

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.

A For the 2019 calendar year, or tax year beginning _____ **and ending** _____

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): **520 W. SUMMIT HILL DR., SUITE 1101** Room/suite: _____
 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)

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

J Website: **WWW.EASTTENNESSEEFUNDATION.ORG** **H(c)** Group exemption number: _____

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1986** **M** State of legal domicile: **TN**

Summary

Activities & Governance	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 <input type="checkbox"/> 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
b Net unrelated business taxable income from Form 990-T, line 39	7b	142,218	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	12,476,100	23,324,421
	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
Expenses	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	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	256,015,743	285,674,128
	22 Net assets or fund balances. Subtract line 21 from line 20	36,661,416	36,801,919
		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: **MICHAEL T. MCCLAMROCH** Date: _____
 Type or print name and title: **PRESIDENT AND CEO**

Paid Preparer Use Only

Print/Type preparer's name: **JAMES E. BOOHER, CPA** Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00286127**

Firm's name: **BROWN JAKE & MCDANIEL, PC** Firm's EIN: **62-1170651**
 Firm's address: **2607 KINGSTON PIKE, SUITE 110**
KNOXVILLE, TN 37919-3336 Phone no.: **865-637-8600**

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

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: IN 2019, THE FOUNDATION HELD 496 CHARITABLE FUNDS AND GRANTED \$18,526,550 FOR A WIDE VARIETY OF CHARITABLE PURPOSES.

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 \$) 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

4b (Code:) (Expenses \$ 1,569,631 including grants of \$ 1,569,631) (Revenue \$) PROVIDED GENERAL SUPPORT TO 78 501(C)(3) ORGANIZATIONS IN THE FORM OF 96 GRANTS FROM 65 DESIGNATED ORGANIZATION AND AGENCY ENDOWMENT FUNDS.

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

4d Other program services (Describe on 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

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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? If "Yes," complete Schedule I, Parts I and III	X	
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? If "Yes," complete Schedule J	X	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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? If "Yes," complete Schedule L, Part I		X
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? If "Yes," complete Schedule L, Part II		X
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? If "Yes," complete Schedule L, Part III		X
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? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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? If "Yes," complete Schedule R, Part I	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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? If "Yes," complete Schedule R, Part VI		X
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.	X	

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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 23		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country ► CAYMAN ISLANDS See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d 1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	X	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 39		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 39		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► SEE SCHEDULE O
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

CAROLYN SCHWENN 520 W. SUMMIT HILL DR., SUITE 1101 KNOXVILLE TN 37902 865-524-1223

Part 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, and 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 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			
(1) MICHAEL T. MCCLAMROCH PRESIDENT AND CEO	35.00 0.50			X			193,592	0	11,667	
(2) CAROLYN SCHWENN SECRETARY	35.00 1.00			X			103,000	0	7,319	
(3) SAM ALBRITTON DIRECTOR	0.20 0.00	X					0	0	0	
(4) KEN AVENT DIRECTOR	0.20 0.00	X					0	0	0	
(5) CATHERINE BIGGS VICE CHAIR	1.00 0.20	X		X			0	0	0	
(6) LISA BINGHAM DIRECTOR	0.20 0.00	X					0	0	0	
(7) DAVID BRADSHAW DIRECTOR	0.20 0.00	X					0	0	0	
(8) CLAUDIA CABALLERO DIRECTOR	0.20 0.00	X					0	0	0	
(9) PATSY Q. CARSON DIRECTOR	0.20 0.00	X					0	0	0	
(10) AMY S. CATHEY CHAIR	1.00 0.00	X		X			0	0	0	
(11) KAY CLAYTON DIRECTOR	0.20 1.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week 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			
(12) BOBBY Y. CONGLETON LIFETIME HONORARY	0.00 0.00	X						0	0	0
(13) JOAN C. CRONAN DIRECTOR	1.00 0.00	X						0	0	0
(14) JED E. DANCE DIRECTOR	1.00 0.00	X						0	0	0
(15) STEVE M. DARDEN DIRECTOR	0.20 0.00	X						0	0	0
(16) RICK T. FOX DIRECTOR	0.20 0.00	X						0	0	0
(17) KEITH GRAY DIRECTOR	0.20 0.00	X						0	0	0
(18) SHARON Y. HANNUM DIRECTOR	1.00 0.00	X						0	0	0
(19) JAMES L. HARLAN DIRECTOR	1.00 0.00	X						0	0	0
1b Subtotal								296,592		18,986
c Total from continuation sheets to Part VII, Section A										
d 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, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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>	X	
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>		X

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 **0**

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

(A) Name and title	(B) Average hours per week 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			
(20) NATALIE L. HASLAM	0.00									
LIFETIME HONORARY	0.00	X					0	0	0	
(21) WILL J. HASLAM	0.00									
DIRECTOR	0.00	X					0	0	0	
(22) DAVID R. HAYNES	1.00									
DIRECTOR	0.20	X					0	0	0	
(23) MARK HEINZ	1.00									
DIRECTOR	0.10	X					0	0	0	
(24) LOGAN HICKMAN	0.20									
DIRECTOR	0.00	X					0	0	0	
(25) ELLEN B. MARKMAN	0.20									
DIRECTOR	0.00	X					0	0	0	
(26) JOE MARLETTE	1.00									
DIRECTOR	0.00	X					0	0	0	
(27) A. DAVID MARTIN	0.20									
LIFETIME HONORARY	0.10	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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>		
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>		

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

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

(A) Name and title	(B) Average hours per week 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			
(28) JAN MCNALLY TREASURER	1.00 0.00	X		X				0	0	0
(29) ALICE MERCER DIRECTOR	0.20 1.10	X						0	0	0
(30) GENE PATTERSON DIRECTOR	0.20 0.00	X						0	0	0
(31) CHARLES M. PECCOLO DIRECTOR	1.00 0.20	X						0	0	0
(32) JOE E. PETRE DIRECTOR	0.20 0.10	X						0	0	0
(33) PAIGE K. PRESTON DIRECTOR	0.20 0.00	X						0	0	0
(34) AVICE E. REID DIRECTOR	1.00 2.00	X						0	0	0
(35) RICHARD H. ROBERTS DIRECTOR	0.20 0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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>		
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>		

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

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

(A) Name and title	(B) Average hours per week 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			
(36) CASSANDRA MCGEE STUART DIRECTOR	0.20 0.00	X					0	0	0
(37) CAROL G. TRANSOU DIRECTOR	0.20 1.00	X					0	0	0
(38) DAVID V. WHITE LIFETIME HONORARY	0.00 0.00	X					0	0	0
(39) PAUL G. WILLSON PAST CHAIR	1.00 0.00	X		X			0	0	0
(40) STUART R. WORDEN LIFETIME HONORARY	0.00 0.00	X					0	0	0
(41) MARGIN S. WORSHAM DIRECTOR	0.20 0.00	X					0	0	0
(42) KRIS P. YARLETT DIRECTOR	0.20 0.00	X					0	0	0
1b Subtotal									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)									

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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>		
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>		

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	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,261,127		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 inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities		19,022,965		
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps	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			321,375			
	b Less: direct expenses	8b		330,546		
	c Net income or (loss) from fundraising events			-9,171		
9a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances						
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a MISCELLANEOUS REVENUES	Business Code	522100	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		900099	-51,294	-51,294	
	e Total. Add lines 11a-11d			280,113		
12 Total revenue. See instructions			26,643,937	0	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 (nonemployees):				
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 7				
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 on 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 X

		(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 receivables from 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 33)	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 32, 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 on 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 32, 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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 on Schedule O.	X	
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **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 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 **section 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		
(A)						
(B)						
(C)						
(D)						
(E)						
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 fails 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 grants.")	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 47.30%

15 Public support percentage from 2018 Schedule A, Part II, line 14 15 47.36%

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 <input type="checkbox"/>						

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 in line 12 on 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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
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>		
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>		
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>		
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>		
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 10b below.</i>		
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>		

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?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

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? 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.		
1		
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? 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.		
2		

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)? 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).		
1		

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?		
1		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

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? 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.		
2a		
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? 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.		
2b		
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? Provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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):		
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. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result 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.)

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS REVENUES \$ 787,294

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2019

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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 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)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

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 (grassroots 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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		5,625
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
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)?		X	
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?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

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.

SCHEDULE C, PART IV, ADDITIONAL INFORMATION

EAST TENNESSEE FOUNDATION JOINED WITH A GROUP OF OVER 70 COMMUNITY FOUNDATIONS FROM ACROSS THE UNITED STATES TO ENGAGE THE SERVICES OF VAN SCOYOC ASSOCIATES TO ADVANCE THE UNDERSTANDING OF COMMUNITY FOUNDATIONS ON THE PART OF WASHINGTON ELECTED OFFICIALS AND THEIR STAFFS AND TO SPECIFICALLY EXPLAIN THE IMPACT AND USE OF DONOR ADVISED FUNDS BY COMMUNITY

Part IV Supplemental Information *(continued)*

FOUNDATIONS AND ASK FOR INCLUSION OF DONOR ADVISED FUNDS IN IRA CHARITABLE ROLLOVER LEGISLATION.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 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 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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and compliance questions.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose of easements, total number, acreage, and monitoring expenses.

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.

Table with 2 columns: Question, Amount. Rows include reporting requirements for art and historical treasures.

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 make 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 program
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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 on 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 %
- b Permanent endowment %
- c Term 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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 10c.)				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 COMMINGLED FUNDS	174,152,683	MARKET
(A) RAYMOND JAMES TBILL	6,595,520	MARKET
(B) BB&T SCOTT & STRINGFELLOW	5,541,721	MARKET
(C) FIDELITY INVESTMENTS/MARTIN & CO.	3,011,647	MARKET
(D) PRIVATELY HELD STOCKS	1,337,030	MARKET
(E) LIMITED LIABILITY CORPORATION	67,000	MARKET
(F) PAINTINGS	26,949	COST
(G)		
(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) ANNUITY/UNITRUST LIABILITY	504,890
(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 FASB 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.

PART III, LINE 4 - COLLECTIONS AND RELATION TO EXEMPT PURPOSE

DONATED PORTRAIT CURRENTLY ON CONSIGNMENT FOR RESALE, PROCEEDS OF WHICH WILL BE ADDED TO THE ARTS ENDOWMENT AND USED FOR GRANTMAKING.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

AS THE REGION'S COMMUNITY FOUNDATION, EAST TENNESSEE FOUNDATION'S MISSION IS TO BUILD PERMANENT RESOURCES FOR THE BENEFIT OF THE REGION - TO ENRICH LIVES AND STRENGTHEN COMMUNITIES. ITS ENDOWMENT FUNDS EXIST TO SUPPORT ON A CONTINUING BASIS A WIDE RANGE OF CHARITABLE PURPOSES IN KEEPING WITH ITS MISSION.

PART X - FIN 48 FOOTNOTE

Part XIII Supplemental Information (continued)

UNDER ACCOUNTING STANDARDS, AN ORGANIZATION MUST RECOGNIZE TAX BENEFITS ASSOCIATED WITH TAX 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.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

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

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

CURRENT YEAR EFFECT OF FASB ASC 958-605	\$ 5,831,807
---	--------------

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

EXPENSES OF SUPPORTING FOUNDATIONS REPORTED SEPARATELY	\$ 2,588,281
FUNDRAISING EVENTS DIRECT EXPENSES	\$ 330,546

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

CURRENT YEAR EFFECT OF FASB ASC 958-605	\$ 765,570
---	------------

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on 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

Inspection

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.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					
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) RS 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)
(1)			CENT AMERICA	CHRIST. MISSION SUPP ICA AND CARIBBEAN	10,000	CHECK			
(2)			EAST ASIA	ORPHAN HOMES SUPPORT AND THE PACIFIC	10,000	CHECK			
(3)			SOUTH AMERICA	CHRISTIAN TRAINING	50,000	CHECK			
(4)			EUROPE	PRESBY CHURCH PLANT	8,000	CHECK			
(5)			EAST ASIA	CHRIST. MISSION SUPP AND THE PACIFIC	10,000	CHECK			
(6)			CENT AMERICA	PURCH MED SUPPLIES ICA AND CARIBBEAN	20,000	CHECK			
(7)			EUROPE	CHRIST. MISSION SUPP	11,000	CHECK			
(8)			MIDDLE EAST	CHRIST. MISSION SUPP AST/NORTH AFRICA	100,000	CHECK			
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 ▶ 0

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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

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.

Area with horizontal dotted lines for supplemental information.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 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 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>PAT SUMMITT</u>	<u>BUTTERFLY EVENT</u>	<u>5</u>	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	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
Direct Expenses	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) ▶				
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.

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

**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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) RC 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
(1)	4 MARKET SQUARE, INC. 4 MARKET SQUARE, SUITE 303C KNOXVILLE TN 37902	62-1719382	501C3	8,000				PROGRAM DEVELOPMENT
(2)	AID TO DISTRESSED FAMILIES OF APPAL PO BOX 5953 OAK RIDGE TN 37831	58-1727751	501C3	10,000				GEN/OPER SUPPORT
(3)	ALLIANCE FOR BETTER NONPROFITS 318 N. GAY STREET, SUITE 203 KNOXVILLE TN 37917	47-2265490	501C3	29,000				GEN/OPER SUPPORT
(4)	ALL SOULS FOUNDATION 4 MARKET SQUARE KNOXVILLE TN 37902	20-5255789	501C3	20,000				GEN/OPER SUPPORT
(5)	ALPS ADULT DAY SERVICES 600 NORTH DAISY STREET MORRISTOWN TN 37814	58-1726410	501C3	7,500				PROGRAM DEVELOPMENT
(6)	ALZHEIMER'S TENNESSEE 5801 KINGSTON PIKE, SUITE 101 KNOXVILLE TN 37919	62-1206312	501C3	44,040				GEN/OPER SUPPORT
(7)	AMERICAN HEART ASSOCIATION, INC. 1818 PATTERSON STREET NASHVILLE TN 37203	13-5613797	501C3	8,000				GEN/OPER SUPPORT
(8)	APPALACHIA SERVICE PROJECT, INC. 4523 BRISTOL HIGHWAY JOHNSON CITY TN 37601	62-0989383	501C3	48,750				GEN/OPER SUPPORT
(9)	ARC KNOX COUNTY 3000 NORTH CENTRAL STREET KNOXVILLE TN 37917	62-0759415	501C3	74,848				GEN/OPER SUPPORT

- 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 ▶ 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

**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.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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Name of the organization

EAST TENNESSEE FOUNDATION

Employer identification number

62-0807696

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) RC 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
(1)	ARROWMONT SCHOOL OF ARTS AND CRAFTS PO BOX 567 GATLINBURG TN 37738	58-2007394	501C3	7,500				PROGRAM DEVELOPMENT
(2)	ARTS AND CULTURE ALLIANCE OF GREAT PO BOX 2506 KNOXVILLE TN 37901	62-0962249	501C3	10,000				GEN/OPER SUPPORT
(3)	ASBURY UNITED METHODIST CHURCH 201 SOUTH MAIN STREET GREENEVILLE TN 37743		CHURCH	49,200				GEN/OPER SUPPORT
(4)	ASPEN ART MUSEUM 637 EAST HYMAN AVENUE ASPEN CO 81611	84-0746671	501C3	27,518				GEN/OPER SUPPORT
(5)	ATHENS-MCMINN FAMILY YMCA PO BOX 376 ATHENS TN 37371	62-0586361	501C3	9,500				PROGRAM DEVELOPMENT
(6)	AUSTIN HATCHER FOUNDATION FOR PEDIA 232 E. 11TH STREET, SUITE 100 CHATTANOOGA TN 37402	20-8065108	501C3	10,000				PROGRAM DEVELOPMENT
(7)	BALLAD HEALTH FOUNDATION 1019 W. OAKLAND AVENUE, SUITE 2 JOHNSON CITY TN 37604	58-1594191	501C3	20,100				GEN/OPER SUPPORT
(8)	BAREFOOT REPUBLIC CAMP PO BOX 40365 NASHVILLE TN 37204	62-1841336	501C3	100,000				GEN/OPER SUPPORT
(9)	BECK CULTURAL EXCHANGE CENTER, INC. 1927 DANDRIDGE AVENUE KNOXVILLE TN 37915	51-0141454	501C3	11,200				BUILDING/RESTORATION

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

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Schedule I (Form 990) (2019)

**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.
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OMB No. 1545-0047

2019

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Name of the organization

EAST TENNESSEE FOUNDATION

Employer identification number

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(1)	BETHANY CHRISTIAN SERVICES OF EAST 318 ERIN DRIVE, SUITE 10 KNOXVILLE TN 37919	38-1405282	501C3	20,000				PROGRAM DEVELOPMENT
(2)	BIG BROTHERS BIG SISTERS OF EAST TN 318 N. GAY STREET, SUITE 100 KNOXVILLE TN 37917	62-0842531	501C3	12,800				GEN/OPER SUPPORT
(3)	BLOUNT COUNTY COMMUNITY ACTION AGEN 3509 TUCKALEECHEE PIKE MARYVILLE TN 37803	62-1561673	501C3	7,000				PROGRAM DEVELOPMENT
(4)	BLOUNT MEMORIAL FOUNDATION FOR MEDI 907 E. LAMAR ALEXANDER PKWY MARYVILLE TN 37804	62-1412287	501C3	7,500				EQUIPMENT
(5)	BOY SCOUTS OF AMERICA - GREAT SMOKY 1333 OLD WEISGARBER ROAD KNOXVILLE TN 37909	62-0476811	501C3	12,750				GEN/OPER SUPPORT
(6)	BOYS & GIRLS CLUB OF GREENEVILLE PO BOX 1977 GREENEVILLE TN 37744	62-1706248	501C3	7,500				GEN/OPER SUPPORT
(7)	BOYS & GIRLS CLUB OF THE SMOKY MOUN PO BOX 5743 SEVIERVILLE TN 37864	62-1507789	501C3	26,662				GEN/OPER SUPPORT
(8)	BOYS & GIRLS CLUBS OF DUMPLIN VALLE PO BOX 669 WHITE PINE TN 37890	26-1475216	501C3	10,000				PROGRAM DEVELOPMENT
(9)	BOYS & GIRLS CLUBS OF THE OCOEE REG 385 THIRD STREET, SW CLEVELAND TN 37311	62-0729406	501C3	52,000				GEN/OPER SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2019)

**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.

OMB No. 1545-0047

2019

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Name of the organization

EAST TENNESSEE FOUNDATION

Employer identification number

62-0807696

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- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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(1)	BOYS & GIRLS CLUBS OF THE TENNESSEE 967 IRWIN STREET KNOXVILLE TN 37917	62-0475743	501C3	1,675,900				GEN/OPER SUPPORT
(2)	BRIDGE REFUGEE SERVICES 4420 WHITTLE SPRINGS ROAD KNOXVILLE TN 37917	58-1505955	501C3	20,000				GEN/OPER SUPPORT
(3)	CAMPBELL COUNTY BOARD OF EDUCATION 172 VALLEY STREET JACKSBORO TN 37757	62-6000507	GOVERN	19,100				PROGRAM DEVELOPMENT
(4)	CANCER SUPPORT COMMUNITY EAST TENNE 2230 SUTHERLAND AVENUE KNOXVILLE TN 37919	58-1846210	501C3	173,697				PROGRAM DEVELOPMENT
(5)	CAREGIVER RELIEF PROGRAM OF BEDFORD PO BOX 584 SHELBYVILLE TN 37162	62-1553312	501C3	15,000				PROGRAM DEVELOPMENT
(6)	CARSON-NEWMAN UNIVERSITY CARSON-NEWMAN ADVANCEMENT JEFFERSON CITY TN 37760	62-0479189	501C3	25,000				PROGRAM DEVELOPMENT
(7)	CASA CORRIDOR OF EAST TENNESSEE 107 1/2 PARK STREET ATHENS TN 37303	20-8726704	501C3	7,365				GEN/OPER SUPPORT
(8)	CATHOLIC CHARITIES OF EAST TENNESSE 119 DAMERON AVENUE KNOXVILLE TN 37917	62-1377551	501C3	35,400				GEN/OPER SUPPORT
(9)	CATHOLIC DIOCESE OF KNOXVILLE 805 SOUTH NORTHSORE DRIVE KNOXVILLE TN 37919	62-1357183	501C3	21,500				GEN/OPER SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2019)

**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.

OMB No. 1545-0047

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Employer identification number

62-0807696

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(1)	CEDAR SPRINGS PRESBYTERIAN CHURCH 9132 KINGSTON PIKE KNOXVILLE TN 37923	62-0649031	501C3	354,150				GEN/OPER SUPPORT
(2)	CENTRAL BAPTIST CHURCH OF BEARDEN 6300 DEANE HILL DRIVE KNOXVILLE TN 37919		CHURCH	15,450				GEN/OPER SUPPORT
(3)	CENTRO HISPANO 2455 SUTHERLAND AVENUE KNOXVILLE TN 37919	20-3415545	501C3	37,500				GEN/OPER SUPPORT
(4)	CHARLOTTE FELLOWS PO BOX 31576 CHARLOTTE NC 28231	27-1901667	501C3	6,000				GEN/OPER SUPPORT
(5)	CHEROKEE HEALTH SYSTEMS 2018 WESTERN AVENUE KNOXVILLE TN 37921	62-0637925	501C3	15,651				GEN/OPER SUPPORT
(6)	CHILD ADVOCACY CENTER OF THE NINTH PO BOX 928 LENOIR CITY TN 37771	62-1846638	501C3	48,362				GEN/OPER SUPPORT
(7)	CHRIST EPISCOPAL CHURCH FOUNDATION 605 LURLEEN B WALLACE BOULEVARD N TUSCALOOSA AL 35401	63-1270549	501C3	8,000				GEN/OPER SUPPORT
(8)	CHURCH OF THE SAVIOR, UNITED CHURCH 934 N. WEISGARBER ROAD KNOXVILLE TN 37909		CHURCH	11,000				GEN/OPER SUPPORT
(9)	CITY OF BANE BERRY 521 HARRISON FERRY ROAD BANE BERRY TN 37890	62-1358229	GOVERN	30,000				GEN/OPER SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2019)

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(Form 990)**

**Grants and Other Assistance to Organizations,
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Employer identification number

62-0807696

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(1)	CITY OF ELIZABETHTON 136 S. SYCAMORE STREET ELIZABETHTON TN 37643	62-6000283	GOVERN	32,750				BUILDING/RESTORATION
(2)	CITY OF PIGEON FORGE POLICE DEPARTM PO BOX 1350 PIGEON FORGE TN 37868		GOVERN	7,000				EQUIPMENT
(3)	CITY OF SEVIERVILLE 120 GARY WADE BLVD SEVIERVILLE TN 37862		GOVERN	7,000				EQUIPMENT
(4)	CLAYTON FOUNDATION 520 W. SUMMIT HILL DRIVE, SUITE 801 KNOXVILLE TN 37902	20-0753128	501C3	1,900,000				CAPITAL CAMPAIGN
(5)	CLEMSON UNIVERSITY PO BOX 1889 CLEMSON SC 29633		STATE	10,000				GEN/OPER SUPPORT
(6)	COALITION FOR KIDS, INC. PO BOX 3156 JOHNSON CITY TN 37602	62-1765487	501C3	10,000				PROGRAM DEVELOPMENT
(7)	COLGATE UNIVERSITY 13 OAK DRIVE HAMILTON NY 13346	15-0532078	501C3	10,000				GEN/OPER SUPPORT
(8)	COLONIAL HEIGHTS UNITED METHODIST C PO BOX 6027 KINGSPORT TN 37663		CHURCH	153,863				GEN/OPER SUPPORT
(9)	COMMUNITY COALITION AGAINST HUMAN PO BOX 20937 KNOXVILLE TN 37940	27-3460268	501C3	31,000				GEN/OPER SUPPORT

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(1)	COMMUNITY FOUNDATION OF MIDDLE TENN PO BOX 440225 NASHVILLE TN 37244	62-1471789	501C3	10,000				GEN/OPER SUPPORT
(2)	COMMUNITY HEALTH OF EAST TENNESSEE PO BOX 209 JACKSBORO TN 37757	58-1470587	501C3	24,500				GEN/OPER SUPPORT
(3)	CONCORD UNITED METHODIST CHURCH 11020 ROANE DRIVE KNOXVILLE TN 37934	62-0672582	CHURCH	20,000				PROGRAM DEVELOPMENT
(4)	COUNSELING AND CONSULTATION SERVICE PO BOX 278 LIMESTONE TN 37681	62-1425012	501C3	10,000				PROGRAM DEVELOPMENT
(5)	CRU (CAMPUS CRUSADE FOR CHRIST) PO BOX 628222 ORLANDO FL 32862	95-6006173	501C3	12,000				GEN/OPER SUPPORT
(6)	CRUMLEY HOUSE HEAD INJURY REHABILIT 300 URBANA ROAD LIMESTONE TN 37681	58-1988511	501C3	25,000				EQUIPMENT
(7)	DANDRIDGE VOLUNTEER FIRE DEPARTMENT PO BOX 249 DANDRIDGE TN 37725	58-1879027	GOVERN	35,000				EQUIPMENT
(8)	DAWN OF HOPE DEVELOPMENT CENTER, PO BOX 30 JOHNSON CITY TN 37605	62-0798776	501C3	10,000				GEN/OPER SUPPORT
(9)	DEPAUW UNIVERSITY PO BOX 37 GREENCASTLE IN 46135	35-0869045	501C3	10,000				GEN/OPER SUPPORT

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(1)	DEXTER FIRST UNITED METHODIST CHURCH 501 SOUTH WALNUT STREET DEXTER MO 63841		CHURCH	32,000				BUILDING/RESTORATION
(2)	DOUGLAS-CHEROKEE ECONOMIC AUTHORITY PO BOX 1218 MORRISTOWN TN 37816	62-0752586	501C3	10,000				PROGRAM DEVELOPMENT
(3)	EAST TENNESSEE CHILDREN'S HOSPITAL PO BOX 15010 KNOXVILLE TN 37901	62-6002604	501C3	47,944				PROGRAM DEVELOPMENT
(4)	EAST TENNESSEE COMMUNITY DESIGN CEN 1300 N. BROADWAY KNOXVILLE TN 37917	62-0817716	501C3	8,457				GEN/OPER SUPPORT
(5)	EAST TENNESSEE HISTORICAL SOCIETY, PO BOX 1629 KNOXVILLE TN 37901	32-0320825	501C3	38,900				GEN/OPER SUPPORT
(6)	EAST TENNESSEE STATE UNIVERSITY FOU PO BOX 70721 JOHNSON CITY TN 37614	23-7092731	STATE	7,750				PROGRAM DEVELOPMENT
(7)	EAST TENNESSEE STATE UNIVERSITY - R 7276 GILBREATH DRIVE JOHNSON CITY TN 37614	62-6021046	STATE	13,000				EQUIPMENT
(8)	EMERALD CHARTER SCHOOLS 220 CARRICK STREET KNOXVILLE TN 37917	46-4687417	501C3	75,000				GEN/OPER SUPPORT
(9)	EMERALD YOUTH FOUNDATION 1014 HEISKELL AVENUE KNOXVILLE TN 37921	62-1474791	501C3	390,825				GEN/OPER SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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62-0807696

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(1)	EPISCOPAL CHURCH OF THE ASCENSION 800 SOUTH NORTHSORE DRIVE KNOXVILLE TN 37919	62-0586364	CHURCH	49,351				GEN/OPER SUPPORT
(2)	ETOWAH CITY SCHOOL 858 8TH STREET ETOWAH TN 37331	62-0698753	GOVERN	8,000				PROGRAM DEVELOPMENT
(3)	FIRST CHRISTIAN CHURCH 1130 TEMPLE STREET GREENEVILLE TN 37745		CHURCH	100,000				GEN/OPER SUPPORT
(4)	FIRST PRIORITY OF AMERICA, INC. PO BOX 473 BRENTWOOD TN 37027	62-1638690	501C3	10,000				GEN/OPER SUPPORT
(5)	FISH HOSPITALITY PANTRIES, INC. 800 NORTHSORE DRIVE KNOXVILLE TN 37919	62-1584500	501C3	8,000				GEN/OPER SUPPORT
(6)	FLORENCE CRITTENTON AGENCY 1531 DICK LONAS ROAD, BUILDING C KNOXVILLE TN 37909	62-6044288	501C3	10,395				GEN/OPER SUPPORT
(7)	FOOTHILLS LAND CONSERVANCY, INC. 3402 ANDY HARRIS ROAD ROCKFORD TN 37853	62-1256238	501C3	12,720				GEN/OPER SUPPORT
(8)	FORT SANDERS FOUNDATION 280 FORT SANDERS WEST BOULEVARD, KNOXVILLE TN 37922	BU 62-1748601	501C3	11,500				GEN/OPER SUPPORT
(9)	FOUNDATION FOR THE SEVIER COUNTY PO BOX 6693 SEVIERVILLE TN 37864	20-0746397	501C3	35,475				CAPITAL CAMPAIGN

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62-0807696

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) RC 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
(1)	FRANKLIN ROAD ACADEMY 4700 FRANKLIN ROAD NASHVILLE TN 37220	62-1138075	501C3	50,000				GEN/OPER SUPPORT
(2)	FRIENDS OF GREAT SMOKY MOUNTAINS PO BOX 1660 KODAK TN 37764	62-1564782	501C3	77,529				GEN/OPER SUPPORT
(3)	FRIENDS OF LITERACY PO BOX 3158 KNOXVILLE TN 37927	58-1984690	501C3	20,000				GEN/OPER SUPPORT
(4)	FULTON HIGH SCHOOL 2509 N. BROADWAY AVENUE KNOXVILLE TN 37917		GOVERN	9,900				PROGRAM DEVELOPMENT
(5)	GATLINBURG POLICE DEPARTMENT PO BOX 5 GATLINBURG TN 37738		GOVERN	7,000				GEN/OPER SUPPORT
(6)	GIRL SCOUT COUNCIL OF THE SOUTHERN 1567 DOWNTOWN WEST BOULEVARD KNOXVILLE TN 37919	62-0518287	501C3	5,500				GEN/OPER SUPPORT
(7)	GRASSY FORK ELEMENTARY SCHOOL 4120 BIG CREEK ROAD HARTFORD TN 37753	62-6000539	GOVERN	13,000				GEN/OPER SUPPORT
(8)	GREAT SMOKY MOUNTAINS INSTITUTE 9275 TREMONT ROAD TOWNSEND TN 37882	62-1833479	501C3	5,250				GEN/OPER SUPPORT
(9)	GREENE COUNTY SCHOOLS 910 W. SUMMER STREET GREENEVILLE TN 37743	62-6000621	GOVERN	20,000				PROGRAM DEVELOPMENT

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

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Schedule I (Form 990) (2019)

**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.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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Name of the organization

EAST TENNESSEE FOUNDATION

Employer identification number

62-0807696

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(1)	GREENE COUNTY UNITED WAY, INC. 115 ACADEMY STREET GREENEVILLE TN 37743	62-6015767	501C3	54,434				GEN/OPER SUPPORT
(2)	GREENEVILLE CUMBERLAND PRESBYTERIAN 201 NORTH MAIN STREET GREENEVILLE TN 37745	62-0863428	CHURCH	25,000				GEN/OPER SUPPORT
(3)	HABITAT FOR HUMANITY OF MCMINN COUN PO BOX 1556 ATHENS TN 37371	62-1553486	501C3	5,250				BUILDING/RESTORATION
(4)	HARMONY FAMILY CENTER 118 MABRY HOOD ROAD, SUITE 400 KNOXVILLE TN 37922	62-1772291	501C3	14,000				GEN/OPER SUPPORT
(5)	HELEN ROSS MCNABB FOUNDATION 201 W. SPRINGDALE AVENUE NE KNOXVILLE TN 37917	23-7213935	501C3	17,000				GEN/OPER SUPPORT
(6)	HISTORIC RUGBY, INC. PO BOX 8 RUGBY TN 37733	62-0840267	501C3	18,428				GEN/OPER SUPPORT
(7)	HOPE COMMUNITY CHURCH, CHARLOTTE NC 2813 COLTSGATE ROAD, SUITE 200 CHARLOTTE NC 28211		CHURCH	20,000				GEN/OPER SUPPORT
(8)	HOPE RESOURCE CENTER 2700 PAINTER AVENUE KNOXVILLE TN 37919	58-1592223	501C3	20,000				GEN/OPER SUPPORT
(9)	INNOVATIVE EDUCATION PARTNERSHIP 425 ALCOA TRAIL MARYVILLE TN 37804	45-2317548	501C3	2,000,000				BUILDING/RESTORATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2019)

**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.

OMB No. 1545-0047

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Name of the organization

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(1)	INTERFAITH HEALTH CLINIC 315 GILL AVENUE KNOXVILLE TN 37917	58-1947641	501C3	33,282				GEN/OPER SUPPORT
(2)	INTERNATIONAL STORYTELLING CENTER 116 WEST MAIN STREET JONESBOROUGH TN 37659	62-1014756	501C3	10,000				PROGRAM DEVELOPMENT
(3)	INTERVARSITY CHRISTIAN FELLOWSHIP PO BOX 7895 MADISON WI 53707	36-2171714	501C3	12,000				GEN/OPER SUPPORT
(4)	ISAIAH 117 HOUSE PO BOX 842 ELIZABETHTON TN 37644	82-0631497	501C3	29,500				CAPITAL CAMPAIGN
(5)	JEFFERSON CITY FIRE DEPARTMENT PO BOX 530 JEFFERSON CITY TN 37760	62-6000317	GOVERN	53,441				EQUIPMENT
(6)	JEFFERSON COUNTY EDUCATIONAL AND 532 PATRIOT DRIVE DANDRIDGE TN 37725	62-1753096	GOVERN	10,000				PROGRAM DEVELOPMENT
(7)	JEFFERSON COUNTY EMS 581 W OLD A J HIGHWAY NEW MARKET TN 37820	62-6000684	GOVERN	46,100				EQUIPMENT
(8)	JEFFERSON COUNTY RESCUE SQUAD PO BOX 261 DANDRIDGE TN 37725	62-0996223	GOVERN	45,000				EQUIPMENT
(9)	JEFFERSON COUNTY SHERIFF'S OFFICE PO BOX 915 DANDRIDGE TN 37725	62-6018145	GOVERN	20,000				EQUIPMENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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(1)	JOHNSON COUNTY ARTS COUNCIL PO BOX 269 MOUNTAIN CITY TN 37683	62-1731844	501C3	6,000				PROGRAM DEVELOPMENT
(2)	JOHNSON COUNTY HIGH SCHOOL 290 FAIRGROUND HILL MOUNTAIN CITY TN 37683	62-6000688	GOVERN	9,500				PROGRAM DEVELOPMENT
(3)	JOHNSON COUNTY SENIOR CENTER 128 COLLEGE STREET MOUNTAIN CITY TN 37683	58-1813137	501C3	6,000				PROGRAM DEVELOPMENT
(4)	JOINING HANDS HEALTH CENTER 1413 RUSSELL AVENUE JEFFERSON CITY TN 37760	20-1932232	501C3	10,000				PROGRAM DEVELOPMENT
(5)	JONI AND FRIENDS TENNESSEE 410 S. NORTHSHORE DRIVE KNOXVILLE TN 37919	95-3402002	501C3	39,005				GEN/OPER SUPPORT
(6)	JOY OF MUSIC SCHOOL 1209 EUCLID AVENUE KNOXVILLE TN 37921	31-1776315	501C3	18,000				GEN/OPER SUPPORT
(7)	JUNIOR ACHIEVEMENT - TRI-CITIES TN 330 BROAD STREET, SUITE 1 KINGSPORT TN 37660	62-0757847	501C3	61,978				GEN/OPER SUPPORT
(8)	KNOX AREA RESCUE MINISTRIES PO BOX 3310 KNOXVILLE TN 37927	62-0670972	501C3	34,341				PROGRAM DEVELOPMENT
(9)	KNOX COUNTY SCHOOLS PO BOX 2188 KNOXVILLE TN 37901	62-6000700	GOVERN	10,000				PROGRAM DEVELOPMENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Employer identification number

62-0807696

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(1)	KNOX EDUCATION FOUNDATION 912 S. GAY STREET KNOXVILLE TN 37902	76-6206166	501C3	285,000				GEN/OPER SUPPORT
(2)	KNOX HERITAGE, INC. PO BOX 1242 KNOXVILLE TN 37901	51-0148798	501C3	6,700				GEN/OPER SUPPORT
(3)	KNOXVILLE BOTANICAL GARDENS AND ARB 2743 WIMPOLE AVENUE KNOXVILLE TN 37914	62-1868560	501C3	85,763				GEN/OPER SUPPORT
(4)	KNOXVILLE CHRISTIAN COMMUNITY FOUND PO BOX 52250 KNOXVILLE TN 37950	62-1695494	501C3	25,000				GEN/OPER SUPPORT
(5)	KNOXVILLE FAMILY JUSTICE CENTER 400 HARRIET TUBMAN STREET KNOXVILLE TN 37915	30-0342598	501C3	21,000				PROGRAM DEVELOPMENT
(6)	KNOXVILLE HABITAT FOR HUMANITY PO BOX 27478 KNOXVILLE TN 37927	58-1727980	501C3	86,935				GEN/OPER SUPPORT
(7)	KNOXVILLE KIWANIS YOUTH FOUNDATION PO BOX 232 KNOXVILLE TN 37901	62-6042535	501C3	10,000				PROGRAM DEVELOPMENT
(8)	KNOXVILLE-KNOX COUNTY CAC PO BOX 51650 KNOXVILLE TN 37950	62-1451534	GOVERN	239,560				PROGRAM DEVELOPMENT
(9)	KNOXVILLE-KNOX COUNTY CAC OFFICE PO BOX 51650 KNOXVILLE TN 37950		GOVERN	89,419				GEN/OPER SUPPORT

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(1)	KNOXVILLE LEADERSHIP FOUNDATION 318 N. GAY STREET, SUITE 210 KNOXVILLE TN 37917	62-1574495	501C3	13,000				PROGRAM DEVELOPMENT
(2)	KNOXVILLE MUSEUM OF ART 1050 WORLD'S FAIR PARK DRIVE KNOXVILLE TN 37916	62-0677701	501C3	34,687				GEN/OPER SUPPORT
(3)	KNOXVILLE OPERA COMPANY 612 EAST DEPOT AVENUE KNOXVILLE TN 37917	62-1015262	501C3	6,350				GEN/OPER SUPPORT
(4)	KNOXVILLE SYMPHONY SOCIETY, INCORPORATED 100 SOUTH GAY STREET, SUITE 302 KNOXVILLE TN 37902	62-6008097	501C3	81,250				GEN/OPER SUPPORT
(5)	LAKESHORE PARK CONSERVANCY PO BOX 10244 KNOXVILLE TN 37939	62-1648241	501C3	18,250				CAPITAL CAMPAIGN
(6)	LEADERSHIP KNOXVILLE, INC. 17 MARKET SQUARE, #201 KNOXVILLE TN 37902	62-1212211	501C3	12,316				GEN/OPER SUPPORT
(7)	LEGAL AID OF EAST TENNESSEE 607 W. SUMMIT HILL DRIVE SW KNOXVILLE TN 37902	58-9132803	501C3	5,350				GEN/OPER SUPPORT
(8)	LIBERTI CHURCH PO BOX 22694 PHILADELPHIA PA 19110		CHURCH	16,000				GEN/OPER SUPPORT
(9)	LINCOLN MEMORIAL UNIVERSITY 6965 CUMBERLAND GAP PARKWAY HARROGATE TN 37752	62-0479542	501C3	27,000				PROGRAM DEVELOPMENT

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(1)	MAKE-A-WISH FOUNDATION OF EAST TENN 6700 BAUM DRIVE, SUITE 7 KNOXVILLE TN 37919	58-1799549	501C3	5,100				GEN/OPER SUPPORT
(2)	MANE SUPPORT 2919 DAVIS FORD ROAD MARYVILLE TN 37804	20-5107735	501C3	9,000				GEN/OPER SUPPORT
(3)	MARYVILLE ALCOA ANIMAL RESCUE CENTER 426 HOME AVENUE MARYVILLE TN 37801	82-2358444	501C3	16,000				GEN/OPER SUPPORT
(4)	MARYVILLE CITY SCHOOLS FOUNDATION 402 MELROSE STREET MARYVILLE TN 37803	62-1453443	501C3	123,008				GEN/OPER SUPPORT
(5)	MARYVILLE COLLEGE 502 E. LAMAR ALEXANDER PARKWAY MARYVILLE TN 37804	62-0475691	501C3	282,115				PROGRAM DEVELOPMENT
(6)	MEANINGFUL LIFE CENTER 116 CARR STREET KNOXVILLE TN 37919	47-1645965	501C3	10,000				GEN/OPER SUPPORT
(7)	MENTAL HEALTH ASSOCIATION OF EAST TENN PO BOX 32731 KNOXVILLE TN 37930	62-0642878	501C3	10,500				PROGRAM DEVELOPMENT
(8)	METRO DRUG COALITION 4930 LYONS VIEW PIKE KNOXVILLE TN 37919	58-1704454	501C3	20,000				PROGRAM DEVELOPMENT
(9)	MICHAEL J. FOX FOUNDATION FOR PARKI PO BOX 4777 NEW YORK NY 10163	13-4141945	501C3	25,000				PROGRAM DEVELOPMENT

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(1)	MICHIGAN STATE UNIVERSITY 535 CHESTNUT ROAD, ROOM 300 EAST LANSING MI 48824	38-6005984	501C3	31,500				PROGRAM DEVELOPMENT
(2)	MIDST, INC. 2506 SOUTH ROAN STREET JOHNSON CITY TN 37601	46-2609575	501C3	40,000				GEN/OPER SUPPORT
(3)	MIDTOWN FELLOWSHIP CHURCH 2415 12TH AVENUE SOUTH NASHVILLE TN 37204		CHURCH	10,500				GEN/OPER SUPPORT
(4)	MISSION OF HOPE PO BOX 51824 KNOXVILLE TN 37950	62-1794508	501C3	43,500				PROGRAM DEVELOPMENT
(5)	MISSION TO NORTH AMERICA PO BOX 890233 CHARLOTTE NC 28289	64-0541857	501C3	8,000				PROGRAM DEVELOPMENT
(6)	MONROE COUNTY SENIOR CITIZENS AND F 144 COLLEGE STREET MADISONVILLE TN 37354	62-0987274	501C3	35,000				PROGRAM DEVELOPMENT
(7)	MORGAN COUNTY TRUSTEE PO BOX 189 WARTBURG TN 37887		GOVERN	188,144				GEN/OPER SUPPORT
(8)	MUSEUM OF APPALACHIA PO BOX 1189 NORRIS TN 37828	04-3595011	501C3	6,500				GEN/OPER SUPPORT
(9)	MUSIC ASSOCIATES OF ASPEN, INC. 225 MUSIC SCHOOL ROAD ASPEN CO 81611	84-0445087	501C3	9,250				GEN/OPER SUPPORT

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(1)	NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK NY 10011	13-2654926	501C3	10,000				GEN/OPER SUPPORT
(2)	NEIGHBORHOOD HOUSING, INC. 318 N. GAY STREET, SUITE 210 KNOXVILLE TN 37917	62-1771501	501C3	70,000				GEN/OPER SUPPORT
(3)	NEW CITY RESOURCES PO BOX 397 KNOXVILLE TN 37901	61-1551009	501C3	10,000				GEN/OPER SUPPORT
(4)	NEW HOPE ACADEMY 1820 DOWNS BOULEVARD FRANKLIN TN 37064	63-1172489	501C3	20,000				GEN/OPER SUPPORT
(5)	NEW HOPE CHURCH 2450 WINFIELD DUNN PARKWAY KODAK TN 37764		CHURCH	6,000				BUILDING/RESTORATION
(6)	NISWONGER FOUNDATION PO BOX 1508 GREENEVILLE TN 37744	62-1871605	501C3	67,000				GEN/OPER SUPPORT
(7)	OAK RIDGE ROWING ASSOCIATION 697 MELTON LAKE DRIVE OAK RIDGE TN 37830	62-1122376	501C3	5,918				GEN/OPER SUPPORT
(8)	OLD GRAY CEMETERY EDUCATIONAL, HIST PO BOX 806 KNOXVILLE TN 37901	23-7426428	501C3	7,247				GEN/OPER SUPPORT
(9)	PAGE-ROBBINS ADULT DAY SERVICES, IN 1961 SOUTH HOUSTON LEVEE ROAD COLLIERVILLE TN 38017	62-1608458	501C3	16,600				GEN/OPER SUPPORT

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

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Schedule I (Form 990) (2019)

**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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) RC 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
(1)	PELLISSIPPI STATE FOUNDATION PO BOX 22990 KNOXVILLE TN 37933	58-1493050	501C3	38,000				PROGRAM DEVELOPMENT
(2)	PETWORKS 2141 IDLE HOUR ROAD KINGSPORT TN 37660	37-1624021	501C3	20,000				CAPITAL CAMPAIGN
(3)	PRINCETON CHRISTIAN FELLOWSHIP 24 MOORE STREET PRINCETON NJ 08542	22-1903095	501C3	10,000				GEN/OPER SUPPORT
(4)	REFORMED THEOLOGICAL SEMINARY 5422 CLINTON BOULEVARD JACKSON MS 39209	64-0428676	501C3	10,000				GEN/OPER SUPPORT
(5)	REFORMED UNIVERSITY FELLOWSHIP PO BOX 890004 CHARLOTTE NC 28289	58-1713181	501C3	59,500				GEN/OPER SUPPORT
(6)	RENOVATUS RECOVERY COMMUNITY PO BOX 153 JEFFERSON CITY TN 37760	45-4242163	501C3	12,000				GEN/OPER SUPPORT
(7)	RESTORATION HOUSE OF EAST TENNESSEE 2205 VILLAGE PLACE WAY KNOXVILLE TN 37923	20-5775672	501C3	201,000				CAPITAL CAMPAIGN
(8)	RIDIN' HIGH, INC. 1525 MORNINGSIDE DRIVE MORRISTOWN TN 37814	62-1752021	501C3	19,000				GEN/OPER SUPPORT
(9)	RIVER AND RAIL THEATRE COMPANY OLD CITY PERFORMING ARTS CENTER KNOXVILLE TN 37902	47-2489844	501C3	10,000				GEN/OPER SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(Form 990)**

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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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(1)	ROANE STATE COMMUNITY COLLEGE FOUND 276 PATTON LANE HARRIMAN TN 37748	58-1413034	501C3	9,000				PROGRAM DEVELOPMENT
(2)	RONALD MCDONALD HOUSE CHARITIES OF 1705 WEST CLINCH AVENUE KNOXVILLE TN 37916	58-1510276	501C3	173,010				GEN/OPER SUPPORT
(3)	ROTARY FOUNDATION OF KNOXVILLE PO BOX 166 KNOXVILLE TN 37901	62-6047101	501C3	50,000				GEN/OPER SUPPORT
(4)	RURAL RESOURCES 2870 HOLLY CREEK ROAD GREENEVILLE TN 37745	62-1546161	501C3	20,000				PROGRAM DEVELOPMENT
(5)	RUTLEDGE ELEMENTARY SCHOOL 7480 RUTLEDGE PIKE RUTLEDGE TN 37861	56-2378237	GOVERN	10,000				GEN/OPER SUPPORT
(6)	SALVATION ARMY PO BOX 669 KNOXVILLE TN 37901	58-0660607	501C3	15,993				GEN/OPER SUPPORT
(7)	SCOTT HIGH SCHOOL 400 SCOTT HIGH DRIVE HUNTSVILLE TN 37756		GOVERN	11,500				GEN/OPER SUPPORT
(8)	SEARCH MINISTRIES, INC. 4330 W. VICKERY BOULEVARD FORT WORTH TX 76107	75-1627393	501C3	10,000				GEN/OPER SUPPORT
(9)	SECOND HARVEST FOOD BANK OF EAST TN 136 HARVEST LANE MARYVILLE TN 37801	58-1450139	501C3	16,750				GEN/OPER SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Department of the Treasury
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Name of the organization

EAST TENNESSEE FOUNDATION

Employer identification number

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(1)	SECOND PRESBYTERIAN CHURCH 2829 KINGSTON PIKE KNOXVILLE TN 37919		CHURCH	24,456				GEN/OPER SUPPORT
(2)	SENIOR CITIZENS HOME ASSISTANCE SER PO BOX 3025 KNOXVILLE TN 37927	62-0809589	501C3	27,750				GEN/OPER SUPPORT
(3)	SEQUOYAH HILLS PRESBYTERIAN CHURCH 3700 KEOWEE AVENUE, SW KNOXVILLE TN 37919		CHURCH	21,999				GEN/OPER SUPPORT
(4)	SERTOMA CENTER, INC. 1400 EAST FIFTH AVENUE KNOXVILLE TN 37917	62-0818599	501C3	24,000				GEN/OPER SUPPORT
(5)	SEVIER COUNTY GOVERNMENT 125 COURT AVENUE, S. #201E SEVIERVILLE TN 37862		GOVERN	50,000				PROGRAM DEVELOPMENT
(6)	SEVIER COUNTY SHERIFF'S OFFICE 106 W. BRUCE STREET SEVIERVILLE TN 37862		GOVERN	7,000				EQUIPMENT
(7)	SHANGRI-LA THERAPEUTIC ACADEMY OF R 11800 HIGHWAY 11E LENOIR CITY TN 37772	62-1330640	501C3	38,740				PROGRAM DEVELOPMENT
(8)	SISKIN CHILDREN'S INSTITUTE 1101 CARTER STREET CHATTANOOGA TN 37402	59-1781637	501C3	10,000				GEN/OPER SUPPORT
(9)	SMALL MIRACLES THERAPEUTIC EQUESTRI 1026 ROCK SPRINGS DRIVE KINGSPORT TN 37664	62-1603341	501C3	27,000				PROGRAM DEVELOPMENT

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

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62-0807696

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(1)	SOMEBODY LOVES ME, INC. 158 HERITAGE DRIVE ROGERSVILLE TN 37857	46-5635962	501C3	10,000				PROGRAM DEVELOPMENT
(2)	SONS OF THE REVOLUTION - TENNESSEE PO BOX 3685 KNOXVILLE TN 37927	62-6065808	501C3	5,269				PROGRAM DEVELOPMENT
(3)	SOUTHEASTERN COUNCIL OF FOUNDATIONS 100 PEACHTREE STREET, NW, SUITE 208 ATLANTA GA 30303	56-0995114	501C3	7,490				GEN/OPER SUPPORT
(4)	SOUTHERN ALLIANCE FOR CLEAN ENERGY PO BOX 1842 KNOXVILLE TN 37901	58-1620669	501C3	10,000				GEN/OPER SUPPORT
(5)	ST. JOHN'S CATHEDRAL PO BOX 153 KNOXVILLE TN 37901		CHURCH	151,400				GEN/OPER SUPPORT
(6)	ST. JOHN'S EPISCOPAL CHURCH, JOHNSO 500 N. ROAN STREET JOHNSON CITY TN 37601	62-6075442	501C3	11,000				ANNUAL CAMPAIGN
(7)	ST. JOHN'S LUTHERAN CHURCH 544 N. BROADWAY AVENUE KNOXVILLE TN 37917		CHURCH	9,000				GEN/OPER SUPPORT
(8)	ST. JUDE CHILDREN'S RESEARCH HOSPIT 501 ST. JUDE PLACE MEMPHIS TN 38105	62-0646012	501C3	9,244				GEN/OPER SUPPORT
(9)	SUSANNAH'S HOUSE 923 DAMERON AVE. NW KNOXVILLE TN 37921	47-1728129	501C3	19,500				PROGRAM DEVELOPMENT

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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(1)	SWEETWATER HOSPITAL ASSOCIATION 304 CHURCH STREET SWEETWATER TN 37874	62-0544855	501C3	5,587				GEN/OPER SUPPORT
(2)	TENNESSEE PARKS AND GREENWAYS FOUND 117 30TH AVENUE S NASHVILLE TN 37212	62-1557574	501C3	7,444				GEN/OPER SUPPORT
(3)	TENNESSEE PERFORMING ARTS CENTER PO BOX 190660 NASHVILLE TN 37219	58-1320590	501C3	25,000				GEN/OPER SUPPORT
(4)	TENNESSEE WESLEYAN UNIVERSITY 204 EAST COLLEGE STREET ATHENS TN 37303	62-0476661	501C3	36,622				GEN/OPER SUPPORT
(5)	THE BARNABAS CENTER 7615 COLONY ROAD, SUITE 200 CHARLOTTE NC 28226	56-1662908	501C3	6,000				GEN/OPER SUPPORT
(6)	THE CHANGE CENTER 203 HARRIET TUBMAN STREET KNOXVILLE TN 37915	38-3991050	501C3	50,433				CAPITAL CAMPAIGN
(7)	THE COMMUNITY FOUNDATION FOR NORTHE 245 RIVERSIDE AVENUE, SUITE 310 JACKSONVILLE FL 32202	59-6150746	501C3	1,594,917				GEN/OPER SUPPORT
(8)	THE MUSE KNOXVILLE 516 NORTH BEAMAN STREET KNOXVILLE TN 37914	23-7039472	501C3	18,330				PROGRAM DEVELOPMENT
(9)	THE UNIVERSITY OF TENNESSEE, KNOXVI 1525 UNIVERSITY AVENUE, SUITE 100 KNOXVILLE TN 37921	62-6001636	STATE	140,498				PROGRAM DEVELOPMENT

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Schedule I (Form 990) (2019)

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Employer identification number

62-0807696

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(1)	THE WELL, INC. PO BOX 181 JOHNSON CITY TN 37605	62-1845654	501C3	25,300				GEN/OPER SUPPORT
(2)	THRIVE LONSDALE YOUTH MINISTRIES PO BOX 51611 KNOXVILLE TN 37950	62-1714010	501C3	35,500				GEN/OPER SUPPORT
(3)	TIMBER RIDGE PRESBYTERIAN CHURCH 5180 WARRENSBURG ROAD GREENEVILLE TN 37743		CHURCH	10,000				GEN/OPER SUPPORT
(4)	TNACHIEVES 10427 PETS SAFE WAY KNOXVILLE TN 37932	27-4673873	501C3	100,000				PROGRAM DEVELOPMENT
(5)	TOWN OF PITTMAN CENTER POLICE DEPAR 2839 WEBB CREEK ROAD SEVIERVILLE TN 37876		GOVERN	7,000				EQUIPMENT
(6)	TOWN OF WHITE PINE VOLUNTEER FIRE D PO BOX 66 WHITE PINE TN 37890	62-6010883	GOVERN	20,000				EQUIPMENT
(7)	UNITED WAY OF BLOUNT COUNTY 1615 E. BROADWAY AVENUE MARYVILLE TN 37804	23-7122193	501C3	12,915				GEN/OPER SUPPORT
(8)	UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA TN 37402	62-0565962	501C3	10,000				GEN/OPER SUPPORT
(9)	UNITED WAY OF GREATER KNOXVILLE 1301 HANNAH AVENUE KNOXVILLE TN 37921	62-0475748	501C3	219,285				GEN/OPER SUPPORT

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(1)	UNITED WAY OF MCMINN AND MEIGS COUN PO BOX 1681 ATHENS TN 37371	23-7127376	501C3	16,500				GEN/OPER SUPPORT
(2)	UNIVERSITY HEALTH SYSTEM, INC. 2121 MEDICAL CENTER WAY, SUITE 200 KNOXVILLE TN 37920	31-1626179	501C3	645,475				GEN/OPER SUPPORT
(3)	VETERAN AND COMMUNITY CARE 1100 BLACK ROAD DANDRIDGE TN 37725	84-2949668	501C3	10,000				PROGRAM DEVELOPMENT
(4)	VOLUNTEER MINISTRY CENTER PO BOX 27406 KNOXVILLE TN 37927	62-1338748	501C3	33,500				GEN/OPER SUPPORT
(5)	VOLUNTEERS OF AMERICA OF KENTUCKY A 446 METROPLEX DRIVE, SUITE 100 NASHVILLE TN 37211	61-0480950	501C3	14,276				PROGRAM DEVELOPMENT
(6)	WAKE FOREST UNIVERSITY PO BOX 7227 WINSTON SALEM NC 27109	56-0532138	501C3	10,000				GEN/OPER SUPPORT
(7)	WEBB SCHOOL OF KNOXVILLE 9800 WEBB SCHOOL DRIVE KNOXVILLE TN 37923	62-0550980	501C3	276,044				GEN/OPER SUPPORT
(8)	WESLEYAN COLLEGE 4760 FORSYTH ROAD MACON GA 31210	58-0593438	501C3	9,777				GEN/OPER SUPPORT
(9)	WEST CHARLOTTE CHURCH PO BOX 667654 CHARLOTTE NC 28266	82-1712217	CHURCH	7,000				GEN/OPER SUPPORT

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(1)	WEST TENNESSEE HEALTHCARE FOUNDATIO 620 SKYLINE DRIVE JACKSON TN 38301	58-1671241	501C3	27,200				GEN/OPER SUPPORT
(2)	WOMEN'S FUND OF EAST TENNESSEE 625 MARKET STREET, SUITE 1300 KNOXVILLE TN 37902	47-4871564	501C3	141,450				GEN/OPER SUPPORT
(3)	WOODLAND COMMUNITY DEVELOPMENT CORP 469 ROSES CREEK ROAD CLAIRFIELD TN 37715	62-1369378	501C3	10,000				PROGRAM DEVELOPMENT
(4)	YMCA OF EAST TENNESSEE 616 JESSAMINE STREET KNOXVILLE TN 37917	62-0475700	501C3	18,000				CAPITAL CAMPAIGN
(5)	YOKE YOUTH MINISTRIES PO BOX 3492 KNOXVILLE TN 37927	58-1380597	501C3	10,000				GEN/OPER SUPPORT
(6)	YOUNG LIFE PO BOX 70065 PRESCOTT AZ 86304	84-0385934	501C3	488,384				GEN/OPER SUPPORT
(7)	YOUTH ACHIEVEMENT FOUNDATION, INC. 2569 COOK ROAD CROSSVILLE TN 38571	27-2479470	501C3	10,000				PROGRAM DEVELOPMENT
(8)	YWCA KNOXVILLE 420 W. CLINCH AVENUE KNOXVILLE TN 37902	62-0475701	501C3	18,000				GEN/OPER SUPPORT
(9)	KNOXVILLE ZOOLOGICAL GARDENS, INC. 3500 KNOXVILLE ZOO DRIVE KNOXVILLE TN 37914	62-1034633	501C3	111,000				CAPITAL CAMPAIGN

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Schedule I (Form 990) (2019)

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.

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

**SCHEDULE I
(Form 990)**

Supplemental Information

2019

For calendar year 2019, or tax year beginning , and ending

Name of the organization

EAST TENNESSEE FOUNDATION

Employer identification number

62-0807696

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

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

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.

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Department of the Treasury
Internal Revenue Service

Name of the organization

EAST TENNESSEE FOUNDATION

Employer identification number

62-0807696

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|--|---|
| <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 |

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:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

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:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

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:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MICHAEL T. MCCLAMROCH 1 PRESIDENT AND CEO	(i)	193,592	0	0	0	11,667	205,259	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

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Internal Revenue Service

- ▶ **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 instructions and the latest information.**

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** 0

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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Inspection**

Name of the organization

EAST TENNESSEE FOUNDATION

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FORM 990, 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.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

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

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

FORM 990, PART V - ADDITIONAL INFORMATION

QUESTION 8 - EXCESS BUSINESS HOLDINGS ARE HELD IN ONE DONOR ADVISED FUND AND WILL BE DISPOSED OF IN ADVANCE OF THE TIME REQUIREMENT DEADLINE.

FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES
CAYMAN ISLANDS

FORM 990, PART VI - ADDITIONAL INFORMATION

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.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

NATALIE HASLAM

WILL HASLAM

HON LIFE DIR

DIRECTOR

FAMILY RELATIONSHIP

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE PRESIDENT AND EXECUTIVE VICE PRESIDENT REVIEW THE COMPLETE FORM 990

Name of the organization

EAST TENNESSEE FOUNDATION

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62-0807696

PRIOR TO FILING. BECAUSE EAST TENNESSEE FOUNDATION HAS SUCH A LARGE BOARD OF DIRECTORS AND THE INFORMATION CONTAINED IN SCHEDULE B IS SENSITIVE IN NATURE, SCHEDULE B IS NOT INLCUDED IN THE COPY OF THE FORM 990 SENT VIA EMAIL TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
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.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
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

Name of the organization

Employer identification number

EAST TENNESSEE FOUNDATION

62-0807696

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.

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION

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

FORM 990, PART VI, LINE 18 - PUBLIC DISCLOSURE EXPLANATION

REQUEST.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

EAST TENNESSEE FOUNDATION MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

FUNDRAISING EVENTS DIRECT EXPENSES \$ 330,546

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

▶ 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.

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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) HARRY W. GALBRAITH PELLISSIPPI PROPERTIES, LLC 520 W. SUMMIT HILL DR., SUITE 1101 26-6707947 KNOXVILLE TN 37902		TN			N/A
(2)					
(3)					
(4)					
(5)					

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 4TH PURPOSE FOUNDATION 520 W. SUMMIT HILL DR., SUITE 1101 84-4085732 KNOXVILLE TN 37902	CHARITABLE	TN	501C3	12A	N/A		X
(2) 4TH PURPOSE REALTY, LLC WHOLLY-OWNED SUBSIDIARY OF 4TH PURPOSE FOUNDATION; EIN: 84-4085732 520 W. SUMMIT HILL DR., SUITE 1101 KNOXVILLE TN 37902		TN			N/A		X
(3) EAST TENNESSEE SUPPORTING FOUNDATION 520 W. SUMMIT HILL DR., SUITE 1101 62-1586446 KNOXVILLE TN 37902	CHARITABLE	TN	501C3	12A	N/A		X
(4) CHAPMAN FAMILY FOUNDATION 520 W. SUMMIT HILL DR., SUITE 1101 62-6351709 KNOXVILLE TN 37902	CHARITABLE	TN	501C3	12A	N/A		X
(5) CLAYTON FOUNDATION 520 W. SUMMIT HILL DR., SUITE 801 20-0753128 KNOXVILLE TN 37902	CHARITABLE	TN	501C3	12A	N/A		X

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

▶ 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.

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EAST TENNESSEE FOUNDATION

Employer identification number

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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)					
(2)					
(3)					
(4)					
(5)					

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) EDUCATION CONSUMERS FOUNDATION 520 W. SUMMIT HILL DR., SUITE 110120-3859268 KNOXVILLE TN 37902	CHARITABLE	TN	501C3	12A	N/A		X
(2) KNOXVILLE JEWISH COMMUNITY FUNDS 520 W. SUMMIT HILL DR., SUITE 110162-1803826 KNOXVILLE TN 37902	CHARITABLE	TN	501C3	12A	N/A		X
(3) TED AND DRAMA RUSSELL FAMILY FOUNDA 520 W. SUMMIT HILL DR., SUITE 110147-2695560 KNOXVILLE TN 37902	CHARITABLE	TN	501C3	12A	N/A		X
(4) TRINITY HEALTH FOUNDATION OF EAST 520 W. SUMMIT HILL DR., SUITE 110145-3263428 KNOXVILLE TN 37902	CHARITABLE	TN	501C3	12A	N/A		X
(5) WOMENS FUND OF EAST TENNESSEE 625 MARKET STREET, SUITE 1300 47-4871564 KNOXVILLE TN 37902	CHARITABLE	TN	501C3	12A	N/A		X

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DAA

Schedule R (Form 990) 2019

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 alloc.?		(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	
(1)												
(2)												
(3)												
(4)												

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 E N 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
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
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(10)													
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