

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2018

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning and ending Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

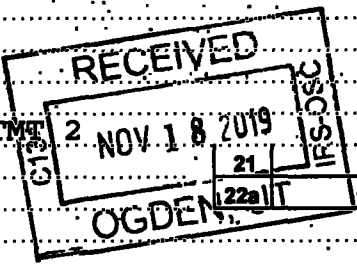
Header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 256,015,743; F Group exemption number; G Check organization type (501(c) corporation); D Employer identification number 62-0807696; E Unrelated business activity code 522100, 525990.

H Enter the number of the organization's unrelated trades or businesses. 3 Describe the only (or first) unrelated trade or business here. INVESTMENT IN FIRST NATIONAL BANK OF ONEIDA IN TENNESSEE. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes [X] No.

The books are in care of CAROLYN SCHWENN Telephone number 865-524-1223

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1c Balance, 2 Cost of goods sold, 3 Gross profit, 4a Net gain (loss), 5 Income (loss) from partnership and S corporation (SEE STMT 1), 13 Total. Combine lines 3 through 12.

Table with 2 columns: Deductions, Total. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest; 19 Taxes and licenses; 20 Charitable contributions (SEE STMT 2); 21 Depreciation; 22 Less depreciation claimed; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses; 27 Excess readership costs; 28 Other deductions (SEE STATEMENT 3); 29 Total deductions; 30 Unrelated business taxable income before net operating loss deduction; 31 Deduction for net operating loss; 32 Unrelated business taxable income.



Part III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33 163,748
34	Amounts paid for disallowed fringes	34
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36 163,748
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37 1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38 162,748

Part IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39 34,177
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40
41	Proxy tax. See instructions	41
42	Alternative minimum tax (trusts only)	42
43	Tax on Noncompliant Facility Income. See instructions	43
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44 34,177

Part V Tax and Payments		
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a
b	Other credits (see instructions)	45b
c	General business credit. Attach Form 3800 (see instructions)	45c
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d
e	Total credits. Add lines 45a through 45d	45e
46	Subtract line 45e from line 44	46 34,177
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8811 <input type="checkbox"/> Form 8807 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	47
48	Total tax. Add lines 46 and 47 (see instructions)	48 34,177
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	49
50a	Payments: A 2017 overpayment credited to 2018	50a
b	2018 estimated tax payments	50b 30,000
c	Tax deposited with Form 8868	50c
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d
e	Backup withholding (see instructions)	50e
f	Credit for small employer health insurance premiums (attach Form 8941)	50f
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g
51	Total payments. Add lines 50a through 50g	51 30,000
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	52 24
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53 4,201
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input checked="" type="checkbox"/>	55

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here	Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.	<input type="checkbox"/> <input checked="" type="checkbox"/>
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$	

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

Sign Here Michael T. McDaniel 11/14/19 **PRESIDENT AND CEO**
Signature of officer Date Title

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JAMES E. BOOHER, CPA	James E Booher, CPA	11/13/2019	<input type="checkbox"/>	P00286127
	Firm's name	Firm's EIN			
	BROWN JAKE & MCDANIEL, PC	62-1170651			
	Firm's address	2607 KINGSTON PIKE, SUITE 110 KNOXVILLE, TN 37919-3336	Phone no.	865-637-8600	

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional sec. 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1) N/A		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No. 1545-0067

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning _____ and ending _____
 ▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

Name of the organization

EAST TENNESSEE FOUNDATION

Employer identification number

62-0807696

Unrelated business activity code (see instructions) ▶ **621610**

Describe the unrelated trade or business ▶ **CHOICES IN SENIOR CARE, LLC**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnership and S corporation (attach statement) SEE STMT 1		5	6,812	6,812
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13	6,812	6,812

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		
20 Charitable contributions (See instructions for limitation rules)		20		
21 Depreciation (reported on Form 4562)	21			
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b		0
23 Depletion		23		
24 Contributions to deferred compensation plans		24		
25 Employee benefit programs		25		
26 Excess exempt expenses (Schedule I)		26		
27 Excess readership costs (Schedule J)		27		
28 Other deductions (attach schedule)		28		
29 Total deductions. Add lines 14 through 28		29		
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30		6,812
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31		
32 Unrelated business taxable income. Subtract line 31 from line 30		32		6,812

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No. 1545-0087

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning _____ and ending _____
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Open to Public Inspection for
501(c)(3) Organizations Only

Name of the organization

EAST TENNESSEE FOUNDATION

Employer identification number

62-0807696

Unrelated business activity code (see instructions) ▶ **525990**

Describe the unrelated trade or business ▶ **AGGREGATE TIFF INCOME**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance ▶	1c		
2	Cost of goods sold (Schedule A line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnership and S corporation (attach statement) SEE STMT 2	5	47,018	47,018
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	47,018	47,018

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule) (see instructions)	18		
19	Taxes and licenses	19		
20	Charitable contributions (See instructions for limitation rules) SEE STMT 3	20		4,702
21	Depreciation (reported on Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b 0
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule)	28		
29	Total deductions. Add lines 14 through 28	29		4,702
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		42,316
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31		
32	Unrelated business taxable income. Subtract line 31 from line 30	32		42,316

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form **990-T****Schedule M Charitable Contribution and Loss Calculation****2018**Description **FIRST NATIONAL BANK OF ONEI**

Name

EAST TENNESSEE FOUNDATION

Taxpayer Identification Number

62-0807696

Unincorporated Business Income Tax Code:

522100

Activity:

DEPOSITORY CREDIT INTERMEDIATION**Worksheet 1 | Activity Charitable Contribution Deduction**

1	Activity Income (Schedule M, Line 13, col C)	1	137,026
2	Activity Expense (does not include amount needed for Line 20)	2	9,670
3	Net Income (Line 1 minus Line 2); if less than zero, enter -0-	3	127,356
4	Current activity contribution limit (Multiplier used is 10%)	4	12,736
5	Current year contributions	5	47,000
6	Prior year contributions (corporations only)	6	401,990
7	Total available contributions (Add lines 5 and 6)	7	448,990
8	Take the lesser of Line 4 or 7; Enter here and on Line 20 (Form 990T or Sch M)	8	12,736
9	Remaining contributions (subtract line 8 from line 7)	9	436,254
10	Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits); Enter amount here and on Form 990-T, Line 33 as a negative amount	10	
11	Remaining contributions (carried forward for corporations only, See Worksheet 3)	11	436,254

Worksheet 2 | Activity Losses and Carryforward Amounts

1	Activity losses (do not include amounts before 2018)	1	
2	Amount of loss used in the current year	2	
3	Prior year losses carried over to next year	3	
4	Losses generated by current year activity	4	0
5	Total loss carried forward to 2019	5	0

Worksheet 3 | Activity Charitable Contribution Carryforward

Prior Tax Years	Prior Year			Current Year	Next Year
	Contributions	Used	Carryover	Amount Used	Carryover
5th 12/31/13					
4th 12/31/14					
3rd 12/31/15					
2nd 12/31/16					
1st 12/31/17	401,990		401,990	12,736	389,254
Charitable Contribution Carryover To Current Year			401,990		
Current Year Amount 47,000					47,000
Charitable Contribution Carryover Available To Next Year					436,254

Description **AGGREGATE TIFF INCOME**

Name

EAST TENNESSEE FOUNDATION

Taxpayer Identification Number

62-0807696Unincorporated Business Income Tax Code: **525990** Activity: **OTHER FINANCIAL VEHICLES****Worksheet 1 | Activity Charitable Contribution Deduction**

1	Activity Income (Schedule M, Line 13, col C)	1	47,018
2	Activity Expense (does not include amount needed for Line 20)	2	
3	Net Income (Line 1 minus Line 2); If less than zero, enter -0-	3	47,018
4	Current activity contribution limit (Multiplier used is 10%)	4	4,702
5	Current year contributions	5	4,702
6	Prior year contributions (corporations only)	6	
7	Total available contributions (Add lines 5 and 6)	7	4,702
8	Take the lesser of Line 4 or 7; Enter here and on Line 20 (Form 990T or Sch M)	8	4,702
9	Remaining contributions (subtract line 8 from line 7)	9	
10	Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits); Enter amount here and on Form 990-T, Line 33 as a negative amount	10	
11	Remaining contributions (carried forward for corporations only, See Worksheet 3)	11	0

Worksheet 2 | Activity Losses and Carryforward Amounts

1	Activity losses (do not include amounts before 2018)	1	
2	Amount of loss used in the current year	2	
3	Prior year losses carried over to next year	3	
4	Losses generated by current year activity	4	0
5	Total loss carried forward to 2018	5	0

Worksheet 3 | Activity Charitable Contribution Carryforward

Prior Tax Years	Prior Year			Current Year	Next Year
	Contributions	Used	Carryover	Amount Used	Carryover
5th 12/31/13					
4th 12/31/14					
3rd 12/31/15					
2nd 12/31/16					
1st 12/31/17					
Charitable Contribution Carryover To Current Year			0		
Current Year Amount 4,702				4,702	0
Charitable Contribution Carryover Available To Next Year					0

Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
FIRST NATIONAL BANK OF ONEIDA	\$ 137,026	\$	\$ 137,026
TOTAL	\$ 137,026	\$ 0	\$ 137,026

Statement 2 - Form 990-T, Part II, Line 20 - Charitable Contributions

<u>Description</u>	<u>Amount</u>
CURRENT YEAR CONTRIBUTIONS	\$ 47,000
PRIOR YEAR CONTRIBUTIONS	401,990
TOTAL CONTRIBUTIONS AVAILABLE	448,990
LESS: ALLOCATION TO TAXABLE FRINGE	
LESS: CONTRIBUTIONS DISSALLOWED	436,254
TOTAL DEDUCTION ALLOWED	12,736

Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions

<u>Description</u>	<u>Amount</u>
PROFESSIONAL FEES	\$ 2,874
TOTAL	\$ 2,874

Federal Statements

CHOICES IN SENIOR CARE, LLC**Statement 1 - Form 990-T, Schedule M, Line 5 - Income (Loss) from Partnerships or S-Corps**

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
CHOICES IN SENIOR CARE, LLC	\$ 6,812	\$	\$ 6,812
TOTAL	\$ 6,812	\$ 0	\$ 6,812

AGGREGATE TIFF INCOME**Statement 2 - Form 990-T, Schedule M, Line 5 - Income (Loss) from Partnerships or S-Corps**

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
AGGREGATE TIFF INCOME	\$ 47,018	\$	\$ 47,018
TOTAL	\$ 47,018	\$ 0	\$ 47,018

AGGREGATE TIFF INCOME**Statement 3 - Form 990-T, Schedule M, Line 20 - Charitable Contributions**

<u>Description</u>	<u>Amount</u>
CURRENT YEAR CONTRIBUTIONS	\$ 4,702
PRIOR YEAR CONTRIBUTIONS	
TOTAL CONTRIBUTIONS AVAILABLE	4,702
LESS: ALLOCATION TO TAXABLE FRINGE	
LESS: CONTRIBUTIONS DISSALLOWED	
TOTAL DEDUCTION ALLOWED	4,702