GEN/OPER SUPPORT
OAK RIDGE ROWING ASSOCIATION 697 MELTON LAKE DRIVE OAK RIDGE, TN 37830	62-1122376	501C3	5,918				GEN/OPER SUPPORT

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OLD GRAY CEMETERY EDUCATIONAL HIST PO BOX 806 KNOXVILLE, TN 37901	23-7426428	501C3	7,247				GEN/OPER SUPPORT
PAGE-ROBBINS ADULT DAY SERVICES IN 1961 SOUTH HOUSTON LEVEE ROAD COLLIERVILLE, TN 38017	62-1608458	501C3	16,600				GEN/OPER SUPPORT

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PELLISSIPPI STATE FOUNDATION PO BOX 22990 KNOXVILLE, TN 37933	58-1493050	501C3	38,000				PROGRAM DEVELOPMENT
PETWORKS 2141 IDLE HOUR ROAD KINGSPORT, TN 37660	37-1624021	501C3	20,000				CAPITAL CAMPAIGN

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PRINCETON CHRISTIAN FELLOWSHIP 24 MOORE STREET PRINCETON, NJ 08542	22-1903095	501C3	10,000				GEN/OPER SUPPORT
REFORMED THEOLOGICAL SEMINARY 5422 CLINTON BOULEVARD JACKSON, MS 39209	64-0428676	501C3	10,000				GEN/OPER SUPPORT

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REFORMED UNIVERSITY FELLOWSHIP PO BOX 890004 CHARLOTTE, NC 28289	58-1713181	501C3	59,500				GEN/OPER SUPPORT
RENOVATUS RECOVERY COMMUNITY PO BOX 153 JEFFERSON CITY, TN 37760	45-4242163	501C3	12,000				GEN/OPER SUPPORT

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RESTORATION HOUSE OF EAST TENNESSEE 2205 VILLAGE PLACE WAY KNOXVILLE, TN 37923	20-5775672	501C3	201,000				CAPITAL CAMPAIGN
RIDIN' HIGH INC 1525 MORNINGSIDE DRIVE MORRISTOWN, TN 37814	62-1752021	501C3	19,000				GEN/OPER SUPPORT

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RIVER AND RAIL THEATRE COMPANY OLD CITY PERFORMING ARTS CENTER 111 STATE STREET KNOXVILLE, TN 37902	47-2489844	501C3	10,000				GEN/OPER SUPPORT
ROANE STATE COMMUNITY COLLEGE FOUND 276 PATTON LANE HARRIMAN, TN 37748	58-1413034	501C3	9,000				PROGRAM DEVELOPMENT

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

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RONALD MCDONALD HOUSE CHARITIES OF 1705 WEST CLINCH AVENUE KNOXVILLE, TN 37916	58-1510276	501C3	173,010				GEN/OPER SUPPORT
ROTARY FOUNDATION OF KNOXVILLE PO BOX 166 KNOXVILLE, TN 37901	62-6047101	501C3	50,000				GEN/OPER SUPPORT

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RURAL RESOURCES 2870 HOLLY CREEK ROAD GREENEVILLE, TN 37745	62-1546161	501C3	20,000				PROGRAM DEVELOPMENT
RUTLEDGE ELEMENTARY SCHOOL 7480 RUTLEDGE PIKE RUTLEDGE, TN 37861	56-2378237	GOVERN	10,000				GEN/OPER SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY PO BOX 669 KNOXVILLE, TN 37901	58-0660607	501C3	15,993				GEN/OPER SUPPORT
SCOTT HIGH SCHOOL 400 SCOTT HIGH DRIVE HUNTSVILLE, TN 37756		GOVERN	11,500				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEARCH MINISTRIES INC 4330 W VICKERY BOULEVARD SUITE 150 FORT WORTH, TX 76107	75-1627393	501C3	10,000				GEN/OPER SUPPORT
SECOND HARVEST FOOD BANK OF EAST TE 136 HARVEST LANE MARYVILLE, TN 37801	58-1450139	501C3	16,750				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND PRESBYTERIAN CHURCH 2829 KINGSTON PIKE KNOXVILLE, TN 37919		CHURCH	24,456				GEN/OPER SUPPORT
SENIOR CITIZENS HOME ASSISTANCE SER PO BOX 3025 KNOXVILLE, TN 37927	62-0809589	501C3	27,750				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEQUOYAH HILLS PRESBYTERIAN CHURCH 3700 KEOWEE AVENUE SW KNOXVILLE, TN 37919		CHURCH	21,999				GEN/OPER SUPPORT
SERTOMA CENTER INC 1400 EAST FIFTH AVENUE KNOXVILLE, TN 37917	62-0818599	501C3	24,000				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEVIER COUNTY GOVERNMENT 125 COURT AVENUE S 201E SEVIERVILLE, TN 37862		GOVERN	50,000				PROGRAM DEVELOPMENT
SEVIER COUNTY SHERIFF'S OFFICE 106 W BRUCE STREET SEVIERVILLE, TN 37862		GOVERN	7,000				EQUIPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHANGRI-LA THERAPEUTIC ACADEMY OF R 11800 HIGHWAY 11E LENOIR CITY, TN 37772	62-1330640	501C3	38,740				PROGRAM DEVELOPMENT
SISKIN CHILDREN'S INSTITUTE 1101 CARTER STREET CHATTANOOGA, TN 37402	59-1781637	501C3	10,000				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMALL MIRACLES THERAPEUTIC EQUESTRI 1026 ROCK SPRINGS DRIVE KINGSPORT, TN 37664	62-1603341	501C3	27,000				PROGRAM DEVELOPMENT
SOMEBODY LOVES ME INC 158 HERITAGE DRIVE ROGERSVILLE, TN 37857	46-5635962	501C3	10,000				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SONS OF THE REVOLUTION - TENNESSEE PO BOX 3685 KNOXVILLE, TN 37927	62-6065808	501C3	5,269				PROGRAM DEVELOPMENT
SOUTHEASTERN COUNCIL OF FOUNDATIONS 100 PEACHTREE STREET NW SUITE 208 ATLANTA, GA 30303	56-0995114	501C3	7,490				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN ALLIANCE FOR CLEAN ENERGY PO BOX 1842 KNOXVILLE, TN 37901	58-1620669	501C3	10,000				GEN/OPER SUPPORT
ST JOHN'S CATHEDRAL PO BOX 153 KNOXVILLE, TN 37901		CHURCH	151,400				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN'S EPISCOPAL CHURCH JOHN SO 500 N ROAN STREET JOHNSON CITY, TN 37601	62-6075442	501C3	11,000				ANNUAL CAMPAIGN
ST JOHN'S LUTHERAN CHURCH 544 N BROADWAY AVENUE KNOXVILLE, TN 37917		CHURCH	9,000				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JUDE CHILDREN'S RESEARCH HOSPIT 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501C3	9,244				GEN/OPER SUPPORT
SUSANNAH'S HOUSE 923 DAMERON AVE NW KNOXVILLE, TN 37921	47-1728129	501C3	19,500				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SWEETWATER HOSPITAL ASSOCIATION 304 CHURCH STREET SWEETWATER, TN 37874	62-0544855	501C3	5,587				GEN/OPER SUPPORT
TENNESSEE PARKS AND GREENWAYS FOUND 117 30TH AVENUE S NASHVILLE, TN 37212	62-1557574	501C3	7,444				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENNESSEE PERFORMING ARTS CENTER PO BOX 190660 NASHVILLE, TN 37219	58-1320590	501C3	25,000				GEN/OPER SUPPORT
TENNESSEE WESLEYAN UNIVERSITY 204 EAST COLLEGE STREET ATHENS, TN 37303	62-0476661	501C3	36,622				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BARNABAS CENTER 7615 COLONY ROAD SUITE 200 CHARLOTTE, NC 28226	56-1662908	501C3	6,000				GEN/OPER SUPPORT
THE CHANGE CENTER 203 HARRIET TUBMAN STREET KNOXVILLE, TN 37915	38-3991050	501C3	50,433				CAPITAL CAMPAIGN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMUNITY FOUNDATION FOR NORTHE 245 RIVERSIDE AVENUE SUITE 310 JACKSONVILLE, FL 32202	59-6150746	501C3	1,594,917				REGRANTING
THE MUSE KNOXVILLE 516 NORTH BEAMAN STREET KNOXVILLE, TN 37914	23-7039472	501C3	18,330				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF TENNESSEE KNOXVI 1525 UNIVERSITY AVENUE SUITE 100 KNOXVILLE, TN 37921	62-6001636	STATE	140,498				PROGRAM DEVELOPMENT
THE WELL INC PO BOX 181 JOHNSON CITY, TN 37605	62-1845654	501C3	25,300				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THRIVE LONSDALE YOUTH MINISTRIES PO BOX 51611 KNOXVILLE, TN 37950	62-1714010	501C3	35,500				GEN/OPER SUPPORT
TIMBER RIDGE PRESBYTERIAN CHURCH 5180 WARRENSBURG ROAD GREENEVILLE, TN 37743		CHURCH	10,000				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TNACHIEVES 10427 PETA SAFE WAY KNOXVILLE, TN 37932	27-4673873	501C3	100,000				PROGRAM DEVELOPMENT
TOWN OF PITTMAN CENTER POLICE DEPAR 2839 WEBB CREEK ROAD SEVIERVILLE, TN 37876		GOVERN	7,000				EQUIPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF WHITE PINE VOLUNTEER FIRE D PO BOX 66 WHITE PINE, TN 37890	62-6010883	GOVERN	20,000				EQUIPMENT
UNITED WAY OF BLOUNT COUNTY 1615 E BROADWAY AVENUE MARYVILLE, TN 37804	23-7122193	501C3	12,915				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501C3	10,000				GEN/OPER SUPPORT
UNITED WAY OF GREATER KNOXVILLE 1301 HANNAH AVENUE KNOXVILLE, TN 37921	62-0475748	501C3	219,285				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MCMINN AND MEIGS COUN PO BOX 1681 ATHENS, TN 37371	23-7127376	501C3	16,500				GEN/OPER SUPPORT
UNIVERSITY HEALTH SYSTEM INC 2121 MEDICAL CENTER WAY SUITE 200 KNOXVILLE, TN 37920	31-1626179	501C3	645,475				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETERAN AND COMMUNITY CARE 1100 BLACK ROAD DANDRIDGE, TN 37725	84-2949668	501C3	10,000				PROGRAM DEVELOPMENT
VOLUNTEER MINISTRY CENTER PO BOX 27406 KNOXVILLE, TN 37927	62-1338748	501C3	33,500				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS OF AMERICA OF KENTUCKY A 446 METROPLEX DRIVE SUITE 100 NASHVILLE, TN 37211	61-0480950	501C3	14,276				PROGRAM DEVELOPMENT
WAKE FOREST UNIVERSITY PO BOX 7227 WINSTON SALEM, NC 27109	56-0532138	501C3	10,000				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEBB SCHOOL OF KNOXVILLE 9800 WEBB SCHOOL DRIVE KNOXVILLE, TN 37923	62-0550980	501C3	276,044				GEN/OPER SUPPORT
WESLEYAN COLLEGE 4760 FORSYTH ROAD MACON, GA 31210	58-0593438	501C3	9,777				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST CHARLOTTE CHURCH PO BOX 667654 CHARLOTTE, NC 28266	82-1712217	CHURCH	7,000				GEN/OPER SUPPORT
WEST TENNESSEE HEALTHCARE FOUNDATIO 620 SKYLINE DRIVE JACKSON, TN 38301	58-1671241	501C3	27,200				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S FUND OF EAST TENNESSEE 625 MARKET STREET SUITE 1300 KNOXVILLE, TN 37902	47-4871564	501C3	141,450				PROGRAM DEVELOPMENT
WOODLAND COMMUNITY DEVELOPMENT CORP 469 ROSES CREEK ROAD CLAIRFIELD, TN 37715	62-1369378	501C3	10,000				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF EAST TENNESSEE 616 JESSAMINE STREET KNOXVILLE, TN 37917	62-0475700	501C3	18,000				CAPITAL CAMPAIGN
YOKE YOUTH MINISTRIES PO BOX 3492 KNOXVILLE, TN 37927	58-1380597	501C3	10,000				GEN/OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG LIFE PO BOX 70065 PAYMENT PROCESSING PRESCOTT, AZ 86304	84-0385934	501C3	488,384				GEN/OPER SUPPORT
YOUTH ACHIEVEMENT FOUNDATION INC 2569 COOK ROAD CROSSVILLE, TN 38571	27-2479470	501C3	10,000				PROGRAM DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA KNOXVILLE 420 W CLINCH AVENUE KNOXVILLE, TN 37902	62-0475701	501C3	18,000				GEN/OPER SUPPORT
KNOXVILLE ZOOLOGICAL GARDENS INC 3500 KNOXVILLE ZOO DRIVE KNOXVILLE, TN 37914	62-1034633	501C3	111,000				CAPITAL CAMPAIGN

Schedule J
(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 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>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III **Supplemental Information**

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

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

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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 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	52	3,184,837	HIGH/LOW AVG DATE OF GIFT
10 Securities—Closely held stock	X	1	10,000	ESTABLISHED APPRAISED VAL
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 **29**

	Yes	No
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 isn't required to be used for exempt purposes for the entire holding period?		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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't 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
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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 for the latest information.

OMB No. 1545-0047

2019**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	557 INDIVIDUALS FROM THE 25 COUNTY REGION SERVED IN 2019 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

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	4D-1) EXPENSES OF 889,610, INCLUDING GRANTS OF 889,610 - CONDUCTED COMPETITIVE GRANTMAKING PROGRAMS IN THE FIELD-OF-INTEREST AREAS OF AFFORDABLE HOUSING, YOUTH-AT-RISK, WOMEN AND CHILDREN, HOMELESSNESS SOLUTIONS, RACIAL JUSTICE, CHILDHOOD CANCER, AND PARKINSON'S DISEASE RESEARCH, PROVIDING 61 GRANTS TO 59 501(C)(3) ORGANIZATIONS FOR WORTHWHILE PROJECTS IN THE 25 COUNTY SERVICE AREA AND TO 1 NATIONAL DISEASE RESEARCH ORGANIZATION 4D-2) EXPENSES OF 821,640, INCLUDING GRANTS OF 821,640 - FUNDED 22 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 690,563, INCLUDING GRANTS OF 690,563 - CONDUCTED 60 COMPETITIVE SCHOLARSHIP PROGRAMS TO ENABLE STUDENTS THROUGHOUT THE REGION TO OBTAIN A POST-SECONDARY EDUCATION; 205 STUDENTS RECEIVED SCHOLARSHIPS AND ATTENDED 47 INSTITUTIONS OF HIGHER LEARNING IN TENNESSEE AND THROUGHOUT THE NATION 4D-4) EXPENSES OF 643,515, INCLUDING GRANTS OF 643,515 - 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; 80 GRANTS WERE AWARDED TO 72 ORGANIZATIONS FOR A WIDE VARIETY OF CHARITABLE PURPOSES

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

Return Reference	Explanation
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 36 STATES IN WHICH THEY ARE REQUIRED.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE PRESIDENT AND EXECUTIVE VICE PRESIDENT REVIEW THE COMPLETE FORM 990 PRIOR TO FILING. BECAUSE EAST TENNESSEE FOUNDATION HAS A LARGE BOARD OF DIRECTORS AND THE INFORMATION CONTAINED IN SCHEDULE B IS SENSITIVE IN NATURE, SCHEDULE B IS NOT INCLUDED IN THE COPY OF THE FORM 990 SENT VIA EMAIL TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FUNDRAISING EVENTS DIRECT EXPENSES 330,546 REVENUE OF SUPPORTING FOUNDATIONS REPORTED SEPARATELY 45,008,328 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 1,382,849 CURRENT YEAR EFFECT OF FASB ASC 958-605 -5,831,807 EXPENSES OF SUPPORTING FOUNDATIONS REPORTED SEPARATELY -2,588,281 FUNDRAISING EVENTS DIRECT EXPENSES -330,546 CURRENT YEAR EFFECT OF FASB ASC 958-605 765,570 TOTAL 38,736,659

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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 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
(1) 520 W SUMMIT HILL DR SUITE 1101 KNOXVILLE, TN 37902 26-6707947		TN			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.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) EAST TENNESSEE SUPPORTING FOUNDATIO	C	689,089	CASH
(2) WOMEN'S FUND OF EAST TENNESSEE	C	574,596	CASH
(3) CLAYTON FOUNDATION	B	1,900,000	CASH
(4) WOMEN'S FUND OF EAST TENNESSEE	B	141,450	CASH

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
520 W SUMMIT HILL DR SUITE 1101 KNOXVILLE, TN 37902 84-4085732	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 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 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