OMB No 1545-0052

Department Uf the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PFfor instructions and the latest information

4

For cale	endar year 2017 or tax year beginning	12/	$^{\prime}$ 01 , 2017, and er	ding	11/30,20 18
Name of	foundation			A Employer	ridentification number
WALL	ACE AND MARY CASNELLI FOU	NDATION			37-1845516
	r and street (or P O box number if mail is not delive		Room/s	uite B Telephone	e number (see instructions)
4823	OLD KINGSTON PIKE SUITE	100			865-971-1902
City or to	own, state or province, country, and ZIP or foreign	postal code			
mov	W.T. I. T			C If exemption pending, ch	n application is neck here
	VILLE, TN 37919				_
G Chec	k all that apply: Initial return	<u> </u>	of a former public ch	· D II. TOTOLOGI.	organizations, check here 🕨 🔃
	Final return	Amended ret			organizations meeting the , check here and attach
	Address change				tion
	k type of organization: X Section 5		•	E If private fo	undation status was terminated
	ection 4947(a)(1) nonexempt charitable trus			under section	on 507(b)(1)(A), check here . 🕨 🔃
	1,—	counting method: X Ca	ash Accrual	F If the found	lation is in a 60-month termination
	of year (from Part II, col. (c), line	Other (specify)		under section	on 507(b)(1)(B), check here
16)		I, column (d) must be on ca	sh basis)	, 1	
Part I	Analysis of Revenue and Expenses (1 total of amounts in columns (b), (c), and (d)	la) Heveride and	(b) Net investment	(c) Adjusted r	(d) Disbursements for charitable
	may not necessarily equal the amounts in	expenses per books	income	income	purposes
	column (a) (see instructions))		· · · · · · · · · · · · · · · · · · ·		(cash basis only)
	Contributions, gifts, grants, etc., received (attach schedule)				
2 (Check Lifthe foundation is not required to attach Sch B				•
3 1	Interest on savings and temporary cash investmen				
4 (Dividends and interest from securities	. 190,899.	190,256		STMT
5a (Gross rents				
, br	Net rental income or (loss)			-	
	Net gain or (loss) from sale of assets not on line 10				
Jil P	Gross sales price for all 1,939,31	2.			
8 7 (Capital gain net income (from Part IV, line 2)		101	RECEIVE	
8 1	Net short-term capital gain			LIVE	
9 10a (Income modifications	•	[8]	16 2019	2 1
10a C	Gross sales less returns and allowances • • • • •			16 2010	7.0/
bι	Less Cost of goods sold .			0/3	
	Gross profit or (loss) (attach schedule)			UEN]\log \]
	Other income (attach schedule)			7.07	<u>``</u>
12 7	Total. Add lines 1 through 11		190,256	_	J · · · · · · · · · · · · · · · · · ·
46	Compensation of officers, directors, trustees, etc.	. 43,762.	21,881		21,88
ğ 14 (Other employee salaries and wages	•	NON	-	NONE
15 F	Pension plans, employee benefits		NON		NONE
S 16a l	Legal fees (attach schedule) STMT . 2		496		NONE 49
ы b А	Accounting fees (attach schedule) ${ m STMT}$. ${ m 3}$	-	NON	E	NONE 81
ی و ا⊈	Other professional fees (attach schedule)			.	
E 17 I	Interest			<u> </u>	
. 18]	Taxes (attach schedule) (see instructions. 4		1,022	.	
Administrative Expenses 14 (15 15 16 16 17 17 18 19 19 19 19 19 19 19	Depreciation (attach schedule) and depletion	1.			
₽ 20 (Occupancy				
<u> 5</u> 21 1	Travel, conferences, and meetings	•	NON	<u> </u>	NONE
21 T	Printing and publications		NON	<u> </u>	NONE
[23 (Other expenses (attach schedule)				
동 24 1	Total operating and administrative expense				
23 (Oberating 24 1	Add lines 13 through 23		23,399		NONE 23,18
ට් 25 (Contributions, gifts, grants paid		· . —		315,00
	Total expenses and disbursements Add lines 24 and	370,370.	23,399		NONE 338,18
27 9	Subtract line 26 from line 12 [.]				
ав	Excess of revenue over expenses and disbursements .	-204,656.		<u> </u>	- '
l d	Net investment income (if negative, enter -C		166,857		
c #	Adjusted net income (If negative, enter -0-).	. ;			
	erwork Reduction Act Notice, see instruction	ns		Gaz	Form 990-PF (201

Part	I Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	Er	nd of year
-7-		amounts only (See instructions)	(a) Book value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-beari	ng	250.		0. 250
2		cash investments	556,032.	355,15	4. 355,154
3	Accounts receivable				
		otful accounts >	gr. n. h.y. gyd oprille dd oer Norddrop g	21 2 2	the first of the little of the application to the first of the little of the littl
4	Pledges receivable ►				
		otful accounts >			
5					
6		officers, directors, trustees, and other			
_		ach schedule) (see instructions)	· ·		. 1
7		eceivable (attach schedule)			
"		otful accounts NONE			
ssets 6 0		ie			-
	•	eferred charges			
.00		government obligations (attach schedule)			
6		stock (attach schedule)			
11	Investments - land, building	bonds (attach schedule)			 •
	and equipment basis Less accumulated deprecia				_
40	(attach schedule)		,		
12	Investments - mortgage	loans	6 450 717	6,495,10	5. 6,463,377
14	Land, buildings, and	b	P\$N3M348 26 125 2 3 3 4 3 3 3 4 3 3 3 4 3 3 3 4 3 3 3 4 3 3 3 4 3 3 3 4 3 3 3 4 3 3 4 3 3 4 3 3 4 3 3 4 3 3 4 4 3 4 4 3 4 4 3 4 4 3 4 4 4 4 4 3 4	0,400,10	2 1986
	equipment basis Less accumulated deprecia	tion b			
15	(attach schedule) Other assets (describe	1			
16		completed by all filers - see the		· ·	
		age 1, item I)		6,850,50	9. 6,818,781.
17		ccrued expenses		0/030/30	3. 070107701
18					
S 19					7
三 20		rs, trustees, and other disqualified persons		 -	
G 21		tes payable (attach schedule)			7 . ,
Liabilities 20 21 22	Other liabilities (describe	· >)			
23	Total liabilities (add line	s 17 through 22)		NO	NE -
		SFAS 117, check here ▶			1
ĕ	and complete lines 24 t	hrough 26, and lines 30 and 31.			
<u>등</u> 24	Unrestricted				
E 25					
열 26					
ᆁ		t follow SFAS 117, check here ► X			
0	and complete lines 27 t		7 057 005	6 050 50	
Net Assets or Fund Balances 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	•	pal, or current funds	7,057,225.	6,850,50	9.
28		land, bldg , and equipment fund			-
A Za	_	ated income, endowment, or other funds	7 057 225	C 0E0 E0	-
1 30 E		balances (see instructions)	7,057,225.	6,850,50	"
ار ا		net assets/fully balances (see	7,057,225.	6,850,50	
Part		ges in Net Assets or Fund Bala		6,650,50	7.
		palances at beginning of year - Part		nust agree with	
		on prior year's return)			7,057,225.
		line 27a			
		1 1 1 0 0 1 1 1 1 1 1 1 1			
5 De	creases not included in	line 2 (itemize) ► SEE STA	rement 6	5	
		lances at end of year (line 4 minus li			

Form	1990-PF (2017)					Page 3
Pai	t IV , Capital Gains	and Losses for Tax on Inve	estment Income			
,		scribe the kind(s) of property sold (for exrick warehouse; or common stock, 200	·	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	PUBLICLY TRADED	SECURITIES		S Sonation		
b	OTHER GAINS AND	LOSSES				
c						
<u>d</u>						
<u>е</u>		(D.D	(-) C>th h			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) min	us (g))
<u>a</u>			1,996,099.			-58,426.
b						1,639.
<u>с</u> d						
<u>u</u>						
<u> </u>		owing gain in column (h) and owned b	y the foundation on 12/31/69.	(t)	Gains (Col (h) ga	in minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		(k), but not less the Losses (from col	nan -0-) or
a						-58,426.
b						1,639.
<u>c</u>						
<u>d</u>						
2 3	Capital gain net income Net short-term capital gain, also enter in P	Ar ingt canital inect	structions. If (loss), enter -0- in $\}$	2		-56,787.
Par		nder Section 4940(e) for Red		ncome		· · · · · · · · · · · · · · · · · · ·
Was		leave this part blank. the section 4942 tax on the distrib 't qualify under section 4940(e). Do	• •	ase perio	d?	Yes X No
1		nount in each column for each yea		ng any en	tries.	
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution rai (col. (b) divided by	no col. (c))
	2016	163,594.	2,620,854.			0.062420
	2015					
	2014					
	2013					
	2012			ļ		
2		d)		2		0.062420
3	•	o for the 5-year base period - divid foundation has been in existence i	•	3	 	0.062420
4	Enter the net value of no	oncharitable-use assets for 2017 fr	om Part X, line 5	4	6,	887,860.
5	Multiply line 4 by line 3			5		429,940.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6	<u>.</u>	1,669.
7	Add lines 5 and 6			7		431,609.
8		tions from Part XII, line 4 greater than line 7, check the box		8 that part		338,188. x rate. See the

	990-PF (2017) 3 / - 1843310	4040				age -
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948	- see ı	nstru	Ctions	5) - (
1a	Exempt operating foundations described in section 4940(d)(2), check here And enter "N/A" on line 1		٠.		,	
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			<u> </u>		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	,,,,		<u>3,3</u>	3/.
	here and enter 1% of Part I, line 27b					ĺ
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of \mathcal{J}	-				
_	Part I, line 12, col. (b).	,			N	ONE
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	3			3,3	
3	Add lines 1 and 2	4				ONE
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	5			3,3	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		,	•		37.
6	Credits/Payments: 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 4 , 328 .				•	`
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 4,328. Exempt foreign organizations - tax withheld at source 6b NONE		•	3		l
b	Tax paid with application for extension of time to file (Form 8868)					1
c d	Backup withholding erroneously withheld					1
7	Total credits and payments Add lines 6a through 6d	7			4,3	28.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			9	91.
11		11				
Par	t VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	n or	dıd it		Yes	No
	participate or intervene in any political campaign?			1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	s? Se	e the			
	instructions for the definition			1b		<u> X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of ar	ny ma	terials		•	", . · ·
	published or distributed by the foundation in connection with the activities.				——	
C	Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			. '		• •
	(1) On the foundation ►\$ (2) On foundation managers. ►\$					}
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	impos	sed			
	on foundation managers. > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u>X</u>
_	If "Yes," attach a detailed description of the activities.		. ,		,	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument			3		X
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			4a		$\frac{X}{X}$
4a L	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4b		
_ b	If "Yes," has it filed a tax return on Form 990-T for this year?			5		X
5	If "Yes," attach the statement required by <i>General Instruction T</i> .					-
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			,		-1
ŭ	By language in the governing instrument, or			٠		1
	By state legislation that effectively amends the governing instrument so that no mandatory directions.	ections	that			
	conflict with the state law remain in the governing instrument?			6	X	-
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), a			7	X	_
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			•	Ī	1
	TN					· l
Ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attori	ney G	eneral			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4					_بار
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part X	IV If	"Yes,"		1)
	complete Part XIV			9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule	listing	their			
	names and addresses	•		10		X

Par	t VII-A Statements Regarding Activities (continued)			
	•		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		Х
12	Did, the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		_ X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ THE TRUST COMPANY OF KNOXVILLE Telephone no. ▶ (865) 673	<u>-357</u>	2	
	Located at ► 4823 OLD KINGSTON PIKE, KNOXVILLE, TN ZIP+4 ► 37919			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		🕨	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	1		
	the foreign country	<u></u>		
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		V	NI.
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	ļ	Yes	No
1a	During the year, did the foundation (either directly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			l
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	ļ		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	1		
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	Ì		
	foundation agreed to make a grant to or to employ the official for a period after	ŀ		ŀ
	termination of government service, if terminating within 90 days.)	Î		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	Į		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017? Yes X No			
	If "Yes," list the years			
D	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	2b		
_	all years listed, answer "No" and attach statement - see instructions.)			^
Ŭ	The provisions of section 4342(a)(2) are being applied to any of the years listed in 28, list the years liefe.			1
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2017.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		<u> X</u>

	 B Statements Regarding Activities 	10r vvnich Form 4	1/20 Iviay be Req	uneu (continueu)			
5a Dur	ing the year, did the foundation pay or incur any an	nount to:			** 1	Yes	No
" (1)	Carry on propaganda, or otherwise attempt to influ	ence legislation (sectio	n 4945(e))?	. Yes X	lo .		
(2)	Influence the outcome of any specific public e	election (see section	4955); or to carry or	n,			٠,
	directly or indirectly, any voter registration drive?			. Yes X N	lo t	- h	
	Provide a grant to an individual for travel, study, or			1	lo 🏋		١,
(4)	Provide a grant to an organization other than	a charitable, etc., ord	anization described i	n		٠,	
	section 4945(d)(4)(A)? See instructions		, 	Yes X	lo L	-	
(5)	Provide for any purpose other than religious,						
	purposes, or for the prevention of cruelty to childre	n or animals?		. Yes X N	lo .		
b If a	iny answer is "Yes" to 5a(1)-(5), did any of th				ın .		١
Reg	ulations section 53.4945 or in a current notice rega	arding disaster assistar	nce? See instructions.		. 5b		-
Org	anizations relying on a current notice regarding dis-	aster assistance, check	here		▶ □ □		
c If t	he answer is "Yes" to question 5a(4), does th	e foundation claim e	exemption from the t	ax		r	ľ
bec	ause it maintained expenditure responsibility for the	e grant?		. Yes N	lo		
If "Y	es," attach the statement required by Regulations s	section 53 4945-5(d).					
6a Did	the foundation, during the year, receive any fi	unds, directly or indir	ectly, to pay premiur	ns			
on a	a personal benefit contract?			Yes X N	lo	'	·
	the foundation, during the year, pay premiums, dire				. 6b		X
If "۱	'es" to 6b, file Form 8870.						
7a Ata	any time during the tax year, was the foundation a p	arty to a prohibited tax	shelter transaction?.	. Yes X N	lo		
b If "Y	es," did the foundation receive any proceeds or have	e any net income attril	butable to the transacti	on?	. 7b		
Part VII	Information About Officers, Direct	ors, Trustees, Fou	ındation Manager	s, Highly Paid Em	iployees,		
	and Contractors						
1 List	all officers, directors, trustees, foundation n	nanagers and their i	compensation. See	instructions.			
1 List	all officers, directors, trustees, foundation n	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	e accoi	ınt,
1 List	all officers, directors, trustees, foundation in (a) Name and address				other all		
		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	other all		
HE TRUST	(a) Name and address COMPANY OF KNOXVILLE KINGSTON PIKE, KNOXVILLE, TN 37919	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	other all		
HE TRUST	(a) Name and address COMPANY OF KNOXVILLE KINGSTON PIKE, KNOXVILLE, TN 37919	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all		s
HE TRUST 823 OLD TACY E R	(a) Name and address COMPANY OF KNOXVILLE KINGSTON PIKE, KNOXVILLE, TN 37919	(b) Title, and average hours per week devoted to position TRUSTEE 1	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all		s
HE TRUST 823 OLD TACY E R 823 OLD	(a) Name and address COMPANY OF KNOXVILLE KINGSTON PIKE, KNOXVILLE, TN 37919 OETTGER KINGSTON PIKE, KNOXVILLE, TN 37919 GH	(b) Title, and average hours per week devoted to position TRUSTEE 1	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all		-0-
HE TRUST 823 OLD TACY E R 823 OLD	(a) Name and address COMPANY OF KNOXVILLE KINGSTON PIKE, KNOXVILLE, TN 37919 OETTGER KINGSTON PIKE, KNOXVILLE, TN 37919	(b) Title, and average hours per week devoted to position TRUSTEE 1 ADVISOR	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all		-0-
HE TRUST 823 OLD TACY E R 823 OLD ILL J PU 15 N CED	(a) Name and address COMPANY OF KNOXVILLE KINGSTON PIKE, KNOXVILLE, TN 37919 OETTGER KINGSTON PIKE, KNOXVILLE, TN 37919 GH	(b) Title, and average hours per week devoted to position TRUSTEE 1 ADVISOR	(c) Compensation (lf not paid, enter -0-) 43,762.	(d) Contributions to employee benefit plans and deferred compensation - () -	other all		-0- -0-
HE TRUST 823 OLD TACY E R 823 OLD ILL J PU 15 N CED OWARD RO 617 LAUR	(a) Name and address COMPANY OF KNOXVILLE KINGSTON PIKE, KNOXVILLE, TN 37919 OETTGER KINGSTON PIKE, KNOXVILLE, TN 37919 GH AR BLUFF #200, KNOXVILLE, TN 37923 GER RANKIN EL OAK LN, KNOXVILLE, TN 37931	(b) Title, and average hours per week devoted to position TRUSTEE 1 ADVISOR ADVISOR ADVISOR	(c) Compensation (If not paid, enter -0-) 43,762.	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 -	Other all	owance	-0- -0- -0-
HE TRUST 823 OLD TACY E R 823 OLD ILL J PU 15 N CED OWARD RO 617 LAUR 2 Com	(a) Name and address COMPANY OF KNOXVILLE KINGSTON PIKE, KNOXVILLE, TN 37919 OETTGER KINGSTON PIKE, KNOXVILLE, TN 37919 GH AR BLUFF #200, KNOXVILLE, TN 37923 GER RANKIN	(b) Title, and average hours per week devoted to position TRUSTEE 1 ADVISOR ADVISOR ADVISOR	(c) Compensation (If not paid, enter -0-) 43,762.	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 -	Other all	owance	-0- -0- -0-
HE TRUST 823 OLD TACY E R 823 OLD ILL J PU 15 N CED OWARD RO 617 LAUR 2 Com "NO	(a) Name and address COMPANY OF KNOXVILLE KINGSTON PIKE, KNOXVILLE, TN 37919 OETTGER KINGSTON PIKE, KNOXVILLE, TN 37919 GH AR BLUFF #200, KNOXVILLE, TN 37923 GER RANKIN EL OAK LN, KNOXVILLE, TN 37931 Appensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1 ADVISOR ADVISOR ADVISOR	(c) Compensation (If not paid, enter -0-) 43,762.	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 -	Other all	one,	-0- -0- ente
HE TRUST 823 OLD TACY E R 823 OLD ILL J PU 15 N CED OWARD RO 617 LAUR 2 Com "NO (a) Name	(a) Name and address COMPANY OF KNOXVILLE KINGSTON PIKE, KNOXVILLE, TN 37919 OETTGER KINGSTON PIKE, KNOXVILLE, TN 37919 GH AR BLUFF #200, KNOXVILLE, TN 37923 GER RANKIN EL OAK LN, KNOXVILLE, TN 37931 Appensation of five highest-paid employees NE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 ADVISOR ADVISOR (other than thos	(c) Compensation (If not paid, enter -0-) 43,762. -0- -0- -0- (c) Compensation (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- 1 - see instructi (d) Contributions to employee benefit plans and deferred compensation	ions). If no	one,	-0- -0- -0- ente
HE TRUST 823 OLD TACY E R 823 OLD ILL J PU 15 N CED OWARD RO 617 LAUR 2 Com "NO (a) Name	(a) Name and address COMPANY OF KNOXVILLE KINGSTON PIKE, KNOXVILLE, TN 37919 OETTGER KINGSTON PIKE, KNOXVILLE, TN 37919 GH AR BLUFF #200, KNOXVILLE, TN 37923 GER RANKIN EL OAK LN, KNOXVILLE, TN 37931 Appensation of five highest-paid employees NE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 ADVISOR ADVISOR (other than thos	(c) Compensation (lf not paid, enter -0-) 43,762. -00- e included on line	(d) Contributions to employee benefit plans and deferred compensation -0- -0- 1 - see instructi (d) Contributions to employee benefit plans and deferred	ions). If no	one,	-0- -0- -0- ente
HE TRUST 823 OLD TACY E R 823 OLD ILL J PU 15 N CED OWARD RO 617 LAUR 2 Com "NO (a) Name	(a) Name and address COMPANY OF KNOXVILLE KINGSTON PIKE, KNOXVILLE, TN 37919 OETTGER KINGSTON PIKE, KNOXVILLE, TN 37919 GH AR BLUFF #200, KNOXVILLE, TN 37923 GER RANKIN EL OAK LN, KNOXVILLE, TN 37931 Appensation of five highest-paid employees NE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 ADVISOR ADVISOR (other than thos	(c) Compensation (If not paid, enter -0-) 43,762. -0- -0- -0- (c) Compensation (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- 1 - see instructi (d) Contributions to employee benefit plans and deferred compensation	ions). If no	one,	-0- -0- -0- ente
HE TRUST 823 OLD TACY E R 823 OLD ILL J PU 15 N CED OWARD RO 617 LAUR 2 Com "NO (a) Name	(a) Name and address COMPANY OF KNOXVILLE KINGSTON PIKE, KNOXVILLE, TN 37919 OETTGER KINGSTON PIKE, KNOXVILLE, TN 37919 GH AR BLUFF #200, KNOXVILLE, TN 37923 GER RANKIN EL OAK LN, KNOXVILLE, TN 37931 Appensation of five highest-paid employees NE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 ADVISOR ADVISOR (other than thos	(c) Compensation (If not paid, enter -0-) 43,762. -0- -0- -0- (c) Compensation (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- 1 - see instructi (d) Contributions to employee benefit plans and deferred compensation	ions). If no	one,	-0- -0- -0- ente
HE TRUST 823 OLD TACY E R 823 OLD ILL J PU 15 N CED OWARD RO 617 LAUR 2 Com "NO	(a) Name and address COMPANY OF KNOXVILLE KINGSTON PIKE, KNOXVILLE, TN 37919 OETTGER KINGSTON PIKE, KNOXVILLE, TN 37919 GH AR BLUFF #200, KNOXVILLE, TN 37923 GER RANKIN EL OAK LN, KNOXVILLE, TN 37931 Appensation of five highest-paid employees NE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 ADVISOR ADVISOR (other than thos	(c) Compensation (If not paid, enter -0-) 43,762. -0- -0- -0- (c) Compensation (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- 1 - see instructi (d) Contributions to employee benefit plans and deferred compensation	ions). If no	one,	-0- -0- -0- ente
HE TRUST 823 OLD TACY E R 823 OLD ILL J PU 15 N CED OWARD RO 617 LAUR 2 Com "NO (a) Name	(a) Name and address COMPANY OF KNOXVILLE KINGSTON PIKE, KNOXVILLE, TN 37919 OETTGER KINGSTON PIKE, KNOXVILLE, TN 37919 GH AR BLUFF #200, KNOXVILLE, TN 37923 GER RANKIN EL OAK LN, KNOXVILLE, TN 37931 Appensation of five highest-paid employees NE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 ADVISOR ADVISOR (other than thos	(c) Compensation (If not paid, enter -0-) 43,762. -0- -0- -0- (c) Compensation (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- 1 - see instructi (d) Contributions to employee benefit plans and deferred compensation	ions). If no	one,	-0- -0- -0- ente
HE TRUST 823 OLD TACY E R 823 OLD ILL J PU 15 N CED OWARD RO 617 LAUR 2 Com "NO (a) Name	(a) Name and address COMPANY OF KNOXVILLE KINGSTON PIKE, KNOXVILLE, TN 37919 OETTGER KINGSTON PIKE, KNOXVILLE, TN 37919 GH AR BLUFF #200, KNOXVILLE, TN 37923 GER RANKIN EL OAK LN, KNOXVILLE, TN 37931 Appensation of five highest-paid employees NE."	(b) Title, and average hours per week devoted to position TRUSTEE 1 ADVISOR ADVISOR (other than thos (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) 43,762. -0- -0- e included on line (c) Compensation NONE	(d) Contributions to employee benefit plans and deferred compensation -0- -0- 1 - see instructi (d) Contributions to employee benefit plans and deferred compensation NONE	ions). If no	one,	-0- -0- -0- ente

		-
n		 - 4
	ac	

3 Fiv	e highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
		37037
ONE		NONE
_		
tal nur	nber of others receiving over \$50,000 for professional services	NON
art IX-	Summary of Direct Charitable Activities	
Lant the		
	foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of tions and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE		
2		
3		
•		
art IX-		
	the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE		
2		
All other	program-related investments. See instructions	<u>.</u>
3 NONE		
	,	

ı aı	see instructions.)	ign iouna	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purpoșes:		
а	Average monthly fair market value of securities	1a	<u>6,713,937.</u>
b	Average of monthly cash balances	1b	278,814.
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	6,992,751.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	6,992,751.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	104,891.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,887,860.
6	Minimum investment return. Enter 5% of line 5	6	344,393.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations, check here and do not complete this part.)	dations	
1	Minimum Investment return from Part X, line 6	1	344,393.
			344,333.
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	3,337.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	341,056.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	341,056.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		NONE
•	line 1	7	341,056.
		/	341,036.
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	338,188.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	338,188.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	338,188.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	culating v	
	qualifies for the section 4940(e) reduction of tax in those years.	-	

Page 9

Pa	t XIII Undistributed Income (see instr	uctions)		·	
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7	-			341,056.
2	Undistributed income, if any, as of the end of 2017				•]
а	Enter amount for 2016 only			NONE	
b	Total for prior years 20,20,20		NONE		
3	Excess distributions carryover, if any, to 2017:				•
a	From 2012 NONE				
þ	From 2013 NONE				Ì
c	From 2014 NONE				İ
d	From 2015 NONE				
е	From 2016			İ	}
f	Total of lines 3a through e	36,878.			
4	Qualifying distributions for 2017 from Part XII,				
	line 4 ⁻ ▶ \$ 338,188.		-		
а	Applied to 2016, but not more than line 2a			NONE	
b	Applied to undistributed income of prior years		NONE		į
	(Election required - see instructions)		NONE		
C	Treated as distributions out of corpus (Election	NONTE			
	required - see instructions)	NONB			338,188.
	Applied to 2017 distributable amount	NONB			330,100.
	Remaining amount distributed out of corpus	2,868.		· · · · · · · · · · · · · · · · · · ·	2,868.
5	Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same	2,000.			2,000.
_	amount must be shown in column (a).)				•
6	Enter the net total of each column as indicated below:				
2	Corpus Add lines 3f, 4c, and 4e Subtract line 5	34,010.			
	•				
b	Prior years' undistributed income. Subtract line 4b from line 2b		NONE		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b. Taxable				
	amount - see instructions		NONE		
е	Undistributed income for 2016. Subtract line 4a from line 2a Taxable amount - see				
	instructions			NONE	
f	Undistributed income for 2017. Subtract lines				
·	4d and 5 from line 1. This amount must be				
	distributed in 2018				NONE
7	Amounts treated as distributions out of corpus			ļ	
	to satisfy requirements imposed by section			İ	
	170(b)(1)(F) or 4942(g)(3) (Election may be	NONB			
	required - see instructions)	NONE			
8	Excess distributions carryover from 2012 not	NONB			
_	applied on line 5 or line 7 (see instructions)	NONB			
9	Excess distributions carryover to 2018.	34,010.			İ
10	Subtract lines 7 and 8 from line 6a	34,010.			
	Excess from 2013 NONE		1		
	Excess from 2014 NONE				
	Excess from 2015 NONE				
	Excess from 2016 34,010 .	-	.		
	Excess from 2017				

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

b The form in which applications should be submitted and information and materials they should include:

factors:

c Any submission deadlines:

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or contribution status of recipient Amount Name and address (home or business) a Paid during the year EAST TENNESSEE FOUNDATION PBO PAT SUMMITT FOU 520 W SUMMIT HILL DRIVE, SUITE 1101 KNOXVILL NONE PC GENERAL FUNDING 50,000. CATHOLIC DIOCESE OF KNOXVILLE BUILDING CAMPAIGN 805 S NORTHSHORE DRIVE KNOXVILLE TN 37919 NONE РC 100,000. HELEN ROSS MCNABB CENTER PC GENERAL FUNDING 50,000. 201 W SPRINGDALE AVENUE KNOXVILLE TN 37917 NONE UNITED WAY OF GREATER KNOXVILLE PC 50,000. 1301 HANNAH AVENUE Knoxville TN 37921 NONE GENERAL FUNDING EMERALD YOUTH FOUNDATION 1718 N CENTRAL STREET Knoxville TN 37917 NONE PC GENERAL FUNDING 50,000. SECOND HARVEST FOOD BANK OF BAST TN GENERAL FUNDING NONE PC 10,000. 136 HARVEST LANE Maryville TN 37801 YOKE YOUTH MINISTRIES P.O. BOX 3492 Knoxville TN 37927 NONE PC GENERAL FUNDING 5,000. 315,000 3a **b** Approved for future payment **Total**

JSA 7E1491 1 000

nter gross amounts unless otherwise indicated.	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
a	_				
b					
c					
d					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments •			14	190,899.	
Dividends and interest from securities		 - ·	14	130,033.	
Net rental income or (loss) from real estate: a Debt-financed property	<u> </u>				
b Not debt-financed property · · · · · · ·		<u> </u>			
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory			18	-56,787.	
Net income or (loss) from special events · · ·	-				
Gross profit or (loss) from sales of inventory					
Other revenue ab					
			-		
d			+		
e					
Subtotal. Add columns (b), (d), and (e)				134,112.	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities ne No. Explain below how each activity	ilations) to the Ac y for which	ccomplishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
rt XVI-B Relationship of Activities	ilations) to the Ac y for which	ccomplishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
rt XVI-B Relationship of Activities ne No. Explain below how each activity	ilations) to the Ac y for which	ccomplishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
rt XVI-B Relationship of Activities ne No. Explain below how each activity	ilations) to the Ac y for which	ccomplishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
rt XVI-B Relationship of Activities ne No. Explain below how each activity	ilations) to the Ac y for which	ccomplishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
rt XVI-B Relationship of Activities ne No. Explain below how each activity	ilations) to the Ac y for which	ccomplishment of E	xempt Purp	ooses of Part XVI-A contribu	ited importantly to
rt XVI-B Relationship of Activities ne No. Explain below how each activity	ilations) to the Ac y for which	ccomplishment of En income is reported to purposes (other than	in column (e	ooses of Part XVI-A contribu	ited importantly to
rt XVI-B Relationship of Activities Relationship of Activities Relationship of Activities Relationship of Activities	ilations) to the Ac y for which	ccomplishment of E	in column (e	ooses of Part XVI-A contribu	ited importantly to
t XVI-B Relationship of Activities e No. Explain below how each activity	ilations) to the Ac y for which	ccomplishment of En income is reported to purposes (other than	in column (e	ooses of Part XVI-A contribu	ited importantly to
t XVI-B Relationship of Activities e No. Explain below how each activity	ilations) to the Ac y for which	ccomplishment of En income is reported to purposes (other than	in column (e	ooses of Part XVI-A contribu	ited importantly to
t XVI-B Relationship of Activities e No. Explain below how each activity	ilations) to the Ac y for which	ccomplishment of En income is reported to purposes (other than	in column (e	ooses of Part XVI-A contribu	ited importantly to
rt XVI-B Relationship of Activities Relationship of Activities Relationship of Activities	ilations) to the Ac y for which	ccomplishment of En income is reported to purposes (other than	in column (e	ooses of Part XVI-A contribu	ited importantly to
rt XVI-B Relationship of Activities ne No. Explain below how each activity	ilations) to the Ac y for which	ccomplishment of En income is reported to purposes (other than	in column (e	ooses of Part XVI-A contribu	ited importantly to
rt XVI-B Relationship of Activities ne No. Explain below how each activity	ilations) to the Ac y for which	ccomplishment of En income is reported to purposes (other than	in column (e	ooses of Part XVI-A contribu	ited importantly to

Form 99							37-1845516				ge I
Part	XVII	Information R Exempt Organ		ansfers to and	d Transacti	ons ar	nd Relationships	With None	charit	able	
1 [old the	organization direct	ly or indirectly	engage in any o	f the followin	g with a	any other organizati	on described		Yes	No
iı	n sect	ion 501(c) (other ations?	•			-	•		-		
	_	rs from the reporting	n foundation to	a noncharitable	exempt organ	ization (of:				ĺ
		h	-						1a(1)		\overline{x}
		er assets									Х
		ransactions:									
(1) Sale	es of assets to a non	charitable exem	not organization.					1b(1)		X
		chases of assets from									X
		tal of facilities, equip									X
		nbursement arrange									X
(!	5) Loa	ns or loan guarantee	es						1b(5)		X
		formance of services									Х
	_	of facilities, equipm	_								X
		inswer to any of th									
		f the goods, other n any transaction of									
		· <u>·</u>									
(a) Line	e no	(b) Amount involved	(c) Name of r	oncharitable exempt	organization	(0) 0	escription of transfers, tra	nsactions, and sna	ring arra	ingeme	nts
						-			-	-	
	-										
		<u> </u>									
							<u>.</u> .				
							•				
									•		
			:								
d	lescrib	foundation directly ed in section 501(c)	(other than sec					anizations 	Y	es 🔀	No
<u> </u>	165,	' complete the follow (a) Name of organizatio		(b) Type (of organization		(c) Des	cription of relation	ship		
		1-1									
	•	<u> </u>		,							
		penalties of perjury, I decla , and complete Declaration o						best of my knowled	ge and b	elief, it	is tru
Sign	1	, and complete Declaration o	preparer (other than t	axpayer, is based on all in	SS	preparer ne	as any knowledge	May the IR	S discus	e thic	reture
Here		saran : Tac	-05:00E	01/09/	/2019	1	<u> </u>	·	epare <u>r s</u>		
11616	Sign	ature of officer or trustee		Date		Title		See instruction	ns X	Yes	N
	<u>L</u>										
Paid		Print/Type preparer's na		Preparer's signa			Date	CINECK	PTIN		
Prepa	arer	DOAK A PFAFF		Loon !	r. geff		01/09/2019		P008		.8
· · ehc	11 51	Firm's name ER	NST & YOUN	IG U.S. LLP			Firm'	sEIN ▶ 34-	<u>6565</u>	<u>596</u>	

Form **990-PF** (2017)

614-232-7288

Phone no

Use Only Firm's address ►800 YARD STREET, SUITE 200

GRANDVIEW HEIGHTS, OH

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990for the latest information.

Schedule of Contributors

OMB No 1545-0047

Internal Revenue Service Name of the organization Employer identification number WALLACE AND MARY CASNELLI FOUNDATION 37-1845516 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization
WALLACE AND MARY CASNELLI FOUNDATION

Employer ide
37-18

Employer identification number 37-1845516

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1	MARY A CASNELLI ESTATE 4823 Old Kingston Pike Suite 100 Knoxville, TN 37919	\$31,602.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

- DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF, PART I

NET INVESTMENT INCOME	24,100. 169. 331. 474. 474. 10,562. 3,441. 22,193. 13,496. 10,063. 1,495. 6,827. 19,096. 16,827. 19,096. 15,998. 2,589. 2,589. 2,589. 2,589. 2,589. 2,589. 2,589. 2,907. 9,335.	190,256.
REVENUE AND EXPENSES PER BOOKS	24,100. 169. 331. 331. 1,316. 10,562. 3,441. 22,193. 13,496. 10,063. 1,495. 1,495. 1,495. 1,495. 1,495. 1,495. 1,495. 1,495. 1,495. 1,495. 1,495. 1,495. 1,495. 1,495.	190,899.
DESCRIPTION	BLACKROCK TOTAL RETURN FD CLASS K ATLANTIC CAPITAL (MM) 1.25% RATE GTD 12/3/ SOUTHEAST BANK (MM) 1.20% RATE GTD 2/23/ SMARTBANK (MM) 1.25% GTD 12/31/17 ATLANTIC CAPITAL (MM) 1.35% GTD 3/31/2018 SMARTBANK (MM) 1.35% GTD 6/30/2018 SMARTBANK (MM) 1.75% 12/31/2018 SMARTBANK (MM) 1.75% 12/31/2018 DFA EMERGING MARKETS DFA EMERGING MARKETS DFA US SMALL CAP VALUE I SCHRODERS INTERNATIONAL MULTI-CAP VALUE ISHARES CORE US REIT ETF JPMORGAN US GOVT MMKT CAPITAL KNOX CO TN 1ST UTIL DIST WTR &SWR2.00%12 KNOX CO TN 1ST UTIL DIST WTR &SWR2.00%12 METROPOLITAN WEST TOTAL RETURN BOND I PIMCO HIGH YIELD INSTL PIMCO FOREIGN BOND HEDGED PIMCO FOREIGN BOND HEDGED PIMCO FOREIGN LOCAL BOND OPPENHEIMER STEELPATH MLP SELECT 40 VANGUARD DEVELOPED MARKETS INDEX FUND VANGUARD GROWTH INDEX ADMIRAL VANGUARD GROWTH INDEX ADMIRAL VANGUARD SOU INDEX ADMIRAL VANGUARD SOU INDEX FD #540 ADM SHS TENNESSEE TAX FREE BOND FUND	TOTAL

FORM 990PF, PART I - LEGAL FEES

CHARITABLE PURPOSES	248. 248. 248. 496.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	248. 248.
REVENUE AND EXPENSES PER BOOKS	495. 495. 990.
	- PRINCIPAL (ALLOCA - INCOME (ALLOCABLE TOTALS
DESCRIPTION	LEGAL FEES - LEGAL FEES -

STATEMENT

•	ADJUSTED NET CHARITABLE				NONE 811.
					1
	NET INVESTMENT	INCOME	1 1 1 1 1		NONE
	REVENUE AND EXPENSES	PER BOOKS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	811	811.
		DESCRIPTION		TAX PREPARATION FEE (NON-ALLOC	TOTALS

STATEMENT

STATEMENT

- TAXES	
н	II
• •	ii
⊢	П
ద	Ш
⋖	Ш
щ	II
	П
_ `	П
Ĕ	Ш
Д	11
0	11
ð	11
g	II.
	II
⋛	ij
兴	II
ပ္	ii
щ	Ш

NET INVESTMENT INCOME	639. 383. 1,022.
REVENUE AND EXPENSES PER BOOKS	5,539. 3,246. 639. 383.
DESCRIPTION	FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED TOTALS

FORM 990PF, PART II - OTHER INVESTMENTS

WALLACE AND MARY CASNELLI FOUNDATION

	1111		
DESCRIPTION	COST/ FMV C OR F	ENDING BOOK VALUE	ENDING FMV
	1 1 1 1 1		1 1
CONESTOGA SMALL CAP INSTL	υ	97,3	18,
DFA US SMALL CAP VALUE I	บ	26,96	82,34
	บ	70,93	09,26
VANGUARD EXTENDED MARKET INDEX	บ :	183,779.	191,298.
VANGUARD GROWTH INDEX ADMIRAL	บ	08,21	61,19
VANGUARD VALUE INDEX ADMIRAL #	ت ر	23,45	65,02
DER EMERGING MARKEIS SCHDODEDS INTERNATIONAL MITTE	ى ر		
SCHRODERS INTERNALLONAL MOLLI-	י כ	, L	
VANGUARD DEVELOPED MARKEIS IND	: ر	56,43	75,39
BLACKROCK TOTAL RETURN FD CLAS	U	768,28	8,7
METROPOLITAN WEST TOTAL RETURN	บ	7,11	38,62
PIMCO EMERGING LOCAL BOND	บ	13,82	,38
PIMCO FOREIGN BOND HEDGED	Ð	6	79,932.
PIMCO HIGH YIELD INSTL	Đ	4,12	1,82
VANGUARD INFLATION-PROTECTED S	บ	,27	77,970.
OPPENHEIMER STEELPATH MLP SELE	D	2,5	207,093.
VANGUARD REIT INDEX ADM FD #51	ט		•
	Ü	57,72	61,
D FTSE	D	477,057.	9
ISHARES CORE US REIT ETF	บ	76,2	69,18
	P. TATOT	1	6 463 377
			/ / O / O O F / O

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION		AMOUNT
COMMON TRUST FUND INCOME		1,831.
BOND PREMIUM ADJUSTMENT		226.
ROUNDING		3.
	TOTAL	2,060.
		=======================================