Return of Private Foundation

Department of the Treasury

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.

=			10/		J:		11/30,2019
_		endar year 2018 or tax year beginning foundation	12/	01 , 2018, and end		A Employer identif	
						• •	
		LACE AND MARY CASNELLI FOUND					1845516
Ni	ımber	and street (or PO box number if mail is not delivered to	street address)	Room/su	ite	B Telephone number	er (see instructions)
		•		٠ ا د			
_		<u>3 OLD KINGSTON PIKE SUITE 1</u>	86	<u>5-971-1902</u>			
Cı	ty or to	own, state or province, country, and ZIP or foreign posta	l code				
					İ	C If exemption applica pending, check here	
_	KNO:	XVILLE, TN 37919					· . · . ·
G	Che	ck all that apply: initial return	Initial return	of a former public cha	erity	D 1 Foreign organizat	ions, check here
		Final return	Amended ret	urn		2 Foreign organizat	
		Address change	Name change			85% test, check h	ere and attach
H	Che	ck type of organization: X Section 501(c)(3) exempt private for	oundation 🚜 t		ر پرائی E If provete foundation	status was terminated ,
ſ	s	ection 4947(a)(1) nonexempt charitable trust	Other taxable pri	vate foundation 0	\)(1)(A), check here
ī	Fair	market value of all assets at J Accord	unting method: X Ca	sh Accrual		F If the foundation is i	n a 60-month termination
	end	of year (from Part II, col. (c), line	ther (specify)	_)(1)(B), check here . ►
		,	column (d) must be on ca	sh basis.)			
Ē	art	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
		total of amounts in columns (b), (c), and (d)	expenses per	(b) Net investment income	(c	Adjusted net income	for charitable purposes
		may not necessarily equal the amounts in column (a) (see instructions))	books	, moonie		Allooms	(cash basis only)
_	1	Contributions, gifts, grants, etc , received (attach schedule) .	50,742.				J
	2	Check if the foundation is not required to					
	3	attach Sch B			1	,	i
	4	Dividends and interest from securities	191,390.	191,390			STMT 1
	5a	Gross rents	2,2,7,3,3,3,		1		
				-			
•	l .	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10	51,207.		 		1
Revenue	b	Gross sales price for all 1,596,791.	51/207.			· · · · · · · · · · · · · · · · · · ·	
ě	၂ ၂	Capital gain net income (from Part IV, line 2) .		51,207			i
æ	7			31/207	1		
	8	Net short-term capital gain Income modifications			 		
	9 10a	Gross sales less returns			 		Í
	١.	and allowances			+		 i
		Less Cost of goods sold		<u></u>			
	1	Gross profit or (loss) (attach schedule)		<u> </u>			
	11 12	Other income (attach schedule)		242,597	+		
_			40 016	21,10/8			21,108
Ś	13	Compensation of officers, directors, trustees, etc	72,210.	NØN:		NONE	
Ise	14	Other employee salaries and wages		NON		NONE	
Je.	15	Pension plans, employee benefits		1001			
ă	16a	Legal fees (attach schedule)	843.	/O/ Atakt	1///	V 1 7 202447	843
ē	b	Accounting fees (attach schedule) STMT 2	447.		<u> </u>	* 17 20200 7	$\begin{array}{c} 643 \\ 0 \end{array}$
₹	C	Other professional fees (attach scheding, 3.	- 44 /.	1224)Gr		5/ - 224
and Administrative Expenses	17	Interest	2 260			EN. IIT	*/
ī.	18	Taxes (attach schedule) (see instructions, 4.	3,369.	1,020	+		/ - 1
Ξ	19	Depreciation (attach schedule) and depletion.			+		
Ad	20	Occupancy		NTONT:		NICATE	
Þ	21	Travel, conferences, and meetings		NON:		NONE	
ā	22	Printing and publications		NON:	<u> </u>	NONE	\
<u>n</u>	23 24 25	Other expenses (attach schedule)			 		
äŧi	24	Total operating and administrative expenses.		22.22		4.45	00.155
jec		Add lines 13 through 23	46,875.	22,352	+	447.	22,175
Õ		Contributions, gifts, grants paid	410,000.		ļ	· · · · · · · · · · · · · · · · · · ·	410,000
_	26	Total expenses and disbursements Add lines 24 and 25	456,875.	22,352	+	447.	432,175
	27	Subtract line 26 from line 12.	_				
	a		-163,5 <u>3</u> 6.	<u> </u>	 		!
	b	Net investment income (if negative, enter -0-)		220,245	-		

An Received in 20 Barching Ogden

c Adjusted net income (if negative, enter -0-). .

JSA For Paperwork Reduction Act Notice, see instructions.

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37-1845516

Form 990-PF (2018) 37-1845516				-1845516		Page 2	
Б	art II	Polones Chasts	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		d of	year
	art II	Balance Sheets	amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-beari	ng	250.	2,34		
	2		cash investments	355,154.	441,19	6.	441,196
	3					.	
			otful accounts >				
	4						J
			· · · · · · · · · · · · · · · · · ·				
	5						
	6		officers, directors, trustees, and other				
			ach schedule) (see instructions)			- 1	
	7		eceivable (attach schedule)				
	'		otful accounts NONE	· · · · · · · · · · · · · · · · · · ·		_	
S	8		se			\neg	
set	9		eferred charges			\neg	
Assets	10a	•	government obligations (attach schedule).	-		一	·
_	ь		stock (attach schedule)			1	
			bonds (attach schedule)			<u> </u>	
	11 ^C	Investments - land, building				\dashv	1
		and equipment basis Less accumulated deprecia	etion -			·	
		(attach schedule)			·	+	
	12	Investments - mortgage	loans	6,495,105.	6,243,43		6,659,464
	13 14	Land, buildings, and	con schedule)	0,433,103.	0,243,43	٠,	0,039,404
		equipment basis Less accumulated deprecia	ation -		 		
	l	(attach schedule)					
	15	Other assets (describe			-	\dashv	
	16	•	completed by all filers - see the	6 050 500	C COC 07	۱ ـ	7 102 000
_			age 1, item l)	6,850,509.	6,686,97		7,103,009
	17	• •	ccrued expenses		·	-+	
	18	Grants payable				-	<u>_!</u>
Liabilities	19	Deferred revenue				-	
Ē	20	· ·	rs, trustees, and other disqualified persons.			_	<u> </u>
iab	21	0 0	tes payable (attach schedule)			_	<u>_</u>
_	22	Other liabilities (describe	•▶)				I
					370		
_	23		es 17 through 22)		NO	NR	
			v SFAS 117, check here ▶ 🔛				Ì
ces		and complete lines 24	through 26, and lines 30 and 31.				
ā	24			<u>`</u>			
or Fund Balance	25						
핕	26						
٦		Foundations that do no	t follow SFAS 117, check here ▶ X				
Ţ		and complete lines 27	through 31.				
		Capital stock, trust princ	apal, or current funds	6,850,509.	6,686,97	5.	
Net Assets	28	Paid-in or capital surplus, or	r land, bldg , and equipment fund				
ASS	29	Retained earnings, accumul	lated income, endowment, or other funds				
, t	30	Total net assets or fund	d balances (see instructions)	6,850,509.	6,68 <u>6,97</u>	5.	
ž	3/1	Total liabilities and	net assets/fund balances (see				
		instructions)	<u> </u>	6,850,509.	6,686,97	5.	
			nges in Net Assets or Fund Balar				
1			palances at beginning of year - Part I				
			d on prior year's return)			1	6,850,509.
2			line 27a			2	-163,536.
			ded in line 2 (itemize) ► ROUNDING			3	2.
						4	6,686,975.
5		reases not included in				5	
6	Tot	al net assets or fund b	alances at end of year (line 4 minus lii	ne 5) - Part II, column (b), line 30	6	6,686,975.

Form 990-PF (2018)						Page 3
		and Losses for Tax on Inve	****	(b) How	l	
(a)		cribe the kind(s) of property sold (for ex ck warehouse; or common stock, 200		acquired P - Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo., day, yr)
1a PUBLICLY			313. WEG GO./	D - Donation	, , ,,,	
b	IKADED :	SECURITIES				
С						
d						
e		- "				
(e) Gross sales	orice	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
a 1,596	,791.		1,545,584.			51,207.
<u>b</u>						
				_		
d						
<u>e</u>			1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (
Complete only f	or assets sho	owing gain in column (h) and owned b			Gains (Col. (h) ga	
(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	COI	(k), but not less t Losses (from co	l. (h))
a						51,207.
b						
d						
e	<u> </u>		To the second of	1		
2 Capital gain n	et income d	or (not canital loce)	nin, also enter in Part I, line 7	2		51,207.
3 Net short-term	o canital da	in or (loss) as defined in sections ' '	oss), enter -0- in Part I, line 7			51,207.
		art I, line 8, column (c). See ins				
				3		
			uced Tax on Net Investment In			
	/ domestic	private foundations subject to the	section 4940(a) tax on net investn	nent inco	me.)	
If section 4940(d)(2	2) applies, l	eave this part blank.				
] v [📆 s.
		he section 4942 tax on the distrib t qualify under section 4940(e). Do	utable amount of any year in the b	ase perio		Yes X No
		`	r; see the instructions before makir	2001/00	trion	
1 Enter the appr	ropriate am			ig any en	(d)	
Base period ye Calendar year (or tax year		(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra	
2017	beginning in	338,188.	6,887,860.		(cor (b) divided by	0.049099
2016		163,594.	2,620,854.			0.062420
2015		103/331:	2/020/031:			0.002120
2014						
2013		· · · ·				
2 Total of line 1	, column (c	1)		2		0.111519
		o for the 5-year base period - divid				
•		foundation has been in existence i	• • • •	3		0.055760
	•		·			
4 Enter the net	value of no	ncharitable-use assets for 2018 from	om Part X, line 5	4	6,	670,388.
5 Multiply line 4	by line 3.			5		<u>371,941.</u>
						_
6 Enter 1% of no	et investme	nt income (1% of Part I, line 27b)		6		2,202.
				_		284 542
7 Add lines 5 ar	nd 6			7		374,143.
						/22 17F
8 Enter qualifyir	ng distributi	ons from Part XII, line 4	in Part VI, line 1b, and complete	8 that part	using 2 10/ +c-	432,175.
Part VI instruc		reater than the 7, theth the DOX	in rait vi, inte 10, and complete	mat hait	using a 1/0 (d)	Crate. Jee tile

Form S	990-PF (2018) 37-1845516			ge 4
Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstruc	tions)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		2,2	<u>02.</u>
	here X and enter 1% of Part I, line 27b		•	-
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of $\mathcal J$			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			ONE
3	Add lines 1 and 2		2,2	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			ONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		2,2	02.
6	Credits/Payments.			1
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 3,340.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		3,3	<u>40.</u>
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1,1	<u>38.</u>
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ 1,138. Refunded ▶ 11			
	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign ⁷	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See 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 any materials			-
	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.	l		
	(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 imposed		}	
	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.			1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	.		
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>X</u>
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> X</u>
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or		-	l
	• By state legislation that effectively amends the governing instrument so that no mandatory directions 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), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	TN			l
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(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 4942(j)(3) or			
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"			΄,
	complete Part XIV	9		<u>x</u> 0
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X
		rm 990	0-PF (2018)

Part	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		x
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		l x
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
13	Website address ► N/A			•
14	The books are in care of ▶ THE TRUST COMPANY OF TENNESSEE Telephone no. ▶ (865) 673	-357	2	
17	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		▶	\Box
13	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
10	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			
Pari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	E		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1.	During the year, did the foundation (either directly or indirectly)			
Id	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	Ì	İ	
	v v			ļ '
	disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			;
	V			
	and barrior and an additional persons, and an additional persons, and an additional persons and an additional persons and an additional persons and an additional persons and additional persons additional persons and additional persons and additional persons and additional persons and additional persons and additional persons and additional persons a	1		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)	1		
D		1b		Х
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions			
	Organizations relying on a current notice regarding disaster assistance, check here			
С	were not corrected before the first day of the tax year beginning in 2018?	1c		Х
_	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
2				
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)) At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and	1		
а	At the end of tax year 2018, and the foundation have any undistributed income times od and			
	6e, Part XIII) for tax year(s) beginning before 2018?			
L	If "Yes," list the years			
D	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b		
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
·				
22	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	İ		
34	at any time during the year?			
h	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or		1	
Đ	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	1		ŀ
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			1
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
		3b		
4	foundation had excess business holdings in 2018)	4a		Х
	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes. Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
D	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		Х
			Λ.DE	(2018

Par	VII-B Statements Regarding Activities	for Which Form 4	720 May Be Req	uired (continued)				
5a	During the year, did the foundation pay or incur any am	ount to.				Yes No		
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	1 4945(e))?	. Yes X No	,			
	(2) Influence the outcome of any specific public el	lection (see section 4	1955), or to carry or	n,				
	directly or indirectly, any voter registration drive?			. Yes X No	,			
	(3) Provide a grant to an individual for travel, study, or	other similar purposes?		. Yes X No	,			
	(4) Provide a grant to an organization other than a	a charitable, etc., org	anization described i	n				
	section 4945(d)(4)(A)? See instructions)			
	(5) Provide for any purpose other than religious, of	charitable, scientific, l	iterary, or educations					
	purposes, or for the prevention of cruelty to children							
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in							
	Regulations section 53.4945 or in a current notice rega	irding disaster assistan	ce? See instructions.		<u>5b</u>			
	Organizations relying on a current notice regarding disa							
C	If the answer is "Yes" to question 5a(4), does the		•					
	because it maintained expenditure responsibility for the	grant ⁷		Yes No	•			
	If "Yes," attach the statement required by Regulations s							
6a	Did the foundation, during the year, receive any fu	•						
	on a personal benefit contract?			Yes X No		- <u>x</u>		
b	Did the foundation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contra	ict'	. <u>6b</u>	^		
7.	If "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a p	arbeta a prohibited tax	chalter transaction?	Yes X No				
7a b	If "Yes," did the foundation receive any proceeds or hav			`				
8	Is the foundation subject to the section 4960 tax on pa	•			7.5			
•	remuneration or excess parachute payment(s) during th			. Yes X No	,			
Par	Information About Officers, Director					· · · · · · · · · · · · · · · · · · ·		
	and Contractors List all officers, directors, trustees, and foundation							
•		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expen	se account,		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans	other al	owances		
		dovoted to position	enter -0-/	and deferred compensation				
THE T	RUST COMPANY OF TENNESSEE	TRUSTEE	enter -o-y	and deterred compensation		***************************************		
	RUST COMPANY OF TENNESSEE OLD KINGSTON PIKE, KNOXVILLE, TN 37919		42,216.	- 0 -		-0-		
4823		TRUSTEE		_				
4823 STACY 4823	OLD KINGSTON PIKE, KNOXVILLE, TN 37919 E ROETTGER OLD KINGSTON PIKE, KNOXVILLE, TN 37919	TRUSTEE 1 ADVISOR		_		-0- -0-		
4823 STACY 4823 WILL	OLD KINGSTON PIKE, KNOXVILLE, TN 37919 E ROETTGER OLD KINGSTON PIKE, KNOXVILLE, TN 37919 J PUGH	TRUSTEE 1	42,216.	-0-		-0		
4823 STACY 4823 WILL 315 N	OLD KINGSTON PIKE, KNOXVILLE, TN 37919 E ROETTGER OLD KINGSTON PIKE, KNOXVILLE, TN 37919 J PUGH CEDAR BLUFF #200, KNOXVILLE, TN 37923	TRUSTEE 1 ADVISOR ADVISOR	42,216.	-0-				
4823 STACY 4823 WILL 315 N HOWAR	OLD KINGSTON PIKE, KNOXVILLE, TN 37919 E ROETTGER OLD KINGSTON PIKE, KNOXVILLE, TN 37919 J PUGH CEDAR BLUFF #200, KNOXVILLE, TN 37923 D ROGER RANKIN	TRUSTEE 1 ADVISOR	42,216. -0- -0-	-0- -0-		-0-		
4823 STACY 4823 WILL 315 N HOWAR 3617	OLD KINGSTON PIKE, KNOXVILLE, TN 37919 E ROETTGER OLD KINGSTON PIKE, KNOXVILLE, TN 37919 J PUGH CEDAR BLUFF #200, KNOXVILLE, TN 37923 D ROGER RANKIN LAUREL OAK LN, KNOXVILLE, TN 37931	TRUSTEE 1 ADVISOR ADVISOR ADVISOR	42,216. -0- -0- -0-	-0- -0- -0-		-0- -0-		
4823 STACY 4823 WILL 315 N HOWAR 3617	OLD KINGSTON PIKE, KNOXVILLE, TN 37919 E ROETTGER OLD KINGSTON PIKE, KNOXVILLE, TN 37919 J PUGH CEDAR BLUFF #200, KNOXVILLE, TN 37923 D ROGER RANKIN LAUREL OAK LN, KNOXVILLE, TN 37931 Compensation of five highest-paid employees	TRUSTEE 1 ADVISOR ADVISOR ADVISOR	42,216. -0- -0- -0-	-0- -0- -0-		-0- -0-		
4823 STACY 4823 WILL 315 N HOWAR 3617	OLD KINGSTON PIKE, KNOXVILLE, TN 37919 E ROETTGER OLD KINGSTON PIKE, KNOXVILLE, TN 37919 J PUGH CEDAR BLUFF #200, KNOXVILLE, TN 37923 D ROGER RANKIN LAUREL OAK LN, KNOXVILLE, TN 37931	TRUSTEE 1 ADVISOR ADVISOR ADVISOR (other than thos	42,216. -0- -0- -0- e included on lin	-0- -0- -0- e 1 - see instructio	ons). If n	-0- -0- one, ente		
4823 STACY 4823 WILL 315 N HOWAR 3617 2	OLD KINGSTON PIKE, KNOXVILLE, TN 37919 E ROETTGER OLD KINGSTON PIKE, KNOXVILLE, TN 37919 J PUGH CEDAR BLUFF #200, KNOXVILLE, TN 37923 D ROGER RANKIN LAUREL OAK LN, KNOXVILLE, TN 37931 Compensation of five highest-paid employees	TRUSTEE 1 ADVISOR ADVISOR ADVISOR (other than thos (b) Title, and average hours per week	42,216. -0- -0- -0-	-00- e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If n	-0- -0-		
4823 STACY 4823 WILL 315 N HOWAR 3617 2	OLD KINGSTON PIKE, KNOXVILLE, TN 37919 E ROETTGER OLD KINGSTON PIKE, KNOXVILLE, TN 37919 J PUGH CEDAR BLUFF #200, KNOXVILLE, TN 37923 D ROGER RANKIN LAUREL OAK LN, KNOXVILLE, TN 37931 Compensation of five highest-paid employees "NONE."	TRUSTEE 1 ADVISOR ADVISOR ADVISOR (other than thos	42,216. -0- -0- -0- e included on lin	-00- e 1 - see instruction (d) Contributions to employee benefit	ons). If n	-0- -0- one, ente		
4823 STACY 4823 WILL 315 N HOWAR 3617 2	OLD KINGSTON PIKE, KNOXVILLE, TN 37919 E ROETTGER OLD KINGSTON PIKE, KNOXVILLE, TN 37919 J PUGH CEDAR BLUFF #200, KNOXVILLE, TN 37923 D ROGER RANKIN LAUREL OAK LN, KNOXVILLE, TN 37931 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE 1 ADVISOR ADVISOR ADVISOR (other than thos (b) Title, and average hours per week	42,216. -0- -0- • included on lin	-00- e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If n (e) Expen other all	-0- -0- one, ente		
4823 STACY 4823 WILL 315 N HOWAR 3617 2	OLD KINGSTON PIKE, KNOXVILLE, TN 37919 E ROETTGER OLD KINGSTON PIKE, KNOXVILLE, TN 37919 J PUGH CEDAR BLUFF #200, KNOXVILLE, TN 37923 D ROGER RANKIN LAUREL OAK LN, KNOXVILLE, TN 37931 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE 1 ADVISOR ADVISOR ADVISOR (other than thos (b) Title, and average hours per week	42,216. -0- -0- -0- e included on lin	-00- e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If n (e) Expen other all	-0- -0- one, ente		
4823 STACY 4823 WILL 315 N HOWAR 3617 2	OLD KINGSTON PIKE, KNOXVILLE, TN 37919 E ROETTGER OLD KINGSTON PIKE, KNOXVILLE, TN 37919 J PUGH CEDAR BLUFF #200, KNOXVILLE, TN 37923 D ROGER RANKIN LAUREL OAK LN, KNOXVILLE, TN 37931 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE 1 ADVISOR ADVISOR ADVISOR (other than thos (b) Title, and average hours per week	42,216. -0- -0- • included on lin	-00- e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If n (e) Expen other all	-0- -0- one, ente		
4823 STACY 4823 WILL 315 N HOWAR 3617 2	OLD KINGSTON PIKE, KNOXVILLE, TN 37919 E ROETTGER OLD KINGSTON PIKE, KNOXVILLE, TN 37919 J PUGH CEDAR BLUFF #200, KNOXVILLE, TN 37923 D ROGER RANKIN LAUREL OAK LN, KNOXVILLE, TN 37931 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE 1 ADVISOR ADVISOR ADVISOR (other than thos (b) Title, and average hours per week	42,216. -0- -0- • included on lin	-00- e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If n (e) Expen other all	-0- -0- one, ente		
4823 STACY 4823 WILL 315 N HOWAR 3617 2	OLD KINGSTON PIKE, KNOXVILLE, TN 37919 E ROETTGER OLD KINGSTON PIKE, KNOXVILLE, TN 37919 J PUGH CEDAR BLUFF #200, KNOXVILLE, TN 37923 D ROGER RANKIN LAUREL OAK LN, KNOXVILLE, TN 37931 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE 1 ADVISOR ADVISOR ADVISOR (other than thos (b) Title, and average hours per week	42,216. -0- -0- • included on lin	-00- e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If n (e) Expen other all	-0- -0- one, ente		
4823 STACY 4823 WILL 315 N HOWAR 3617 2	OLD KINGSTON PIKE, KNOXVILLE, TN 37919 E ROETTGER OLD KINGSTON PIKE, KNOXVILLE, TN 37919 J PUGH CEDAR BLUFF #200, KNOXVILLE, TN 37923 D ROGER RANKIN LAUREL OAK LN, KNOXVILLE, TN 37931 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE 1 ADVISOR ADVISOR ADVISOR (other than thos (b) Title, and average hours per week	42,216. -0- -0- • included on lin	-00- e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If n (e) Expen other all	-0- -0- one, ente		
4823 STACY 4823 WILL 315 N HOWAR 3617 2	OLD KINGSTON PIKE, KNOXVILLE, TN 37919 E ROETTGER OLD KINGSTON PIKE, KNOXVILLE, TN 37919 J PUGH CEDAR BLUFF #200, KNOXVILLE, TN 37923 D ROGER RANKIN LAUREL OAK LN, KNOXVILLE, TN 37931 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE 1 ADVISOR ADVISOR ADVISOR (other than thos (b) Title, and average hours per week	42,216. -0- -0- • included on lin	-00- e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If n (e) Expen other all	-0- -0- one, ente		
4823 STACY 4823 WILL 315 N HOWAR 3617 2	OLD KINGSTON PIKE, KNOXVILLE, TN 37919 E ROETTGER OLD KINGSTON PIKE, KNOXVILLE, TN 37919 J PUGH CEDAR BLUFF #200, KNOXVILLE, TN 37923 D ROGER RANKIN LAUREL OAK LN, KNOXVILLE, TN 37931 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE 1 ADVISOR ADVISOR ADVISOR (other than thos (b) Title, and average hours per week	42,216. -0- -0- • included on lin	-00- e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If n (e) Expen other all	-0- -0- one, ente		
4823 STACY 4823 WILL 315 N HOWAR 3617 2	OLD KINGSTON PIKE, KNOXVILLE, TN 37919 E ROETTGER OLD KINGSTON PIKE, KNOXVILLE, TN 37919 J PUGH CEDAR BLUFF #200, KNOXVILLE, TN 37923 D ROGER RANKIN LAUREL OAK LN, KNOXVILLE, TN 37931 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE 1 ADVISOR ADVISOR ADVISOR (other than thos (b) Title, and average hours per week	42,216. -0- -0- • included on lin	-00- e 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If n (e) Expen other all	-0- -0- one, ente		
4823 STACY 4823 WILL 315 N HOWAR 3617 2	OLD KINGSTON PIKE, KNOXVILLE, TN 37919 E ROETTGER OLD KINGSTON PIKE, KNOXVILLE, TN 37919 J PUGH CEDAR BLUFF #200, KNOXVILLE, TN 37923 D ROGER RANKIN LAUREL OAK LN, KNOXVILLE, TN 37931 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE 1 ADVISOR ADVISOR ADVISOR (other than thos (b) Title, and average hours per week devoted to position	42,216. -0- -0- -0- e included on lin (c) Compensation NONE	-000- e 1 - see instructions to employee benefit plans and deferred compensation NONE	ons). If n	-0- -0- one, ente		

3 Five highest-paid independent contractors for professional services. See instructions	f none, enter "NONE."
	Type of service (c) Compensation
ONE	NON
	
tal number of others receiving over \$50,000 for professional services	▶ NON
art IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year Include relevant statistical informat organizations and other beneficiaries served, conferences convened, research papers produced, etc	such as the number of Expenses
1NONE	
2	
3	
<u> </u>	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe 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	
3 NONE	
w	

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foun	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	6,499,442.
b	Average of monthly cash balances	1b	272,526.
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	6,771,968.
е	The second of th		
	1c (attach detailed explanation)	J	•
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	6,771,968.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	101,580.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,670,388.
6	Minimum investment return. Enter 5% of line 5	6	333,519.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part.)	ndations	
1	Minimum investment return from Part X, line 6	1	333,519.
2a	Tax on investment income for 2018 from Part VI, line 5		
Ь	Income tax for 2018. (This does not include the tax from Part VI.) 2b]	
C	Add lines 2a and 2b	2c	2,202.
3	Distributable amount before adjustments. Subtract line 2c from line 1		331,317.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4	5	331,317.
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,		
	line 1	7	331,317.
Par	t XII 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		432,175.
b	Program-related investments - total from Part IX-B		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes		NONE
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	NONE
b		$\overline{}$	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8; and Part XIII, line 4		432,175.
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	2,202.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		429,973.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years.		suioi uio iodiidation

Form 990-PF (2018)	ationa)	· · · · · · · · · · · · · · · · · · ·		Page 9
Part XIII Undistributed Income (see instruc		(6)	(a)	(d)
1 Distributable amount for 2018 from Part XI,	(a) Corpus	(b) Years prior to 2017	(c) 2017	2018
line 7				331,317.
2 Undistributed income, if any, as of the end of 2018			NONE	į
a Enter amount for 2017 only,		NONE	NONE	!
b Total for prior years 20,20		NONE		
3 Excess distributions carryover, if any, to 2018				
a From 2013 NONE b From 2014 NONE]
				ļ
c From 2015 NONE				
d From 2016 34,010.				
e From 2017 · · · · NONE	34 010			<u></u> 1
f Total of lines 3a through e	34,010.			<u> </u>
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 432,175.				
a Applied to 2017, but not more than line 2a			NONE	
b Applied to undistributed income of prior years (Election required - see instructions)		NONE		
c Treated as distributions out of corpus (Election				
required - see instructions)	NONE			
d Applied to 2018 distributable amount				331,317.
e Remaining amount distributed out of corpus	100,858.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same	NONE			NONE
amount must be shown in column (a))				
	134,868.			
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	134,000.			
b Prior years' undistributed income. Subtract		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		NONE		
e Undistributed income for 2017. Subtract line		NONE		
4a from line 2a. Taxable amount - see instructions			NONE	
f Undistributed income for 2018 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2019				NONE
7 Amounts treated as distributions out of corpus				
to satisfy requirements imposed by section				
170(b)(1)(F) or 4942(g)(3) (Election may be			İ	
required - see instructions)	NONB			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)	NONE			,
9 Excess distributions carryover to 2019.				<u></u>
Subtract lines 7 and 8 from line 6a	134,868.			
10 Analysis of line 9				1
a Excess from 2014 NONE				+
b Excess from 2015 NONE				
c Excess from 2016 34,010.				
d Excess from 2017 NONE				
e Excess from 2018				
				Form 990-PF (2018)

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		-					
	990-PF (2			-		845516	Page 10
	rt XIV				nd Part VII-A, questio		NOT APPLICABLI
1 a			•		it is a private operat	- I	
		_	•	-			
				is a private operating t	oundation described in	section 4942	r)(3) or 4942(j)(5)
2a		lesser of the ad-	Tax year		Prior 3 years		(e) Total
		income from Part nimum investment	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
		n Part X for each					
	year listed						
Ь	85% of line	e 2a	<u> </u>			_/	
C		istributions from Part r each year listed .					
d	used directi	cluded in line 2c not y for active conduct ctivities					
е	_	distributions made					
		active conduct of vities Subtract line					
		2c					
3		a, b, or c for the est relied upon					
а		rnative test - enter	1		7		
	(1) Value	of all assets					
		of assets qualifying					
	under 4942()	section)(3)(B)(i)					
b		t" alternative test-					
		of minimum invest-					
		shown in Part X, ch year listed					
C		ternative test - enter				-	
		support other than	1				
	-	investment income st, dividends, rents,					
		nts on securities					
		(section 512(a)(5)), ilties)					
		rt from general					
		and 5 or more t organizations as					
		ed in section 4942					1
	(3) Larges	t amount of sup-					
		from an exempt					
	141	nvestment income .					
Par	rt XV		tary Information (uring the year - see		only if the foundat	ion had \$5,000 c	or more in assets at
1	Informat	tion Regarding	Foundation Manager	s:			
a							ved by the foundation
	before t	ne close of any	tax year (but only if th	iey have contributed m	nore than \$5,000). (See	e section 507(d)(2).)	
		NONE	·				
b							y large portion of the
		•	snip or other entity) of	which the foundation	has a 10% or greater i	nterest.	
		NONE					
2	Informat	ion Regarding	Contribution, Grant,	Gift, Loan, Scholarship	p, etc., Programs:		

2	Information	Regarding	Contribution,	Grant,	Gift, Loan	, Scholarship,	etc.,	Programs:
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Check here \blacktriangleright \boxed{X} if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

- a The name, address, and telephone number or email address of the person to whom applications should be addressed:
- b The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

JSA 8E1490 1 000

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 Foundation status of Purpose of grant or contribution Amount Name and address (home or business) recipient or substantial contributor a Paid during the year CATHOLIC DIOCESE OF KNOXVILLE BUILDING CAMPAIGN 100,000. 805 S NORTHSHORE DRIVE KNOXVILLE TN 37919 none PC HELEN ROSS MCNABB CENTER 50,000. 201 W SPRINGDALE AVENUE KNOXVILLE TN 37917 NONE PC GENERAL FUNDING UNITED WAY OF GREATER KNOXVILLE 1301 HANNAH AVENUE Knoxville TN 37921 55,000. NONE PC GENERAL FUNDING EMBRALD YOUTH FOUNDATION PC GENERAL FUNDING 50,000. 1718 N CENTRAL STREET Knoxville TN 37917 NONE YOKE YOUTH MINISTRIES NONE PC GENERAL FUNDING 5,000. P.O. BOX 3492 Knoxville TN 37927 BOYS AND GIRLS CLUB OF THE TENNESSEE VALLEY 50,000. PC GENERAL FUNDING 967 IRWIN ST KNOXVILLE TN 37921 NONE ROANE STATE COMMUNITY COLLEGE GENERAL FUNDING 50,000. 276 PATTON LANE HARRIMAN TN 37748-5011 NONE PC PAT SUMMIT FOUNDATION GENERAL FUNDING 50,000. 520 W SUMMIT HILL DRIVE KNOXVILLE TN 37902 NONE PC 410,000. **b** Approved for future payment Total

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by	y section 512, 513, or 514	(e)	
1 Program service revenue.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)	
a						
b						
c						
d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments.						
4 Dividends and interest from securities			14	191,390.		
5 Net rental income or (loss) from real estate						
a Debt-financed property				_		
b Not debt-financed property						
6 Net rental income or (loss) from personal property	ł					
7 Other investment income	1					
8 Gain or (loss) from sales of assets other than inventory	1		18	51,207.		
9 Net income or (loss) from special events · · ·						
10 Gross profit or (loss) from sales of inventory -						
11 Other revenue. a		·			-	
b						
С						
d						
e						
12 Subtotal. Add columns (b), (d), and (e)				242,597.		
13 Total. Add line 12, columns (b), (d), and (e)						
(See worksheet in line 13 instructions to verify calci						
Part XVI-B Relationship of Activities	s to the A	ccomplishment of E	xempt Pur	poses		
Line No. Explain below how each activit	v for which	n income is reported i	in column (e) of Part XVI-A contribu	uted importantly to the	
▼ accomplishment of the foundation						
				· '	<u> </u>	
		<u> </u>				
			_			
		NOT APPLICABL	E			
				-		
		· · · · · · · · · · · · · · · · · · ·				
		· · · · · · · · · · · · · · · · · · ·				
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		_				
				 		
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Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

	organi Transf (1) Ca (2) Otl Other (1) Sa	ction 501(c) (other zations? Fers from the reporting sh	than section g foundation to a	501(c)(3) organization organization	ons) or in se			Yes	X X X
	(3) Re (4) Re (5) Los (6) Per Sharin If the value	ntal of facilities, equip imbursement arrange ans or loan guarantee rformance of services og of facilities, equipm answer to any of th of the goods, other	ement, or other a ements	assets	ations		1b(4) 1b(5) 1b(6) 1c the f	air m	X X X X X narket
(a) L	ine no	(b) Amount involved	(c) Name of no	oncharitable exempt organiz	ation (d)	Description of transfers, transactions, and shar	ing arrai	ngeme	nts
	descril	bed in section 501(c)	(other than sec			more tax-exempt organizations	Ye	es 2	
b	It "Yes	s," complete the follow		(h) T of one		(a) Description of relations	hin.		
		(a) Name of organizatio		(b) Type of orga		(c) Description of relations		ahaf :	
Sigi Her	n corre			ped this return, including accor expayer) is based on all information of the control of the cont	on of which prepared	and statements, and to the best of my knowledg has any knowledge May the IRS with the pre	discuss	s this	return
	d parer e Only	Firm's address ► 80	NST & YOUN	EET, SUITE 200	43212	01/02/2020 self-employed] Firm's EIN ► 34 - 6 Phone no 614 - 23		596 288	
						For	m 33(<i>)</i> -۲۲	(2018)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990for the latest information. OMB No 1545-0047

2018

Employer identification number Name of the organization WALLACE AND MARY CASNELLI FOUNDATION 37-1845516 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (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 X 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 (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 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) (2018)

Name of organization
WALLACE AND MARY CASNELLI FOUNDATION

Employer identification number

37-1845516 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution MARY A CASNELLI ESTATE Person **Payroll** 4823 Old Kingston Pike Suite 100 50,742. Noncash (Complete Part II for Knoxville, TN 37919 noncash contributions.) (a) (d) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Pavroll Noncash (Complete Part II for noncash contributions) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (c) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions)

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NET INVESTMENT INCOME	191,390. 191,390. ===========
REVENUE AND EXPENSES PER BOOKS	191,390. 191,390. ============
	TOTAL
DESCRIPTION	INTEREST AND DIVIDENDS

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FORM 990PF, PART I - ACCOUNTING FEES

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CHARITABLE PURPOSES	843.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	NONE
REVENUE AND EXPENSES PER BOOKS	843.
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC

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FORM 990PF, PART I - OTHER PROFESSIONAL FEES

CHARITABLE PURPOSES	224.	
ADJUSTED NET INCOME	447.	
NET INVESTMENT INCOME	224.	
REVENUE AND EXPENSES PER BOOKS	447.	
DESCRIPTION	INVESTMNT MNGMNT FEES (NON-DED	

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REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1	2,349.	719.	301.	3,369.	
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FORM 990PF, PART II - OTHER INVESTMENTS

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DESCRIPTION	C OR F	BOOK VALUE	F.M.
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CONESTOGA SMALL CAP INSTL	υ	29,39	73,25
DFA US SMALL CAP VALUE I	ט	8,64	2,44
VANGUARD 500 INDEX FD #540 ADM	υ	$^{\circ}$	27,44
VANGUARD EXTENDED MARKET INDEX	υ	0,77	3,18
VANGUARD GROWTH INDEX ADMIRAL	บ	35,81	75,08
VANGUARD VALUE INDEX ADMIRAL #	D	97,48	74,52
DFA EMERGING MARKETS	ט	18,48	45,28
SCHRODERS INTERNATIONAL MULTI-	บ	85,77	40,88
VANGUARD DEVELOPED MARKETS IND	U		2,74
BLACKROCK TOTAL RETURN FD CLAS	บ	75,65	91,35
METROPOLITAN WEST TOTAL RETURN	บ	65,17	5,75
PIMCO EMERGING LOCAL BOND	บ	1,21	5,79
PIMCO FOREIGN BOND HEDGED	บ	4,68	8,06
PIMCO HIGH YIELD INSTL	Ü	157,939.	156,540.
VANGUARD INFLATION-PROTECTED S	D	7,75	8,87
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ISHARES CORE US REIT ETF	บ		\vdash
INVESCO OPPENHEIMER STEELPATH	บ	299,83	35
	TOTALS	6,243,430.	6,659,464.