orm	990	

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form	9:	J U	Under sec	tion 501	(c), 527, or 4947(a	a)(1) o	f the Internal R	Reve	nue Code (ex	cept pri	ivate found	dations)		2022
Denerte		the Treesury			enter social secu								Оре	en to Public
		the Treasury ue Service		Go to	www.irs.gov/For	rm990	for instruction	ns a	nd the latest	informa	ation.		In	spection
A Fe	or the	2022 calend	lar year, or ta	ax year b	eginning			09-	01 , 2022 ,	and end	ing	08	-31 ,2	2023
B Ch	eck if a	applicable:	C Name of orga	anization	MAKE-A-WISH	FOU	JNDATION O	FE.	AST TENNE	SSEE,	INC	D Emplo	oyer identifi	cation number
Ac	ldress o	change	Doing busine	ess as									58-17	99549
Na Na	ime cha	ange	Number and	street (or P.	O. box if mail is not deliv	vered to	street address)			Room/su	uite	E Teleph	none number	r
Ini	tial retu	ırn	5700 E	Baum D	rive						7		(865)	909-9474
Fir	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross rec Amended return Knoxville, TN 37919 \$												s receipts	
Ar														1,565,221
Ap	plicatio	on pending	F Name and ad	ddress of pri	ncipal officer:						H(a) Is this a	a group return f	or subordinates	s? Yes X No
				_							H(b) Are al	l subordinate	s included?	Yes No
I Ta	x-exem	npt status: X	501(c)(3)	501(c) () (insert no.)		4947(a)(1) or		527		lf "No,	" attach a lis	t. See instrue	ctions
JW	ebsite:		WISH.OR	G							H(c) Group	exemption I	number	
			Corporation	Trust	Association Oth	ner			L Year of forma	tion: 19	88 M	State of leg	al domicile:	TN
Par		Summar	•											
	1		0		mission or most sig	,						ion of	East 1	Tennessee
đ		creates	life-char	nging	wishes for c	hild	dren with	cri	tical il	lnesse	s.			
лс														
irne														
Activities & Governance	2			0	on discontinued its	•	•					1 1		
ڻ م	3		0		governing body (Pa		,					3		15
ŝŝ	4 Number of independent voting members of the governing body (Part VI, line 1b)											15		
vitie	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)									9				
I ctiv	6	Total numbe	r of volunteers	s (estimat	te if necessary)			••	•••••			6		75
4	7a	Total unrelat	ted business r	revenue f	rom Part VIII, colur	nn (C)), line 12	•••	••••			7a		0
	b	Net unrelate	d business ta	xable inc	ome from Form 99	0-T, P	art I, line 11 .	••		<u></u>		7b		0
											Prior Yea	r	Cı	urrent Year
	8		0 (line 1h)						1,18	5 , 757		1,530,483
nue	9	Program ser	vice revenue	(Part VII	l, line 2g)	•••		•••	•••••			1,500		575
Revenue	10	Investment in	ncome (Part V	/III, colun	nn (A), lines 3, 4, a	nd 7d)		••	•••••			6,438		11,035
Re	11	Other revenu	Je (Part VIII, c	column (A	A), lines 5, 6d, 8c, 9	c, 10c	, and 11e) .	•••	••••		(3	8,313)		(26,162)
	12	Total revenue	e - add lines 8	3 through	11 (must equal Pa	rt VIII,	, column (A), lin	e 12)		_	1,15	5,382		1,515,931
	13	Grants and s	similar amount	ts paid (F	Part IX, column (A)	, lines	1-3)	•••	•••••		49	9,141		749,454
	14	Benefits paid	d to or for mer	mbers (Pa	art IX, column (A),	line 4)		•••	•••••					0
s	15				oyee benefits (Par						31	3,845		340,003
					IX, column (A), lin									0
Expense	b		0 1	•	K, column (D), line 2	· -			246,473	_				
ŭ	17	•		•	A), lines 11a-11d, 1		,		•••••		18	4,746		373,999
	18	Total expens	ses. Add lines	s 13-17 (r	nust equal Part IX,	colum	nn (A), line 25)	• •			99	7,732		1,463,456
	19	Revenue les	s expenses.	Subtract	line 18 from line 12	2		••			15	7,650		52,475
Ces										Beg	inning of Cur	rent Year	Er	nd of Year
Net Assets or Fund Balances	20			,							93	4,524		1,084,327
t Ass id Bi	21			,							4	2,071		139,728
	22			es. Subt	ract line 21 from lir	ne 20					89	2,453		944,599
Par	t II	Signatu	ire Block											
					s return, including accon an officer) is based on al					t of my kno	wledge and b	elief, it is		
									,					

Sign	Signature of officer					Dat	e		
Here	Garrett Wag]								
	Type or print name and title								
	Print/Type preparer's name		Preparer's signature	Date		Check X if	PTIN		
Paid	Mary Holston		Mary Holston	03-19-202	24	self-employed	P0163621	.0	
Preparer	Firm's name	Mary Hol	lston		Firm's	Firm's EIN			
Use Only	Firm's address	Firm's address 123 Center Park Drive							
		865-6	65-604-6396						
May the IRS	discuss this return with	the preparer sl	nown above? See instructions				🗌 Yes	X No	
	ark Daduction Act Noti		narata instructions				Farm	000 (2022)	

Form	990 (2022) MAKE-A-WISH FOUNDATION OF EAST TENNESSEE, INC	58-1799549	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		x
1	Briefly describe the organization's mission:		
	The Make-A-Wish Foundation of East Tennessee creates life-changing wishes for	children	with
	critical illnesses.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	🗌 Yes	x No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by	
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	the total expenses, and revenue, if any, for each program service reported.	1013,	
	the total expenses, and revenue, if any, for each program service reported.		
40	(Code:) (Exponence * 1, 112, 029, including graphs of * 740, 454.) (Povenue	¢	
4a	(Code:) (Expenses \$ 1,113,038 including grants of \$ 749,454) (Revenue	Φ	<u>575</u>)
	See Schedule O		
4b	(Code:) (Expenses \$including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,113,038	/	
EEA		Fo	m 990 (2022)
			- (/

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Page 3
1 Is the organization described in section 501(c)(3) or 447(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 2 Is the organization required to complete Schedule B, Schedule O Contributors? See instructions 2 3 Did the organization required to complete Schedule B, Pt I 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) 4 5 Is the organization ascion S01(c)(4) S01(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 ("Yes," complete Schedule C, Ptr II. 5 6 Did the organization requires to not had a comservation essense to reasours for which donors have the right to privide active on the distribution or investment of amounts in such funds or accounts? II "Yes," complete Schedule D, Part II. 7 7 Did the organization requires on thold a comservation essense to pressure open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 8 Did the organization requires on to dark following upsator crustodial account liability, serve as a custodial negativities. Part IV. 9 9 Did the organization requires on y of the following upsator in load assets in noncer-restricted endoweness on the administer or in quasi endowments? If "Yes," complete Schedule D, Part VI. 9 9	
complete Schedule A 1 1 Is the organization requipte to complete Schedule C, Part I 2 3 Did the organization requipte in direct or indirect political campaign activities on bahall of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 4 Section 50(1(q)) organizations but the organization requires individual campaign activities on have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part I 4 5 Is the organization ascience for (ye), 50(1)(g), 60(1)(g),	'es No
2 Is the organization required to complete Schedule B, Schedule C Contributors? See instructions. 2 3 Did the organization angue in detac or index pollical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 4 Section 501(c)(3) organizations. Did the organization orgage in lobbying activities. or have a section 501(n) 4 5 Is the organization as defined in Mex Proc. 98-172 "Yes," complete Schedule C, Part II. 5 6 Did the organization as defined in Mex Proc. 98-172 "Yes," complete Schedule D, Part II. 5 7 Did the organization receive or hold a conservation easement. Including easements to preserve open space. 7 8 Did the organization report on hold activitue. 7 8 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts in listed and Park X: (me 21, for secrow or custodial account liability, serve as a custodian for amounts in the advectory ordifeed Complete Schedule D, Part I 9 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, " complete Schedule D, Part V 9 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, " complete Schedule D, Part V 9 11	
3 Did the organization engage in direct or indirect political campaign activities on hered of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization ascience 70(c)(a).507(c)(c)(c), 507(c)(c)(c) organization transcribes membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-187 If "Yes," complete Schedule C, Part II. 5 6 Did the organization marking any doorn advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I. 7 7 Did the organization marking and unds or any similar insuch funds or accounts? If "Yes," complete Schedule D, Part II. 7 8 Did the organization reports on thold a conservation easement. Including assements to preserve goen space. 7 9 Did the organization mark of the Art X, Ine 21, for escrow or custodal account lability, sarve as a custodan for amounts not listed in Part X, ine 21, for escrow or custodal account lability, sarve as a custodan for amounts not listed in Part X, ine 21, for escrow or custodal account lability, sarve as a custodan for amounts not listed organization. hold assets in donor-restricted andowments or in quasi indowents? If "Yes," complete Schedule D, Part VI 9 10 Did the organization report an amount for investments - other securities in Part X, line 12, the is 5% or more of its total assets r	x
andidates for public office? If 'Yes,' complete Schedule C, Part I 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4) 4 5 Is the organization action 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-1091 'I'ves,' complete Schedule C, Part II. 5 6 Did the organization maintain any doror advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If ''ves,'' complete Schedule D, Part II. 6 7 Did the organization receive or hold a conservation searment, including easements to preserve open space, the environment, historic land areas, or historic structures? If ''res,'' complete Schedule D, Part II. 7 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account lability, serve as a custodian report an amount in Part X, line 12, tor escrow or custodial and environment. 8 9 Did the organization directly of through a related organization, hold assets in donar-restricted endowments? If ''ves,'' complete Schedule D, Part V. 9 10 Did the organization report an amount for integeneties. Schedule D, Part V. 10 11 the organization report an amount for integeneties. Schedule D, Part V. 11 12 did the organization report an amount for integeneties. Schedule D, Part V. 11 13 did the organization report an amount for inthestimes.	x
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) 4 5 Is the organization a section 501(c)(4). 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 86-197. If 'Yes,' complete Schedule C, Part II. 5 6 Did the organization mainter and y dona davies dunds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If ''Yes,'' complete Schedule D, Part II. 6 7 Did the organization mainter collections of works of art, historical treasures, or other similar assets? If 'Yes,'' complete Schedule D, Part II. 7 8 Did the organization mainter collections of works of art, historical treasures, or other similar assets? If 'Yes,'' complete Schedule D, Part II. 8 9 Did the organization mainter anonun in Part X, line 21, for escrow or custodial account lability, serve as a custodial for amounts not listed in Part X, inre 21, tor escrow or custodial account lability, serve as a custodial not anonuc if 'Yes,' complete Schedule D, Part II. 9 10 Did the organization report an amount for investments - other securities in Part X, line 107. If 'Yes,'' 9 11 If the organization report an amount for investments - other securities in Part X, line 107. If 'Yes,'' 9 11 If the organization report an amount for investments - oth	
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5 Is the organization assection 501(c)(6), 501(c)(6) or ganization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99-192 II "Yes," complete Schedule C, Part III. 5 5 Did the organization maintain any doora advised funds or any similar funds or accounts for which doones have the right to provide advice on the distribution or investment of amounts in such funds or accounts or Mine Times". 5 7 Did the organization receive or hold a concervation assement, including assements to preserve open space, the environment, historic and areas, or historics structures 2" If "xes," complete Schedule D, Part II. 7 8 Did the organization neolive or hold a concervation assement, including assements to preserve open space, complete Schedule D, Part III. 7 9 Did the organization open an amount in Part X. Ine 21, for escrow or custodial account liability, serve as a custodian services II' Yes," complete Schedule D, Part IV. 9 9 Did the organization open an amount for land, buildings, and equipment in Part X, line 10? II 'Yes," complete Schedule D, Part V. 9 10 If the organization report an amount for investments - organ related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? II 'Yes," complete Schedule D, Part VII. 10 11 If the organization report an amount for investments - organ related In Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17 I'Yes," complete Schedule D, Part VI. 11 </th <td></td>	
assessments, or similar amounts as defined in Rev. Proc. 98-197 // Yes," complete Schedule C, Part III. 5 b Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // "Yes," complete Schedule D, Part I . 6 D Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? // Yes," complete Schedule D, Part II . 7 B Did the organization receiver an amount in Part X, line 21, for escrew or custodial account lability, serve as a custodian for amounts not lised in Part X, corrolete Schedule D, Part V 8 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 9 10 Did the organization acressite in Part X, line 10, Part V 9 11 The organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 11 The organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part XII 10 13 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part XII 11 14 Did the organizatio	x
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"Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 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 II 7 9 Did the organization orgon annount 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 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 11 if the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 12 bid the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a 14 Did the organization report an amount for land, buildings 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 VI 11b 15 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 VI 11c 16 Did the organization report an amount for other assets in Part X, line 15, that is 5% or mor	
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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 negoritation services if "Yes," complete Schedule D, Part V 9 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 12 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. 11a 13 Did the organization report an amount for investments - other securities 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 VII. 11b 14 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11c 15 Did the organization report an amount for other liabilities in Part X. line 25? If "Yes," complete Schedule D, Part X 11e 16 Did the organization report an amount for other liabilities in Part X. line 25? If "Yes," complete Schedule D, Part X 11e 17 Did the organization report an amount for other liabilities in Part X. line 25? If "Yes," comp	
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c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	v
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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	v
 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X
 bid the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	x
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	x
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<u>~</u>
 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Parts XI and XII</i>	x
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 b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	x
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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	x
 14a Did the organization maintain an office, employees, or agents outside of the United States?	x
 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	x
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 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	
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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	
If "Yes," complete Schedule G, Part III	x
20 a Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	x
	x
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	
domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X (2022

Form	990 (2022) MAKE-A-WISH FOUNDATION OF EAST TENNESSEE, INC 58-17995	49	P	age 4
Pa	t IV Checklist of Required Schedules (continued)			
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
1 2	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	23		v
24a	employees? If "Yes," complete Schedule J	23		x
2 4a	\$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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
-	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV.	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		
20	"Yes," complete Schedule L, Part IV.	28c		x
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M.</i>	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	- 51		x
02	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
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		х
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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4 -		
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Form	990 (2022) MAKE-A-WISH FOUNDATION OF EAST TENNESSEE, INC 58-1799	549	F	Page 5
Par	Tt 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 returm			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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	Ju		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		v
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		x
b		10		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	· · · · · · · · · · · · · · · · · · ·	70		x
d		70		
e r	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		X
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/11		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	0		x
9	Sponsoring organizations maintaining donor advised funds.	9a		v
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		X
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		x
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
b 11	Section 501(c)(12) organizations. Enter:	-		
11				
a h	Gross income from members or shareholders	-		
b				
100	against amounts due or received from them.)	120		
12a		12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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	-		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
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 the instructions and file Form 4720, Schedule N.			
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.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Forr	m 990 (2022) MAKE-A-WISH FOUNDATION OF EAST TENNESSEE, INC 58-17995	49	Р	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructio	ns.		
	Check if Schedule O contains a response or note to any line in this Part VI			х
See	ction 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 15			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X
6 70	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	0		x
7a	one or more members of the governing body?	7a		v
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1a		x
b	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		
Ŭ	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
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			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
a h	The organization's CEO, Executive Director, or top management official	15a 15b	х	v
b	Other officers or key employees of the organization	130		x
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Tou		Λ
2	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			ı
17	List the states with which a copy of this Form 990 is required to be filed Tennessee			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Garrett Wagley (865)909-9474, 6700 Baum Drive, Knoxville, TN 37919			

Form 990 (202	2) MAKE-A-WISH FOUNDATION OF EAST TENNESSEE, INC	58-1799549	Page 7							
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated Employe	es, and							
	Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII		🗌							
Section A.	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete	this table for all persons required to be listed. Report compensation for the calendar year ending with or v	vithin 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 the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than

\$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	aleu organizai		npens	Sale	su a	iny cui	10III		แน้อเธีย.	
					C)					
(A)	(B)		Position				(D)	(E)	(F)	
Name and title	Average	· ·				han one s both ar	n	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	Individual trustee or director	Inst	Officer	Key	emp	Former	1099-MISC/	1099-MISC/	organization and
	related	lirect	ner irec		1099-NEC)	1099-NEC)	related organizations			
	organizations	tor tru	Institutional trustee		Key employee	e com				
	below	Istee	trust		96	pens				
	dotted line)	Ű	ee			Highest compensated employee				
						<u> </u>				
(1) Garrett Wagley	40.00									
CEO						х		89,041	0	12,596
(2) Seth Brown	1.00									
Director		х						0	0	0
(3) Ken Mann, Director	1.00									
Director		х						0	0	0
(4) Paul Larkins	1.00									
Director		х						0	0	0
(5) Rebecca White	1.00									
Director		х						0	0	0
(6) Lisa Carter	1.00									
Director		х						0	0	0
(7) Danny Schaefer	1.00									
Director		х						0	0	0
(8) Leslie Consoli	1.00									
Director		х						0	0	0
(9) Becca Boyd	1.00									
Director		х						0	0	0
(10)Jamie Fusaro	1.00									
Director		х						0	0	0
(11)Steven Godbold	1.00									
Director		x						0	0	0
(12)Micah_Stockett	2.00									
Secretary		х		x				0	0	0
(13)Hayley Relford	5.00									
Chair		х		х				0	0	0
(14)Jonathon_Guthrie	1.00									
Treasurer		x		x				0	0	0
EEA				_	_					Form 990 (2022)

	90 (20											3-1799			age 8
Part	VII	Section A. Officers, Directors,	Trustees,	Key I	Emp	oloy	yee	es, an	ld F	lighest Comp	ensated	l Emple	oyees	(cont	inued,
		(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	, unles cer and	Pos eck m is per d a dir	rson i: rector	han one s both ar //trustee) Highest compensated		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reports compens from rela organization 1099-MI 1099-NE	able ation ated ns (W-2/ ISC/	cor f orga	(F) ated am of other npensati rom the nization d organiz	ion and
(45)-	-	_						ă							
Past	Chai	Carson r Mayes	1.0	x		x				0		0			0
Vice-	Chai	r		x		х				0		0			0
<u>(17)</u>															
(18)															
<u>(</u> 19)															
(20)															
(21)															
(22)															
(23)															
(24)			 -												
(25)															
1b	Subto		•••••	•••		• •	•••	••••	•						
c c		from continuation sheets to Part VII, Sec (add lines 1b and 1c)		•••		•••	•••	•••	•	89,041		0		12,	506
2		number of individuals (including but not lim								·	of	U		12,3	090
3	-	table compensation from the organization	ctor, trustee,	key en	nploy	/ee,	or h	ighest	con	npensated				Yes	0 No
		byee on line 1a? If "Yes," complete Schedu											3		x
4		ny individual listed on line 1a, is the sum of i ization and related organizations greater to													
	-	dual											4		х
5		ny person listed on line 1a receive or accrue			-			-							
Socti		rvices rendered to the organization? If "Ye Independent Contractors	es," complete	Sched	dule J	l for	SUC	h pers	on				5		х
1		lete this table for your five highest compensations	ated indepen	dent co	ontrac	ctors	s tha	t recei	ved	more than \$100,00	0 of				
		ensation from the organization. Report com										ax year.			
		(A)								(B)			(C)		
		Name and business addre	55							Description of servic	5		Compens	αιιΟΠ	
2		number of independent contractors (includi ved more than \$100,000 of compensation fr	-			e lis	sted a	above)) wh	0					

Form 99	90 (20	22) МАКЕ-2	A-W	ISH FOUNI	DAT:	ION OF EAST I	ENNESSEE, I	NC	58-17995	49 Page 9
Part	VIII	Statement of Rev	enu	e						
		Check if Schedule O co	ntain	s a response	or n	ote to any line in thi	s Part VIII			[]
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a	1,656				
(0) .	b	Membership dues			1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events			1c	242,419				
<u>ה</u> ה	d	Related organizations .			1d					
iifts ar Al	е	Government grants (contri	ibutio	ons)	1e					
s, G mila	f	All other contributions, gift	ts, gr	ants,						
tion r Si		and similar amounts not in	nclud	ed above	1f	1,286,408				
Othe	g	Noncash contributions inc	lude	d in						
nd (lines 1a-1f	••		1g	\$ 354,600				
	h	Total. Add lines 1a-1f	•••				1,530,483			
						Business Code				
æ	2a	Wish Assist Fees			900099	575	575			
, vic	b									
Ser	C									
Jram Serv Revenue	d									
Program Service Revenue	е									
Ϋ́		All other program service r								
	g	Total. Add lines 2a-2f .					575			
	3	Investment income (includir								
	other similar amounts)						10,612			10,612
	4									
	5	Royalties			••					
	6a	Gross rents	62	(i) Real		(ii) Personal				
		Less: rental expenses	6a 6b							
		Rental income or (loss)	6C							
		Net rental income or (loss)								
		(, , , , , , , , , , , , , , , , , , ,	\square	(i) Securities		(ii) Other				
	/a	Gross amount from sales of assets		(i) decunites						
		other than inventory	7a		424					
	b	Less: cost or other basis								
e		and sales expenses	7b		1					
enu	c	Gain or (loss)			423					
Rev	d	Net gain or (loss)					423			423
Other Revenue	8a	Gross income from fundrai	sing							
đ		events (not including \$		242,419						
		of contributions reported or	n line	9						
		1c). See Part IV, line 18	•••		8a	23,127				
		Less: direct expenses .			8b	49,289				
		Net income or (loss) from f		aising events	_ •		(26,162)			(26,162)
	9a	Gross income from gaming								
		activities, See Part IV, line			9a					
		Less: direct expenses .			9b					
	C	Net income or (loss) from g	gamii	ng activities	•••	••••				
	10a	Gross sales of inventory, le								
		returns and allowances .			10a					
		Less: cost of goods sold			10k	1				
	C	Net income or (loss) from s	sales	of inventory	• •					
	44-					Business Code				
Miscellanous Revenue	11a									<u> </u>
llan enu	b									<u> </u>
scellanou Revenue	c d	All other revenue								
Ϊ		Total. Add lines 11a-11d								
		Total revenue. See instrue					1,515,931	575	0	(15,127)
							_,,	5,5	U	(

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m 990	(2022)	MAKE-A-WISH	FOUNDATION	OF	EAST	TENNESSEE,	INC
art IX	Statement of	Functional Ex	penses				
ction 50	01(c)(3) and 501(c)(4)	organizations mus	st complete all col	umn	s. All otl	her organizations	must complet

Form 990 (2022) Part IX Statement	MAKE-A-WISH FOUNDATION of Functional Expenses	N OF EAST TENNE	SSEE, INC	58-179954	19 Page
	(4) organizations must complete all c	columns All other organ	vizations must complet	e column (A)	
	ule O contains a response or note to	-		· · · · · · · · · · · · · · · ·	
o not include amounts re		(A)	(B)	(C)	(D)
b, 9b, and 10b of Part VIII.	forted on lines ob, 7b,	Total expenses	Program service	Management and	Fundraising
	ance to domestic organizations		expenses	general expenses	expenses
-	F				
		840 454	R40 454		
	, line 22	749,454	749,454		
3 Grants and other assist	Ũ				
organizations, foreign g					
-	Part IV, lines 15 and 16				
•					
5 Compensation of curren					
	yees	105,895	82,598	7,413	15,88
•	ded above to disqualified				
	ler section $4958(f)(1)$) and				
•	ction 4958(c)(3)(B)				
7 Other salaries and wag		197,344	45,040	28,293	124,01
•	nd contributions (include				
	b) employer contributions)				
	5	18,084	14,105	1,266	2,71
•		18,680	14,570	1,308	2,80
1 Fees for services (none	,				
•					
0					
Ũ		56,794	604	35,686	20,50
, ,					
	g services. See Part IV, line 17 .				
-	tfees	1,170		1,170	
-	nt exceeds 10% of line 25, column				
(A) amount, list line 11g	expenses on Schedule O.)				
 Advertising and promoti 	on	33,740			33,74
3 Office expenses		20,408	10,750	1,004	8,65
4 Information technology					
5 Royalties					
6 Occupancy		22,975	11,258	2,757	8,96
7 Travel		6,692	771	2,979	2,94
8 Payments of travel or e	ntertainment expenses				
for any federal, state, or	local public officials				
9 Conferences, conventio	ns, and meetings	11,586	221	2,837	8,52
0 Interest					
1 Payments to affiliates .					
2 Depreciation, depletion,	and amortization	3,113	1,525	374	1,21
3 Insurance					
4 Other expenses. Itemiz	e expenses not covered				
above (List miscellaneo	us expenses on line 24e. If				
line 24e amount exceed	s 10% of line 25, column				
(A), amount, list line 24e	expenses on Schedule O.)				
a Repair & Mainte	nance	302	148	36	11
b Membership Dues		1,430	186	1,096	14
c National Member	ship Dues	88,091	61,663	12,333	14,09
d Grant and Schol		120,000	120,000		-
e All other expenses		7,698	145	5,393	2,16
	nses. Add lines 1 through 24e	1,463,456	1,113,038	103,945	246,47
6 Joint costs. Complete	-				•
organization reported ir	column (B) joint costs				
from a combined educa fundraising solicitation.					

	990 (20	,	INC 5	8-179	9549 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part 2	X	••••	
			(A)		(B)
	1		Beginning of year		End of year
	1	Cash - non-interest-bearing		1	389,927
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	·	4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	•	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section $4958(c)(3)(B)$		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	-	8	1,934
Ř	9	Prepaid expenses and deferred charges	. 33,561	9	41,416
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 19,2			
	b	Less: accumulated depreciation			2,058
	11	Investments - publicly traded securities		11	390,832
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14			14	
	15	Other assets. See Part IV, line 11		15	258,160
	16	Total assets. Add lines 1 through 15 (must equal line 33)			1,084,327
	17 18	Accounts payable and accrued expenses		17 18	77,048
	10			10	
	20	Deferred revenue		20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	21	Loans and other payables to any current or former officer, director,	•	21	
Liabilities	~~~	trustee, key employee, creator or founder, substantial contributor, or 35%			
bilid		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	•		
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	. 8,748	25	62,680
	26	Total liabilities. Add lines 17 through 25		26	139,728
		Organizations that follow FASB ASC 958, check here			1007710
		and complete lines 27, 28, 32, and 33.			
ces	27	Net assets without donor restrictions	. 794,522	27	816,227
llan	28	Net assets with donor restrictions		28	128,372
I Ba		Organizations that do not follow FASB ASC 958, check here			
oun		and complete lines 29 through 33.			
г Т	29	Capital stock or trust principal, or current funds		29	
its c	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSe	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	. 892,453	32	944,599
ž	33	Total liabilities and net assets/fund balances		33	1,084,327
EEA					Form 990 (2022)

Form	990 (2022) MAKE-A-WISH FOUNDATION OF EAST TENNESSEE, INC	58-1799549	Ð	Pa	age 12
Par	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	515,	931
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	463,	456
3	Revenue less expenses. Subtract line 2 from line 1	3		52,	,475
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		892,	,453
5	Net unrealized gains (losses) on investments	5		((329)
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		944,	,599
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	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?		2b	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 audit, review, or compilation of its financial statements and selection of an independent accountant? \ldots .		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	n 990	(2022)

SCHEDULE	Α
(Form 990)	

Public Charity Status and Public Support

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

Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number MAKE-A-WISH FOUNDATION OF EAST TENNESSEE, INC 58-1799549 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. С Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III e functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). a (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E)

Total

OMB No. 1545-0047

Schedu	e A (Form 990) 2022 MAKE-A-WISH					58-179954	
Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)([•]	1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if the	e organizatior	n failed to qua	lify under
	Part III. If the organization fails to	o qualify unde	r the tests lis	ted below, pl	ease complet	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	975,504	773,107	943,653	1,207,354	1,530,485	5,430,103
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	975,504	773,107	943 653	1,207,354	1 530 485	5,430,103
5	The portion of total contributions by	575,504	775,107	545,055	1,207,554	1,550,405	
Ū	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						1 202 022
6	Public support. Subtract line 5 from line 4.						1,383,832 4,046,271
	on B. Total Support						4,040,271
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	975,504	773,107		1,207,354		
8	Gross income from interest, dividends,	9/5,504	//3,10/	943,653	1,207,354	1,530,485	5,430,103
0	payments received on securities loans,						
	rents, royalties, and income from						
	-	4 5 4 3				10 (10	
•		4,541	3,311	3,155	5,050	10,612	26,669
9	Net income from unrelated business						
	activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	39,816	4,912	41,028	(38,313)	(26,162)	
11	Total support. Add lines 7 through 10		<u> </u>			40	5,478,053
12	Gross receipts from related activities, etc.	-			••••	12	
13	First 5 years. If the Form 990 is for the or	0				,	, , ,
Centi	organization, check this box and stop her						· · · · · · L
-	on C. Computation of Public Suppor			4			
14	Public support percentage for 2022 (line 6		•			14	73.86 %
15	Public support percentage from 2021 Sch					15	84.21 %
16a	33 1/3% support test - 2022. If the organ						
	box and stop here. The organization qua			-			
b	33 1/3% support test - 2021. If the organ						
47.	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 202	•					
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa			-	-		_
-	organization						_
b	10%-facts-and-circumstances test - 202	-					
	15 is 10% or more, and if the organization					-	
	in Part VI how the organization meets the			-	-		· · _
	organization						
18	Private foundation. If the organization di						
	instructions	<u></u>	<u></u>	<u></u>		<u></u>	<u></u>

Schedu	le A (Form 990) 2022 MAKE-A-WISH					58-179954	9 Page 3
Part	III Support Schedule for Organiza	ations Desci	ribed in Sect	ion 509(a)(2)			
	(Complete only if you checked th	e box on line	e 10 of Part I	or if the orgar	nization failed	to qualify un	der Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	l.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a							
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
~	received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
o							
Costi							
-	on B. Total Support	(-) 0040	(1-) 0040	(-) 0000	(-1) 0004	(-) 0000	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fi	rst, second, thi	rd, fourth, or fi	th tax year as	a section 501(c)(3)
	organization, check this box and stop her	-			-	-	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8			13. column (f))		15	%
16	Public support percentage from 2021 Sch					16	%
	on D. Computation of Investment Inc						//0
17	Investment income percentage for 2022 (I			ov line 13 colu	mn (f))	17	%
18	Investment income percentage from 2022 (investment income percentage from 2021			-		18	%
19a	33 1/3% support tests - 2022. If the orga					-	
194	17 is not more than 33 1/3%, check this be						_
b	33 1/3% support tests - 2021. If the organizati		-				
U U	line 18 is not more than 33 1/3%, check this bo						_
20	Private foundation. If the organization die	-	-			-	
20	i male ioundation. Il the organization di	u not theth a		, i 3a, UL 19D, C			

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Page 4

No

Yes

MAKE-A-WISH FOUNDATION OF EAST TENNESSEE, INC 58-1799549 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations 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. 1 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). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified 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. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a 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. 4b Did the organization support any foreign supported organization that does not have an IRS determination С 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. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 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. 6 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). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С Did a disqualified person (as defined on 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. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a 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.) 10b

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Schedu	Ile A (Form 990) 2022 MAKE-A-WISH FOUNDATION OF EAST TENNESSEE, INC 58-179954	9	P	age 5
Part	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			

- more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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.

Section C. Type II Supporting Organizations

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).

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- **a** 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.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes
- 2 Activities Test. Answer lines 2a and 2b below.
- 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.
- **b** Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2022

2a

2b

3a

3b

1

2

1

Yes No

No

EEA

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 3 Add lines 1 through 3. 4 4 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection 6 of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): **a** Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c **d** Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6

Section C - Distributable Amount

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

Sect	ion C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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

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7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

EEA

6 7

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Schedule A (Form 990) 2022

Schedul	e A (Form 990) 2022 MAKE-A-WISH FOUNDATION OF	EAST TENNESSEE,	INC 58-1	7995	549 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organic	izations (continue	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	 provide details in Part 	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
9	(provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6			8 9	
<u> </u>	Line 8 amount divided by line 9 amount			9 10	
10			(ii)	10	(iii)
Secti	on E - Distribution Allocations (see instructions)	(i)	Underdistribution	19	Distributable
0000		Excess Distributions	Pre-2022		Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		110 2022		
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
<u> </u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2022 from				
4	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
 C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
-	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
<u> </u>	Excess from 2020				
d	Excess from 2021				
<u>e</u>	Excess from 2022			-	
EEA				5	chedule A (Form 990) 2022

	France Representation Provide the explorections required by Part II, line 40, Part II, line 47, or 47, Part
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2022

Attach to Form 990 or Form 990-PF.

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

Employer identification number

Nume of the organization		
MAKE-A-WISH FOUNDATIO	N OF EAST TENNESSEE, INC	58-1799549
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not 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), 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), 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).

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

Part I	WISH FOUNDATION OF EAST TENNESSEE, INC Contributors (see instructions). Use duplicate co	· · ·	58-1799549
	, , ,		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1		\$366,814	PersonImage: CompletePayrollImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$33,828	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$337,316	PersonxPayrollINoncashx(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$60,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$000,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$78,004	PersonxPayrollNoncash(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Schedule B ((Form 990) (2022)		Page 2
Name of or	-	-	over identification number
	WISH FOUNDATION OF EAST TENNESSEE, INC Contributors (see instructions). Use duplicate co	· · ·	<u>58–1799549</u> needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_7		\$51,470	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$47,190	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

f Part II if additional space (c) FMV (or estimate) (See instructions.) \$	8-1799549 e is needed. (d) Date received 01-01-2023 (d) Date received
FMV (or estimate) (See instructions.) (C) FMV (or estimate) (See instructions.)	Date received
(c) FMV (or estimate) (See instructions.)	(d)
(c) FMV (or estimate) (See instructions.)	(d)
FMV (or estimate) (See instructions.)	
(-)	
(c) FMV (or estimate) (See instructions.)	(d) Date received
\$	
(c) FMV (or estimate) (See instructions.)	(d) Date received
\$	
(c) FMV (or estimate) (See instructions.)	(d) Date received
\$	
(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$

SCHEDULE D		Supplementa	al Financial Statements		OMB No. 1545-0047
(Forn	n 990)	Complete if the orga	2022		
), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	nent of the Treasury		Attach to Form 990.		Open to Public
	Revenue Service of the organization	Go to www.irs.gov/Forms	90 for instructions and the latest informa		Inspection Ientification number
	-	DARTON OF FACE PRIMECOFF T			
Pa		DATION OF EAST TENNESSEE, I	Funds or Other Similar Funds or Acc		.799549
Ia		te if the organization answered "Yes" of		ounts.	
	Complet		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at	end of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5		-	writing that the assets held in donor advised		
	0		ation's exclusive legal control?		Yes 🗌 No
6			advisors in writing that grant funds can be use		
	-	-	nor or donor advisor, or for any other purpose		
	conferring imperi	missible private benefit?			Yes 🗌 No
Par	t II Consei	rvation Easements.			
	Complet	te if the organization answered "Yes" of	on Form 990, Part IV, line 7.		
1	Purpose(s) of co	nservation easements held by the organization	tion (check all that apply).		
	Preservation	of land for public use (for example, recreation	on or education)	istorically in	mportant land area
	Protection of	natural habitat	Preservation of a c	ertified hist	oric structure
	Preservation	of open space			
2	Complete lines 2	a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservati	on
	easement on the	last day of the tax year.			Held at the End of the Tax Year
а	Total number of	conservation easements		. 2a	
b	Total acreage re	stricted by conservation easements		. 2b	
C			ructure included in (a)	. 2c	
d		ervation easements included in (c) acquired			
	historic structure	listed in the National Register		. 2d	
3	Number of conse	ervation easements modified, transferred, re	leased, extinguished, or terminated by the or	ganization	during the
	tax year				
4		s where property subject to conservation ea			
5	-	ation have a written policy regarding the pe			
			t holds?		
6	Staff and volunte	er hours devoted to monitoring, inspecting, l	nandling of violations, and enforcing conserva	ation easem	ents during the year
_					
7	Amount of exper	ises incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements	during the year
•	Describer				
8			ove satisfy the requirements of section 170(h)		
•					
9	-	o 1	tion easements in its revenue and expense st		
		counting for conservation easements.	ote to the organization's financial statements	that descrit	jes the
Par			of Art, Historical Treasures, or O	ther Sim	ular Assots
rai	U	te if the organization answered "Yes" of			IIIdi A55615.
1a			58, not to report in its revenue statement and	halance sh	peet works
iu	0	· •	blic exhibition, education, or research in furth		
			incial statements that describes these items.		
b			58, to report in its revenue statement and bal	ance sheet	works of
	-		c exhibition, education, or research in furthera		
		ving amounts relating to these items:			
	•				. \$
2			easures, or other similar assets for financial g		
-	-	ts required to be reported under FASB ASC	-	, promot	
а	•		· · · · · · · · · · · · · · · · · · ·		. \$
b					· · · · · · · · · · · · · · · · · · ·

	b	Assets included in Form 990, Part X			•	•	•	•	•	•	•
I	For Pa	aperwork Reduction Act Notice, see the Instructions	for	· Fo	ori	n 9	99	0.			

	e D (Form 990) 2022 MAKE-A-WISH FOUN						58-179		Page 2
Part								•	ontinued)
3	Using the organization's acquisition, accession	n, and other record	s, check a	ny of the fo	llowing that m	nake sig	nificant use of its	;	
	collection items (check all that apply):								
а	Public exhibition		d	Loan o	r exchange pr	ogram			
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explai	n how they	further the	e organization	n's exem	npt purpose in Pa	rt	
	XIII.		,		-				
5	During the year, did the organization solicit or	receive donations	of art. histo	rical treas	ures. or other	similar			
	assets to be sold to raise funds rather than to							. 🗌 Ye	s 🗌 No
Part									
	Complete if the organization a		on Forn	n 990. P	art IV. line	9. or i	eported an ar	mount on	Form
	990, Part X, line 21.					0, 0			
1a	Is the organization an agent, trustee, custodiar	or other intermed	iary for cor	tributions	or other asset	ts not			
ia	included on Form 990, Part X?		-					🗌 Ye	s 🗌 No
h	If "Yes," explain the arrangement in Part XIII a				• • • • • • •			· · 📋 ie	
b			nowing tac	ne.			•		
	De sie sie stele een							mount	
C	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on For						•		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	explanation	has been	provided on F	Part XIII			
Part			_	_					
	Complete if the organization a	nswered "Yes"	on Forn	n 990, P	art IV, line	10.			
		(a) Current year	(b) Prio	or year	(c) Two years	back	(d) Three years bac	k (e) Fou	r years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current	nt vear end balanc	e (line 1a	column (a)) held as:				
-	Board designated or quasi-endowment	%	e (inte rg,		/ 10/0 00.				
b	Permanent endowment %	70							
С		d agual 100%							
2-	The percentages on lines 2a, 2b, and 2c shoul					al f a a fla			
3a	Are there endowment funds not in the posses	sion of the organiz	ation that a	are neid an	a administere	a for the	9		V N-
	organization by:							a (1)	Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza					•••		. 3b	
	Describe in Part XIII the intended uses of the		owment fu	nds.					
Part	3 , , , , , , , , , , , , , , , , , , ,		_						
	Complete if the organization a	nswered "Yes"	on Forn	n 990, P	art IV, line	11a. S	See Form 990), Part X,	line 10.
	Description of property	(a) Cost or othe	er basis	(b) Cost o	r other basis	(c)	Accumulated	(d) Boo	ok value
		(investme	ent)	(0	other)	d	epreciation		
1a	Land	•							
b	Buildings								
С	Leasehold improvements								
d			2,058		17,175		17,175		2,058
e	Other								
	Add lines 1a through 1e. (Column (d) must eq		t X. colum	n (B), line	10c.)				2,058
			.,	(=),0					_,000

EEA

Schedule D (Form 990) 2022 MAKE-A-WISH FOUNDATION OF EA	AST TENNESSEE,	INC 58-1799549 Page 3
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

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

Part IX Other Assets.

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

(1) ue from related entities	61,098
(2)Beneficial Int Assets held by other	25,086
(3Contribution Receivable	130,216
(4Right-of-Use Assets-Operating	41,126
(5]Right-of-Use Assets-Financing	634
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	258,160

Other Liabilities. Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2pue to related entities	20,452
(3)peferred Rent	
(4Lease Liability-Operating	41,583
(5Lease Liability-Financing	645
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.).	62,680

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

Schedu	ule D (Form 990) 2022 MAKE-A-WISH FOUNDATION OF EAST TENNESSEE, INC	58	8-1799549	Page 4
Part	t XI Reconciliation of Revenue per Audited Financial Statements With R	Revenue per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,663,927
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	(329)		
b	Donated services and use of facilities	149,495		
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	149,166
3	Subtract line 2e from line 1	[3	1,514,761
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1,170		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	1,170
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	1,515,931
Part	t XII Reconciliation of Expenses per Audited Financial Statements With	Expenses pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	1,611,781
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	149,495		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	149,495
3	Subtract line 2e from line 1	[3	1,462,286
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1,170		
b		-		
с	Add lines 4a and 4b		4c	1,170
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		5	1,463,456
Dort	t XIII Supplemental Information.		I	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G (Form 990)		the organization a	inswered "Yes	s" on Form 99	aising or Gami			OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		At	ttach to Form	990 or Form 9	Form 990-EZ, line 6a. 990-EZ. nd the latest informat	ion		Open to Public Inspection
Name of the organization		30 to www.ii3.gov/	101113301011		id the latest informat	1011.	Employer identific	
-								
MAKE-A-WISH FOUN				ation on ou	warad "Vaa" an I	Form	58-179	
	sing Activities.		•		vered res on	FOIII	1990, Part IV	, line 17.
	the organization rais				ties. Check all that a	pply.		
a Mail solicitatio	•	0	́e [of non-government		S	
=	mail solicitations		f		of government grar	-		
c Phone solicita			a [_	ndraising events			
d In-person soli			9 L		araionig evenie			
	tion have a written o	r oral agreement v	with any indiv	idual (includir	a officers directors	truct	005	
0	s listed in Form 990,	0			0	-		Yes No
	0 highest paid indivi				•			
	0 1		unuraisers) p					be
compensated at	least \$5,000 by the o	organization.						
(i) Name and addre or entity (fur		(ii) Activity	custody of	ndraiser have or control of butions?	(iv) Gross receipts from activity	Ì	Amount paid to for retained by) ndraiser listed in	(vi) Amount paid to (or retained by) organization
			Vaa	Ne			col. (i)	
			Yes	No	-			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
		1						
	••••••••••••••••••••••••••••••••••••••	•••••••••	• • • • • • • •	•••••	l l		11.12	
3 List all states in registration or lic	which the organizatic ensing.	on is registered or	licensed to s	olicit contribu	itions or has been no	otitied	it is exempt from	I

MAKE-A-WISH FOUNDATION OF EAST 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.

		gross receipts greater than	ψ0,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Grandstand C	WJHL Teletho	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ð						
/en	1	Gross receipts	133,909	109,399	22,238	265,546
Revenue						
	2	Less: Contributions	115,654	109,399	17,366	242,419
	3	Gross income (line 1 minus				
		line 2)	18,255		4,872	23,127
		·				
	4	Cash prizes				
	5	Noncash prizes				
		·				
ŝ	6	Rent/facility costs	2,262		80	2,342
nse	_	· · · · · · · · · · · · · · · · · · ·	_,			
xpe	7	Food and beverages	12,593			12,593
Ш	-	· · · · · · · · · · · · · · · · · · ·	,			,
Direct Expenses	8	Entertainment	500		500	1,000
Δ	•		500		500	2,000
	9	Other direct expenses	8,243	303	24,808	33,354
	Ŭ		07213	505	21/000	
	10	Direct expense summary. Add lin	es 4 through 9 in column (c	4)		49,289
	11	Net income summary. Subtract li				(26,162)
Pa	art III	Gaming. Complete if the or				
		\$15,000 on Form 990-EZ, li	-			
		\$10,000 011 0111 000 <u>22</u> , 1		(b) Pull tabs/instant		(d) Total gaming (add
IUe			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
Re	1	Gross revenue				
	-					
	2	Cash prizes				
ses	-					
Direct Expenses	3	Noncash prizes				
ЦХр	Ŭ					
∋ct	4	Rent/facility costs				
Dire	-					
	5	Other direct expenses				
	5	Other direct expenses	Yes %	Ves %	Yes %	
			☐ Yes%	☐ Yes%	☐ Yes%	
	5 6	Other direct expenses Volunteer labor	☐ Yes% ☐ No	□ Yes% □ No	□ Yes % □ No	
	6	Volunteer labor	No	No	 No	
			No	No	 No	
	6 7	Volunteer labor	No	d)	□ No	
	6	Volunteer labor	No	d)	□ No	
	6 7 8	Volunteer labor	No es 2 through 5 in column (o	Umn (d)	□ No	
9	6 7 8 Er	Volunteer labor Direct expense summary. Add lin Net gaming income summary. Su	No No No es 2 through 5 in column (btract line 7 from line 1, co cation conducts gaming act	No d) lumn (d) ivities:	No	
	6 7 8 En a Is	Volunteer labor	No	Image: No Iumn (d) ivities: of these states?	No	Yes No
	6 7 8 En a Is	Volunteer labor	No No No es 2 through 5 in column (btract line 7 from line 1, co cation conducts gaming act	Image: No Iumn (d) ivities: of these states?	No	🗌 Yes 🗌 No
	6 7 8 En a Is	Volunteer labor	No	Image: No Iumn (d) ivities: of these states?	No	[] Yes [] No
	6 7 8 0 En a Is b If	Volunteer labor Direct expense summary. Add lin Net gaming income summary. Su nter the state(s) in which the organiz the organization licensed to conduc "No," explain:	No es 2 through 5 in column (or ubtract line 7 from line 1, co ration conducts gaming act t gaming activities in each	Image: No d) lumn (d) ivities: of these states?	□ No	
10	6 7 8 a Is b If" 	Volunteer labor	No es 2 through 5 in column (or ubtract line 7 from line 1, conducts gaming activities in each gaming activities in each gaming activities revoked, susper	No Iumn (d) ivities: of these states? ided, or terminated during the	□ No	Yes No
10	6 7 8 a Is b If" 	Volunteer labor	No es 2 through 5 in column (or ubtract line 7 from line 1, co ration conducts gaming act t gaming activities in each	No Iumn (d) ivities: of these states? ided, or terminated during the	□ No	

SCI	HEDULE I				o Organization		1	OMB No. 1545-0047
	rm 990)	Gover	rnments, and I	ndividuals in	the United Stat	tes		2022
•	rtment of the Treasury	Complete		swered "Yes" on Foı Attach to Form 990.	m 990, Part IV, line 21	or 22.	C	pen to Public
	nal Revenue Service			ov/Form990 for the la	atest information.			Inspection
Name	e of the organization						Employer identificat	ion number
MAK	E-A-WISH FOUNDATION OF EAS						58-1799549	
Pa								
1	Does the organization maintain records		-	-				
	the selection criteria used to award the	•						. Yes No
2	Describe in Part IV the organization's pr							
Pa	rt II Grants and Other Assista						"Yes" on Form 99),
	Part IV, line 21, for any reci					IS NEEDED. (f) Method of valuation		
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)					1			
(10)	,							
2	Enter total number of section 501(c)(3)	and government organiza	ations listed in the line 1	table		<u> </u>		

3 Enter total number of other organizations listed in the line 1 table

Schedule | (Form 990) (2022) MAKE-A-WISH FOUNDATION OF EAST TENNESSEE, INC 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 (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) 1 Wishes Granted 107 127,230 661,160 FMV Travel, M&E and Supplies 2 3 4

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

Part III

5

6

7

Part IV

58-1799549

Page 2

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

2022

Go to www.irs.gov/Form	990 for instructions and	d the latest information.
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Department of the Treasury Internal Revenue Service Name of the organization

				EAST	TENNESSEE,	INC
Part I	I IV	pes of Prope	rty			

Employer identification number 58–1799549

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			0
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
45	contribution - Other							
15	Real estate - Residential							
16 17	Real estate - Commercial							
17 18	Real estate - Other							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (Wish-related)	x	112	354,600	cost/sel]	ling	pric	ce
26	Other (_	
27	Other (
28	Other ()							
29	Number of Forms 8283 received by the	-		tions for				
	which the organization completed Form	8283, Part V	, Donee Acknowledgement		29			-
							Yes	No
30a	During the year, did the organization rece	•		-				
	28, that it must hold for at least three yea			d which isn't required to be				
	used for exempt purposes for the entire	• •	d?			30a		x
b	If "Yes," describe the arrangement in Pa							
31	Does the organization have a gift accept					~		
<u> </u>				· · · · · · · · · · · · · · · · · · ·		31	х	
32a	Does the organization hire or use third p					20-		
L.					••••	32a		x
b 33	If "Yes," describe in Part II.	nt in column	(c) for a type of property for whi	ich column (a) is checked				
33	If the organization didn't report an amoun describe in Part II.		(c) for a type of property for whi	ch column (a) is checked,				

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MAKE-A-WISH FOUNDATION OF EAST TENNESSEE, INC

Employer identification number 58-1799549

01. Form 990 governing body review (Part VI, line 11)

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.

02. Conflict of interest policy compliance (Part VI, 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 PARTY, (2) FULLY

DISCLOSING CONFLICTING INTERESTS TO THE BOARD, (3) THE CONFLICTED PERSON EXCUSES

THEMSELVES FROM DELIBERATIONS AND DECISIONS REGARDING THE TRANSACTION, AND (4) TAKING

APPROPRIATE ACTIONS WARRANTED BY THE CONFLICT AS RECOMMENDED BY THE BOARD UP TO AND

Page 2
Employer identification number
58-1799549

INCLUDING TERMINATION OF SERVICE.

03. CEO, executive director, top management comp (Part VI, line 15a) FOR 2023 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 IT, AND THE COMPARABILITY DATA RELIED UPON AND HOW IT WAS OBTAINED.

04. Other officer or key employee compensation (Part VI, 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

STAFF OTHER THAN THE PRESIDENT/CEO ARE DECIDED BY THE PRESIDENT/CEO IN

CONSULTATION WITH THE EMPLOYEES IMMEDIATE SUPERVISOR WITHIN LIMITS SET BY

THE BOARD-APPROVED BUDGET. ALL SALARY INCREASES ARE BASED ON METRICS FROM

PERFORMANCE REVIEWS.

05. Governing documents, etc, available to public (Part VI, 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.
06. Explanation of other changes in net assets or fund balances (Part XI, line 9)
EVENT FUNDRAISING EXPENSES \$49,289.
DIRECT EXPENSES FOR FUNDRAISING EVENTS ARE PRESENTED AS A REDUCTION IN REVENUE RATHER THAN
AN EXPENSE.
07. Part III, response or note to any other line in Part III
THE MAKE-A-WISH FOUNDATION OF EAST TENNESSEE INC. CREATES LIFE-CHANGING
WISHES DURING THE FISCAL YEAR ENDED AUGUST 31, 2023. THE TOTAL COST OF
WISHES GRANTED FOR THE FISCAL YEAR WAS \$898,594. OF THIS AMOUNT,
\$149,495 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 \$149,495 OF CONTRIBUTED SERVICES AND USE OF
FACILITIES TO BE EXCLUDED FROM BOTH REVENUE AND EXPENSE.
08. Part VI, response or note to any other line in Part VI
FORM 990, PART VI, SECTION B, LINE 11B:
THE FOUNDATION WORKED CLOSELY WITH AN INDEPENDENT CPA 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
EEA Schedule O (Form 990) 2

Schedule O (Form 990) 2022

MAKE-A-WISH FOUNDATION OF EAST TENNESSEE, INC

Name of the organization

58-1799549

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
MAKE-A-WISH FOUNDATION OF EAST TENNESSEE, INC	58-1799549
PROVIDED TO ALL VOTING MEMBERS PRIOR TO FILING WITH THE IRS.	

Form 990 Worksheet

Schedule A, Line 5 - Excess 2% Limitation Contributors

	(This page is not filed with the return. It is for your records only.)	2022
Name(s) as shown on return		Tax ID Number
MAKE-A-WISH FOUNDA	TION OF EAST TENNESSEE, INC	58-1799549

2% of the amount on Schedule A, Part II, line 11, column (f)

Name	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
Make-A-Wish Foundation			438,231	288,114	366,814	1,093,159	983,598
Small Business Administration			122,559			122,559	12,998
Car Donation Foundation			47,080	54,376	33,828	135,284	25,723
Ross Croley			30,000	30,000		60,000	
Give Kids the World			25,000	108,758	337,316	471,074	361,513
Chi Omega Sorority			19,804	27,826	10,287	57,917	
Knoxville Firefighters			15,000	20,000		35,000	
Scott Hicks Foundation for Make-A-			15,000	32,000	60,000	107,000	
Weigel Foundation			15,000	20,000		35,000	
Inspire Brands			13,720	48,981		62,701	
Marsha Cole Household			10,000	40,000		50,000	
Anita Decker & Family Household			10,000	34,000	21,500	65,500	
Hamico Inc			10,000	33,200		43,200	
Ross Croley Household			10,000	30,000		40,000	
Symmetry Financial Group			10,000	29,821		39,821	
HarMar			10,000	25,805		35,805	
Charles Tonkin			9,000	10,000		19,000	
Laura Davis & Family Household			8,000	15,250		23,250	
Marshall Wayland Household			7,500	14,964		22,464	
Bank of Tennessee			6,133	12,560		18,693	
First Bank			6,097	12,500		18,597	
Leslie Consoli Household			5,000	5,480		10,480	
Lauren Keeler & Family Household			5,000	10,000		15,000	
Doug Lowrie					100,000	100,000	
Greater Giving					78,004	78,004	
Fantasy and Creative Tours					51,470	51,470	
Power Tool Company					47,190	47,190	
Oliver Townsend					20,000	20,000	
Mack Snyder Rau Foundation					20,000	20,000	

109,561

Form 990 Norksheet	Schedule A	A, Line 5 - Exc	cess 2% Limi	ation Contri	butors		
	(This pa	age is not filed with th	e return. It is for your	records only.)		2022	
lame(s) as shown on return						Tax ID Numb	er
MAKE-A-WISH FOUNDATION	OF EAST TENNESSEE, INC					58-1799	549
% of the amount on Schedule A, Part II,	line 11, column (f)						109,56
% of the amount on Schedule A, Part II,	line 11, column (f)	(b)	(c)		(e)		. 109,56
% of the amount on Schedule A, Part II,	1		1		1		·
	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	(a)	(b)	(c)	(d)	(e)	(f)	(g) Excess contributions

Total____

____1,383,832