Form	990	

** PUBLIC DISCLOSURE COPY ** **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.

OMB No. 1545-0047 Ō **Open to Public** Inspection

Department of the Treasury	
Internal Revenue Service	

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning SEP 1, 2018 and ending AUG 31, 2019

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Image Display Control of the second sec		Name			58-1	799549
Image: Second Secon		Initial		Doom/ouito		
Image: Section 1 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts 5 1,031,769. Chipmander F Name and address of principal officer: GARRETT WAGLEY H(a) Is this a group return for subordinates? H(b) Are all subordinates included? Yes No Mediation 1 Taxexempt status: S D1(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 J Website: P STN.W134. ORG K Form of organization: X Corporation Trut Association Other L Year of formation: 1988 M State of legal domicile: TN Verset: Summary I Briefly describe the organization's mission or most significant activities: SEE SCHEDULE 0. 1 1 B riefly describe the organization is members of the governing body (Part VI, line 1a) 3 9 3 Number of indigendent voting members of the governing body (Part VI, line 1a) 3 9 5 Total number of individuals employed in calendar year 2018 (Part VI, line 2a) 5 10 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 6 Total unrelated business revenue from Part VIII, column (C), line 13 1, 032, 286. 975, 504.		Final				
Image: CHATTANOOGA, TN 37416 F Name and address of principal officer; GARRETT WAGLEY Proceeding F Name and address of principal officer; GARRETT WAGLEY I tax exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 I tax exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 I tax exempt status: X 501(c) () ◀ (insert no.) 4947(a)(1) or 527 I tax exempt status: X 501(c) () ◀ (insert no.) 4947(a)(1) or 527 I tax exempt status: X 501(c) () ◀ (insert no.) 4947(a)(1) or 527 I briefly describe the organization Trust Association 0 ther ► I briefly describe the organization is mission or most significant activities: SEE SCHEDULE 0. 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part V, line 1a) 4 Number of volunteers (estimate if necessary) 7 a Total number of independent voting members of the governing body (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a total unrelated business revenue from Form 990-T, line 38 9 Prior Year 9 Prior Year 10 Ok unrelated business taxable income from Form 990-T, line 38 9 Prior Year 10 Ok unrelated business (Part VIII, ine 1h) 9 Prior Year Current Year		_lreturn/ termin-				
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I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If 'No,'' attach a list. Gee instructions) J Website: ▶ ETN. WISH. 0RG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 1988 M State of legal domicile: TN Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE 0. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 9 4 Number of individuals employed in calendar year 2018 (Part V, line 2a) 5 10 5 Total number of volunteers (estimate if necessary) 6 775 7 a Total unrelated business taxable income from Form 990-T, line 38 Prior Year 8 Contributions and grants (Part VIII, line 1h) 1, 032, 286, 975, 504. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 11, 270, 5, 143. 10 Investment income (Part VIII, column (A), lines 4, 407, 0 11, 2270, 5, 143. 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11, 2270, 5, 143. 12 Total rumbares bind (Part X, column (A), lines 5.4, 8c, 9c, 10c, and 11e) -26, 637, -12, 759. 13 Grants and similar amounts paid (Part X, column (A), lines 5.10) 326, 359. 2955, 644. </td <td></td> <td></td> <td></td> <td></td> <td></td> <td> = =</td>						= =
J Website: ►TN. WISH.ORG H(c) Group exemption number K Form of organization; X Corporation Trust Association Other L Year of formation; 1988 M State of legal domicile; TN Part II Summary M State of legal domicile; TN I Briefly describe the organization's mission or most significant activities: SEE SCHEDULE 0. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 9 4 Number of individuals employed in calendar year 2018 (Part V, line 2a) 5 10 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 75 7 Total number of nolviduals employed in calendar year 2018 (Part V, line 2a) 6 75 10 6 Total number of volunteers (estimate if necessary) 7a 0. 7b 0. 7 Total number of nolviduals employed in calendar year 2018 (Part V, line 2a) 5 900. 5, 540. 9 Program service revenue (Part VIII, column fOrm 990-T, line 38 Prior Year <td>1.7</td> <td></td> <td></td> <td>or 527</td> <td></td> <td></td>	1.7			or 527		
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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	Signature of officer			Date		
Here	GARRETT WAGLEY, PRESIDENT & CEO					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check] PTIN	
Paid	CHRISTINE KAWECKI	Un Laweeke	04/01/2	2020 self-employed	P00743140	
Preparer	Firm's name 🕒 DELOITTE TAX LLP			Firm's EIN 🕨	86-1065772	
Use Only	Firm's address 🕨 TWO JERICHO PLAZA					
	JERICHO, NY 11753			Phone no.516-9	18-7000	
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)			X Yes	No
832001 12-3	1-18 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.			Form 990	(2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	MAKE-A-V	ISH FOUNDATION	OF EAST			
Form	1 990 (2018) TENNESSE	1	liabmanta		58-1799549	Page 2
Ра	rt III Statement of Program	-				T
_			o any line in this Part III			X
1	Briefly describe the organization's m THE MAKE-A-WISH FOUNDATION		EE CREATES LIFE-C	HANGING		
	WISHES FOR CHILDREN WITH CR					
2	Did the organization undertake any s	ignificant program se	ervices during the year	which were not listed on the		
	prior Form 990 or 990-EZ?				Y	es 🛛 No
	If "Yes," describe these new services					
3	Did the organization cease conducting	ng, or make significa	nt changes in how it co	nducts, any program services? \dots	Y	es 🛛 No
	If "Yes," describe these changes on					
4	Describe the organization's program					
	Section 501(c)(3) and 501(c)(4) organ		to report the amount of	of grants and allocations to others	, the total expenses	, and
	revenue, if any, for each program ser	vice reported.		420 EE0 \ /		5,400.)
4a	(Code:) (Expenses \$	005,100.	including grants of \$	438,558.) (Revenue	\$	5,400.)
	SEE SCHEDOLE O.					
4b	(Code:) (Expenses \$		including grants of \$) (Revenue	•\$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue	e\$)
4d	Other program services (Describe in	Schedule O.)				
	(Expenses \$	including grants of \$) (Revenue \$)	
4e	Total program service expenses		685,106.		,	
-						000

	990 (2018) TENNESSEE, INC. 58-17995	19	Р	_{age} 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
-				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
1 2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120	Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
D		106		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes." complete Schedule I. Parts I and II	21		x

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Form 990 (2018)

Form	1 990 (2018) TENNESSEE , INC. 58-1799 rt IV Checklist of Required Schedules (continued)	549	P	age 4
			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	22	х	
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	23		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	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		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	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			<u> </u>
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	. 200		<u> </u>
C		200		x
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		х	<u> </u>
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
04	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
~~	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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	33		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	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		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	35b		
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	36		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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		1	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par	rt 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	<u></u>		╷└──
			Yes	No
		.1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		

c Did the organization comply with backup withholding rules	s for reportable payr	ments to vendors and re	portable gaming
(gambling) winnings to prize winners?			

1c

Form	990 (2018) TENNESSEE, INC. 58-179954	9	Р	age 5					
Par	t 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 10								
b	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 <i>e-file</i> (see instructions)								
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b							
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)?	4a		X					
b	If "Yes," enter the name of the foreign country: ►								
	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?	5a		x					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
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?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	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?	7a	Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?								
d	d If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	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?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
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:								
	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	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.			<u> </u>					
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		<u> </u>					
	Note. See the instructions for additional information the organization must report on Schedule O.								
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								
	Enter the amount of reserves on hand			v					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-							
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see instructions and file Form 4720, Schedule N.			v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								

Form **990** (2018)

Form	990 (2018) TENNESSEE, INC.		58-179		P	Page 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	ough	7b below, and fo	ora "No" i	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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	1a		9		
	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 in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			. 2		х
3	Did the organization delegate control over management duties customarily performed by or under the	direct	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		x
6	Did the organization have members or stockholders?			6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	point o	one or			
	more members of the governing body?			. 7 a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or			
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed a	t the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue</u>	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10 a	1	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	? <u>11</u> a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12 b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," d	escribe			
	in Schedule O how this was done					
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official					
b	Other officers or key employees of the organization			15 b		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 arrangem	ient w	ith a			
	taxable entity during the year?			. 16 a	1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
800	exempt status with respect to such arrangements?			16 b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright ^{TN}	1000	T (0	V(0)		-1-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	a 990-	I (Section 501(c))(3)s only	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain		,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	TIICT OF	interest policy,	and finan	cial	
00	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 boo GARRETT WAGLEY - 423-629-9474	ks and	a recoras 🕨 _			
	6005 CENTURY OAKS DRIVE SUITE 500 CHATTANOOGA TN 37416					

Form 990 (2		58-1799549	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
······································	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with	n 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."

MAKE-A-WISH FOUNDATION OF EAST

• 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	, unle	heck ss pe	rson i	than o s both pr/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ELIZABETH JOHNSON	5.00									
CHAIR THROUGH 8/31/19		Х		X				0.	0.	0.
(2) RICHARD JACOBS	5.00									
VICE CHAIR		Х		x				0.	0.	0.
(3) WILLIAM WINCHESTER	3.00	1								
TREASURER		х		х				٥.	٥.	٥.
(4) HAYLEY RELFORD	3.00									
SECRETARY		Х		х				0.	٥.	0.
(5) BRANDON CULPEPPER	1.00									
DIRECTOR THROUGH 8/31/19		Х						٥.	٥.	0.
(6) KEN MANN	1.00									
DIRECTOR		Х						٥.	٥.	٥.
(7) LISA MILLER	1.00									
DIRECTOR THROUGH 8/31/19		х						0.	0.	0.
(8) RANDY CARSON	1.00									
DIRECTOR		Х						٥.	٥.	0.
(9) RICHARD CONSOLI	1.00									
DIRECTOR		Х						٥.	٥.	٥.
(10) STEPHANIE WILKINS	40.00									
INTERIM CEO THROUGH 3/3/19				х				62,243.	0.	10,579.
(11) GARRETT WAGLEY	40.00									
CEO AS OF 3/4/19				х				٥.	0.	٥.
			-							
			<u> </u>							
			I	L			I	I		

MAKE-A-WISH	FOUNDATION	OF	EAST

	990 (2018) TENNESSEE, INC	•								58-1799	549		Pa	age 8
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	(do box, offic	not cl	(C Pos heck i ss per	C) itior more rson i		one 1 an	(D) Reportable compensation from	(E) Reportable compensation from related		Est am	(F) imate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	frc orga and	oensat om the inizati relate nizatio	e on ed
											_			
											_			
											+			
1h	 Sub-total								62,243.		0.		10	579.
	Total from continuation sheets to Part VII,								0.		0.		,	0.
	Total (add lines 1b and 1c)	-							62,243.		0.		10,	579.
2	Total number of individuals (including but no compensation from the organization							o re	,	000 of reportable			,	0
												-	Yes	No
3	Did the organization list any former officer, of		stee	e, ke	y en	nplo	yee,	or I	highest compensated en	nployee on				
-	line 1a? If "Yes," complete Schedule J for su										· ⊨	3		X
4	For any individual listed on line 1a, is the sur													v
-	and related organizations greater than \$150,											4	_	<u>x</u>
5	Did any person listed on line 1a receive or ac					-			•			5		х
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	olete Schedule	e J fo	or su	ich į	bers	on .				<u></u>	5		21
1	Complete this table for your five highest com	nensated ind	ana	nder		ntr	acto	re th	nat received more than \$	100 000 of comper	neatio	n froi	m	
•	the organization. Report compensation for th		•								154110	111101		
	(A) Name and business a		NOI		<u>g</u>				(B) Description of s		Cor	(C) mpen) satior	<u></u> ו

	Name and business address NONE		Description of services	Compensation
2	Total number of independent contractors (including but not limited \$\$100,000 of compensation from the organization	to those listed 0	above) who received more than	
				~~~

832008 12-31-18

TENNESSEE, INC. 58-1799549 Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) (A) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 33,589. Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 130,878. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ..... 811,037. 1f 197,677. g Noncash contributions included in lines 1a-1f: \$ 975,504. h Total. Add lines 1a-1f ► Business Code 2 a WISH ASSIST FEES 900099 5,400. 5,400, Program Service Revenue b С d е f All other program service revenue 5,400. g Total. Add lines 2a-2f . ► 3 Investment income (including dividends, interest, and other similar amounts) 4,541 4,541 ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) ..... d Net rental income or (loss) ► (i) Securities (ii) Other 7 a Gross amount from sales of 6,508. assets other than inventory b Less: cost or other basis 5,906. and sales expenses 602. c Gain or (loss) 602. 602. d Net gain or (loss) ► 8 a Gross income from fundraising events (not Other Revenue including \$ 130,878. of contributions reported on line 1c). See 39,816. Part IV, line 18 a 52,575. **b** Less: direct expenses b -12.759 -12,759. c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses b c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances а b Less: cost of goods sold b c Net income or (loss) from sales of inventory ► Miscellaneous Revenue Business Code 11 a b С d All other revenue e Total. Add lines 11a-11d ► -7,616. 973,288. 5,400. Ο. Total revenue. See instructions 12 ►

MAKE-A-WISH FOUNDA			58-179	9549 Page <b>10</b>
Part IX Statement of Functional Expenses				
ection 501(c)(3) and 501(c)(4) organizations must comple			nplete column (A).	
Check if Schedule O contains a respons Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	e or note to any line in t (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations		•		•
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	438,558.	438,558.		
<b>3</b> Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	109,315.	57,569.	21,087.	30,659.
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	149,028.	78,314.	28,890.	41,824.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	2,858.	1,520.	538.	800
9 Other employee benefits	13,162.	7,013.	2,469.	3,680
0 Payroll taxes	21,281.	11,278.	4,044.	5,959
1 Fees for services (non-employees):				
a Management				
b Legal	30.		30.	
c Accounting	40,437.	983.	36,590.	2,864
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	771.		771.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)	14,858.		14,858.	
2 Advertising and promotion				
3 Office expenses	26,222.	14,912.	4,870.	6,440
4 Information technology	7,512.	3,337.	1,186.	2,989.
5 Royalties				
6 Occupancy	41,581.	22,038.	7,900.	11,643.
7 Travel	19,628.	8,685.	7,614.	3,329,
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings	5,678.	1,208.	2,432.	2,038
0 Interest	194.	103.	37.	54
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	6,328.	3,354.	1,202.	1,772
3 Insurance	545.	61.	452.	32
4 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a NATIONAL DUES	42,264.	33,389.	4,649.	4,226
b REPAIRS & MAINTENANCE	2,996.	1,588.	568.	840.
c BACKGROUND CHECKS	1,572.	818.	293.	461.

600.

120,210.

176.

MAKE-A-WISH FOUNDATION OF EAST TENNESSEE, INC.

Form 990 (2018)

58-1799549 Page **11** 

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			X
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			152,727.	1	126,268.
	2	Savings and temporary cash investments		51.	2		
	3	Pledges and grants receivable, net		89,493.	3	108,114.	
	4	Accounts receivable, net			· · · · ·	4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
	•	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
~		employees' beneficiary organizations (see instr).		-		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	1,065.
	9	Prepaid expenses and deferred charges			6,560.	9	56,176.
	-	Land, buildings, and equipment: cost or other	 I		, · ·	Ŭ	, -
	104	basis. Complete Part VI of Schedule D	10a	55,394.			
	h	Less: accumulated depreciation			20,997.	10c	14,668.
	11	Investments - publicly traded securities		· · · ·	105,441.	11	108,131.
	12	Investments - other securities. See Part IV, line -			,•	12	
	13	Investments - program-related. See Part IV, line				13	
	14		Γ		14		
	15	Intangible assets Other assets. See Part IV, line 11		14,585.	15	6,885.	
	16	Total assets. Add lines 1 through 15 (must equ			389,854.	16	421,307.
	17	Accounts payable and accrued expenses			20,146.	17	29,643.
	18		,	18	,		
	19	Grants payable		19			
	20	Deferred revenue Tax-exempt bond liabilities				20	
	20 21	Escrow or custodial account liability. Complete				20	
	22	Loans and other payables to current and former				21	
Liabilities	~~	key employees, highest compensated employee					
bilit		Complete Part II of Schedule L				22	
Lia	23	Secured mortgages and notes payable to unrela				22	
	23 24	Unsecured notes and loans payable to unrelated				23 24	
	24 25	Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on lines					
					10,858.	25	7,232.
	26				31,004.	25 26	36,875.
	20	Organizations that follow SFAS 117 (ASC 958			,	20	
		complete lines 27 through 29, and lines 33 an					
ces	27	Unrestricted net assets			265,837.	27	276,318.
lan	28	Temporarily restricted net assets			93,013.	28	108,114.
Ba	20 29	<b>B</b>			0.	29	0.
pur	25	Organizations that do not follow SFAS 117 (A		B) check here		25	
гF		and complete lines 30 through 34.	30 33				
s o	30	Capital stock or trust principal, or current funds				30	
set						30 31	
As	31 32	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated in		E E E E E E E E E E E E E E E E E E E	358,850.	32 33	384,432.
_	33 34	Total net assets or fund balances		389,854.	33 34	421,307.	
	34	TOTAL HADHILES AND HEL ASSELS/IUNU DAIANCES				34	Form <b>990</b> (2018)

	MAKE-A-WISH FOUNDATION OF EAST				
Form	1990 (2018) TENNESSEE, INC.	58-17	799549	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			288.
2	Total expenses (must equal Part IX, column (A), line 25)	2			972.
3	Revenue less expenses. Subtract line 2 from line 1	3		27,	316.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,	850.
5	Net unrealized gains (losses) on investments	5		-1,	734.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		384,	432.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<u>2</u> b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	Jle Audit			
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	<b>3b</b>	000	<u> </u>

Form **990** (2018)

SCHEDULE A				<b>Dublic Cha</b>	rity Status an	d Duk	lic Si	innort		OMB No. 1545-0047
(Form 990 or 990-EZ)					nization is a section 501					2018
					47(a)(1) nonexempt cha					2010
		of the Treasury		Attach to Form 990 or Form 990-EZ.						Open to Public
		nue Service		-	v/Form990 for instruction	ons and th	ie latest ir	nformation.		Inspection
Nam	ne of t	the organization		A-WISH FOUNDATIC	ON OF EAST					identification number
Da	rt I	Boscon		SSEE, INC. Charity Status	All					58-1799549
					All organizations must co			e instructions	6.	
	organ		•		For lines 1 through 12, c		,			
1	$\square$				on of churches described			I)(A)(I).		
2 3	H				Attach Schedule E (Forn			:)		
4	$\square$	•	•		anization described in <b>se</b> njunction with a hospital			•	Viii) Enter	the hospital's name
-		city, and state	-			accombca	in Sectio			the hospital o hame,
5				or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
-	section 170(b)(1)(A)(iv). (Complete Part II.)									
6					nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X		-	-	ntial part of its support fr				ne general p	oublic described in
		section 170(I	<b>)(1)(A)(vi).</b> (C	complete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(	i <b>x)</b> operate	ed in conju	inction with a	land-grant	college
		or university o	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:								
10		-		•	than 33 1/3% of its sup				-	-
					ct to certain exceptions,					-
		_			(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
				mplete Part III.)				04-14		
11		-	•	-	ively to test for public sa	•				
12		-	•	-	ively for the benefit of, to				•	
				-	ed in section 509(a)(1) of supporting organization					
а		-	-		upervised, or controlled				-	nivina
u				-	gularly appoint or elect a	• • • •	-			
			-	complete Part IV, Se						
b				-	l or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ring
		control or n	nanagement c	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). You mus	st complete Part IV,	Sections A and C.					
с		] Type III fur	ctionally inte	egrated. A supportin	g organization operated	in connect	tion with, a	and functional	lly integrate	d with,
		its supporte	ed organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	ith its suppor	ted organiz	ration(s)
				• •	zation generally must sat				l an attentiv	veness
	_	_			nplete Part IV, Sections					
е			-		written determination fro			Туре I, Туре	II, Type III	
	E at				nally integrated supportion					
		er the number of the following the second seco	••	•	od organization(a)					
<u> </u>		(i) Name of suppo		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
<del>.</del>										
Tota	I									

#### Schedule A (Form 990 or 990-EZ) 2018 TENNESSEE, INC.

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	(e) 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	988,972.	843,411.	1,048,644.	1,032,286.	975,504.	4,888,817.
2	Tax revenues levied for the organ- ization'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 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included	988,972.	843,411.	1,048,644.	1,032,286.	975,504.	4,888,817.
6	on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.						474,403. 4,414,414.
	ction B. Total Support						-,
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	988,972.	843,411.	1,048,644.	1,032,286.	975,504.	4,888,817.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,421.	23,743.	9,218.	4,696.	4,541.	53,619.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10	94,488.	72,516.	75,128.	48,998.	39,816.	330,946. 5,273,382.
	Gross receipts from related activities,	etc (see instructio				12	23,750.
	<b>First five years.</b> If the Form 990 is for		,				,
	organization, check this box and stor	•			•		
See	ction C. Computation of Publi	<u> </u>					
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	83.71 %
15						15	82.09 %
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
17a	and stop here. The organization qual 10% -facts-and-circumstances test		• •			und line 14 is 10% c	
	and if the organization meets the "fac meets the "facts-and-circumstances" 10% -facts-and-circumstances test	ts-and-circumstand test. The organizat - <b>2017.</b> If the org	ces" test, check thi tion qualifies as a p anization did not c	s box and <b>stop h</b> ublicly supported heck a box on line	<b>ere.</b> Explain in Par organization 13, 16a, 16b, or 1	rt VI how the organ 7a, and line 15 is 1	ization
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	

Schedule A (Form 990 or 990-EZ) 2018

58-1799549

## Schedule A (Form 990 or 990-EZ) 2018 TENNESSEE, INC. 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.)

Se	ction A. Public Support	<u></u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	6 (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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						
Se	ction B. Total Support		1				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	i <b>(f)</b> Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) org	anization,
<u> </u>		o Cupport Dor					<b>&gt;</b>
	ction C. Computation of Public						
	Public support percentage for 2018 (					15	%
	Public support percentage from 2017 ction D. Computation of Invest					16	%
				no 12 octumn (f)		17	0/
	Investment income percentage for 20						<u> </u>
18	Investment income percentage from a 33 1/3% support tests - 2018. If the					<b>18</b>	ine 17 is not
198	more than 33 1/3%, check this box a						
k	<b>33 1/3% support tests - 2017.</b> If the	e organization did n	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	structions	🕨

## Schedule A (Form 990 or 990 EZ) 2018 TENNESSEE , INC.

### 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

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

1			
3a	1		
3a			
3a			
3a	2		
3b			
3b	3a		
3c			
3c			
3c	3b		
4a			
4a	30		
4b			
4b	42		
4c	70		
4c			
4c	46		
5a	40		
5a			
5a			
5a			
5b	40		
5b			
5c	5a		
5c			
6 7 7 8 9a 9a 9b 9b 9c 10a 10a 10b			
7	5c		
7			
7			
7			
7			
8 9a 9b 9b 9c 10a 10b	6		
8 9a 9b 9b 9c 10a 10b			
8 9a 9b 9b 9c 10a 10b			
9a	7		
9a			
9b 9c 10a 10b	8		
9b 9c 10a 10b			
9b 9c 10a 10b			
9c	9a		
9c			
10a	9b		
10a			
10b	9c		
10b			
10b			
	10a		
00 or 000 EZ 0040	10b		
990 or 990-EZ) 2018	90 or 99	Ю-EZ)	2018

Yes

No

Sche		8-1799549	Pa	age <b>5</b>
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
Sec	tion 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		
Sec	tion 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		
Sec	tion 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		
Sec	tion 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 instruc	tions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
	active a cash of the supported of gambation of 1 Tonice details 111 are the		-	

**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.* 

Schedule A (Form 990 or 990-EZ) 2018

3b

Sche	edule A (Form 990 or 990-EZ) 2018 TENNESSEE , INC.			58-1799549 Page <b>6</b>
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	izations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	Nov. 20, 1970 (explain in F	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	ctions A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
Sect	ion 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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

MARE-A-WISH FOUNDAI	ION OF EAST		
Schedule A (Form 990 or 990-EZ) 2018 TENNESSEE, INC.			58-1799549 Page <b>7</b>
Part V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	Current Year
Section D - Distributions 1 Amounts paid to supported organizations to accomplish exe	ampt purposos		Current fear
<ul> <li>Amounts paid to supported organizations to accomplish exe</li> <li>Amounts paid to perform activity that directly furthers exem</li> </ul>			
organizations, in excess of income from activity	pr purposes of supported		
3 Administrative expenses paid to accomplish exempt purpos	es of supported organizations	2	
<ul> <li>4 Amounts paid to acquire exempt-use assets</li> </ul>	ics of supported organizations	5	
<ul> <li>5 Qualified set-aside amounts (prior IRS approval required)</li> </ul>			
6 Other distributions (describe in <b>Part VI</b> ). See instructions.			
<ul> <li>7 Total annual distributions. Add lines 1 through 6.</li> </ul>			
<ul> <li>8 Distributions to attentive supported organizations to which the support of the su</li></ul>	the organization is responsive		
(provide details in <b>Part VI</b> ). See instructions.	ine organization is responsive		
<ul> <li>9 Distributable amount for 2018 from Section C, line 6</li> </ul>			
10 Line 8 amount divided by line 9 amount			
	(i)	(ii) Underdistributions	(iii) Distributable
Section E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2018	Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reason-			
able cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in <b>Part VI.</b> See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 TENNESSEE, INC.	58-1799549	Page <b>8</b>
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a o 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 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	1 and 2; Part IV, Sectior	۱C,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additic (See instructions.)	onal information.	art V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
GROSS FUNDRAISING REVENUE		
2014 AMOUNT: \$ 94,231.		
2015 AMOUNT: \$ 71,211.		
2016 AMOUNT: \$ 75,128.		
2017 AMOUNT: \$ 48,998.		
2018 AMOUNT: \$ 39,816.		
OTHER REVENUE		
2014 AMOUNT: \$ 257.		
2015 AMOUNT: \$ 1,305.		
2016 AMOUNT: \$ 0.		
2017 AMOUNT: \$ 0.		
2018 AMOUNT: \$ 0.		

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Name of the organization

#### ** PUBLIC DISCLOSURE COPY **

## Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2018

Employer identification number

58-1799549

MAKE-A-WISH	FOUNDATION	OF	EAST
TENNESSEE IN	NC.		

Organization type (check one):	e):
--------------------------------	-----

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( ³ ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule	B (Form 990, 990-EZ, or 990-PF) (2018)		Page <b>2</b>
	rganization		Employer identification number
TENNESSE	VISH FOUNDATION OF EAST BE,INC.		58-1799549
Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
1		_ \$300,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		- _ \$139, _	Person       Payroll         789.       Noncash       X         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
3		_ \$84, _	000.       Person       X         000.       Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		- \$\$48,	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
5		-	662.     Person     X       0.000 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
6		_ \$33,	200.       Person X         Payroll       Image: Complete Part II for noncash contributions.)

-	B (Form 990, 990-EZ, or 990-PF) (2018)		Page <b>2</b> Page <b>2</b>
Name of o MAKE-A-W	VISH FOUNDATION OF EAST		
TENNESSE	E, INC.		58-1799549
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$22,97	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll Occupient Payrol (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2018)			Page <b>3</b>
	rganization IISH FOUNDATION OF EAST		Employe	er identification number
TENNESSE			58-	-1799549
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed	I.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)		(d) Date received
	TRAVEL, M&E, SUPPLIES			
<u>1</u>		\$37,	879.	08/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)		(d) Date received
2	THEME PARK TICKETS, MEALS, TRANSPORTATION			
		\$139,	789.	08/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)		(d) Date received
	AUCTION ITEM FOR SPECIAL EVENT			
4		\$	690.	02/13/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		\$		

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2018)			Page 4			
Name of o	organization		E	mployer identification number			
MAKE-A-W	NISH FOUNDATION OF EAST						
TENNESSE	,			58-1799549			
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a)	through (e) and the following line en	try. For organizations				
	completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional sp	naritable, etc., contributions of <b>\$1,000 or</b>	less for the year. (Enter this info. once.)	3			
(a) No.		pace is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	otion of how gift is held			
<u></u>							
			l				
		(e) Transfer of gif	ſ				
			Deletionship of transf	for an to transforma			
	Transferee's name, address, and		Relationship of trans	leror to transferee			
(a) No.		I					
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	otion of how gift is held			
<u> </u>							
		-					
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transf	feror to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	otion of how gift is held			
		(e) Transfer of gif	t				
	Transferee's name, address, and	d ZIP + 4	Relationship of transf	feror to transferee			
			I				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descrir	otion of how gift is held			
Part I		(0) 000 01 girt	(4) 200011				
		(e) Transfer of gif	t				
	_						
	Transferee's name, address, and	d ZIP + 4	Relationship of trans	feror to transferee			

		<b>•</b> • •			OMB No. 1545-0047
	HEDULE D n 990)	Complete if the ora	al Financial Statements anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		<b>2018</b>
	ment of the Treasury	▶	Attach to Form 990.		Open to Public Inspection
	e of the organization		90 for instructions and the latest information.		bloyer identification number
Nam	e of the organizatio	TENNESSEE, INC.			58-1799549
Par	t I Organizat	tions Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	cour	ts. Complete if the
	organization	answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	<b>(b)</b> Fun	ds and other accounts
1		d of year			
2		contributions to (during year)			
3		grants from (during year)			
4		end of year		40	
5	•		writing that the assets held in donor advised fun exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used o		
	•	<b>e</b>	r donor advisor, or for any other purpose confer		
			·····		
Par	t II Conserva	tion Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	, line 7.	
1	Purpose(s) of conse	ervation easements held by the organization	on (check all that apply).		
		of land for public use (e.g., recreation or e		· ·	
		natural habitat	Preservation of a certified h	istoric s	structure
•	Preservation	• •			
2	day of the tax year.	nrough 2d if the organization held a quain	fied conservation contribution in the form of a co	nserva	Held at the End of the Tax Year
а		nservation easements		2a	
b				2b	
c	v		ucture included in (a)	2c	
d			after 7/25/06, and not on a historic structure		
	listed in the Nationa	ıl Register		2d	
3	Number of conserva	ation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	ization	during the tax
	year 🕨				
4		here property subject to conservation eas			
5		on have a written policy regarding the per			Yes No
6	,	rcement of the conservation easements it hours devoted to monitoring inspecting	holds? handling of violations, and enforcing conservation		
Ŭ			handling of violations, and emotoling conservate		monto during the year
7	Amount of expense	 s incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation ea	sement	ts during the year
	►\$				
8	Does each conserva	ation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	)(i)	
9		-	on easements in its revenue and expense statem		
			tion's financial statements that describes the org	janizati	on's accounting for
Par	conservation easem	tions Maintaining Collections of	Art, Historical Treasures, or Other S	Simila	r Assets.
		the organization answered "Yes" on Form			
<b>1</b> a			C 958), not to report in its revenue statement an	nd balar	nce sheet works of art,
			hibition, education, or research in furtherance of		
		ote to its financial statements that descri			
b	If the organization e	lected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and ba	alance	sheet works of art, historical
	treasures, or other s	similar assets held for public exhibition, eq	ducation, or research in furtherance of public ser	vice, p	rovide the following amounts
	relating to these iter				
					\$
~			an was an other similar assets for financial asia		\$
2		eceived or held works of art, historical treats required to be reported under SFAS 1	asures, or other similar assets for financial gain,	μιονίαε	
а			To (ASC 956) relating to these items.		\$
u					·

 b
 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2018

▶ \$

Partual       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         3       Using the organizations acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check attriat apply):         a       Public exhibition       d       Loan or exchange programs         b       Scholary means       d       Loan or exchange programs         b       Scholary means       d       Conter         counting the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.       Suring the year, did the organization's collection?       Yes       No         Particle activation of norm 900, Part X, Ine 21.       Test organization angent, truatee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, Ine 21.       Its the organization include an amount on Form 900, Part X, Ine 21.       Amount         c       Beginning balance       14       Its organization include an amount on Form 900, Part X, Ine 21.       Yes       No         b       If Yes, "explain the arrangement in Part XIII Check here 11 the explaination insistem or received on Part XII       Yes       No         b       If Yes, "explain the arrangement in Part XIII Check here 11 the explaination insistem or provided in Part XIII       Yes       No         b       If Yes, "explain the arrangement in Part XIII.	Sche	dule D (Form 990) 2018 TENNESSEE , I	INC.	21121				58-	1799549		Page <b>2</b>
3       Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items         (bleck attribution         )         )         Scholarly research         )         C         Prevalue a description of the organization's collections and explain how they further the organization's event purpose in Part XIII.         5       During the year, did the organization scotle crosse 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 is collection?        No.          Part W       Excore wand CutoStolial Arrangements.         Complete the organization answered "Yes" on Form 990, Part X, line 21.        No.          1a       Is the organization and part, fusites, custodial or order intermediaty for contributions or other assets not included         on Form 990, Part X?        No.          2       Distributions during the year        Id       Id       Amount          1a       Is the organization angunt on Form 990, Part X, line 21.        Id       Amount          2       Distributions during the year        Id       Id       Id       Id         2       Dist be organization include an amount on Form 990, Part X, line 21.        Id       Id       Id         3       Distributions during the year       Id       Id       Id       Id         4       Distribu				t, Hist	orical Tre	asures, or	Other	Similar Ass	sets (co)		
a	3								•		,
b       □ Char         c       □ Preveration for future generations         c       □ 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 is collections and explain how they further the organization's exempt purpose in Part XIII.         6       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be solid to raise funds arter than to be maintained as part of the organization answered "Yes" on Form 980, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Image: Complete the following table:         c       Beginning balance		(check all that apply):									
c       □ Preservation for future generations         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's collections and explain how they further the organization's exempt purpose in Part XIII.         6       Description of the torganization's collections and explain how they further the organization's exempt purpose in Part XIII.         7       Description of collections and explain the organization's collection?       □ Yes       No         Part W       Excore and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21.       Tele the organization's explain the arrangement in Part XIII and complete the following table:       □ Yes       No         7       If the organization include an amount on Form 990, Part X, line 21, for escore or custodial account liability?       □ Yes       No         8       If the organization include an amount on Form 990, Part X, line 21, for escore or custodial account liability?       □ Yes       No         9       Dot the organization include an amount on Form 990, Part X, line 21, for escore or custodial account liability?       □ Yes       No         9       Dot the organization include an amount on Form 990, Part X, line 21, for escore or custodial account liability?       □ Yes       No         9       Dot the organization include an amount on Form 990, Part X, line 10.       □ <th>а</th> <th>Public exhibition</th> <th>c</th> <th>l l</th> <th>Loan or exc</th> <th>hange progra</th> <th>ams</th> <th></th> <th></th> <th></th> <th></th>	а	Public exhibition	c	l l	Loan or exc	hange progra	ams				
Provide a description of the "ganization's collections and explain how the further the organization's exempt purpose in Part XIII.     During the year, did the organization's collection?     Part W Escrow and Custodial Arrangements. Complete fit the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X?     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X, line 21.     Is diatance     Beginning balance     Is diatance     Intermediary for operative and the organization answered "Yes" on Form 990, Part X, line 21.     Intermediary for agent and the organization include an amount on Form 990, Part X, line 21.     Intermediary for agent and the organization answered "Yes" on Form 990, Part X, line 21.     Intermediary for agent and the organization answered "Yes" on Form 990, Part X, line 21.     Intermediary for a part XIII.     Distributions during the year     Intermediary for agent and the organization answered "Yes" on Form 990, Part X, line 21.     Intermediary for agent and the organization answered "Yes" on Form 990, Part X, line 21.     Intermediary for agent and the organization answered "Yes" on Form 990, Part X, line 21.     Intermediary for a part trustee organization answered "Yes" on Form 990, Part X, line 10.     Part V Endowment Funds. Complete If the organization answered "Yes" on Form 990, Part X, line 10.     Intermediary for agent and administered for the organization answered     Intermediary for agent and administered for the organization for the organization answered     Intermeating and part for agent and administered for the organization fo	b	Scholarly research	e	•	Other						
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be solid to raise funds ranker than to be maintained as part of the organization is collection?     Part W 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.     Is the organization an agent, furtuske, custodian or other intermediary for contributions or other assets not included     on Form 990, Part XP, ruske, custodian or other intermediary for contributions or other assets not included     on Form 990, Part XP, ruske, custodian or other intermediary for contributions or other assets not included     on Form 990, Part XP, ruske, custodian or other intermediary for contributions or other assets not included     on Form 990, Part XP, ruske, custodian or other intermediary for contributions or other assets not included     on Form 990, Part XP, ruske, custodian or other intermediary for contributions or other assets not included     on Form 990, Part XP, ruske, custodian or other intermediary for escrow or custodial account liability?     I define 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 XV, line 10.     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 XV, line 10.     If the organization angle assets     if addiministret or scholarships     if addiministret or scholarships     if addiministret or calculation answered "Yes" on Form 990, Part XV. Ine 10.     if a distribute expenses     if addiministret expenses     if addiministret or quarkation answered "Yes" on Form 990, Part XV. Ine 10.     if addiministret organizations     if addiministret or quarkation answered "Yes" on Form 990, Part	с	Preservation for future generations									
tops 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.       Is is the organization an agent, furdee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is is the organization an agent, furdee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Is is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Is is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Is is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Is is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Is is the organization and the part XIII. Check here if the esclanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 21.       Is is is intermediated previous and the part of the organization answered "Yes" on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       Is is intermediate organization answered "Yes" on Form 990, Part X, line 10.       Is is intermediate organization answered "Y	4	Provide a description of the organization's co	pllections and explain	n how th	ney further th	ne organizatio	n's exem	pt purpose in I	Part XIII.		
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.         Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Image: Complete III (Complete)       Amount       Image: Complete)	5	During the year, did the organization solicit o	r receive donations of	of art, hi	storical treas	sures, or othe	r similar a	assets			
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?       Image: Control of Conter Control of Control of Control of Control of Control of Control			aintained as part of t	he orgar	nization's co	llection?			Yes		No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:	Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	n answered "	Yes" on I	Form 990, Part	IV, line 9,	or	
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       1d         d Additions during the year       1d         e Distributions during the year       1d         2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         Part V       Endowment Funds. Complete if the organization naswered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (d) Three years back       (e) Four years back         1a Contributions       (a) Current year       (b) Prior year       (f) Three years back       (e) Four years back         1a Charter scholarships       (a) Current year end balance       (in a) Contributions       (f) Three years back       (f) Three years back <tr< th=""><th></th><th>reported an amount on Form 990, Pa</th><th>rt X, line 21.</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></tr<>		reported an amount on Form 990, Pa	rt X, line 21.								
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for (	contribution	s or other ass	ets not in	ncluded		_	
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         1       Ending balance       If         2       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       Im       Im         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part Y, line 10.       Image: State S		on Form 990, Part X?							Yes		No
c       Beginning balance       ic         id       id         id	b										
d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b ff "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.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         d Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         f Administrative expenses       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         g End of year balance       (b) Prior year       (c) Two years back       (e) Four years back       (e) Four years back         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-adow									Amo	unt	
e       Distributions during the year       1e         1       Ending balance       1t         20       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         20       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         20       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         20       Did the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c       Not westment endings, gains, and losses       (a) Carrent year       (c) Two years back       (e) Four years         c       Other expenditures for facilities       and programs       (a) Carrent year end balance (line 1g, column (a) held as:       (a) Coarrent year       (b) Prior year <td< th=""><th>С</th><th>Beginning balance</th><th></th><th></th><th></th><th></th><th></th><th>1c</th><th></th><th></th><th></th></td<>	С	Beginning balance						1c			
f Ending balance	d	Additions during the year						1d			
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial acount liability?       Yes       No         b       if 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c) Two years back       (d) Three years back       (e) Four years back         e       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four year         g       End of year balance       (f) Administrative expenditures for facilities       (f) Four year       % <td< th=""><th>е</th><th>Distributions during the year</th><th></th><th></th><th></th><th></th><th></th><th>1e</th><th></th><th></th><th></th></td<>	е	Distributions during the year						1e			
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.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         e       Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (d) The precentage         f       Administrative expenses       (a) Current year end balance (line 1g, column (a)) held as:       (a) Carrent year end balance (line 1g, column (a)) held as:       (a) Carrent year       (b) Permanent endowment (b) Cast or other method were the provement (b) Cast or other method were the provement (c) characterization       (f) The precation       (f) The precation       (f) The precation       (f) The precation											
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Contributions       (a) Control       (b) Prior year       (c) Two years back       (e) Four years back         a       Contributions       (a) Control       (b) Prior year       (c) Two years back       (d) Control         g       End of year balance       (b) Prior year       (c) Two years back       (d) Prior year       (d) Prior year         g       End of	2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial accou	unt liabilit	y?	Yes	Ĺ	No
1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (c) Two years back       (c) Two years back       (c) Two years back       (c) Two years back         c       Other expenditures for facilities       (c) Two years back       (c) Accurwater       (c) Accurwater       (c) Accurwater       (										<u> L</u>	
1a       Beginning of year balance	Par	<b>TV</b> Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line 10	D.			
b       Contributions			(a) Current year	(b) F	Prior year	(c) Two year	rs back 🚺	<b>d)</b> Three years b	ack (e) F	our yea	irs back
c       Net investment earnings, gains, and losses											
d Grants or scholarships	b	Contributions									
e Other expenditures for facilities and programs											
and programs	d	Grants or scholarships									
f       Administrative expenses	е	Other expenditures for facilities									
g End of year balance											
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       Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       unrelated organizations         (ii)       related organizations         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 (other)         (b) Cost or other       (c) Accumulated depreciation         basis (investment)       basis (other)         basis (other)       11,172, 7,597.         d Equipment       36,625, 29,554, 7,071.         e Other       Other	f										
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) addition as a (ii), are the related organization's endowment funds.</li> </ul> <ul> <li>Yes No</li> <li>3a(i)</li> </ul> 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 (other)               b Buildings <li>18,769, 11,172, 7,597.</li> <li>4 Equipment</li> <li></li>	g										
b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related (iii) relat			,	e (line 1o	g, column (a)	)) held as:					
c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>Description of property</li> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(i) Cost or other</li> <li>(i) Cost or other</li> <li>(i) Cost or other</li> <li>(i) Cost or other</li> <li></li></ul>				_%							
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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(iiii) related organizations</li> <li>(iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(ii) Buildings</li> <li>(ii) Land</li> <li>(ii) Part VI</li> <li>(ii) Land</li> <li>(ii) Part VI</li> <li>(ii) Part VI</li> <li>(ii) Part VI</li> <li>(ii</li></ul>		· · · · · · · · · · · · · · · · · · ·									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) unrelated organizations       3a(i)       1       3a(i)       1       3a(i)       1       3a(i)       1       3a(i)       1       3a(i)       1       1       1       3a(i)       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1<	С										
by: (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost or other (c) Accumulated (c)											
(i)       unrelated organizations       3a(i)       3a(ii)         (ii)       related organizations       3a(ii)       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b         Part VI       Land, Buildings, and Equipment.       3b       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated         b       Buildings       5       5       29, 554.       7, 597.         c       Leasehold improvements       18, 769.       11, 172.       7, 597.         d       Equipment       36, 625.       29, 554.       7, 071.         e       Other       0       0       0	3a	•	ssion of the organiza	ation tha	t are held ar	nd administer	ed for the	e organization			
(ii) related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.       3c         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         b       Buildings       4         c       Leasehold improvements       18,769       11,172       7,597.         d       Equipment       36,625       29,554       7,071.         e       Other       0       0       0											s No
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       18,769.       11,172.       7,597.         d       Equipment       36,625.       29,554.       7,071.         e       Other       0ther       0ther       0ther       0ther											
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 Buildings       (d) Book value         c Leasehold improvements       18,769.         d Equipment       36,625.         e Other       0		(ii) related organizations									
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         1a       Land									<u>3</u> t	<u> </u>	
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				wment f	runds.						
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land </th <td>ı aı</td> <td></td> <td></td> <td></td> <td>/ line 110 C</td> <td></td> <td>Dout V I</td> <td>ino 10</td> <td></td> <td></td> <td></td>	ı aı				/ line 110 C		Dout V I	ino 10			
basis (investment)         basis (other)         depreciation           1a Land									(.). 5		
1a Land		Description of property					• •		( <b>a</b> ) B	зок va	lue
b Buildings         Image: Constraint of the system         Image: Constrainton of the system         Image: Constraint of the system<	4-	Land	``	nong	54315		dep	Jonation			
c Leasehold improvements         18,769.         11,172.         7,597.           d Equipment         36,625.         29,554.         7,071.           e Other											
d Equipment 36,625. 29,554. 7,071. e Other						18 769		11 172			7 597
e Other						,					
						, - 2 - ,		,001,			,
				X colur	nn (B) line 1			•		1	4,668.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ... 

Schedule D (Form 990) 2018

TENNESSEE	TNC	

Schedule D (Form 990) 2018 TENNESSEE, INC.			58	8-1/99549	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	b) Book value		Part X, line 12. valuation: Cost or end	1-of-vear market va	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" or	n Form 990, Part IV	, line 11c. See Form 990,	Part X, line 13.		
(a) Description of investment	(b) Book value		aluation: Cost or end	d-of-year market va	lue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes" or	n Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.		
(a) De	escription			(b) Book val	ue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990. Part X. col. (B) line 1	5.)				
Part X Other Liabilities.					
<u>Complete if the organization answered "Yes" or</u> <b>1.</b> (a) Description of liability	h Form 990, Part IV	, line 11e or 11f. See Forn (b) Book value	n 990, Part X, line 25 T		
		(b) BOOK Value	-		
(1) Federal income taxes (2) DUE TO NATIONAL		396.	-		
		2,719.	-		
(0)		4,117.			
		=,11/.			
(5)					
(6)					
(7) (8)					
(8) (9)			-		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	25.) <b>N</b>	7,232.			
<u>- Composition (D) must equal FORM 330, Fait A, COL (B) III e 2</u>		· /•			

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

		MAKE-A-WISH FOUNDATION OF EAST				
Scheo	dule D (	Form 990) 2018 TENNESSEE, INC.			58-1799549	9 Page <b>4</b>
Parl	t XI	<b>Reconciliation of Revenue per Audited Financial Sta</b>	tements With R	evenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total r	evenue, gains, and other support per audited financial statements			1	1,121,903.
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a	-1,734.		
b	Donate	ed services and use of facilities	2b	138,361.		
		eries of prior year grants				
		Describe in Part XIII.)				
е	Add lir	nes <b>2a</b> through <b>2d</b>			2e	136,627.
3	Subtra	ct line <b>2e</b> from line <b>1</b>			3	985,276
4	Amour	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investr	nent expenses not included on Form 990, Part VIII, line 7b	4a	771.		
b	Other	(Describe in Part XIII.)	4b	-12,759.		
		nes <b>4a</b> and <b>4b</b>			4c	-11,988
5	Total r	evenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.			5	973,288
Par	t XII	<b>Reconciliation of Expenses per Audited Financial Sta</b>	atements With	Expenses per F	Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1		xpenses and losses per audited financial statements			1	1,096,321
		nts included on line 1 but not on Form 990, Part IX, line 25:				
		ed services and use of facilities	2a	138,361.		
		ear adjustments				
	Other					
d	Other	(Describe in Part XIII.)		12,759.		
		nes 2a through 2d			2e	151,120
		ct line <b>2e</b> from line <b>1</b>			3	945,201
4	Amour	nts included on Form 990, Part IX, line 25, but not on line 1:				
		nent expenses not included on Form 990, Part VIII, line 7b	4a	771.		
		(Describe in Part XIII.)				
		hes <b>4a</b> and <b>4b</b>			4c	771
		expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 1			5	945,972
		Supplemental Information.	0.1			·
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4: Dart IV lines the	nd 2h: Dort V, line 4	· Dort V line 2·	Dort VI
					, i ait A, iiie 2,	Tart Al,
ines 2	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional informa	ation.		
PART	Х, Ц	INE 2:				
IANAC	GEMEN'	F BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR	R THE			

-12,759.

12,759.

FOUNDATION AT AUGUST 31, 2019.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EVENT FUNDRAISING EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EVENT FUNDRAISING EXPENSES

Schedule D	(Form 990) 2018	TENNESSEE, INC.	58-1799549	Page 5
Part XIII	(Form 990) 2018 Supplemental Infor	nation _(continued)		
-				
_				

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	rities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2018
Department of the Treasury		Attach to Form 990	) or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr	ruction	s and	the latest informati	on.		Inspection
Name of the organization	MAKE-A-WISH	H FOUNDATION OF EAST					Employer id	lentification number
	TENNESSEE, 1						58-1799	
Part I Fundraisi	ng Activities. complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	EZ filers are not
		ed funds through any of the followir	na activ	vities. (	Check all that apply.			
a 📃 Mail solicitati	•		•		overnment grants			
	email solicitations			•	nment grants			
c Phone solicit	ations	g 🛄 Specia						
d 🔲 In-person soli	citations	<b>3</b> 1		0				
•		r oral agreement with any individual	(incluc	lina of	ficers. directors. trus	tees.	or	
•		art VII) or entity in connection with p		Ũ		,		es 🗌 No
, , ,		viduals or entities (fundraisers) pursu			•	ne fui	ndraiser is to	be
compensated at lea	0	( )1		5				
			T					
(i) Name and address	of individual		(iii) fundi	Did aiser	(iv) Gross receipts	<b>(v)</b>	Amount paid or retained by	(VI) Amount paid
or entity (fund		(ii) Activity	have c or cor	ntrol of	from activity		fundraiser	to (or retained by) organization
			contrib	utions?		lis	ted in col. (i)	
			Yes	No				
								_
			_					
			_					
			-					
		L	1					
Total								
	h the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is	exempt from	registration

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

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990 EZ) 2018 TENNESSEE, INC.

58-1799549 Page **2** 

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 TRAILBLAZE (add col. (a) through GRANDSTAND CLASSICCHALLENGE 1 col. (c)) (event type) (event type) (total number) Revenue 91,193. 43,696. 35,805. 170,694. 1 Gross receipts 2 Less: Contributions 72,680. 39,465. 18,733. 130,878. **3** Gross income (line 1 minus line 2) 18,513. 4,231. 17,072. 39,816. 4 Cash prizes 5 Noncash prizes Direct Expense: 9,783. 200. 6,478. 16,461. 6 Rent/facility costs 5,926. 639. 1,875, 8,440. 7 Food and beverages 600. 500. 0 1,100. 8 Entertainment 5,831. 10,231, 10,512. 26,574. Other direct expenses 9 52,575. **10** Direct expense summary. Add lines 4 through 9 in column (d) ► -12,759. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 1 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No 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:

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

MAKE-A-WISH	FOIINDATION	OF	EAST
MAKE-A-WISH	FOUNDAILON	Or	EAGI

Scł	edule G (Form 990 or 990-EZ) 2018 TENNESSEE, INC. 5	8-179954	49	Page <b>3</b>
11			Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	🗀	103	
	a The organization's facility	13a		%
	o An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		•	
	Name			
	Address 🕨			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
I	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$			
(	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	└── No
I	D Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ə		
D	organization's own exempt activities during the tax year <b>s</b> <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and			
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	i Part III, IIr	ies 9,	9D, TUD,

Cohodulo C	(Farm 000 ar 000 FZ)	TENNESSEE INC	58-1799549	Dece 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (	50 175545	Page 4
	euppienientai mer	(continued)		

SCHEDULE I (Form 990)		Gov	rants and Oth vernments, an	d Individua	ls in the Úni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Comple	ete if the organization ► Go to www.ir	Attach to For s.gov/Form990 for	m 990.			Open to Public Inspection
Name of the organization	n MAKE-A-WISH For TENNESSEE, INC	OUNDATION OF E	AST					Employer identification number 58-1799549
Part I General Info	ormation on Grants a	nd Assistance						
criteria used to aw	tion maintain records t vard the grants or assis	stance?						on 🔀 Yes 🗌 No
	the organization's pro							
	Other Assistance to	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and add	at received more than s ress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number	r of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table				0.
	r of other organization							
LHA For Paperwork F	Reduction Act Notice	, see the Instruction	ons for Form 990.					Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) TENNESSEE, INC.

58-1799549

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ISHES GRANTED	65	78,737.	359,821.	FMV	TRAVEL, M&E, SUPPLIES

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

PART I, LINE 2:

MAKE-A-WISH FOUNDATION OF EAST TENNESSEE DOES NOT PROVIDE CASH GRANTS TO

INDIVIDUALS, BUT RATHER GRANTS WISHES TO CHILDREN WITH LIFE THREATENING

MEDICAL CONDITIONS. THE ORGANIZATION ALLOCATES FUNDS DIRECTLY TO THE

VENDORS FOR THE WISH EXPENSES, WITH THE EXCEPTION OF TRAVEL STIPENDS (I.E.

MEALS, TIPS, GAS, ETC.) FROM A STANDARDIZED WISH BUDGET. ALL WISH EXPENSES

ARE DEVELOPED BY THE DIRECTOR OF PROGRAM SERVICES AND APPROVED BY THE

PRESIDENT/CHIEF EXECUTIVE OFFICER. ALL WISH EXPENSES ARE SUPPORTED BY

APPROPRIATE DOCUMENTATION (I.E. INVOICES) WHICH IS RETAINED BY THE CHAPTER.

SCHEDULE	Μ
(Form 990)	

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

2018 **Open to Public** . Inspection

Name of the organizatio	Name of	f the ord	anizatio
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► Go to www.irs.gov/Form990 for instructions and the latest information. MAKE-A-WISH FOUNDATION OF EAST

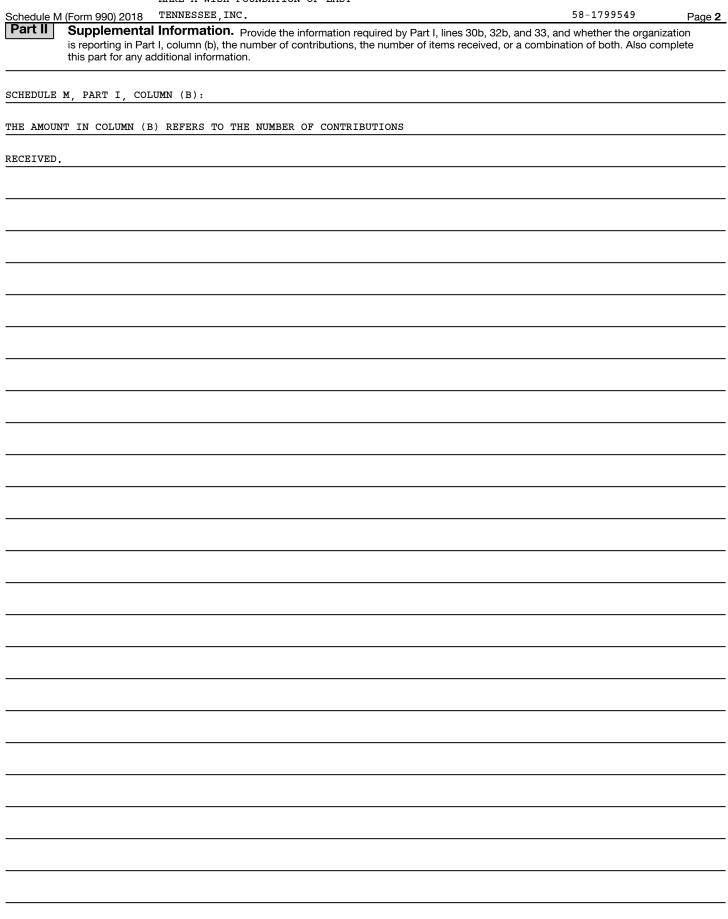
n

Employer identification number
58-1799549

TENNESSEE, INC.

Par	τι	Types	of Property											
				(a)		(b)	(c)					(d)		
				Check		Number of Noncash contribution			Method of determining noncash contribution amounts					
				applica	lDie	items contributed					uncash com	Inpution	amouni	.5
1	Art - V	Works of a	art											
2			treasures											
3			interests											
4			olications											
5			ousehold goods											
6			vehicles											
7			ies											
8		ectual pro												
9			blicly traded											
10			sely held stock											
11			rtnership, LLC, or											
	trust	interests												
12			scellaneous											
13			ervation contribution -											
	Histo	oric structu	ures											
14	Quali	ified conse	ervation contribution - Othe											
15	Real	estate - R	esidential											
16	Real	estate - C	ommercial											
17	Real	estate - O	ther											
18	Colle	ectibles												
19	Food	l inventory	·											
20			dical supplies											
21	Taxic	dermy												
22	Histo	orical artifa	icts											
23	Scier	ntific spec	imens											
24	Arch	eological a	artifacts											
25	Othe	er 🕨 (	WISH-RELATED	_) <u>X</u>		77	1	/			/SELLING			
26	Othe	er 🕨 (	SPECIAL EVENT	_) <u>X</u>		46					/SELLING			
27	Othe		OTHER	_) <u>x</u>		2		2,3	345.	COST	/SELLING	PRICE		
28	Othe			)				1	-					
29			ms 8283 received by the o	-	-	•								
	for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29							0						
													Yes	No
30a			r, did the organization rece								hat it			
			at least three years from the				·							x
			ses for the entire holding p									30a	1	
	<ul> <li>b If "Yes," describe the arrangement in Part II.</li> <li>Does the organization have a gift acceptance policy that requires the review of any populated contributions?</li> </ul>								04	x				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31 X         a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash       I								<u> </u>					
JZd		ributions?	-			-	· ·					32a		x
b			be in Part II.										1	
33		,	ion didn't report an amour	nt in column (c	c) for	r a type of property	for which column	n (a) ie	cher	ked				
50		ribe in Par			, 10	a type of property		· (a) 15	Shet	neu,				
	3000	-												

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



SCHEDULE O

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2018 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MAKE-A-WISH FOUNDATION OF EAST TENNESSEE INC.

Employer identification number 58-1799549

FORM 990, PART I, LINE 1:

THE MAKE-A-WISH FOUNDATION OF EAST TENNESSEE CREATES LIFE-CHANGING

WISHES FOR CHILDREN WITH CRITICAL ILLNESSES.

FORM 990, PART III, LINE 4A:

THE MAKE-A-WISH FOUNDATION OF EAST TENNESSEE INC. CREATES LIFE-CHANGING

WISHES DURING THE FISCAL YEAR ENDED AUGUST 31, 2019. THE TOTAL COST OF

WISHES GRANTED FOR THE FISCAL YEAR WAS \$576,919. OF THIS AMOUNT,

\$138,361 WAS CONTRIBUTED BY VARIOUS VENDORS WHO PROVIDED IN-KIND

CONTRIBUTIONS SUCH AS TRAVEL AND TRAVEL SERVICES, TRANSPORTATION,

LODGING AND OTHER SERVICES AND USE OF FACILITIES TO COMPLETE A CHILD'S

WISH. FOR FINANCIAL STATEMENT PURPOSES, THESE AMOUNTS ARE INCLUDED AS

CONTRIBUTION REVENUE AND GRANTED WISH EXPENSE. FOR FORM 990, HOWEVER,

THE IRS REQUIRES THE \$138,361 OF CONTRIBUTED SERVICES AND USE OF

FACILITIES TO BE EXCLUDED FROM BOTH REVENUE AND EXPENSE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FOUNDATION WORKED CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM

ENGAGED TO PREPARE THE FORM 990. THE DRAFT FORM 990 PREPARED BY THE

ACCOUNTING FIRM WAS REVIEWED BY THE FOUNDATION'S PRESIDENT/CEO. THE RETURN

WAS THEN PRESENTED TO THE FINANCE COMMITTEE FOR THEIR REVIEW AND APPROVAL.

SUBSEQUENT TO THE COMMITTEE'S APPROVAL, A COMPLETE COPY OF THE FORM 990 WAS

PROVIDED TO ALL VOTING MEMBERS PRIOR TO FILING WITH THE INTERNAL REVENUE

SERVICE.

Name of the organization MAKE-A-WISH FOUNDATION OF EAST TENNESSEE, INC.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION MAINTAINS A CONFLICT OF INTEREST AND ETHICS STATEMENT AS

PROVIDED BY THE MAKE-A-WISH FOUNDATION OF AMERICA FOR EACH OFFICER,

EMPLOYEE, BOARD MEMBER, AND VOLUNTEER. SUCH STATEMENTS MUST BE SIGNED UPON

DATE OF HIRE, ELECTION, OR COMMENCEMENT OF VOLUNTEER SERVICE, AND AT LEAST

ANNUALLY THEREAFTER. THE SIGNED STATEMENTS ARE THEN SUBMITTED TO AND

REVIEWED BY THE VOLUNTEER COORDINATOR IF THEY ARE FROM VOLUNTEERS, AND THE

PRESIDENT/CEO IF FROM ALL EMPLOYEES AND BOARD MEMBERS. REVIEW OF THE

STATEMENTS IS MONITORED BY THE PRESIDENT/CEO. THE PROCEDURES FOR ADDRESSING

ANY CONFLICTS OF INTEREST OF WHICH THE PRESIDENT/CEO BECOMES AWARE

INCLUDES, BUT ARE NOT LIMITED TO, THE FOLLOWING (1) DETERMINING THE NATURE

OF THE CONFLICT VIA VERBAL OR WRITTEN COMMUNICATION WITH THE INTERESTED

PERSON, (2) FULLY DISCLOSING CONFLICTING INTERESTS TO THE BOARD, (3) THE

CONFLICTED PERSON RECUSES HIMSELF/HERSELF FROM DELIBERATIONS AND DECISIONS

REGARDING THE TRANSACTION, AND (4) TAKING APPROPRIATE ACTIONS WARRANTED BY

THE CONFLICT AS RECOMMENDED BY THE BOARD UP TO AND INCLUDING TERMINATION OF

SERVICE.

FORM 990, PART VI, SECTION B, LINE 15A:

FOR 2018 COMPENSATION, THE PRESIDENT/CEO'S COMPENSATION WAS DETERMINED BY

THE BOARD OF DIRECTORS, CONSISTING OF INDEPENDENT PERSONS. IT WAS REVIEWED

AGAINST NATIONAL BENCHMARKING SALARY STUDIES, SURVEYS DONE EVERY FEW YEARS

BY MAKE-A-WISH FOUNDATION OF AMERICA, AND BY LOCAL SALARY SURVEYS CONDUCTED

BY STATE ORGANIZATIONS AND BY NATIONAL BENCHMARKING ORGANIZATIONS. THE

BOARDS DISCUSSIONS AND DECISIONS WERE CONTEMPORANEOUSLY DOCUMENTED.

DOCUMENTATION INCLUDES THE TERMS OF THE TRANSACTION AND THE DATE IT WAS

APPROVED, THE MEMBERS PRESENT DURING DELIBERATIONS AND THOSE WHO VOTED ON

Name of the organization MAKE-A-WISH FOUNDATION OF EAST TENNESSEE, INC.	Employer identification numbe 58-1799549
IT, AND THE COMPARABILITY DATA RELIED UPON AND HOW IT WAS OBTAINED.	
FORM 990, PART VI, SECTION B, LINE 15B:	
THE FOUNDATION DOES NOT HAVE OTHER OFFICERS WHO ARE COMPENSATED AND HAS NO	
EMPLOYEES WHO MEET THE DEFINITION OF KEY EMPLOYEES. THE SAME PROCESS LISTED	
ABOVE IS USED FOR OTHER STAFF, USING THE SAME INSTRUMENTS. SALARIES FOR	
CONSULTATION WITH THE EMPLOYEES IMMEDIATE SUPERVISOR WITHIN LIMITS SET BY	
THE BOARD-APPROVED BUDGET. ALL SALARY INCREASES ARE BASED ON METRICS FROM	
PERFORMANCE REVIEWS.	
FORM 990, PART VI, SECTION C, LINE 19:	
WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING	
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE	
AVAILABLE FOR PUBLIC INSPECTION, THE ORGANIZATION MAKES ITS AUDITED	
FINANCIAL STATEMENTS AND FORM 990 AVAILABLE UPON REQUEST AND ON ITS	
WEBSITE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE ALSO	
AVAILABLE UPON REQUEST WITH INSPECTION AT AN OFFICE OF THE ORGANIZATION.	
FORM 990, PART X, LINE 27:	
THROUGH THE FISCAL YEAR ENDED AUGUST 31, 2018, THE FOUNDATION ACCRUED	
FOR ESTIMATED COSTS OF REPORTABLE PENDING WISHES WHEN FIVE CERTAIN,	
MEASURABLE WISH CRITERIA WERE MET. THIS ACCRUAL DID NOT REPRESENT A	
LEGALLY BINDING LIABILITY BUT WAS CONSIDERED A MORAL OBLIGATION TO THE	
CHILD BY THE FOUNDATION ARISING WHEN THE FIVE CRITERIA WERE MET. GIVEN	
THE CHANGES TO THE WISH GRANTING ENVIRONMENT THAT HAVE OCCURRED IN	
RECENT YEARS, THE FOUNDATION DETERMINED THAT THE CALCULATION WAS NO	
LONGER REPRESENTATIVE OF THE FUTURE OBLIGATIONS. THE FOUNDATION REMAINS	Schedule O (Form 990 or 990-EZ) (201

	AKE-A-WISH FOUNDATION OF EAST	
5	ENNESSEE, INC.	Employer identification number 58-1799549
	· · · ·	
OMMITTED TO ITS MISSI	ON. AS A RESULT OF THIS CHANGE IN ACCOUNTING	
RINCIPLE, NET ASSETS	WITHOUT RESTRICTIONS AS OF SEPTEMBER 1, 2018 HAV	VE
NCREASED BY \$692,393.		

(Rev. January 2019)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Enter filer's identifying pumber

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enterme	er sidenting	ing number			
Type or print	Name of exempt organization or other filer, see instructions.       En         MAKE-A-WISH FOUNDATION OF EAST       En					mployer identification number (EIN) or			
-	TENNESSEE, INC.	TENNESSEE, INC.							
File by the due date for filing your	6005 CENTURY OAKS DRIVE NO. 500	Social security number (SSN)							
return. See instructions									
Enter th	e Return Code for the return that this application is for (fil	e a separat	e application for each return)			0 1			
Applica	tion	Return	Application			Return			
Is For		Code	ls For			Code			
	0 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 99		02	Form 1041-A			08			
Form 47	20 (individual)	03	Form 4720 (other than individual)			09			
Form 99	10-PF	04	Form 5227			10			
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11					
Form 99	0-T (trust other than above)	06	Form 8870	12					
Telep If the If this box 1 Ir th	equest an automatic 6-month extension of time until e organization named above. The extension is for the org · calendar year or · X tax year beginningSEP 1, 2018	s in the Uni Group Exe <u>] and atta</u> JULY 1 anization's , an	Fax No. ►	f this is fo all memb	r the whole ers the exte npt organiza	group, check this			
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reasc	on: Initial return	Final retur	'n				
3a lf	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069, e	enter the tentative tax, less						
ar	ny nonrefundable credits. See instructions.			3a	\$	0.			
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069								
es	estimated tax payments made. Include any prior year overpayment allowed as a credit.					0.			
c Ba	alance due. Subtract line 3b from line 3a. Include your pa								
us	using EFTPS (Electronic Federal Tax Payment System). See instructions.					0.			
Caution instructi	: If you are going to make an electronic funds withdrawal ons.	(direct deb	bit) with this Form 8868, see Form 84	153-EO an	d Form 887	9-EO for payment			

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)