For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to  $\underline{www.irs.gov/Form990}$  for instructions and the latest information.

DLN: 93493318034220 OMB No. 1545-0047

2019

Open to Public Inspection

| Treasu                      |          | enue Service  |  | <u>irs.gov/Form990</u> for instruct                                   | ions and the  | e latest into | rmation.                        |              | Inspection            |  |
|-----------------------------|----------|---------------|--|---|---------------|---------------|---------------------------------|--------------|-----------------------|--|
|                             |          |               | lalendar year, or tax year                         | beginning 01-01-2019 , and  | ending 12-    | 31-2019       |                                 |              |                       |  |
| <b>B</b> Che                | ck if a  | applicable:   | C Name of organization<br>EAST TEXAS COMMUNITIES I | FOLINDATION   |               |               | D Employ                        | er identif   | ication number        |  |
|                             |          | change        | EAST TEXAS COMMONTTES I                            | CONDATION   |               |               | 75-230                          | 9138         |                       |  |
| □ Na<br>□ Ini               |          |               | Doing business as                                  |   |               |               |                                 |              |                       |  |
|                             |          | rn/terminated |  |   |               |               | E Tolophona number              |              |                       |  |
|                             |          | d return      | Number and street (or P.O. b<br>315 N BROADWAY AVE | ox if mail is not delivered to street add                             | dress) Room/  | suite         | E Telephone number              |              |                       |  |
| ⊔ Ар                        | plicati  | ion pending   |  | e, country, and ZIP or foreign postal o                               | rada          |               | (903) 5                         | 33-0208      |                       |  |
|                             |          |               | TYLER, TX 75702                                    | e, country, and ZIF or loreigh postar c                               | oue           |               | G Gross re                      | eceipts \$ 3 | 1 994 054             |  |
|                             |          |               | F Name and address of p                            | rincipal officer:   |               | H(a) Ic       | this a group re                 | • •          |                       |  |
|                             |          |               | •  | ·   |               |               | tills a group re<br>bordinates? | turri ioi    | □Yes <b>☑</b> No      |  |
|                             |          |               | 315 N BROADWAY AVE 21<br>TYLER, TX 75702           | U   |               | H(b) Are      | e all subordina                 | tes          | ☐ Yes ☐No             |  |
| I Ta                        | x-exe    | mpt status:   | <b>☑</b> 501(c)(3) □ 501(c) (                      | ) <b>◀</b> (insert no.) ☐ 4947(a)(1)                                  | or            |               | cluded?<br>"No," attach a       | list. (see   |                       |  |
| J W                         | ebsi     | te:▶ ww       |  | 7 1 (1110011 1101) 13 17 (4)(1)                                       | <u> </u>      | l l           | oup exemption                   | •            | •                     |  |
|                             |          |               |  |   |               |               |                                 |              |                       |  |
| <b>K</b> Form               | n of o   | organization  | Corporation 🔲 Trust                                | Association  Other ►  |               | L Year of fo  | rmation: 1989                   | M State      | of legal domicile: TX |  |
|                             |          | C             | ***  |   |               |               |                                 |              |                       |  |
| Pa                          | art I    | _             | mary scribe the organization's mis                 | sion or most significant activities                                   |               |               |                                 |              |                       |  |
|                             |          | Philanthro    | py builds community and ch                         | anges lives. East Texas Commur  | ities Founda  |               |                                 |              |                       |  |
| é                           |          |               | achieve their charitable goa<br>-advised funds.    | ls. ETCF manages and distributes                                      | charitable f  | unds includin | g scholarships                  | , endown     | nents, designated     |  |
| anc<br>anc                  | :        | ana aonoi     | advised failus.                                    |   |               |               |                                 |              |                       |  |
| Ĕ                           |          |               |  |   |               |               |                                 |              |                       |  |
| Governance                  | '        |               |  |   |               |               |                                 |              |                       |  |
| ড<br>ড                      | 3        | Check thi     | is box <b>&gt;</b> 🔲 if the organizat              | ion discontinued its operations or<br>verning body (Part VI, line 1a) | disposed of   | more than 2   | 5% of its net a                 | assets.      | 27                    |  |
| <b>χ</b>                    | 4        |               |  | pers of the governing body (Part                                      |               |               |                                 | 4            | 26                    |  |
| ¥                           |          |               | -  | l in calendar year 2019 (Part V, I                                    | •             |               |                                 | 5            | 7                     |  |
| Activities &                | 1        | Total nur     | •  | 6   | 27            |               |                                 |              |                       |  |
| ⋖                           | 1        |               | •  | 7a  | 27            |               |                                 |              |                       |  |
|                             | 1        |               |  | m Part VIII, column (C), line 12 ne from Form 990-T, line 39          |               |               | 7b                              |              |                       |  |
|                             | <u> </u> |               |  |   |               |               | Prior Year                      | 1            | Current Year          |  |
| _                           | 8        | Contribut     | ions and grants (Part VIII, li                     | ne 1h)  |               |               | 26,237,                         | 721          | 10,640,05             |  |
| Ravenue                     | 9        | Program       | service revenue (Part VIII, li                     | ne 2g)  |               |               |                                 |              |                       |  |
| ðΛċ                         | 10       | Investme      | 523  | 4,412,85  |               |               |                                 |              |                       |  |
| <u>~</u>                    | 11       | Other rev     | venue (Part VIII, column (A),                      | lines 5, 6d, 8c, 9c, 10c, and 11e                                     | ·)            |               | 113,                            | 496          | 122,46                |  |
|                             | 12       | Total rev     | enue—add lines 8 through 1                         | 30,204,   |               | 15,175,37     |                                 |              |                       |  |
|                             | 13       | Grants ar     | nd similar amounts paid (Pa                        | rt IX, column (A), lines 1-3) .                                       |               |               | 14,933,                         | 579          | 12,299,89             |  |
|                             | 14       | Benefits      | paid to or for members (Par                        | t IX, column (A), line 4)   |               |               |                                 |              |                       |  |
| \$8                         | 15       | Salaries,     | other compensation, emplo                          | yee benefits (Part IX, column (A)                                     | , lines 5–10) |               | 526,                            | 055          | 540,56                |  |
| Expenses                    | 16a      | a Professio   | nal fundraising fees (Part IX                      | , column (A), line 11e)   |               |               |                                 |              |                       |  |
| eda                         | b        | Total fund    | raising expenses (Part IX, colum                   | n (D), line 25) ▶270,107  |               |               |                                 |              |                       |  |
| ū                           | 17       | Other ex      | oenses (Part IX, column (A),                       | lines 11a-11d, 11f-24e)   |               |               | 771,                            | 188          | 823,69                |  |
|                             | 18       | Total exp     | enses. Add lines 13–17 (mu                         | st equal Part IX, column (A), line                                    | 25)           |               | 16,230,                         | 822          | 13,664,15             |  |
|                             | 19       | Revenue       | less expenses. Subtract line                       | 18 from line 12   |               |               | 13,973,                         | 918          | 1,511,21              |  |
| Net Assets or Fund Balances |          |               |  |   |               | Beginni       | ing of Current \                | /ear         | End of Year           |  |
| sets                        | 20       | Total acc     | ets (Part X, line 16)                              |   |               |               | 96,373,                         | 102          | 110,151,33            |  |
| Ass<br>HB:                  | 1        |               |  |   |               |               |                                 | _            | 12,851,76             |  |
| žě.                         | 1        |               | , , ,  | t line 21 from line 20  |               |               | 10,419,<br>85,954,              |              | 97,299,56             |  |
|                             | rt II    |               | ature Block  | time 21 from time 20  | • •           |               | 03,934,                         | 029          | 97,299,500            |  |
|                             |          |               |  | examined this return, including                                       | accompanyir   | a schedules   | and statement                   | s, and to    | the best of my        |  |
| know                        | ledge    | and belie     |  | nplete. Declaration of preparer (d                                    |               |               |                                 |              |                       |  |
| any k                       | nowi     | eage.         |  |   |               |               |                                 |              |                       |  |
|                             |          | *****         | *  |   |               |               | 2020-11-11                      |              |                       |  |
| Sign                        |          | Signat        | ure of officer                                     |   |               |               | Date                            |              |                       |  |
| Here                        | •        |               | Penney President                                   |   |               |               |                                 |              |                       |  |
|                             |          |               | r print name and title                             |   |               |               |                                 |              |                       |  |
| _                           | _        | P             | rint/Type preparer's name                          | Preparer's signature  |               | Date          | Check 🔲 if                      | PTIN         |                       |  |
| Paid                        |          | <u> </u>      | imala nama - 🏲                                     |   |               | ļ:            | self-employed                   |              |                       |  |
| Pre                         |          | eı            | irm's name 🕨                                       |   |               |               | Firm's EIN ►                    |              |                       |  |
| Use                         | Or       | าไy 👍         | irm's address ▶                                    |   |               |               | Phone no.                       |              |                       |  |
|                             |          |               |  |   |               |               |                                 |              |                       |  |
| May t                       | he IF    | RS discuss    | this return with the prepare                       | er shown above? (see instructions                                     | 5)            |               |                                 |              | res 🗆 No              |  |

Cat. No. 11282Y

Form **990** (2019)

| Form | 990 (2019)                 |  |                                     |                          | Page <b>2</b> |
|------|----------------------------|--|-------------------------------------|--------------------------|---------------|
| Pa   | rt III State               | ment of Program Service Acc  | omplishments                        |                          |               |
|      | Check                      | if Schedule O contains a response or   | note to any line in this Part III . |                          | 🗹             |
| 1    | Briefly describ            | e the organization's mission:  |                                     |                          |               |
|      | ve their charita           | community and changes lives. East Te<br>ble goals. ETCF manages and distribu   |                                     |                          |               |
| 2    | Did the organi             | ization undertake any significant prog   | ram services during the year whi    | ich were not listed on   |               |
|      | the prior Form             | 1 990 or 990-EZ?   |                                     |                          | 🗌 Yes 🗹 No    |
|      |                            | ribe these new services on Schedule (  |                                     |                          |               |
| 3    | Did the organi             | cts, any program   |                                     |                          |               |
|      |                            | ibe these changes on Schedule O.   |                                     |                          | ☐ Yes ☑ No    |
| 4    | Section 501(c              | organization's program service accom<br>)(3) and 501(c)(4) organizations are<br>d revenue, if any, for each program se | required to report the amount of    |                          |               |
| 4a   | (Code:<br>See Additional D |  | 240,495 including grants of \$      | 12,299,897 ) (Revenue \$ | )             |
| 4b   | (Code:                     | ) (Expenses \$   | including grants of \$              | ) (Revenue \$            | )             |
|      |                            |  |                                     |                          |               |
| 4c   | (Code:                     | ) (Expenses \$   | including grants of \$              | ) (Revenue \$            | )             |
|      |                            |  |                                     |                          |               |
| 4d   | Other program              | n services (Describe in Schedule O.)<br>including g  | rants of \$                         | ) (Revenue \$            | )             |
| 4e   |                            |  | .3.240.495                          | <u> </u>                 |               |

|     |   |     |     | rage 3 |
|-----|---|-----|-----|--------|
| Pai | t IV Checklist of Required Schedules  |     | Yes | No     |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1   | Yes |        |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆   | 2   | Yes |        |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>   | 3   |     | No     |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4   | Yes |        |
| 5   | Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III $\ref{20}$ .  | 5   |     | No     |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part   <b>2.</b>                                   | 6   | Yes |        |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 😼  | 7   |     | No     |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III  | 8   |     | No     |
| 9   | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV             | 9   |     | No     |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V  | 10  | Yes |        |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.  |     |     |        |
|     | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  | 11a | Yes |        |
|     | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b |     | No     |
|     | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2   | 11c |     | No     |
|     | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |     | No     |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏   | 11e | Yes |        |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f | Yes |        |
|     | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a |     | No     |
|     | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b | Yes |        |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |     | No     |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | No     |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b |     | No     |
| 15  | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |     | No     |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and $IV$  | 16  |     | No     |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)  | 17  |     | No     |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   | 18  |     | No     |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  | 19  |     | No     |

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

No

Yes

20a

20b

21

| orm 9 | 990 (2019)   |     |     | Page 4 |
|-------|--|-----|-----|--------|
| Part  | Checklist of Required Schedules (continued)  |     |     |        |
|       |  |     | Yes | No     |
|       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  | Yes |        |
|       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J   | 23  | Yes |        |
|       | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a   | 24a |     | No     |
| b     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     |        |
|       | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24c |     |        |
| d     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |     |        |
|       | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |     | No     |
|       | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>   | 25b |     | No     |
|       | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26  |     | No     |
|       | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III | 27  |     | No     |
|       | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |     |        |
|       | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>  | 28a |     | No     |
| b     | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b |     | No     |
|       | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV  | 28c |     | No     |
|       | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧   | 29  | Yes |        |
|       | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | 30  |     | No     |
|       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |     | No     |
|       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32  |     | No     |
|       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33  |     | No     |
|       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   | 34  | Yes |        |
| 5a    | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |     | No     |
|       | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2   | 35b |     |        |
|       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 36  |     | No     |
|       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37  |     | No     |
| 8     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  | 38  | Yes |        |
| Part  |  |     |     |        |
|       | Check if Schedule O contains a response or note to any line in this Part V   |     |     |        |
|       |  |     | Yes | No     |
| a     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0  |     |     |        |

Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  $\,$  .

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

0

1b

| Par    | Statements Regarding Other IRS Filings and Tax Compliance (continued)  |            |     |    |  |  |
|--------|--|------------|-----|----|--|--|
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |            |     |    |  |  |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                        | 2b         | Yes |    |  |  |
| За     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a         |     | No |  |  |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b         |     |    |  |  |
|        | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? • • • | 4a         |     | No |  |  |
| D      | If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |     |    |  |  |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a         |     | No |  |  |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b         |     | No |  |  |
| С      | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c         |     |    |  |  |
|        | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  | 6a         |     | No |  |  |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6</b> b |     |    |  |  |
| 7      | Organizations that may receive deductible contributions under section 170(c).  |            |     |    |  |  |
|        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |            |     | No |  |  |
|        | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b         |     |    |  |  |
|        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c         |     | No |  |  |
|        | If "Yes," indicate the number of Forms 8282 filed during the year  |            |     |    |  |  |
|        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e         |     | No |  |  |
|        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f         |     | No |  |  |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g         |     | No |  |  |
| h      | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |            |     |    |  |  |
| 8      | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8          |     |    |  |  |
| 9      | Sponsoring organizations maintaining donor advised funds.  |            |     |    |  |  |
| а      | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a         |     |    |  |  |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b         |     |    |  |  |
| 10     | Section 501(c)(7) organizations. Enter:  |            |     |    |  |  |
| а      | Initiation fees and capital contributions included on Part VIII, line 12 10a   |            |     |    |  |  |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b   |            |     |    |  |  |
| 11     | Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  |            |     |    |  |  |
| a<br>b | Gross income from other sources (Do not net amounts due or paid to other sources   |            |     |    |  |  |
|        | against amounts due or received from them.)  |            |     |    |  |  |
|        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a        |     |    |  |  |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   |            |     |    |  |  |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |     |    |  |  |
|        | Is the organization licensed to issue qualified health plans in more than one state?   | 13a        |     |    |  |  |
|        | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |            |     |    |  |  |
|        | Enter the amount of reserves on hand   |            |     |    |  |  |
|        | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a        |     | No |  |  |
|        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b        |     |    |  |  |
|        | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.                           | 15         |     | No |  |  |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.  |            |     |    |  |  |

| Pai | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI | •          | onse to | lines    |
|-----|--|------------|---------|----------|
| Se  | ction A. Governing Body and Management   |            |         |          |
|     |  |            | Yes     | No       |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year 27   | 1          |         |          |
|     | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  |            |         |          |
| b   | Enter the number of voting members included in line 1a, above, who are independent  1b 26  |            |         |          |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2          |         | No       |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  | 3          |         | No       |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .   | 4          |         | No       |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5          |         | No       |
| 6   | Did the organization have members or stockholders?   | 6          |         | No       |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more  |            |         |          |
|     | members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   | 7a<br>7b   |         | No<br>No |
| _   | persons other than the governing body?   |            |         |          |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |            |         |          |
| а   | The governing body?  | 8a         | Yes     |          |
| b   | Each committee with authority to act on behalf of the governing body?  | <b>8</b> b | Yes     |          |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>  | 9          |         | No       |
| Se  | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu  | e Code     | e.)     |          |
|     |  |            | Yes     | No       |
| 10a | Did the organization have local chapters, branches, or affiliates?   | 10a        |         | No       |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b        |         |          |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a        | Yes     |          |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |            |         |          |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a        | Yes     |          |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b        | Yes     |          |
| C   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 12c        | Yes     |          |
| 13  | Did the organization have a written whistleblower policy?  | 13         | Yes     |          |
| 14  | Did the organization have a written document retention and destruction policy?   | 14         | Yes     |          |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |            |         |          |
| a   | The organization's CEO, Executive Director, or top management official   | 15a        | Yes     |          |
| b   | Other officers or key employees of the organization  | 15b        | Yes     |          |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |            |         |          |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a        |         | No       |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt   |            |         |          |
|     | status with respect to such arrangements?  | 16b        |         |          |
| Se  | ction C. Disclosure  |            |         |          |
| 17  | List the states with which a copy of this Form 990 is required to be filed▶  |            |         |          |
| 18  | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  |            |         |          |
|     | ☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)   |            |         |          |
| 19  | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  |            |         |          |
| 20  |  |            |         |          |

| <ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (D)  Reportable compensation from the organization and any officer and a director/trustee)          (D)  Reportable compensation from the organization of the organization of the organization should be organization from the organization from t</li></ul>                         | Form 990 (2019)                              |   |  |                       |         |              |                              |        |  |   |  | Pag                               | ge <b>7</b> |
|--|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|--|-----------------------------------|-------------|
| As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Name and title  ■ (C)  Position (do not check more than subject or the organization or any related organization or trustee) and the organization or        |  |   | Truste   | es, I                 | Key     | En           | nploy                        | ees    | , Highest Comp   | ensated Employ  | yees,  |                                   |             |
| La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  List all of the organization's furrent key employees, if no. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations.  List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  A Reportable compensation from the organization or any related organization or any relat       | Check if Schedule O contains a               | response or no                                  | te to an   | y line                | in t    | his          | Part VI                      | ١.     |  |   |  | . [                               |             |
| ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.  ■ List all of the organization which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Average hours per week (list any hours for related organizations below dotted line)  ■ (C)  Reportable compensation from the organization organization organization organization organizations organi      | Section A. Officers, Directors, Tru          | istees, Key E                                   | mploy  | ees,                  | an      | d H          | lighe                        | st C   | Compensated En   | nployees  |  |                                   |             |
| ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization or any related organization or any related organization of from the organization of from the organization of from the organization organi       | year.  |   | •  |                       |         |              |                              |        | , ,  |   | -  | n's ta                            | Κ           |
| List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.      ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.   | of compensation. Enter -0- in columns (D), ( | E), and (F) if no                               | compe  | nsati                 | on w    | /as          | oaid.                        |        | .,   |   |  |                                   |             |
| who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any nei |  |   |  |                       |         |              |                              |        |  |   |  |                                   |             |
| ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  (D)  (E)  Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  MISC)  (F)  Estimated amount of other compensation from the organization and related organizations organizations.   |  |   |  |                       |         |              |                              |        |  |   |  |                                   |             |
| Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.   | of reportable compensation from the organiz  | ation and any re                                | elated o   | rgani                 | zatio   | ons.         |                              |        | . ,  | ·   | ·  |                                   |             |
| (A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations)  | organization, more than \$10,000 of reportab | le compensatio                                  | n from t   |                       |         |              |                              |        |  |   | Э  |                                   |             |
| Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer         | Check this box if neither the organizatio    | n nor any relate                                | d organ  | nizatio               | on co   | omp          | ensate                       | d ar   | ny current officer, di                                 | rector, or trustee.   |  |                                   |             |
| it st  |  | Average<br>hours per<br>week (list<br>any hours | (C) Position (do not check more than one box, unless person is both an officer and a |                       |         |              |                              |        | Reportable<br>compensation<br>from the<br>organization | Reportable<br>compensation<br>from related<br>organizations | Estimate<br>amount of o<br>compensat<br>from the | nated<br>of oth<br>nsation<br>the | n           |
| See Additional Data Table  |  | organizations<br>below dotted                   | Individual trustee<br>or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  | , ,   | related  | ated                              |             |
|  | See Additional Data Table                    |   |  |                       |         |              |                              |        |  |   |  |                                   |             |
|  |  |   |  |                       |         |              |                              |        |  |   |  |                                   |             |
|  |  |   |  |                       |         |              |                              |        |  |   |  |                                   |             |
|  |  |   |  |                       |         |              |                              |        |  |   |  |                                   |             |
|  |  |   |  |                       |         |              |                              |        |  |   |  |                                   |             |
|  |  |   |  |                       |         |              |                              |        |  |   |  |                                   | —           |
|  |  |   |  |                       |         |              |                              |        |  |   |  |                                   | —           |
|  |  |   |  |                       |         |              |                              |        |  |   |  |                                   |             |
|  |  |   |  |                       |         |              |                              |        |  |   |  |                                   |             |
|  |  |   |  |                       |         |              |                              |        |  |   |  |                                   |             |
|  |  |   |  |                       |         |              |                              |        |  |   |  |                                   |             |
|  |  |   |  |                       |         |              |                              |        |  |   |  |                                   |             |
|  |  |   |  |                       |         |              |                              |        |  |   |  |                                   |             |
|  |  |   |  |                       |         |              |                              |        |  |   |  |                                   |             |

|            | (A)<br>Name and title  | (B) Average hours per week (list any hours            |                                   | ne bo                 | οχ, ι<br>n of | t che<br>inles<br>ficer | ss pers                      | son    | (D) Reportable compensation from the organization |                | (E) Reportable compensation from related organizations |          | (F) Estimated amount of other compensation from the |       |  |
|------------|--|---|-----------------------------------|-----------------------|---------------|-------------------------|------------------------------|--------|---|----------------|--|----------|---|-------|--|
|            |  | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer       | Key employee            | Highest compensated employee | Former |   | /1099-<br>ISC) | (W-2/1099-<br>MISC)                                    | C        | organizati<br>relate<br>organiza                    | ed    |  |
| See        | Additional Data Table  |   |                                   |                       |               |                         |                              |        |   |                |  |          |   | _     |  |
|            |  |   |                                   |                       |               |                         |                              |        |   |                |  |          |   |       |  |
|            |  |   |                                   |                       |               |                         |                              |        |   |                |  |          |   |       |  |
|            |  |   |                                   |                       |               |                         |                              |        |   |                |  |          |   |       |  |
|            |  |   |                                   |                       |               |                         |                              |        |   |                |  |          |   |       |  |
|            |  |   |                                   |                       |               |                         |                              |        |   |                |  |          |   |       |  |
|            |  |   |                                   |                       |               |                         |                              |        |   |                |  |          |   |       |  |
|            |  |   |                                   |                       |               |                         |                              |        |   |                |  |          |   |       |  |
|            |  |   |                                   |                       |               |                         |                              |        |   |                |  |          |   |       |  |
|            |  |   |                                   |                       |               |                         |                              |        |   |                |  |          |   |       |  |
| <b>c</b> 1 | Sub-Total<br>Total from continuation sheets to Pa<br>Total (add lines 1b and 1c)             | <br>art VII, Section<br>                              |                                   |                       |               |                         | <b>&gt;</b>                  |        |   | 150,720        |  |          |   | 4,372 |  |
| 2          | Total number of individuals (including of reportable compensation from the                   | but not limited                                       | to thos                           |                       |               | bove                    | e) who                       | rece   |   |                | 00,000   |          |   | ·     |  |
|            |  |   |                                   |                       |               |                         |                              |        |   |                |  |          | Yes   | No    |  |
| 3          | Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i> |   |                                   |                       | ey e<br>•     | mplo                    | oyee, d                      | or hi  | ghest cor   | npensated      | employee on  |          |   |       |  |
| 4          | For any individual listed on line 1a, is   |   |                                   | •                     |               | •<br>ation              | and o                        | other  | compen  | sation from    | the the  | 3        |   | No    |  |
|            | organization and related organizations individual  |   |                                   |                       |               |                         |                              |        |   |                |  | 4        | Yes   |       |  |
| 5          | Did any person listed on line 1a receives rendered to the organization?                      |   |                                   |                       |               |                         |                              |        |   |                | vidual for   | 5        |   | No    |  |
| Se         | ection B. Independent Contract   |   |                                   |                       |               |                         |                              |        |   |                |  |          |   |       |  |
| 1          | Complete this table for your five higher from the organization. Report comper                |   |                                   |                       |               |                         |                              |        |   |                |  | npens    | ation   |       |  |
|            | Name ?   | (A)<br>and business addre                             | ess                               |                       |               |                         |                              |        |   | Desc           | (B)<br>ription of services                             |          | (C)<br>Compen                                       |       |  |
|            |  |   |                                   |                       |               |                         |                              |        |   |                |  | $\dashv$ |   |       |  |
|            |  |   |                                   |                       |               |                         |                              |        |   |                |  |          |   |       |  |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form **990** (2019)

| Part  |        | Statement                                      | of R       | Revenue         |              |                          |                             |   |   | Page 9                                       |
|---|--------|--|------------|-----------------|--------------|--------------------------|-----------------------------|---|---|--|
| ran   | V 1111 | <del></del> -                                  |            |                 | respo        | nse or note to any       | line in this Part VIII      |   |   | 🗆  |
|   |        |  |            |                 |              |                          | <b>(A)</b><br>Total revenue | (B)<br>Related or<br>exempt<br>function | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections |
|   | 12     | Federated campa                                | ians       |                 | 1a           |                          |                             | revenue                                 |   | 512 - 514                                    |
| nts<br>nts  |        | b Membership dues                              |            | <u>-</u>        | 1b           |                          |                             |   |   |  |
| oral<br>Dou   | Ι.     | : Fundraising even                             |            | Ļ               | 1c           |                          |                             |   |   |  |
| s, C<br>An  | Ι.     | d Related organizat                            |            | Ļ               | 1d           | 326,895                  |                             |   |   |  |
| Gift  | Ι.     | • Government grants                            |            | <u> </u>        | 1e           | 320,033                  |                             |   |   |  |
| ii.   | T.     | F All other contributio                        |            | Ļ               | Ie           |                          |                             |   |   |  |
| tior<br>or S  | '      | and similar amounts                            |            |                 | 1f           | 10,313,159               |                             |   |   |  |
| 별<br>폭  | ۱,     | Noncash contributio                            | ns in      | cluded in       |              |                          |                             |   |   |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |        | lines 1a - 1f:\$                               |            | L               | 1g           | 3,433,767                |                             |   |   |  |
| <u>ۃ ت</u>  |        | <b>h Total.</b> Add lines :                    | la-1       | f               |              | •                        | 10,640,054                  |   |   |  |
|   | _      |  |            |                 |              | Business Code            |                             |   |   |  |
|   | 2a     |  |            |                 |              |                          |                             |   |   |  |
| n E   |        |  |            |                 |              |                          |                             |   |   |  |
| Program Service Revenue                                   | b      |  |            |                 |              |                          |                             |   |   |  |
| es -  | c      |  |            |                 |              |                          |                             |   |   |  |
| ξές<br>Σ  |        | -  |            |                 |              |                          |                             |   |   |  |
| 8   | d      |  |            |                 |              |                          |                             |   |   |  |
| ogra  | е      |  |            |                 |              |                          |                             |   |   |  |
| Ě   |        |  |            |                 |              |                          |                             |   |   |  |
|   |        | All other program                              |            |                 |              |                          |                             |   |   |  |
|   |        | Total. Add lines 2                             |            |                 |              | 0                        | 1                           |   | 1                                       |  |
|   |        | Investment income imilar amounts)              |            |                 |              | nterest, and other       |                             | 2,636,890                               |   |  |
|   | 4      | Income from invest                             | men        | t of tax-exen   | npt bo       | nd proceeds              | Ų                           |   |   |  |
|   | 5      | Royalties                                      | _          |                 |              | •                        | 1,113                       | 1,113                                   | •                                       |  |
|   |        |  |            | (i) Real        |              | (ii) Personal            | -                           |   |   |  |
|   | 6a     | Gross rents                                    | 6a         |                 |              |                          |                             |   |   |  |
|   | b      | Less: rental expenses                          | 6b         |                 |              |                          |                             |   |   |  |
|   | С      | Rental income                                  |            |                 |              |                          | -                           |   |   |  |
|   |        | or (loss)                                      | <b>6</b> c |                 |              |                          |                             |   |   |  |
|   | C      | Net rental income                              | or (       | •               |              | · · · •                  |                             | ,                                       |   |  |
|   | 73     | Gross amount                                   |            | (i) Securit     | ies          | (ii) Other               | +                           |   |   |  |
|   | 7 4    | from sales of<br>assets other                  | 7a         | 18,5            | 94,648       |                          |                             |   |   |  |
|   |        | than inventory                                 |            |                 |              |                          | 4                           |   |   |  |
|   | b      | Less: cost or other basis and                  | 7b         | 16,8            | 18,681       |                          |                             |   |   |  |
|   |        | sales expenses                                 |            |                 |              |                          | -                           |   |   |  |
|   | С      | Gain or (loss) <b>7c</b> 1,775,96              |            |                 |              |                          |                             |   |   |  |
|   |        | Net gain or (loss)                             |            |                 |              | · · · •                  | 1,775,967                   | 1,775,967                               | <u>'</u>                                |  |
| ë   | ъа     | Gross income from fu<br>(not including \$      |            | of              |              |                          |                             |   |   |  |
| <u>₹</u>  |        | contributions reported<br>See Part IV, line 18 |            |                 |              |                          |                             |   |   |  |
| Re  | ŀ      | Less: direct expen                             |            |                 | 8a<br>8b     |                          | -                           |   |   |  |
| Other Revenue   |        | Net income or (los                             |            |                 | ng eve       | ents \blacktriangleright |                             |   |   |  |
|   |        |  |            |                 |              |                          |                             |   |   |  |
|   | 9a     | Gross income from See Part IV, line 19         | gamı<br>•  | ing activities. | 9a           |                          |                             |   |   |  |
|   | b      | Less: direct expen                             | ses        |                 | 9b           |                          | 1                           |   |   |  |
|   |        | Net income or (los                             |            |                 | ctiviti      | es 🕨                     |                             |   |   |  |
|   | 10     | Gross sales of the                             | nte        | ny loss         |              |                          |                             |   |   |  |
|   | 10     | Gross sales of inve<br>returns and allowa      | nces       | ry, less        | 10a          |                          |                             |   |   |  |
|   | b      | Less: cost of good                             | s sol      | ld              | 10b          |                          |                             |   |   |  |
|   | ď      | Net income or (los                             | s) fr      | om sales of i   | nvent        | ory ►                    |                             |   |   |  |
|   | 4 -    | Miscellaneo                                    |            |                 |              | Business Code<br>90009   | 9 101 046                   | 101,348                                 |   |  |
|   | 11     | <b>a</b> Admin Fees from                       | Agei       | ncy En          |              | 90009                    | 9 101,348                   | 101,348                                 |   |  |
|   | L      | Oth - :  |            |                 |              | 90009                    | 9 20,001                    | 20,001                                  |   |  |
|   |        | Other income                                   |            |                 |              | 30009                    | 20,001                      | 20,001                                  |   |  |
|   |        |  |            |                 |              |                          |                             | -                                       |   |  |
|   |        |  |            |                 |              |                          |                             |   |   |  |
|   | _      | All other revenue                              |            |                 | <del> </del> |                          |                             | -                                       |   |  |
|   | _      | Total. Add lines 1                             |            |                 |              | •                        |                             |   |   |  |
|   |        | Total revenue. S                               |            |                 |              |                          | 121,349                     | 9                                       |   |  |
|   |        |  | 11         |                 | •            | · · · •                  | 15,175,373                  | 4,535,319                               | 1                                       |  |

| Form 990 (2019)  |                        |                                    |   | Page <b>10</b>                        |
|--|------------------------|------------------------------------|---|---------------------------------------|
| Part IX Statement of Functional Expenses   |                        |                                    |   |                                       |
| Section 501(c)(3) and 501(c)(4) organizations must co  |                        | _                                  |   | ımn (A).                              |
| Check if Schedule O contains a response or note to an  | y line in this Part IX |                                    |   | <u> U</u>                             |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses  | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 12,059,391             | 12,059,391                         |   |                                       |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22  | 240,506                | 240,506                            |   |                                       |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.  | 0                      |                                    |   |                                       |
| <b>4</b> Benefits paid to or for members   | 0                      |                                    |   |                                       |
| 5 Compensation of current officers, directors, trustees, and key employees   | 157,291                | 31,458                             | 70,781                                    | 55,052                                |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 0                      |                                    |   |                                       |
| <b>7</b> Other salaries and wages  | 295,771                | 183,368                            | 14,248                                    | 98,155                                |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)   | 13,599                 | 6,452                              | 2,554                                     | 4,593                                 |
| 9 Other employee benefits  | 37,505                 | 17,794                             | 7,043                                     | 12,668                                |
| <b>10</b> Payroll taxes  | 36,397                 | 17,268                             | 6,835                                     | 12,294                                |
| 11 Fees for services (non-employees):  |                        |                                    |   |                                       |
| a Management   | 0                      |                                    |   | -                                     |
| <b>b</b> Legal   | 623                    | 623                                |   |                                       |
| c Accounting   | 12,345                 | 1,846                              | 3,751                                     | 6,748                                 |
| d Lobbying   | 7,009                  | 7,009                              | ,   |                                       |
| e Professional fundraising services. See Part IV, line 17  | 0                      | .,,,,,                             |   |                                       |
| · · · · · · · · · · · · · · · · · ·  | 561,382                | 560,542                            | 840                                       |                                       |
| f Investment management fees   | 0                      | 300,342                            | 040                                       |                                       |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | ·                      |                                    |   |                                       |
| 12 Advertising and promotion   | 0                      |                                    |   |                                       |
| 13 Office expenses   | 12,976                 | 6,156                              | 2,437                                     | 4,383                                 |
| 14 Information technology  | 49,803                 | 23,629                             | 9,352                                     | 16,822                                |
| 15 Royalties   | 0                      |                                    |   |                                       |
| <b>16</b> Occupancy  | 22,049                 | 9,392                              | 4,762                                     | 7,895                                 |
| <b>17</b> Travel   | 17,872                 | 8,479                              | 3,356                                     | 6,037                                 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials .  | 0                      |                                    |   |                                       |
| 19 Conferences, conventions, and meetings  | 4,942                  | 2,345                              | 928                                       | 1,669                                 |
| 20 Interest  | 0                      |                                    |   | _                                     |
| 21 Payments to affiliates  | 0                      |                                    |   | _                                     |
| 22 Depreciation, depletion, and amortization   | 6,966                  | 3,305                              | 1,308                                     | 2,353                                 |
| 23 Insurance   | 8,322                  | 3,948                              | 1,563                                     | 2,811                                 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                        |                                    |   |                                       |
| a Miscellaneous Events   | 35,993                 | 17,077                             | 6,759                                     | 12,157                                |
| b BANK CHARGES   | 26,242                 | 14,494                             | 1,231                                     | 10,517                                |
| c Printing and Publications  | 25,238                 | 11,974                             | 4,739                                     | 8,525                                 |
| d Committee Board Meetings   | 10,714                 | 2,876                              | 5,791                                     | 2,047                                 |
| e All other expenses   | 21,222                 | 10,563                             | 5,278                                     | 5,381                                 |
| 25 Total functional expenses. Add lines 1 through 24e  | 13,664,158             | 13,240,495                         | 153,556                                   | 270,107                               |
| <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                |                        |                                    |   |                                       |
| Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).  |                        |                                    |   |                                       |

Form 990 (2019)

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Liabilities 22

Fund Balances

ō

Assets 30

31

32

33

(B)

End of year

Beginning of year

20,123

92,758,793

96,373,102

27,392

40.556

10,351,125

10.419.073

1,771,104

84,182,925

85,954,029

96,373,102

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Page **11** 

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17,619

107,640,001

110,151,335

36,236

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12,733,531

12.851.767

2,114,204

95,185,364

97,299,568

110,151,335

Form 990 (2019)

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basis. Complete Part VI of Schedule D

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Deferred revenue . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Total net assets or fund balances

Total liabilities and net assets/fund balances

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Investments—program-related. See Part IV, line 11

b Less: accumulated depreciation

Intangible assets .

Grants payable .

| 1 | Cash-non-interest-bearing              |           | 1 |  |
|---|--|-----------|---|--|
| 2 | Savings and temporary cash investments | 3,593,931 | 2 |  |
| 3 | Pledges and grants receivable, net     | 255       | ω |  |
| 4 | Accounts receivable, net               |           | 4 |  |

126,556

108,937

3 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net . . .

O contains a response or note to any line in this Part IX . . .

Assets 8 Inventories for sale or use . . Prepaid expenses and deferred charges . 9 10a Land, buildings, and equipment: cost or other

10a

10b

Organizations that follow FASB ASC 958, check here <a> \square</a> and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions .

27 28

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \\ \text{and} \end{align\*}

Retained earnings, endowment, accumulated income, or other funds

complete lines 29 through 33. 29

Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building or equipment fund . . .

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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Form 990 (2019)

Audit Act and OMB Circular A-133?

#### **Additional Data**

**Software ID:** 19009920 Software Version: 2019v5.0

**EIN:** 75-2309138

Name: EAST TEXAS COMMUNITIES FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

Grants (schedule attached) distributed to local, national, and international non-profit organizations to further their charitable missions.

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

|                           | any hours   | and                               | a dir                 | ecto    |              | ustee)                       | )      | organization         | organizations        | from the                                     |
|---------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
|                           | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| Kyle L Penney President   | 40.00   |                                   |                       | х       |              |                              |        | 150,720              | 0                    | 4,372  |
| Rick Allen<br>Director    | 0.00  | Х                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |
| Robert Bailes<br>Director | 1.00<br>0.00  | Х                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |
| Garnett Brookshire        | 1.00  |                                   |                       |         |              |                              |        |                      |                      |  |

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| Director           |
|--------------------|
| Robert Bailes      |
| Director           |
| Garnett Brookshire |
| Director           |
|                    |

Kimberly Fish

BARBARA BASS

Grants Chair

Peter Boyd

Scott Terry

**EDWIN HOLT** 

Jay Ferguson

Director

Director

Director

Director

Director

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

|                  | famulated   |                                   | u un                  | CCCC    |              | ascec,                       |        | (1) 2 (1000          | (NA 2/1000           |  |
|------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
|                  | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| ROE BUCKLEY      | 1.00  |                                   |                       |         |              |                              |        |                      |                      |  |
|                  |   | Х                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |
| AUDIT CHAIR      | 0.00  |                                   |                       |         |              |                              |        |                      |                      |  |
| Mark Hagan       | 1.00  |                                   |                       |         |              |                              |        |                      |                      |  |
|                  |   | Х                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |
| Director         | 0.00  |                                   |                       |         |              |                              |        |                      |                      |  |
| Jon Alexander    | 1.00  |                                   |                       |         |              |                              |        |                      |                      |  |
|                  |   | Х                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |
| Director         | 0.00  |                                   |                       |         |              |                              |        |                      |                      | _  |
| ALAN ROSEMAN     | 1.00  |                                   |                       |         |              |                              |        |                      |                      |  |
| Town broad Chair |   | Х                                 |                       |         |              |                              |        | 0                    | 0                    | 0  |
| Investmnt Chair  | 0.00  |                                   |                       |         |              |                              |        |                      |                      |  |
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| John Alexander  |
|-----------------|
| Director        |
| ALAN ROSEMAN    |
| Investmnt Chair |
| Steve Dement    |
| Director        |

SHANNON GLENNEY

Secretary

Director

STEVE ROOSTH

Douglas G Bolles

Past Chairman

Dale Lunsford

Michael Bosworth

Director

Treasurer

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation amount of other compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Gordon Northcutt

Supp/Eval Chair

Greg Kimmel

Director

|                     | 6,  |                                   |                       |   |              | ,                            | ,      | (11)                 | (14) 2 (4.000        |  |
|---------------------|---|-----------------------------------|-----------------------|---|--------------|------------------------------|--------|----------------------|----------------------|--|
|                     | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee |   | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| Marilyn Abegg-Glass | 1.00  | Х                                 |                       |   |              |                              |        | 0                    | 0                    | 0  |
| Director            | 0.00  |                                   |                       |   |              |                              |        |                      | -                    |  |
| Tony Morgan         | 1.00  | Х                                 |                       | x |              |                              |        | 0                    | 0                    | 0  |
| Chairman            | 0.00  |                                   |                       |   |              |                              |        |                      |                      |  |
| Dawn Franks         | 1.00  | Х                                 |                       |   |              |                              |        | 0                    | 0                    | 0  |
| Director            | 0 00  |                                   |                       |   |              |                              |        |                      | •                    |  |

|                |      | Χ | Х  |  | 0   | 0 |  |
|----------------|------|---|----|--|-----|---|--|
| Chairman       | 0.00 |   |    |  |     |   |  |
| Dawn Franks    | 1.00 |   |    |  |     |   |  |
|                |      | X | l  |  | 0   | 0 |  |
| Director       | 0.00 |   |    |  |     |   |  |
| Tiffany Kirgan | 1.00 |   |    |  |     |   |  |
|                |      | X | Ιx |  | l n | n |  |
| Vice Chair     | 0.00 | ^ |    |  |     | 3 |  |
|                |      |   |    |  |     |   |  |

| Dawn Franks       | 1.00 | ×  |   |  | 0 | 0 | 0 |
|-------------------|------|----|---|--|---|---|---|
| Director          | 0.00 | ,, |   |  | Ŭ |   |   |
| Tiffany Kirgan    | 1.00 |    |   |  |   |   |   |
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| Tiffany Kirgan | 1.00 |   | х |  | 0 | 0 | 0 |
|----------------|------|---|---|--|---|---|---|
| Vice Chair     | 0.00 | , | ^ |  | Ů | J |   |
| Kristen Seeber | 1.00 |   |   |  |   |   |   |

| Vice Chair     | 0.00 |   |  |  |   |   |  |
|----------------|------|---|--|--|---|---|--|
| Kristen Seeber | 1.00 |   |  |  | _ | _ |  |
| Director       | 0.00 | Х |  |  | 0 | 0 |  |

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| efil | e GR    | APHIC pri   | nt - DO NOT PROCESS  | As Filed Data -  |                                       |                                     | DLN: 9  | 3493318034220                                   |
|------|---------|---|--|--|---------------------------------------|-------------------------------------|---|---|
| SCI  | HFD     | ULE A   | - Dublic (   | Charity Statu  | e and Dul                             | olic Supp                           | ort   | OMB No. 1545-0047                               |
|      | m 99    |   |  | ganization is a sect<br>4947(a)(1) nonexe<br>Attach to Form                                | ion 501(c)(3) empt charitable         | organization or<br>trust.           |   | 2019  |
|      |         | the Treasury  | ► Go to <u>www.irs</u>   | .gov/Form990 for i   |                                       |                                     | ormation.   | Open to Public<br>Inspection                    |
| Nam  | e of th | <del>nie Service</del><br><b>he organiza</b><br>COMMUNITIES |  |  |                                       |                                     | Employer identific                                      |   |
| LAJI | TEXAS   |   |  |  |                                       |                                     | 75-2309138  |   |
|      | rt I    |   | for Public Charity Statual private foundation because  |  |                                       |                                     | See instructions.                                       |   |
| 1 1  | organiz |   | onvention of churches, or as   | `  | -                                     |                                     | (A)(i)  |   |
| 2    |         | •   | ,  |  |                                       |                                     |   |   |
|      |         |   | scribed in section 170(b)(   |  | ,                                     | , ,                                 |   |   |
| 3    |         | ·   | or a cooperative hospital serv   | -  |                                       |                                     | -   |   |
| 4    | Ш       | name, city,   | esearch organization operate<br>and state:   | ed in conjunction with   | a nospital descri                     | ibed in <b>section</b> :            | 1/U(b)(1)(A)(III). E                                    | nter the hospital's                             |
| 5    |         |   | ation operated for the benefit<br>(iv). (Complete Part II.)  | of a college or unive  | rsity owned or op                     | perated by a gov                    | ernmental unit descri                                   | ped in <b>section 170</b>                       |
| 6    |         | A federal, s  | tate, or local government or   | governmental unit de   | scribed in <b>sectio</b>              | on 170(b)(1)(A                      | ı)(v).  |   |
| 7    | ✓       |   | ation that normally receives a O(b)(1)(A)(vi). (Complete   |  | s support from a                      | governmental u                      | nit or from the gener                                   | al public described in                          |
| 8    |         | A communi   | ty trust described in <b>section</b>   | 170(b)(1)(A)(vi).  | (Complete Part I                      | I.)                                 |   |   |
| 9    |         |   | ural research organization de<br>rant college of agriculture. Se   |  |                                       |                                     |   | ege or university or a                          |
| 10   |         | from activit<br>investment                                  | ation that normally receives:<br>ties related to its exempt fun<br>income and unrelated busin<br>See <b>section 509(a)(2).</b> (Co | ctions—subject to cer<br>ess taxable income (le  | tain exceptions,                      | and (2) no more                     | than 331/3% of its su                                   | pport from gross                                |
| 11   |         | An organiza   | ation organized and operated   | exclusively to test fo   | r public safety. S                    | See section 509                     | (a)(4).   |   |
| 12   |         | more public   | ation organized and operated<br>cly supported organizations on<br>through 12d that describes                                       | escribed in section 5  | <b>09(a)(1)</b> or <b>se</b>          | ction 509(a)(2                      | ). See <b>section 509(</b> a                            |   |
| a    |         | <b>Type I.</b> A so   | supporting organization opera<br>n(s) the power to regularly a<br><b>Part IV, Sections A and B.</b>                                | ated, supervised, or coppoint or elect a majo  | ontrolled by its s                    | upported organiz                    | zation(s), typically by                                 |   |
| b    |         | Type II. A<br>manageme                                      | supporting organization sup<br>nt of the supporting organiza<br>plete Part IV, Sections A a  | ervised or controlled i<br>Ition vested in the sar   |                                       |                                     |   |   |
| С    |         | Type III f  | unctionally integrated. A sorganization(s) (see instructi  | upporting organizatio  |                                       |                                     |   | ted with, its                                   |
| d    |         | Type III n  | on-functionally integrated<br>integrated. The organization<br>in You must complete Par   | I. A supporting organi<br>generally must satis   | ization operated<br>fy a distribution | in connection wi<br>requirement and | th its supported orgar                                  |   |
| e    |         | Check this  | box if the organization received Type III non-functionally   | red a written determir   | ation from the I                      |                                     | pe I, Type II, Type II                                  | I functionally                                  |
| f    | Enter   |   |  | · · · · · · · · ·  | -                                     |                                     | <u> </u>  |   |
| g    | Provi   | de the follow   | ing information about the su   | pported organization(  | s).                                   |                                     |   |   |
|      | (i) N   | Name of supp<br>organization                                |  | (iii) Type of<br>organization<br>(described on lines<br>1- 10 above (see<br>instructions)) |                                       | anization listed<br>ing document?   | (v) Amount of<br>monetary support<br>(see instructions) | (vi) Amount of other support (see instructions) |
|      |         |   |  |  | Yes                                   | No                                  |   |   |
|      |         |   |  |  |                                       |                                     |   |   |
|      |         |   |  |  |                                       |                                     |   |   |
| Tota |         |   | tion Act Notice, see the Ir  |  | Cat. No. 11285                        |                                     | Schedule A (Form 9                                      |   |

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . . 15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Schedule A (Form 990 or 990-FZ) 2019

| Р         | art III Support Schedule for  |                    |                       |                       |                      |                      |                     |
|-----------|---|--------------------|-----------------------|-----------------------|----------------------|----------------------|---------------------|
|           | (Complete only if you cl  |                    |                       |                       |                      |                      | er Part II. If      |
| S         | the organization fails to ection A. Public Support                            | quality under      | the tests listed i    | pelow, please co      | ompiete Part II.)    |                      |                     |
| 30        | Calendar year   | ( ) 2015           | (1) 2016              | ( ) 2247              | (1) 2010             |                      | (O.T.)              |
|           | (or fiscal year beginning in) ▶   | (a) 2015           | <b>(b)</b> 2016       | (c) 2017              | (d) 2018             | (e) 2019             | (f) Total           |
| 1         | Gifts, grants, contributions, and   |                    |                       |                       |                      |                      |                     |
|           | membership fees received. (Do not include any "unusual grants.").             |                    |                       |                       |                      |                      |                     |
| 2         | Gross receipts from admissions,   |                    |                       |                       |                      |                      |                     |
|           | merchandise sold or services  |                    |                       |                       |                      |                      |                     |
|           | performed, or facilities furnished in any activity that is related to the     |                    |                       |                       |                      |                      |                     |
|           | organization's tax-exempt purpose   |                    |                       |                       |                      |                      |                     |
| 3         | Gross receipts from activities that are                                       |                    |                       |                       |                      |                      |                     |
|           | not an unrelated trade or business  |                    |                       |                       |                      |                      |                     |
| 4         | under section 513  Tax revenues levied for the                                |                    |                       |                       |                      |                      |                     |
| •         | organization's benefit and either paid  |                    |                       |                       |                      |                      |                     |
| _         | to or expended on its behalf  |                    |                       |                       |                      |                      |                     |
| 5         | The value of services or facilities furnished by a governmental unit to       |                    |                       |                       |                      |                      |                     |
|           | the organization without charge   |                    |                       |                       |                      |                      |                     |
| 6         | Total. Add lines 1 through 5  |                    |                       |                       |                      |                      |                     |
| 7a        | Amounts included on lines 1, 2, and   |                    |                       |                       |                      |                      |                     |
| <b>L</b>  | 3 received from disqualified persons<br>Amounts included on lines 2 and 3     |                    |                       |                       |                      |                      |                     |
| D         | received from other than disqualified   |                    |                       |                       |                      |                      |                     |
|           | persons that exceed the greater of  |                    |                       |                       |                      |                      |                     |
|           | \$5,000 or 1% of the amount on line 13 for the year.                          |                    |                       |                       |                      |                      |                     |
| c         | Add lines 7a and 7b   |                    |                       |                       |                      |                      |                     |
| 8         | Public support. (Subtract line 7c   |                    |                       |                       |                      |                      |                     |
|           | from line 6.)   |                    |                       |                       |                      |                      |                     |
| Se        | ection B. Total Support   |                    | 1                     | <del></del>           |                      |                      | Г                   |
|           | Calendar year<br>(or fiscal year beginning in) ▶                              | (a) 2015           | <b>(b)</b> 2016       | (c) 2017              | (d) 2018             | (e) 2019             | (f) Total           |
| 9         | Amounts from line 6   |                    |                       |                       |                      |                      |                     |
| 10a       | Gross income from interest,   |                    |                       |                       |                      |                      |                     |
|           | dividends, payments received on   |                    |                       |                       |                      |                      |                     |
|           | securities loans, rents, royalties and income from similar sources.           |                    |                       |                       |                      |                      |                     |
| b         | Unrelated business taxable income   |                    |                       |                       |                      |                      |                     |
|           | (less section 511 taxes) from   |                    |                       |                       |                      |                      |                     |
|           | businesses acquired after June 30, 1975.                                      |                    |                       |                       |                      |                      |                     |
| С         | Add lines 10a and 10b.  |                    |                       |                       |                      |                      |                     |
| 11        | Net income from unrelated business  |                    |                       |                       |                      |                      |                     |
|           | activities not included in line 10b,  |                    |                       |                       |                      |                      |                     |
|           | whether or not the business is regularly carried on.                          |                    |                       |                       |                      |                      |                     |
| 12        | Other income. Do not include gain or  |                    |                       |                       |                      |                      |                     |
|           | loss from the sale of capital assets  |                    |                       |                       |                      |                      |                     |
| 12        | (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,                |                    |                       |                       |                      |                      |                     |
| 13        | 11, and 12.).   |                    |                       |                       |                      |                      |                     |
| 14        | First five years. If the Form 990 is for                                      | the organization   | n's first, second, th | nird, fourth, or fift | h tax year as a sec  | tion 501(c)(3) o     | ganization <u>,</u> |
|           | check this box and <b>stop here</b>   |                    |                       |                       |                      |                      | ▶ ⊔                 |
|           | ection C. Computation of Public S   |                    |                       | ! (6))                |                      | 1 1                  |                     |
| 15        | Public support percentage for 2019 (lin                                       |                    | •                     |                       |                      | 15                   |                     |
| 16        | Public support percentage from 2018 S   | -                  | <u> </u>              |                       |                      | 16                   |                     |
|           | ection D. Computation of Investr<br>Investment income percentage for 201      |                    |                       | line 13 column (f     | :))                  | 17                   |                     |
| 17<br>10  | Investment income percentage for 201  | -                  |                       | -                     |                      | 17                   |                     |
| 18<br>10- | 331/3% support tests—2019. If the   |                    | •                     |                       |                      | 18   33 1/3% and lin | e 17 is not         |
|           | more than 33 1/3%, check this box and s                                       |                    |                       |                       |                      |                      |                     |
|           | more than 33 1/3%, check this box and s<br>33 1/3% support tests—2018. If the |                    |                       |                       |                      |                      |                     |
| ט         | not more than 33 1/3%, check this box   | -                  |                       |                       | •                    |                      | _                   |
| 20        | Private foundation. If the organization                                       | -                  | -                     |                       |                      |                      |                     |
|           | Frivate foundation. If the organization                                       | ni ulu not check a | a DOX ON UNE 14, I    | .a, or iad, check     | , unis pox and see I | HSGRUCHONS           | . 📂 📖               |

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
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Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

|    | edule A (101111 330 01 330 E2) 2013  |        |         | age 3 |
|----|--|--------|---------|-------|
| Pa | rt IV Supporting Organizations (continued)   |        |         |       |
| _  |  |        | Yes     | No    |
|    | Has the organization accepted a gift or contribution from any of the following persons?  |        |         |       |
| а  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  |        |         |       |
|    |  | 11a    |         |       |
|    | A family member of a person described in (a) above?  | 11b    |         |       |
|    | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .  | 11c    |         |       |
| S  | ection B. Type I Supporting Organizations  |        |         |       |
|    |  |        | Yes     | No    |
| 1  | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1      |         |       |
| 2  | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that   | -      |         |       |
| 2  | operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting   | 2      |         |       |
|    | organization.  |        |         |       |
| S  | ection C. Type II Supporting Organizations   |        |         |       |
| _  |  |        | Yes     | No    |
| 1  | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of  |        |         |       |
|    | each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the   | 1      |         |       |
|    | supporting organization was vested in the same persons that controlled or managed the supported organization(s).   |        |         |       |
| S  | ection D. All Type III Supporting Organizations  |        | v       |       |
| _  |  |        | Yes     | No    |
| 1  | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing   |        |         |       |
|    | documents in effect on the date of notification, to the extent not previously provided?  | 1      |         |       |
| 2  | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).  |        |         |       |
| _  |  | 2      |         |       |
| 3  | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax  |        |         |       |
|    | year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  | 3      |         |       |
| S  | ection E. Type III Functionally-Integrated Supporting Organizations  |        |         |       |
| 1  | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct  | ions): |         |       |
|    | The organization satisfied the Activities Test. Complete line 2 below.   |        |         |       |
|    | b  |        |         |       |
| •  | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see  | instru | ctions) |       |
| 2  | Activities Test. Answer (a) and (b) below.   | ſ      | Yes     | No    |
| •  | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.   | 2a     |         |       |
| ı  | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's  |        |         |       |
|    | involvement.   | 2b     |         |       |
| 3  | Parent of Supported Organizations. Answer (a) and (b) below.   |        |         |       |
| •  | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .   | 3a     |         |       |
|    | <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.  | 3h     |         |       |

3b

| 1 | Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.   |            |                | . Part VIV See                |
|---|--|------------|----------------|-------------------------------|
|   | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization                                  |            |                |                               |
|   | Section A - Adjusted Net Income  |            | (A) Prior Year | (B) Current Yea<br>(optional) |
| 1 | Net short-term capital gain  | 1          |                |                               |
| 2 | Recoveries of prior-year distributions   | 2          |                |                               |
| 3 | Other gross income (see instructions)  | 3          |                |                               |
| 4 | Add lines 1 through 3  | 4          |                |                               |
| 5 | Depreciation and depletion   | 5          |                |                               |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6          |                |                               |
| 7 | Other expenses (see instructions)  | 7          |                |                               |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8          |                |                               |
|   | Section B - Minimum Asset Amount   |            | (A) Prior Year | (B) Current Yea<br>(optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | 1          |                |                               |
| а | Average monthly value of securities  | 1a         |                |                               |
| b | Average monthly cash balances  | <b>1</b> b |                |                               |
| C | Fair market value of other non-exempt-use assets   | 1c         |                |                               |
| d | Total (add lines 1a, 1b, and 1c)   | 1d         |                |                               |
| e | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):  |            |                |                               |
| 2 | Acquisition indebtedness applicable to non-exempt use assets   | 2          |                |                               |
| 3 | Subtract line 2 from line 1d   | 3          |                |                               |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | 4          |                |                               |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5          |                |                               |
| 6 | Multiply line 5 by .035  | 6          |                |                               |
| 7 | Recoveries of prior-year distributions   | 7          |                |                               |
| 8 | Minimum Asset Amount (add line 7 to line 6)  | 8          |                |                               |
|   | Section C - Distributable Amount   |            |                | Current Year                  |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1          |                |                               |
| 2 | Enter 85% of line 1  | 2          |                |                               |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3          |                |                               |
| 4 | Enter greater of line 2 or line 3  | 4          |                |                               |
| 5 | Income tax imposed in prior year   | 5          |                |                               |
| 6 | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6          |                |                               |

|   | Amounts paid to supported organizations to accomplish exempt purposes   |  |
|---|---|--|
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             |  |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations   |  |
| 4 | Amounts paid to acquire exempt-use assets   |  |
| 5 | Qualified set-aside amounts (prior IRS approval required)   |  |
| 6 | Other distributions (describe in <b>Part VI</b> ). See instructions   |  |
| 7 | Total annual distributions. Add lines 1 through 6.  |  |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions |  |
| 9 | Distributable amount for 2019 from Section C, line 6  |  |

| 7 Total annual distributions. Add lines 1 through 6.  |                             |  |   |
|---|-----------------------------|--|---|
| 8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions | sive (provide               |  |   |
| 9 Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| 10 Line 8 amount divided by Line 9 amount   |                             |  |   |
| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1 Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| 2 Underdistributions if any for years prior to 2019   |                             |  |   |

|   | ***                              |  |   |
|---|----------------------------------|--|---|
| 7 Total annual distributions. Add lines 1 through 6.  |                                  |  |   |
| Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions                         | nich the organization is respons | sive (provide                          |   |
| 9 Distributable amount for 2019 from Section C, line 6  |                                  |  |   |
| 10 Line 8 amount divided by Line 9 amount   |                                  |  |   |
| Section E - Distribution Allocations<br>(see instructions)  | (i)<br>Excess Distributions      | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1 Distributable amount for 2019 from Section C, line 6  |                                  |  |   |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions. |                                  |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2019:   |                                  |  |   |
| a From 2014   |                                  |  |   |
| <b>b</b> From 2015  |                                  |  |   |
| c From 2016   |                                  |  |   |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions  | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|---|--|--|---|
| 1 Distributable amount for 2019 from Section C, line 6  |  |  |   |
| 2 Underdistributions, if any, for years prior to 2019<br>(reasonable cause required explain in Part VI).<br>See instructions. |  |  |   |
| 3 Excess distributions carryover, if any, to 2019:  |  |  |   |
| a From 2014   |  |  |   |
| <b>b</b> From 2015  |  |  |   |
| c From 2016   |  |  |   |
| <b>d</b> From 2017  |  |  |   |
| <b>e</b> From 2018  |  |  |   |
| f Total of lines 3a through e   |  |  |   |
| <b>g</b> Applied to underdistributions of prior years   |  |  |   |
| <b>h</b> Applied to 2019 distributable amount   |  |  |   |
| <ul> <li>Carryover from 2014 not applied (see instructions)</li> </ul>  |  |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |  |  |   |
|   | The state of the s | ·                                      |   |

| c From 2016  |  |  |
|--|--|--|
| d From 2017  |  |  |
| e From 2018  |  |  |
| <b>Total</b> of lines 3a through e                 |  |  |
| g Applied to underdistributions of prior years     |  |  |
| n Applied to 2019 distributable amount             |  |  |
| Carryover from 2014 not applied (see instructions) |  |  |
| Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |  |  |
| Distributions for 2019 from Section D, line 7:     |  |  |
| \$   |  |  |
| Applied to underdistributions of prior years       |  |  |
| Applied to 2019 distributable amount               |  |  |
| Remainder. Subtract lines 4a and 4b from 4.        |  |  |

| instructions)  |  |  |
|--|--|--|
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |  |  |
| 4 Distributions for 2019 from Section D, line 7:   |  |  |
| \$   |  |  |
| Applied to underdistributions of prior years   |  |  |
| <b>b</b> Applied to 2019 distributable amount  |  |  |
| c Remainder. Subtract lines 4a and 4b from 4.  |  |  |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions. |  |  |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions  |  |  |

| C Remainder. Subtract lines 4a and 4b from 4.  |  |  |
|--|--|--|
| 5 Remaining underdistributions for years prior to<br>2019, if any. Subtract lines 3g and 4a from line 2.<br>If the amount is greater than zero, explain in Part VI.<br>See instructions. |  |  |
| 6 Remaining underdistributions for 2019. Subtract<br>lines 3h and 4b from line 1. If the amount is greater<br>than zero, explain in Part VI. See instructions.                           |  |  |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.  |  |  |
| 8 Breakdown of line 7:   |  |  |
| a Excess from 2015   |  |  |
| <b>b</b> Excess from 2016  |  |  |
| c Excess from 2017   |  |  |

Schedule A (Form 990 or 990-EZ) (2019)

d Excess from 2018.

e Excess from 2019. . . . .

#### **Additional Data**

**Software ID:** 19009920 **Software Version:** 2019v5.0

**EIN:** 75-2309138

Name: EAST TEXAS COMMUNITIES FOUNDATION

Schedule A (Form 990 or 990-EZ) 2019

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

| Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). |
|---|
|   |
| Facts And Circumstances Test  |
|   |

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493318034220

Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** EAST TEXAS COMMUNITIES FOUNDATION 75-2309138 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) ...... 2 3 Volunteer hours for political campaign activities (see instructions) Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ..... 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ...... 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ✓ No Was a correction made? ..... ☐ Yes ✓ No If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b......... Did the filing organization file Form 1120-POL for this year? ☐ Yes 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

| fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. |   |         |  |  |  |  |  |  |
|--|---|---------|--|--|--|--|--|--|
| (a) Name   | (b) Address                             | (c) EIN | (d) Amount paid from<br>filing organization's<br>funds. If none, enter<br>-0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |  |  |  |  |
| 1  |   |         |  |  |  |  |  |  |
| 2  |   |         |  |  |  |  |  |  |
| 3  |   |         |  |  |  |  |  |  |
| 4  |   |         |  |  |  |  |  |  |
| 5  |   |         |  |  |  |  |  |  |
| 5  |   |         |  |  |  |  |  |  |
| or Paperwork Reduction Act Notice, see t   | he instructions for Form 990 or 990-EZ. | Cat.    | No. 50084S Schedule C (  | Form 990 or 990-EZ) 2019   |  |  |  |  |

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

Return Reference

and other public charities.

Part II-B, Line 1i - Other Activities

Description

| Pa   | rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fil Form 5768 (election under section 501(h)).  | led      |          |        |              |       |
|------|--|----------|----------|--------|--------------|-------|
| or e | each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying  | (        | a)       |        | (b)          |       |
| ctiv |  | Yes      | No       | ,      | Amour        | nt    |
| 1    | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:              |          |          |        |              |       |
| а    | Volunteers?  |          | No       |        |              |       |
| b    | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   | Yes      |          | 1      |              |       |
| c    | Media advertisements?  |          | No       |        |              |       |
| d    | Mailings to members, legislators, or the public?   |          | No       |        |              |       |
| е    | Publications, or published or broadcast statements?  |          | No       |        |              |       |
| f    | Grants to other organizations for lobbying purposes?   |          | No       |        |              |       |
| g    | Direct contact with legislators, their staffs, government officials, or a legislative body?  | Yes      |          |        |              | 2,509 |
| h    | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |          | No       |        |              |       |
| i    | Other activities?  | Yes      |          |        |              | 4,500 |
| j    | Total. Add lines 1c through 1i   |          |          |        |              | 7,009 |
| 2a   | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |          | No       |        |              |       |
| b    | If "Yes," enter the amount of any tax incurred under section 4912  |          |          | 1      |              |       |
| c    | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |          |          |        |              |       |
| d    | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |          | No       |        |              |       |
| Par  | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  | (5), o   | r sect   | ion    | Yes          | No    |
| 1    | Were substantially all (90% or more) dues received nondeductible by members?   |          | ſ        | 1      | 165          | 140   |
| 2    | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |          | ŀ        | 2      |              |       |
| 3    | Did the organization agree to carry over lobbying and political expenditures from the prior year?  |          |          | 3      |              |       |
|      | complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."   |          |          |        | <b>01</b> (c | )(6)  |
| 1    | Dues, assessments and similar amounts from members   | 1        |          |        |              |       |
| 2    | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |          |          |        |              |       |
| а    | Current year   | 2a       |          |        |              |       |
| b    | Carryover from last year   | 2b       |          |        |              |       |
| С    | Total  | 2c       |          |        |              |       |
| 3    | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  | 3        |          |        |              |       |
| 4    | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4        |          |        |              |       |
| 5    | Taxable amount of lobbying and political expenditures (see instructions)   | 5        |          |        |              |       |
|      | art IV Supplemental Information  | <u> </u> | I        |        |              |       |
| Pro  | ovide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); tructions), and Part II-B, line 1. Also, complete this part for any additional information.                   | Part II  | ·A, line | s 1 an | d 2 (se      |       |

Explanation

Hired lobbyist to coordinate advocacy regarding various legislativer matters affecting community foundations

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318034220

OMB No. 1545-0047

#### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** ▶ Complete if the organization answered "Yes," on Form 990,

2019

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

|          | me of the organization<br>ST TEXAS COMMUNITIES FOUNDATION   |  |   | Emp       | oloyer identification number              |
|----------|---|--|---|-----------|---|
| EAS      | TEXAS COMMUNITIES FOUNDATION  |  |   | 75-2      | 2309138                                   |
| Pa       | ort I Organizations Maintaining Donor Ad  |  |   | r Acc     | counts.                                   |
|          | Complete if the organization answered "   | Yes" on Form 990, Part (a) Donor advis                       |   |           | (b) Funds and other accounts              |
|          | Total number at end of year   | (a) Donor advis  |   |           | •   |
| ,        | Aggregate value of contributions to (during year)   |  | 127   |           | 24 <sup>7</sup>                           |
| >        | Aggregate value of grants from (during year)  |  | 4,214,023<br>8,727,190                          |           | 5,183,75                                  |
| ,<br>1   | Aggregate value at end of year  |  | 37,587,504                                      |           | 2,901,79<br>59,621,62                     |
|          | ,   | icare in writing that the age                                |   | l via a d |   |
| ,        | Did the organization inform all donors and donor advi<br>organization's property, subject to the organization's   |  |   |           | Yes No                                    |
| 5        | Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the dor private benefit?   | nor or donor advisor, or for                                 | any other purpose o                             |           |   |
| Pa       | rt II Conservation Easements.  Complete if the organization answered "  | Yes" on Form 990, Part                                       | IV, line 7.                                     |           |   |
| L        | Purpose(s) of conservation easements held by the organization   | ganization (check all that ap                                | oply).  |           |   |
|          | Preservation of land for public use (e.g., recreat  | tion or education)   | Preservation of an                              | histor    | ically important land area                |
|          | Protection of natural habitat   |  | Preservation of a c                             | ertifie   | d historic structure                      |
|          | ☐ Preservation of open space  |  |   |           |   |
| 2        | Complete lines 2a through 2d if the organization held easement on the last day of the tax year.   | a qualified conservation co                                  | ntribution in the for                           | m of a    |   |
| а        | Total number of conservation easements  |  | I   | 2a        | Held at the End of the Year               |
| a<br>b   | Total acreage restricted by conservation easements .  |  |   | 2a<br>2b  |   |
| c        | Number of conservation easements on a certified hist  |  | ļ   | 2c        |   |
| d        | Number of conservation easements included in (c) acc  | ,  | · .   | 2d        |   |
| 3        | structure listed in the National Register Number of conservation easements modified, transfe tax year ▶   | rred, released, extinguished                                 | d, or terminated by                             | the or    | ganization during the                     |
|          | ·   |  |   |           |   |
| 1        | Number of states where property subject to conserva   | -  |   |           | _   |
| 5        | Does the organization have a written policy regarding and enforcement of the conservation easements it ho   |  |   | of viola  | ations,  \[ \sum \text{Yes}  \text{No} \] |
| 5        | Staff and volunteer hours devoted to monitoring, insp   | pecting, handling of violatio                                | ns, and enforcing co                            | onserv    | ation easements during the year           |
| 7        | Amount of expenses incurred in monitoring, inspectin  \$ \\$  | ng, handling of violations, ar                               | nd enforcing conserv                            | vation    | easements during the year                 |
| 3        | Does each conservation easement reported on line 2( and section 170(h)(4)(B)(ii)?   | (d) above satisfy the require                                | ements of section 17                            | 70(h)(    |   |
| 9        | In Part XIII, describe how the organization reports co<br>balance sheet, and include, if applicable, the text of t  | onservation easements in its<br>the footnote to the organiza | revenue and exper                               |           |   |
| _        | the organization's accounting for conservation easem  |  |   | - 6:      |   |
| <u> </u> | <b>t III</b> Organizations Maintaining Collection Complete if the organization answered "   |  |   | er Sii    | milar Assets.                             |
| La       | If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held f provide, in Part XIII, the text of the footnote to its fir | 116 (ASC 958), not to repo<br>for public exhibition, educat  | ort in its revenue sta<br>ion, or research in f |           |   |
| b        | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p   | 116 (ASC 958), to report in                                  | its revenue statem                              |           |   |
|          | following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1  |  |   |           | <b>▶</b> \$                               |
|          | ii)Assets included in Form 990, Part X  |  |   |           |   |
| 2        | If the organization received or held works of art, histofollowing amounts required to be reported under SFA   | orical treasures, or other sir                               | milar assets for fina                           |           |   |
| а        | Revenue included on Form 990, Part VIII, line 1   | , , ,  |   |           | . ▶\$                                     |
| b        | Assets included in Form 990, Part X   |  |   |           | ·   |
|          |   |  |   | •         | ·   |

 $\boldsymbol{d}$  Equipment .

|          | A TITE Conservations Maintaining Coll   | lastiana of Aut I                   | lint a si        | ! T       |                | 046         | Cincilan Assats    |                | 1)              | Page Z   |
|----------|---|-------------------------------------|------------------|-----------|----------------|-------------|--------------------|----------------|-----------------|----------|
|          | t III Organizations Maintaining Col   | •                                   |                  |           |                |             |                    | •              |                 |          |
| 3        | Using the organization's acquisition, accession items (check all that apply):                       | , and other records,                |                  | iny of th | ne following t | hat are a   | significant use of | its collec     | ction           |          |
| а        | Public exhibition   |                                     | d                | Шι        | oan or exch    | ange prog   | ırams              |                |                 |          |
| b        | Scholarly research  |                                     | e                |           | Other          |             |                    |                |                 |          |
| c        | Preservation for future generations   |                                     |                  |           |                |             |                    |                |                 |          |
| 4        | Provide a description of the organization's coll Part XIII.   | ections and explain                 | how the          | y furthe  | r the organiz  | zation's e> | kempt purpose in   |                |                 |          |
| 5        | During the year, did the organization solicit or<br>assets to be sold to raise funds rather than to |                                     |                  |           |                |             |                    | Yes            | □No             |          |
| Par      | rt IV Escrow and Custodial Arrange  | ments.                              |                  |           |                |             |                    | 103            |                 |          |
|          | Complete if the organization answ<br>X, line 21.  |                                     | m 990,           | Part I    | V, line 9, o   | r reporte   | ed an amount o     | 1 Form         | 990, 1          | oart     |
| 1a       | Is the organization an agent, trustee, custodia included on Form 990, Part X?                       |                                     |                  |           |                |             | _                  | Yes            | □ No            | <b>,</b> |
| b        | If "Yes," explain the arrangement in Part XIII  | and complete the fo                 | llowing          | tahla:    |                |             | Amou               |                |                 | -        |
| C        | Beginning balance   | •                                   | _                |           |                | 1c          | Ailloui            |                |                 | -        |
| d        |   |                                     |                  |           |                | 1d          |                    |                |                 | -        |
| e        | Additions during the year   |                                     |                  |           |                | 1e          |                    |                |                 | -        |
| f        | Distributions during the year   |                                     |                  |           |                | 1f          |                    |                |                 | -        |
| •        | Ending balance  |                                     |                  |           |                |             |                    |                |                 | -        |
| 2a       | Did the organization include an amount on Fo  | rm 990, Part X, line                | 21, for 6        | escrow    | or custodial a | ccount lia  | ability?           | Yes            | ∐ No            | )        |
| b        | If "Yes," explain the arrangement in Part XIII.   | Check here if the e                 | xplanati         | on has l  | peen provide   | d in Part)  | ×III               |                |                 |          |
| Pa       | rt V Endowment Funds.   |                                     |                  |           |                |             |                    |                |                 |          |
|          | Complete if the organization answ   | rered "Yes" on For (a) Current year |                  | Part I    |                | roare back  | (d) Three years ba | ck (a) Fo      | ur yean         | c back   |
| 1a       | Beginning of year balance   | 56,130,777                          | ( <b>B</b> ) PI  | 57,923,8  |                | 18,938,089  |                    |                |                 | 60,784   |
|          | Contributions   | 5,503,557                           |                  | 4,441,8   |                | 1,693,177   |                    | _              |                 | 84,734   |
|          | Net investment earnings, gains, and losses  | 10,756,579                          |                  | -2,785,6  |                | 9,424,908   |                    |                |                 | 10,362   |
|          | Grants or scholarships  | -2,054,053                          |                  | -3,028,9  | 903            | -1,742,181  | -1,303,6           | 53             | -1.3            | 05,768   |
| е        | Other expenditures for facilities and programs  | 2,001,000                           |                  | 3,020,    | ,,,,,          | 1,7 12,101  | 1,505,0            |                | 1,5             |          |
|          | Administrative expenses   | -458,704                            |                  | -420,3    | 388            | -390.149    | -332,04            | 43             | -2              | 95,925   |
|          | End of year balance   | 69,878,157                          |                  | 56,130,7  |                | 57,923,845  | /-                 | _              |                 | 54,187   |
| _        | •   | , ,                                 | <b>71</b> 1      |           |                |             | 40,550,00          | ,,,            | 75,2            |          |
| 2        | Provide the estimated percentage of the curre<br>Board designated or quasi-endowment >              | ent year end balance<br>2.270 %     | (line 1g         | , colum   | n (a)) held a  | s:          |                    |                |                 |          |
| а        |   | 2.270 /0                            |                  |           |                |             |                    |                |                 |          |
| b        | Permanent endowment   |                                     |                  |           |                |             |                    |                |                 |          |
| С        |   | 30 %                                |                  |           |                |             |                    |                |                 |          |
| <b>-</b> | The percentages on lines 2a, 2b, and 2c shou  |                                     | et a sa dela ade |           | 4 4 - 4        |             |                    |                |                 |          |
| 3а       | Are there endowment funds not in the posses organization by:  | sion of the organizat               | tion that        | are nei   | a ana aamin    | isterea ro  | rtne               | Г              | Yes             | No       |
|          | (i) unrelated organizations   |                                     |                  |           |                |             | [                  | 3a(i)          | +               | No       |
|          | (ii) related organizations  |                                     |                  |           |                |             | ļ                  | 3a(ii)         |                 | No       |
| b        | If "Yes" on 3a(ii), are the related organization  | s listed as required                | on Sche          | dule R?   |                |             |                    | 3b             | $\neg \uparrow$ | No       |
| 4        | Describe in Part XIII the intended uses of the  | organization's endo                 | wment f          | unds.     |                |             | ,                  |                |                 |          |
| Par      | rt VI Land, Buildings, and Equipmer   |                                     |                  |           |                |             |                    |                |                 |          |
|          | Complete if the organization answ   |                                     |                  |           |                |             |                    |                |                 |          |
|          | Description of property (a) Cost or oth (investme   | er basis (b) Cost<br>nt)            | or other         | pasis (ot | ner) (c) Acc   | umulated d  | lepreciation       | <b>(d)</b> Boo | к value         |          |
|          |   |                                     |                  |           |                |             |                    |                |                 |          |
| 1a       | Land  |                                     |                  |           |                |             |                    |                |                 |          |
| b        | Buildings   |                                     |                  |           |                |             |                    |                |                 |          |
| _        |   | 20 422                              |                  |           | - 1            |             | 7 2/0              |                |                 | 12 002   |

106,124

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

4,536

17,619

101,588

| Part VII                 | Investments—Other Securities.   | 30 Bart 11/ !!-                          | 0 11h 500 50 000 '          | Part V line 12  |
|--------------------------|---|--|-----------------------------|---|
|                          | Complete if the organization answered "Yes" on Form 99  (a) Description of security or category  (including name of security) | 90, Part IV, lin<br>(b)<br>Book<br>value | (c) Metho                   | Part X, line 12.<br>d of valuation:<br>-year market value       |
| (1) Financia             | ıl derivatives  |  |                             |   |
| (2) Closely-<br>(3)Other | held equity interests   | <u>·</u>                                 |                             |   |
| (A)                      |   |  |                             |   |
| (B)                      |   |  |                             |   |
| (C)                      |   |  |                             |   |
| (D)                      |   |  |                             |   |
| (E)                      |   |  |                             |   |
| (F)                      |   |  |                             |   |
| (G)                      |   |  |                             |   |
| (H)                      |   |  |                             |   |
| Total. (Colum            | n (b) must equal Form 990, Part X, col. (B) line 12.)   | •  |                             |   |
| Part VIII                | Investments—Program Related. Complete if the organization answered 'Yes' on Form 99   | 90. Part IV. lin                         | e 11c. See Form 990.        | Part X. line 13.  |
|                          | (a) Description of investment   |  | (b) Book value              | (c) Method of valuation:<br>Cost or end-of-year market<br>value |
| (1)                      |   |  |                             |   |
| (2)                      |   |  |                             |   |
| (3)                      |   |  |                             |   |
| (4)                      |   |  |                             |   |
| (5)                      |   |  |                             |   |
| (6)                      |   |  |                             |   |
| (7)                      |   |  |                             |   |
| (8)                      |   |  |                             |   |
| (9)                      |   |  |                             |   |
| Total. (Colum            | n (b) must equal Form 990, Part X, col.(B) line 13.)  |  | <b>•</b>                    |   |
| Part IX                  | Other Assets.  Complete if the organization answered 'Yes' on Form 99   | 0, Part IV, line                         | : 11d. See Form 990, Par    | t X, line 15.   |
| (1)                      | (a) Description   |  |                             | (b) Book value  |
|                          |   |  |                             |   |
| (2)                      |   |  |                             |   |
| (3)                      |   |  |                             |   |
| (4)                      |   |  |                             |   |
| (5)                      |   |  |                             |   |
| (6)                      |   |  |                             |   |
| (7)<br>———               |   |  |                             |   |
| (8)                      |   |  |                             |   |
| (9)<br>                  |   |  |                             |   |
| Total. (Colu             | omn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  |  |                             | <b>•</b>  |
|                          | Complete if the organization answered 'Yes' on Form 99  | 0, Part IV, line                         | 11e or 11f.See Form         | 990, Part X, line 25.  (b) Book value                           |
| 1.<br>(1) Federal<br>(2) | (a) Description of liability income taxes   |  |                             | (b) Book Value  |
| (3)                      |   |  |                             |   |
| (4)                      |   |  |                             |   |
| (5)                      |   |  |                             |   |
| (6)                      |   |  |                             |   |
| (7)                      |   |  |                             |   |
| (8)                      |   |  |                             |   |
| (9)                      |   |  |                             |   |
|                          | n (b) must equal Form 990, Part X, col.(B) line 25.)  |  | <b>-</b>                    | 12,733,531  |
| 2. Liability fo          | or uncertain tax positions. In Part XIII, provide the text of the foo   |  | anization's financial state | ments that reports the  |
| organization             | 's liability for uncertain tax positions under FIN 48 (ASC 740). Ch   | eck here if the t                        | ext of the footnote has be  | een provided in Part XIII 🗹                                     |

Part XI

2

4

а

b

C 5

1

2

b

C

d

е 3

b

4

Part XII

Schedule D (Form 990) 2019

14,886,499

14,848,478

326,895

15,175,373

13,666,930

2,772

13,664,158

Page 4

## 3

Add lines **4a** and **4b** . . . . .

Donated services and use of facilities . . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Subtract line 2e from line 1 .

| а | Net unrealized gains (losses) on investments | • | • | • |
|---|--|---|---|---|
| b | Donated services and use of facilities       |   |   |   |
| C | Recoveries of prior year grants              |   |   |   |
| d | Other (Describe in Part XIII.)               |   |   |   |
| e | Add lines 2a through 2d                      |   |   |   |
|   |  |   |   |   |

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Other (Describe in Part XIII.) . . . . . . . Add lines **4a** and **4b** . . . . . . . . . . . .

Total expenses and losses per audited financial statements . . . . . .

2b

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2c 2d 5.161.089

2a

2a 2b

2c

2d

4a 4b

Explanation

4a 4b 326,895

9.725.410

| 2e |  |
|----|--|
| 3  |  |
|    |  |
|    |  |
|    |  |
| 4c |  |
| _  |  |

| Describe in Part XIII.)   | 4b       |       |      | 326,895    |       |    |
|---|----------|-------|------|------------|-------|----|
| es <b>4a</b> and <b>4b</b>  |          |       |      |            | 4c    |    |
| venue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.) |          |       |      |            | 5     |    |
| Reconciliation of Expenses per Audited Financial Statem                               | ents     | With  | Expe | nses per l | Retur | n. |
| Complete if the organization answered 'Yes' on Form 990, Part                         | : IV, li | ne 12 | la.  |            |       |    |
| penses and losses per audited financial statements                                    |          |       |      |            | 1     |    |
|   |          |       |      |            |       |    |

2e

3

4c

Schedule D (Form 990) 2019

2,772

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 13.664.158 Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII

Return Reference

See Additional Data Table

| chedule D (Form 990) 2019                      |  |  |
|--|--|--|
| Part XIII Supplemental Information (continued) |  |  |
| Return Reference Explanation                   |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Schedule D (Form 990) 2019

#### **Additional Data**

Software ID: 19009920 Software Version: 2019v5.0

**EIN:** 75-2309138

Name: EAST TEXAS COMMUNITIES FOUNDATION

### Supplemental Information

| Return Reference    | Explanation   |
|---------------------|---|
| the endowment fund. | Endowment Funds are invested to produce annual income which is used to support a wide vari ety of charitable causes including scholarship awards, grants for annual operating support for nonprofits, competitively awarded grants, administrative support for the Foundation a nd support for annual incentive grants awarded to participating charities through East Tex as Giving Day. |

| Return Reference | Explanation   |
|------------------|---|
|                  | FEDERAL INCOME TAXTHE FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCO ME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CLASSIFIED BY THE INTERN AL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. THE FOUNDATION PAID NO FEDERAL INCO ME TAXES OR INTEREST DURING THE YEAR. THE FOUNDATION BELIEVES IT HAS FILED ALL REQUIRED TA |

NATION BY TAXING AUTHORITIES.

Supplemental Information

| upplemental Information         |  |  |  |  |
|---------------------------------|--|--|--|--|
| Return Reference                | Explanation  |  |  |  |
| amounts included in F/S but not | Mineral Interest-Support Org \$362221 Interest-Support Org \$1113 Unrealized Gain on Investm ts-Support Org \$0 Realized Loss on Investment-Support Org \$0 Contributions Received-Support Org \$4797755 |  |  |  |

Ē

| upplemental Information   |  |  |  |  |
|---|--|--|--|--|
| Return Reference  | Explanation  |  |  |  |
| Part XI, Line 4b: Other revenue<br>amounts included on 990 but not<br>included in F/S | Transfers to Main Foundation-Support Org \$326895 Interfund Grants \$0 |  |  |  |

| Supplemental Information                                     |   |
|--|---|
| Return Reference   | Explanation   |
| Part XII, Line 2d: Other expenses and losses per audited F/S | INVESTMENT MGMT FEES-SUPPORT ORG \$0 CONTRACTED SERVICES-SUPPORT ORG \$2772 |

efile GRAPHIC print - DO NOT PROCESS As Filed Data 
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

DLN: 93493318034220

2019
Open to Public

Inspection

| Internal Revenue Service                                 |   | P 40 to <u>ww</u>                                   | 101  | the latest illiorillativ                 | <b>,</b> , , , , , , , , , , , , , , , , , ,                |  |                                    |
|--|---|---|--|--|---|--|------------------------------------|
| Name of the organization                                 | NDATION                                   |   |  |  |   | Employer identif                         | ication number                     |
| EAST TEXAS COMMUNITIES FOU                               | INDATION                                  |   |  |  |   | 75-2309138                               |                                    |
|  |   | and Assistance                                      |  |  |   |  |                                    |
| Does the organization mai<br>the selection criteria used |   |   |  |  |   | ce, and                                  | ☑ Yes ☐ N                          |
| 2 Describe in Part IV the org                            |   |   |  |  |   |  | Y Yes ⊔ N                          |
| Part II Grants and Other that received more              | Assistance to Don<br>than \$5,000. Part I | nestic Organizations a<br>I can be duplicated if ad | and Domestic Governme<br>ditional space is needed. | ents. Complete if the o                  | rganization answered "Yes                                   | s" on Form 990, Part IV, lin             | e 21, for any recipient            |
| (a) Name and address of organization or government       | (b) EIN                                   | (c) IRC section<br>(if applicable)                  | (d) Amount of cash<br>grant                        | (e) Amount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>noncash assistance | (h) Purpose of grant or assistance |
| (1) See Additional Data                                  |   |   |  |  |   |  |                                    |
| (2)  |   |   |  |  |   |  |                                    |
| (3)  |   |   |  |  |   |  |                                    |
| (4)  |   |   |  |  |   |  |                                    |
| (5)  |   |   |  |  |   |  |                                    |
| (6)  |   |   |  |  |   |  |                                    |
| (7)  |   |   |  |  |   |  |                                    |
| (8)  |   |   |  |  |   |  |                                    |
| (9)  |   |   |  |  |   |  |                                    |
| (10)   |   |   |  |  |   |  |                                    |
| (11)   |   |   |  |  |   |  |                                    |
| (12)   |   |   |  |  |   |  |                                    |
| 2 Enter total number of sect                             | . , , ,                                   | -   |  |  |   |  | 175                                |
| 3 Enter total number of other                            |   |   | · · · · · · ·                                      |  |   |  |                                    |
| For Paperwork Reduction Act Noti                         | ce, see the instructio                    | ons for Form 990.                                   |  | Cat. No. 5005                            | 77  | 50                                       | chedule I (Form 990) 2019          |

(3) (4) (5)

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

Explanation Grantmaker's Description of How

Schedule I (Form 990) 2019

Schedule I (Form 990) 2019

Page 2

# **Additional Data**

Agape Advisory Board

2695 SSW Loop 323

Tyler, TX 75701

11 Lake Trail East Morristown, NJ 07960 All Saints Episcopal School

| Form 990. Schedule I. Part II | . Grants and Other Assistan | ce to Domestic Organization | ons and Domestic Govern | ments. |
|-------------------------------|-----------------------------|-----------------------------|-------------------------|--------|

| (a) Name and address of | <b>(b)</b> EIN | (c) IRC section | (d) Amount of cash | (e) Amount of non- | <b>(f)</b> Method of valuation | 1 |
|-------------------------|----------------|-----------------|--------------------|--------------------|--------------------------------|---|
| organization            |                | if applicable   | grant              | cash               | (book, FMV, appraisal,         | ı |
| or government           |                |                 |                    | assistance         | other)                         | ı |
|                         |                | I               | I                  | I                  | 1                              |   |

25,000

456,605

(g) Description of

non-cash assistance

(h) Purpose of grant

Program Development

or assistance

General support

SCHOLARSHIPS

75-2623258

| EIN:  | 75-2309138                        |
|-------|-----------------------------------|
| Name: | EAST TEXAS COMMUNITIES FOUNDATION |
|       |                                   |

| 19009920   |
|------------|
| 2019v5.0   |
| 75-2309138 |
|            |

| Software ID:      | 19009920   |
|-------------------|------------|
| Software Version: | 2019v5.0   |
| PTAL              | 75 2200420 |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government support

Support

| Alzheimers Alliance of Smith<br>211 Winchester Dr<br>Tyler, TX 75701 | 75-2486061 | 13,188 | 0 |  | General support   |
|--|------------|--------|---|--|-------------------|
| Americas Mighty Warriors   | 27-3409190 | 20,000 | o |  | General Operating |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 8114

Surprise, AZ 85374

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Antioch Community Church 46-2593438 12.000 IGeneral Operating 505 N 20th Street Support

Waco, TX 76707

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Athens, TX 75751

Ark Campus Ministry 45-2547463 5,283 General Operating PO Box 1802 Support

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Azalea Academy for Exceptiona 46-4915563 10.000 IGeneral Operating 230 W Rusk Support

General support

39.247

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

75-1903742

Tyler, TX 75701

Azleway Inc

15892 CR 26 Tyler, TX 75707

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Baylor Scott & White Dal Fdn 75-1606705 115.000 Operating Support; 3600 Gaston Ave Ste 100 | Buildina Fund Dallas, TX 75246

IGENERAL SUPPORT

7.500 l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Believe and See Africa

PO Box 8286 Tyler, TX 75711

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government SUPPORT

Icampaign

| Bethel Bible Church of Tyler | 75-1851738 | 51,000 | 0 |  | GENERAL S |
|------------------------------|------------|--------|---|--|-----------|
| 17121 Highway 69 South       |            | ·      |   |  |           |
| Tyler, TX 75703              |            |        |   |  |           |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

409 W Ferauson

Tyler, TX 75702

Bethesda Health Clinic 26-0036674 83.316 general support annual

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Betterhumans 30-0930151 1.000.0001 Research

Betternumans 30-0930151 1,000,000 0 Research

3709 NE 77th Ave
Gainesville, FL 32609

Big Sky Community Corp 81-0520589 10,000 0 Building Renovation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 161404 Big Sky, MT 59716

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Bishop Gorman Regional 26-0036674 15,250 Program Development

PROGRAM

DEVELOPMENT

| Boy Scouts of America                       | 75-0808767 | 9,800 | 0 |  | general support |
|---|------------|-------|---|--|-----------------|
| Cathol<br>409 W Ferguson<br>Tyler, TX 75702 |            |       |   |  |                 |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

boy Scouts of America 1331 E Fifth St

Tyler, TX 75701

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Bovs & Girls Club of Rusk Co 75-2730664 6.000 general support 710 Robertson Blvd

Scholarship Funds

6.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Henderson, TX 75652

Brook Hill School Inc

1051 N Houston St Bullard, TX 75757

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 75-2571395 5.400 Buckner Children & Family Syc IANNUAL CAMPAIGN 110 E Cotton St Longview, TX 75601 BUCKNER FOUNDATION 75-2125945 204.886 IGENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

600 N PEARL STREET STE

DALLAS, TX 75201

2260

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

General Operating

Support

| Bullard Community Library | 75-1522478 | 7,500 | 0 |  | Computer System Equip |
|---------------------------|------------|-------|---|--|-----------------------|
| PO Box 368                |            |       |   |  |                       |
| Bullard TX 75757          |            |       |   |  |                       |

5.235

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Caddo Lake Institute

Shreveport, LA 71101

400 Edwards St.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Cambodia Christian Ministries 46-1169428 65.000l IGENERAL SUPPORT 10550 Marsh Ln Dallas, TX 75229

General Support

6.178

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CAMP COUNTY CARES

121 JEFFERSON ST PITTSBURG, TX 75686

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Camp Tyler Foundation 75-6036565 9.220 General support PO Box 1916 IPROGRAM

Whitehouse, TX 75791

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Flint, TX 75762

DEVELOPMENT Camp V 82-4140973 52,668 General Support PO Box 392

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Campus Crusade for Christ 95-6006173 29.000 General support 100 Lake Hart Dr Ste 2400

IGENERAL SUPPORT

28.702

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

75-2957440

Orlando, FL 32832

Cancer Foundation for Life

PO Box 8257 Tyler, TX 75711

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Cathedral of the Immaculate C 75-6004616 6.500 General Support 423 S Broadway Ave Tyler, TX 75702

General Support

50,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Center for Creative Media

4906 Hightech Dr Tyler, TX 75703

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 31-1630370 25.000 General Support CENTREPOINT MINISTRIES 418 S BOARDWAY AVE TYLER, TX 75702

CHARLOTTESVILLE 94-3440003 11.250

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

General Support COMMUNITY CHU 106 GOODMAN ST SUITE A2 CHARLOTTESVILLE, VA 22902

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Children are a Gift Foundatio 04-3665297 14.118 General support 5380 Old Bullard Rd Ste 600 Tyler, TX 75703

IGENERAL SUPPORT

86.222

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Childrens Advocacy Center of

2210 Frankston Highway Tyler, TX 75701

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government Childrens Village and Family 75-1634826 20.175 General support PO Box 6564 IANNUAL CAMPAIGN

General Support

101,654

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

75-0926758

Tyler, TX 75711

Christ Episcopal Church

118 S Bois DArc Tyler, TX 75702

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Christian Women Job Corp Lind 82-2560125 5.398 |General Support PO Box 2138

Building Fund; other

Isupport

301,886

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Lindale, TX 75771

TYLER, TX 75702

CHRISTUS TMF FOUNDATION

100 F FERGUSON SUITE 800

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Church of the Pines 81-4695546 21.500 Building: General PO Box 9753 Support

General Support

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Tyler, TX 75711 Church Under a Bridge

PO Box 833 Flint, TX 75762

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Citizens United for Research 36-4253176 10.000 Research 420 N Wabash Ave Suite 600 Chicago, IL 60654

Bullard Kid's park

19.872

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

75-1211698

City of Bullard

PO Box 107 Bullard, TX 75757

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

| City of Center<br>PO Box 1045 | 75-6000483 | 10,000 | 0 |  | Building/Re |
|-------------------------------|------------|--------|---|--|-------------|
| Center, TX 75935              |            |        |   |  |             |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

City of Tyler Parks

2000 W Front St Tyler, TX 75702

Renovation 75-6000697 291,036 BUILDING RENOVATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Development:

| City of Whitehouse<br>PO Box 776<br>Whitehouse, TX 75791 | 75-1230597 | 11,600 | 0 |  | Program Developm<br>Equipment |
|--|------------|--------|---|--|-------------------------------|
| Colonial Hills Baptist Church                            | 75-1645239 | 64.000 | 0 |  | General Support               |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7330 S Broadway Ave Tyler, TX 75703

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Commission to Every Nation 74-2730294 25.000l General Support

General Operating

8.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| PO Box 291307                 |   |  |  |  |  |
|-------------------------------|---|--|--|--|--|
| Kerrville, TX 78029           |   |  |  |  |  |
| Community Food Pantry in Tool | Γ |  |  |  |  |

PO Box 43175 Tool, TX 75143

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Concerned Black Men of Lufkin 75-2441740 27.000l Program Development PO Box 903

General support

29.048

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

75-1152677

Lufkin, TX 75902

Congregation Beth El

1010 charleston Dr Tyler, TX 75703

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government Crisis Center of Anderson & C 75-2241269 18.075 Program Development 700 E Cherokee St Jacksonville, TX 75766

General Support

9.767

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Cypress Basin Hospice

Mt Pleasant, TX 75455

PO Box 544

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Denison Forum on Truth and 26-3191442 10.750 General Support

| Diboll Christian Outreach                             | 20-5769371 | 45,000 | 0 |  | Program Development |
|---|------------|--------|---|--|---------------------|
| Cu<br>17304 Preston Rd Suite 1060<br>Dallas, TX 75252 |            | ·      |   |  | .,                  |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

411 S Hines St Diboll, TX 75941

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Discovery Science Place 75-2392134 82.314 IGENERAL SUPPORT IANNUAL CAMPAIGN

General support

ANNUAL CAMPAIGN

325,150

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

308 N Broadway Ave
Tyler, TX 75702

East Texas Crisis Center

PO Box 7060

Tyler, TX 75711

/5-2392132

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government East Texas Food Bank 75-2222686 69.813 genreal support 3201 Robertson Rd I PROGRAM Tyler, TX 75701 DEVELOPMENT 75-6013387 105.513 General support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

East Texas Symphony Orchestra PO Box 6323

Tyler, TX 75711

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government East TX Speakers Forum 84-2607826 15.000l General Support 300 E Whatley St

IGENERAL SUPPORT

10.488

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Longview, TX 75601

Edgewood Historical Society

PO Box 765 Edgewood, TX 75117

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government n Development

Program Development

| Educational Radio Foundation | 75-1746274 | 246,149 | 0 |  | Program |
|------------------------------|------------|---------|---|--|---------|
| PO Box 8525                  |            |         |   |  |         |
| Tyler, TX 75711              |            |         |   |  |         |
|                              |            |         |   |  |         |

5.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ET Human Needs Network

7922 S Broadway Ave Tyler, TX 75703

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government ET Youth Orchestra 75-1827759 5.774 General Support

Program Development

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

75-1327222

PO Box 130694 Tyler, TX 75713

3800 Stone Road Kilgore, TX 75662

ETCOG

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government neral Support

PROGRAM

DEVELOPMENT

| Family Legacy Missions Intl<br>5005 W Royal Lane 252<br>Irving, TX 75063 | 75-2897392 | 30,378 | 0 |  | General Support |
|--|------------|--------|---|--|-----------------|
| First Baptist Church of Athen  | 75-0917405 | 13,000 | 0 |  | general support |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

105 S Carroll St

Athens, TX 75751

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government support

GENERAL

SUPPORT: BUILDING

| First Baptist Church of Longv | 75-0976061 | 20,000 | 0 |  | general s |
|-------------------------------|------------|--------|---|--|-----------|
| 209 E South St                |            |        |   |  |           |
| Longview, TX 75601            |            |        |   |  |           |

148,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

First Baptist Church of Tyler

301 West Ferguson

Tyler, TX 75702

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government First Christian Church of Hen 75-1928926 6.000 IGENERAL SUPPORT

Gen Supp; Prog Dev

15.000l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 2237 Henderson, TX 75653 First Presbyterian Church Pal

410 Avenue A Palestine, TX 75801

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

95-3188150 10.220 Focus on the Family |General Support 8605 Explorer Dr Colorado Spring, CO 80920

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 705 Naples, TX 75568

Friends of Naples Public Libr 75-2804769 6.267 Equipment, Gen Support

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) neral Support

| Friends of Neches River Wildl | 46-4963640 | 10,500 | 0 |  | Gene |
|-------------------------------|------------|--------|---|--|------|
| 1392 County Rd 4411           |            |        |   |  |      |
| Reklaw, TX 75784              |            |        |   |  |      |
|                               |            |        |   |  |      |

5210 Hollytree Dr Tyler, TX 75703

Glenwood Church of Christ 75-6004753 10.000 General Support

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 75-2428937 12.000 Glory Gang Ministries Inc |General Support PO Box 630212

Nacogdoches, TX 75965

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Tyler, TX 75701

Good Sheperd School 77-0627643 11.965 General Support 2525 Old Jacksonville Hwv

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government am Development.

PROGRAM

DEVELOPMENT

| Grace Community School<br>3001 Universiy Boulevard<br>Tyler, TX 75701 | 75-1245705 | 408,259 | 0 |  | Program Developm<br>Building |
|---|------------|---------|---|--|------------------------------|
| Green Acres Baptist Church  | 75-1092783 | 249,075 | 0 |  | General support              |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1607 Troup Highway Tyler, TX 75701

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 6.00 111 75 2205670 0 407 al support RAM

| 822 W Front Street Tyler, TX 75702 | /5-22856/8 | 9,497 | U |  | PROGRAM<br>DEVELOPMENT |
|------------------------------------|------------|-------|---|--|------------------------|
| Henderson Co HELP Center           | 75-2362799 | 7.500 | 0 |  | GENERAL SUPPORT        |

Henderson Co HELP Center 309 Rovall Dr

Athens, TX 75751

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 75 2252625 7 500 support

| Highland Park United Methodis | 75-0808794 | 15.000 | 0 |  | General support |
|-------------------------------|------------|--------|---|--|-----------------|
| PO Box 6062 Athens, TX 75751  | /5-2358625 | 7,500  | U |  | General support |

Highland Park United Methodis | 3300 Mockingbird Lane

Dallas, TX 75205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Hiway 80 Rescue Mission Tyler 23-7112088 22,071 IGENERAL SUPPORT

| PO Box 240<br>TYLER, TX 75710    |            |        |   |  |                 |
|----------------------------------|------------|--------|---|--|-----------------|
| HOPE-Helping Others Pursue<br>En | 75-2378914 | 27,781 | 0 |  | GENERAL SUPPORT |

595 South Ragsdale

Jacksonville, TX 75766

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

MEMORIALS PROGRAMS

| Hopewell Valley Baptist Churc | 75-1854559 | 10,000 | 0 |  | General Support |
|-------------------------------|------------|--------|---|--|-----------------|
| 10572 CR 429                  |            |        |   |  |                 |
| Tyler, TX 75704               |            |        |   |  |                 |

53.246

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Hospice of East Tex Foundatio

4111 University Blvd

Tyler, TX 75701

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government eral support

Research

| Hospice of East Texas | 75-1851420 | 51,004 | 0 |  | Genera        |
|-----------------------|------------|--------|---|--|---------------|
| 4111 University Blvd  |            |        |   |  | 1             |
| Tyler, TX 75701       |            |        |   |  | L             |
|                       |            |        |   |  | $\overline{}$ |

410.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Human Age Reversal Project

300 NE 20th St Apt 409 Boca Raton, FL 33431

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Humane Society of NE Texas 23-7179547 28.062 Program Development

| PO Box 6922<br>Longview, TX 75608 |            |        |   |  |                 |
|-----------------------------------|------------|--------|---|--|-----------------|
| HUMANE SOCIETY OF SMITH COUNT     | 75-6043942 | 12,717 | 0 |  | General Support |

PO BOX 6151 TYLER, TX 75711

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government Jov Filled Homes 37-1250611 6.000 Program Development PO Box 411 Litchfield, IL 62056

10,601

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Junior Achievement Angelina C

PO Box 151952 Lufkin, TX 75915

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 75-1081109 10.812 General Support LETOURNEAU UNIVERSITY PO BOX 7333

IGENERAL SUPPORT

11.632

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LONGVIEW, TX 75607
Lighthouse For Christ Mission

PO Box 8318 Tyler, TX 75711

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Lillie Russell Memorial Libra 75-2541500 11.134 |General Support PO Box 1570 Lindale, TX 75771

52,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

75-1921910

Lindale UMC

402 W Hubbard Lindale, TX 75771

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 75 2252704 8.137 General support IPROGRAM

8.096

DEVELOPMENT

General support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| PO Box 6662 Tyler, TX 75711 | /5-2359/04 |  |
|-----------------------------|------------|--|
|                             |            |  |

75-2066143

Lufkin High School Alumni

PO Box 150837 Lufkin, TX 75915

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government Luis Palau Association 93-0713827 69.500 Program Development

PO Box 50 Portland, OR 97207

TYLER, TX 75701

MARVIN UMC FOUNDATION 81-5441958 10.000 IGENERAL SUPPORT 400 F FIFTH ST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Marvin United Methodist Churc 75-2578237 217.389 IGENERAL SUPPORT

14.477

MEMORIALS EOUIPMENT

IMEMORIALS

IGENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| 300 W Erwin     | thouist Ch |
|-----------------|------------|
| Tyler, TX 75702 |            |
| Meals on Wheels |            |

PO Box 5475

Tyler, TX 75712

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government Mercy Ships 26-2414132 6.889 General Support PO Box 2020 Garden Valley, TX 75771

100,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Michael Gott Interni Evangel

PO Box 2936 Keller, TX 76244

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 20-4102273 5.954 General Support Mount Vernon Music Associatio PO Box 719

Mount Vernon, TX 75457 NATIONAL SPORTING LIB & 54-0653662 10.000 IGENERAL SUPPORT MUSEA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 1335 MIDDLEBURG, VA 20018

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government r System/Equip

| Mount Pleasant, TX 75456  NET CASA | 75-2352271 | 7.71.2 |   |  | General Support  |
|------------------------------------|------------|--------|---|--|------------------|
| NE Texas Comm College PO Box 1307  | 75-1963242 | 15,000 | 0 |  | Computer System/ |

1201 Main Street Texarkana, TX 75501

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government NET COMMUNITY COLLEGE 75-2008835 15.874 General Support

IDEVELOPMENT

| FDN<br>PO BOX 1307<br>MOUNT PLEASANT, TX 75456 |            | ·      |   |  |         |
|--|------------|--------|---|--|---------|
| Northeast Texas Public Health                  | 75-2254544 | 19,628 | 0 |  | PROGRAM |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Tyler, TX 75702

315 N Broadway Ave Ste 404

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Opportunities Inc 71-6060131 7.884 General Support 6101 N State Line Texarkana, TX 75503

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

26-4430860

Our Calling

PO Box 140428 Dallas, TX 75214

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 75-6035104 5.483 Paris JC Memorial Ed Edn |General Support 2400 Clarksville St

9.244

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Paris, TX 75460

Pastors Hope Network

7922 S Broadway Ave Tyler, TX 75703

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government PATH 75-2033113 37.003l General Support 402 W Front St

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Tyler, TX 75702

2908 Bellwood Rd Tyler, TX 75701

Peoples Missionary Baptist C

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government Preston Hollow Presbyterian C 75-2361810 20.000 |General Support

Preston Hollow Presbyterian C 75-2361810 20,000 0 General Support

9800 Preston Rd

Dallas, TX 75230

Prince of Peace Catholic Chur 75-2574555 5,400 0 General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

903 F Main

Whitehouse, TX 75791

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Promise Academy 35-2519571 40.554 General Support PO Box 7353

11.512

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

61-1623798

Tyler, TX 75711

Refuge of Light

PO Box 132703 Tyler, TX 75713

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government SAFF-T 75-2631330 30.830 IGENERAL SUPPORT

EMERGENCY

PO Box 2337 Mount Pleasant, TX 75456

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Longview, TX 75606

Salvation Army 58-0660607 110.242 IGENERAL SUPPORT PO box 3909 IMEMORTALS.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government support CAMPAIGNS

| Samaritan Counseling Center<br>100 E Ferguson Ste 608<br>Tyler, TX 75702 | 45-2047833 | 9,339 | 0 |  | General support ANNUAL CAMPAIGN |
|--|------------|-------|---|--|---------------------------------|
| Samaritans Purse   | 58-1437002 | 6.700 | 0 |  | General Support                 |

PO Box 3000 Boone, NC 28607

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government ent

| Shelby County CASA | 30-0086414 | 10,000 | 0 |  | Equipmen |
|--------------------|------------|--------|---|--|----------|
| PO Box 2072        |            |        |   |  |          |
| Center, TX 75935   |            |        |   |  |          |
| 4                  |            |        |   |  |          |

8.435

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Smith Co Champtions for Child 75-2669405

4883 Hightech Dr Tyler, TX 75703

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-4782262 12.250 SOUTH SPRING BAPTIST IGENERAL SUPPORT CHURCH 17002 US HWY 69 S

TYLER. TX 75703

South Tyler Rotary Foundation 75-2667889 92.287 General Support PO Box 7153 Tyler, TX 75711

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government Southern Methodist Universtiv 75-0800689 297.000 IGENERAL SUPPORT

13.321

CAPITAL PROGRAM DEV

General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

27-2188982

PO Box 750181

PO Box 132899 Tyler, TX 75713

Dallas, TX 75275
SPCA of East Texas

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 75-0829385 15.665 St James Dav School |General Support 5501 N State Line Avenue Texarkana, TX 75503

7.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

St James Episcopal Church

417 Olive St Texarkana, TX 75501

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government St Paul Childrens Foundatio 75-2687636 41.953 general support 1358 E Richards

GENERAL SUPPORT

327.391

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

44-0619485

Tyler, TX 75702

St Paul Lutheran Church

4715 Frederick Ave St Joseph, MO 64506

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government arch

I ANNUAL FUND

20,000

| Stem Cell Cancer & Regenerati | 51-0629988 | 100,000 | 0 |  | Resear |
|-------------------------------|------------|---------|---|--|--------|
| 10301 Hagen Ranch Rd          |            |         |   |  | l      |
| Boynton Beach, FL 33437       |            |         |   |  | 1      |
|                               |            |         |   |  |        |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

54-0536105

STRATFORD HALL

483 GREAT HOUSE RD STRATFORD, VA 22558

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Student Mobilization 71-0629392 25,000 General Support

| PO Box 567<br>Conway, AR 72033          |            |       |   |  |                 |
|---|------------|-------|---|--|-----------------|
| TAPKARD INC<br>713 WSW LOOP 323 SUITE H | 45-4648918 | 9,500 | 0 |  | General Support |

142

TYLER, TX 75701

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Texarkana College Foundation 23-7407065 28.227 Program Development 2500 N Robinson Rd

DISASTER RELIEF

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Texarkana, TX 75599
TEXAS BAPTIST MEN

5351 CATRON RD DALLAS, TX 75227

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Texas Weslevan University 75-0800691 262.261 |General Support 1201 Wesleyan Street Fort Worth, TX 76105

38,259

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

The ARC of Smith County

5520 Old Bullard Rd Tyler, TX 75703

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government The Fostering Collective 83-0740398 25.032 |General Support PO Box 133063 Tyler, TX 75713

13.688

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

The Fund for Animals

12526 CR 3806 Murchison, TX 75778

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 1.168.907 IGENERAL SUPPORT. BUILDING FUND

11.888

| The Mentoring Alliance PO Box 130153 Tyler, TX 75713 | 75-2541408 |  |
|--|------------|--|
| Therapet   | 75-2554185 |  |

PO Box 130118 Tyler, TX 75713

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government TISD Foundation 75-2366991 9.939 general support SCHOLARSHIP FUNDS 1319 Earl Campbell Parkway

Tyler, TX 75701

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Mount Pleasant, TX 75455

Titus County Cares 35-2309053 40.971 General Support PO Box 1476

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government L SUPPORT RSHIPS MEMOR

| Tyler, TX 75711               |            |        |   |  |                       |
|-------------------------------|------------|--------|---|--|-----------------------|
| TJC Foundation<br>PO Box 9020 | 75-6046816 | 59,793 | 0 |  | GENERAL :<br>SCHOLARS |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 3595 Lufkin, TX 75903

Program Development Top Ladies of Distinction 35,0001 75-1952678

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government RENOVATION

IGENERAL SUPPORT

PROGRAM

DEVELOPMENT

| Tributary Retreat and Trainin<br>PO Box 131373<br>Tyler, TX 75713 | 46-1625752 | 25,000  | 0 |  | BUILDING F |
|---|------------|---------|---|--|------------|
| Trinity School of Texas   | 75-6004795 | 102.757 | 0 |  | GENERAL S  |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 4337

Longview, TX 75606

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 41-2131469 6.074 General Support Twelve Way Foundation PO Box 607

15.705

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Marshall, TX 75671

PO Box 2788 Kilgore, TX 75663

TX Shakespeare Festival Fdn

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government m Development

| TX State Railroad Society | 27-5093749 | 15,000 | 0 |  | Program |
|---------------------------|------------|--------|---|--|---------|
| PO Box 2190               |            |        |   |  |         |
| Jacksonville, TX 75766    |            |        |   |  |         |
|                           |            |        |   |  |         |

16.466

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Tyler Civic Theater

400 Rose Park Dr. Tyler, TX 75702

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government neral Support

DEVELOPMENT

PROGRAM

78.654

| Tyler Day Nursery     | 75-0827467 | 8,650 | 0 |  | Gener |
|-----------------------|------------|-------|---|--|-------|
| 2901 West Gentry Pkwy |            |       |   |  |       |
| Tyler, TX 75702       |            |       |   |  |       |
|                       |            |       |   |  |       |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Tyler Museum of Art

1300 S Mahon Ave

Tyler, TX 75701

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Tyler Swim Academy 23-7025626 6.775 Building/Renovation 11594 Spur 248

Program Development

15.000l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Tyler, TX 75707

PO Box 340005 Nashville, TN 37203

United Methodists Higher Ed F

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government SUPPORT

CAPITAL CAMPAIGN

| United Way of Rusk Co Inc<br>PO Box 775<br>Henderson, TX 75653 | 75-2916005 | 6,000  | 0 |  | GENERAL SUPPORT |
|--|------------|--------|---|--|-----------------|
| United Way of SMITH COUNTY                                     | 75-0957331 | 58.397 | 0 |  | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4000 Southpark Dr Ste 1200

Tyler, TX 75703

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Scholarship

| Univerity of Oklahoma Fdn<br>100 Timberdell Rd<br>Norman, OK 73072 | 73-6091755 | 54,500 | 0 |  | Endowed Scholarship |
|--|------------|--------|---|--|---------------------|
| UT Development & Gift Plannin                                      | 74-6000203 | 28.337 | 0 |  | Program Development |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

210 W 6th St Austin, TX 78701

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government UT Health Science Adv Ofc 75-6001354 27.500 Staff Development.

IANNUAL CAMPAIGNS

11937 US Highway 271 Building Tyler, TX 75708

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6855 OAK HILL BLVD

TYLER, TX 75703

UT TYLER FOUNDATION 75-1393366 22,670 SCHOLARSHIP FUNDS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government UT Tyler Office of Advancemen 75-1396988 767.436 General support, 3900 University Blvd

3900 University Blvd
Tyler, TX 75799

Wellspring Retreat Center 23-7384172 11.500 0

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 440

Whitehouse, TX 75791

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Windridge Therapeutic Center 75-2272026 7.950 |General Support PO Box 680

98.996

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Diana, TX 75640

4908 Hightech Drive Tyler, TX 75703

Womens Fund of Smith County

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 26-2923812 9.0001 Womenary General support PO Box 6296

IGENERAL SUPPORT

22.700

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Tyler, TX 75711

PO box 628200 Orlando, FL 32862

Wycliffe Bible Translators

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Young Audiences of NE Tex 75-2747921 15.789 General SUPPORT 200 E Amherst IPROGRAM

Tyler, TX 75701

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Colorado Spring, CO 80901

DEVELOPMENT Young Life Foundation 84-6041371 10.000 Program Development PO Box 520

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government IGENERAL SUPPORT

84-0385934 51.438 YOUNG LIFE TYLER PO BOX 7763

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TYLER, TX 75711

| efil       | le GRAPHIC pr                               | int - DO NOT PROCESS  | As Filed Data              | a -  | DLN: 93                 | 49331   | L <b>80</b> 34 | 220  |
|------------|---|---|----------------------------|--|-------------------------|---------|----------------|------|
| Sch        | nedule J                                    | Co  | mpensati                   | ion Information  | 0                       | MB No.  | 1545-0         | 0047 |
| (For       | m 990)                                      | For certain Office  |                            | rustees, Key Employees, and Hig  | hest                    |         |                |      |
|            |   | ► Complete if the org   | Compensa<br>anization answ | ated Employees<br>vered "Yes" on Form 990, Part IV,                              | , line 23.              | 20      | 119            | )    |
| D          |   |   | ▶ Attach                   | to Form 990.<br>instructions and the latest inforn                               |                         | Openi   |                |      |
| •          | tment of the Treasury<br>al Revenue Service | ₽ do to <u>www.ns.go</u>  | <i>V/1 01111990</i> 101    | mistructions and the latest mion   | nation.                 |         | ectio          |      |
|            | me of the organiza                          |   |                            |  | Employer identifica     | tion nu | ımber          |      |
|            |   |   |                            |  | 75-2309138              |         |                |      |
| Pa         | rt I Questi                                 | ons Regarding Compensat   | tion                       |  |                         |         | I              |      |
| <b>1</b> a |   |   |                            | the following to or for a person liste<br>y relevant information regarding thes  |                         |         | Yes            | No   |
|            |   | ,   | III to provide air         | ,  |                         |         |                |      |
|            |   | or charter travel<br>companions                                       | H                          | Housing allowance or residence for<br>Payments for business use of person        | •                       |         |                |      |
|            |   | nification and gross-up payments                                      | , –                        | Health or social club dues or initiation   |                         |         |                |      |
|            |   | ary spending account  |                            | Personal services (e.g., maid, chauf   | feur, chef)             |         |                |      |
|            | T66 +1 1                                    | : 4   4:4 4   |                            | £-11   |                         |         |                |      |
| b          |   |   |                            | follow a written policy regarding pay<br>ve? If "No," complete Part III to expl  |                         | 1b      |                |      |
| 2          |   |   |                            | or allowing expenses incurred by all   |                         | 2       |                |      |
|            | airectors, truste                           | es, officers, including the CEO/E                                     | xecutive Director          | r, regarding the items checked on Lir  | ne la?                  |         |                |      |
| 3          |   |   |                            | ed to establish the compensation of the<br>not check any boxes for methods       | ne                      |         |                |      |
|            |   |   |                            | CEO/Executive Director, but explain i  | n Part III.             |         |                |      |
|            | ✓ Compensa                                  | ation committee   |                            | Written employment contract  |                         |         |                |      |
|            |   | ent compensation consultant   | <b>✓</b>                   | Compensation survey or study   |                         |         |                |      |
|            | <b>✓</b> Form 990                           | of other organizations  | $\checkmark$               | Approval by the board or compensa  | tion committee          |         |                |      |
| 4          | During the year, related organiza           |   | 990, Part VII, Se          | ction A, line 1a, with respect to the fi   | iling organization or a |         |                |      |
| а          | Receive a sever                             | ance payment or change-of-cont  | rol payment? .             |  |                         | 4a      |                | No   |
| b          | Participate in, o                           | r receive payment from, a supple                                      | emental nonquali           | ified retirement plan?   |                         | 4b      |                | No   |
| С          |   |   |                            | nsation arrangement?<br>Dicable amounts for each item in Part                    |                         | 4c      |                | No   |
|            | ir res to any c                             | or lines 4a-c, list the persons and                                   | i provide the app          | oncable amounts for each item in Part  | t III.                  |         |                |      |
|            | Only 501(c)(3                               | ), 501(c)(4), and 501(c)(29)  | organizations              | must complete lines 5-9.   |                         |         |                |      |
| 5          |   | ed on Form 990, Part VII, Section ontingent on the revenues of:       |                            | the organization pay or accrue any   |                         |         |                |      |
| а          | The organization                            | 1?  |                            |  |                         | 5a      |                | No   |
| b          |   | anization?  |                            |  |                         | 5b      |                | No   |
| 6          |   | ed on Form 990, Part VII, Section<br>ontingent on the net earnings of |                            | the organization pay or accrue any   |                         |         |                |      |
| а          | -   | 1?  |                            |  |                         | 6a      |                | No   |
| b          |   |   |                            |  |                         | 6b      |                | No   |
| 7          | •   | 6a or 6b, describe in Part III.                                       | بلنام ۱۰ ما ۱              | the organization provide any nonfixe   | ما                      |         |                |      |
| 7          |   |   |                            | rt III   |                         | 7       |                | No   |
| 8          | subject to the in                           | nitial contract exception describe                                    | d in Regulations           | red pursuant to a contract that was<br>section 53.4958-4(a)(3)? If "Yes," de<br> |                         | 8       |                | No   |
| 9          |   |   |                            | presumption procedure described in   |                         | 9       |                | INU  |
| For F      | Paperwork Redu                              | ction Act Notice, see the Inst  | tructions for Fo           | orm 990. Cat. No. 5  | 50053T Schedule         | l (Forn | 1 990)         | 2019 |

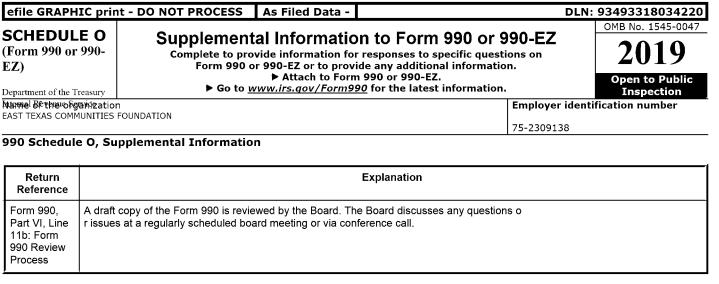
Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

| instructions, on row (ii).          | Do no       | ot list any individuals that | t are not listed on Form 9  | 90, Part VII. | organization on row (i) an                 |  |                                    | t individual.  |
|-------------------------------------|-------------|------------------------------|---|---------------|--|--|------------------------------------|--|
| (A) Name and Title                  | •           |                              | (i) Base (ii) Bonus & incentive (iii) Other other deferred compensation reportable compensation |               | entive (iii) Other other deferred benefits |  | (E) Total of columns<br>(B)(i)-(D) | (F) Compensation in<br>column (B) reported<br>as deferred on prior<br>Form 990 |
| <b>1</b> Kyle L Penney<br>President | (i)<br>(ii) | 145,730                      |   | 7,189         | 4,372                                      |  | 157,291                            |  |
|                                     |             |                              |   |               |  |  |                                    |  |
|                                     |             |                              |   |               |  |  |                                    |  |
|                                     |             |                              |   |               |  |  |                                    |  |
|                                     |             |                              |   |               |  |  |                                    |  |
|                                     |             |                              |   |               |  |  |                                    |  |
|                                     |             |                              |   |               |  |  |                                    |  |
|                                     |             |                              |   |               |  |  |                                    |  |
|                                     |             |                              |   |               |  |  |                                    |  |
|                                     |             |                              |   |               |  |  |                                    |  |
|                                     |             |                              |   |               |  |  |                                    |  |
|                                     |             |                              |   |               |  |  |                                    |  |
|                                     |             |                              |   |               |  |  | Schedule                           | J (Form 990) 2019  |



efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318034220 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection **Employer identification number** Name of the organization EAST TEXAS COMMUNITIES FOUNDATION 75-2309138 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 2,831,247 MKT Avg HI/LO Χ 602,520 Appraisal 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ ( \_\_\_\_\_\_ Other ▶ ( \_\_\_\_\_\_) 26 27 Other ▶ ( \_\_\_\_\_\_) Number of Forms 8283 received by the organization during the tax year for contributions 29 2 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

| Schedule M (Form 990) (2019)   | Page <b>2</b>  |  |  |  |  |
|--|--|--|--|--|--|
|  | tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization |  |  |  |  |
| is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. |  |  |  |  |  |
| Return Reference   | Explanation  |  |  |  |  |
|  | Schedule M (Form 990) (2019)   |  |  |  |  |



## 990 Schedule O, Supplemental Information

of Conflicts

| Return<br>Reference  | Explanation  |
|--|--|
| Form 990,<br>Part VI, Line<br>12c:<br>Explanation<br>of Monitoring<br>and<br>Enforcement | The directors must disclose any conflict of interest on an annual basis and as conflicts a rise during normal board deliberations and actions. Directors with conflicts will abstain from voting on issues in which there is a conflict. |

## 990 Schedule O, Supplemental Information

| Return<br>Reference   | Explanation   |
|---|---|
| Form 990,<br>Part VI, Line<br>15a:<br>Compensation<br>Review &<br>Approval<br>Process -<br>CEO, Top<br>Management | The Board conducts an annual review of compensation paid and comparable salaries. |

## 990 Schedule O, Supplemental Information

| Return<br>Reference   | Explanation   |
|---|---|
| Form 990,<br>Part VI, Line<br>19: Other<br>Organization<br>Documents<br>Publicly<br>Available | Financial statements are made available on the Foundation's website. The Foundation's gove rning documents, conflict of interest policy, and financial statements are made available at the Foundation's office by request. |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

DLN: 93493318034220

2019

**Open to Public** Inspection

| Name of the organization<br>EAST TEXAS COMMUNITIES FOUNDATION   |                  |                    |                          |                        |                                     |                   | <b>Emplo</b> 75-230                              |                           | tification                    | n number        |                               |          |                    |   |
|---|------------------|--------------------|--------------------------|------------------------|-------------------------------------|-------------------|--|---------------------------|-------------------------------|-----------------|-------------------------------|----------|--------------------|---|
| Part I Identification of Disregarded Entities. Complete if  | the orgar        | nization ansv      | vered "Ye                | s" on Fori             | m 990, Part                         | IV, line 3        |  | 7100                      |                               |                 |                               |          |                    |   |
| (a) Name, address, and EIN (if applicable) of disregarded entity  |                  | (b)<br>Primary a   | ctivity                  | Legal dor<br>or foreig | (c)<br>micile (state<br>In country) | (d)<br>Total inco | ime E  | <b>(e)</b><br>ind-of-year | assets                        | Direct co       | ntrolling                     |          |                    |   |
|   |                  |                    |                          |                        |                                     |                   |  |                           |                               |                 |                               |          |                    |   |
|   |                  |                    |                          |                        |                                     |                   |  |                           |                               |                 |                               |          |                    |   |
|   |                  |                    |                          |                        |                                     |                   |  |                           |                               |                 |                               |          |                    |   |
| Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year. | <b>1s.</b> Compl | ete if the org     | ganization               | answere                | d "Yes" on I                        | orm 990,          | Part IV,   | line 34                   | because                       | e it had one or | more                          |          |                    |   |
| (a) Name, address, and EIN of related organization  | Prima            | (b)<br>ry activity | Legal domi<br>or foreign | cile (state            | (d)<br>Exempt Code section          |                   | (e) Public charity status (if section 501(c)(3)) |                           | arity status Dire             |                 | (f) Direct controlling entity |          | Section<br>(13) co | ( <b>g)</b><br>n 512(b<br>ontrolle<br>tity? |
| (1)ETCF Support Foundation<br>315 N Broadway Ave Ste 210  | Holds asse       |                    | Т                        | X                      | 501(c)(3)                           | 11                | A, TYPE 1  |                           |                               |                 | Yes                           | No<br>No |                    |   |
| Tyler, TX 75702<br>27-0679342   |                  |                    |                          |                        |                                     |                   |  |                           | ne 34 because it had one or n | $\perp$         |                               |          |                    |   |
|   |                  |                    |                          |                        |                                     |                   |  |                           |                               |                 | -                             |          |                    |   |
|   |                  |                    |                          |                        |                                     |                   |  |                           |                               |                 |                               |          |                    |   |
|   |                  |                    |                          |                        |                                     |                   |  |                           |                               |                 | _                             |          |                    |   |
|   |                  |                    |                          |                        |                                     |                   |  |                           |                               |                 |                               |          |                    |   |
| For Paperwork Reduction Act Notice, see the Instructions for Form 9   | 90.              |                    | Ca                       | t. No. 501             | 35Y                                 |                   |  |                           | Sche                          | edule R (Form   | 990) 2                        | 019      |                    |   |

| (a)<br>Name, address, and EIN ol<br>related organization           | f                              | <b>(b)</b><br>Primary<br>activity | (c) Legal domicile (state or foreign country) | (d)<br>Direct<br>controlling<br>entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of<br>total income                | (g)<br>Share of<br>end-of-year<br>assets | Disprop |                                  | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | managing<br>partner? |    | (k)<br>Percenta<br>ownersh          |
|--|--------------------------------|-----------------------------------|---|--|--|--|--|---------|----------------------------------|--|----------------------|----|-------------------------------------|
|  |                                |                                   | $\perp$                                       |  | ,  |  |  | Yes     | No                               |  | Yes No               | No |                                     |
|  |                                |                                   |   |  |  |  |  |         |                                  |  |                      |    |                                     |
|  |                                |                                   |   |  |  |  |  |         |                                  |  |                      |    |                                     |
|  |                                |                                   |   |  |  |  |  |         |                                  |  |                      |    |                                     |
|  |                                |                                   |   |  |  |  |  |         |                                  |  |                      |    |                                     |
|  |                                |                                   |   |  |  |  |  |         |                                  |  |                      |    |                                     |
|  |                                |                                   |   |  |  |  |  |         |                                  |  |                      |    |                                     |
|  |                                |                                   |   |  |  |  |  |         |                                  |  |                      |    |                                     |
|  |                                |                                   |   |  |  |  |  |         |                                  |  |                      |    |                                     |
| Identification of Related Organ because it had one or more related |                                |                                   |   |  |  | ization ans                                    | wered "Yes                               | s" on F | orm 9                            | 990, Part IV   | , line               | 34 |                                     |
| (a)<br>Name, address, and EIN of<br>related organization           | <b>(b)</b><br>Primary activity | L<br>do<br>(state                 | (c)<br>egal<br>micile<br>or foreign           |  | entity (C co   | (e)<br>e of entity<br>erp, S corp,<br>r trust) | <b>(f)</b><br>Share of total<br>income   | Share   | (g)<br>of end-<br>year<br>assets | -of- Perce   | ership (1            |    | (i)<br>tion 5:<br>) contr<br>entity |
| -  |                                | COL                               | untry)  | l l                                    |  |  |  |         |                                  |  |                      |    | c3                                  |
|  |                                | COI                               | untry)  |  |  |  |  |         |                                  |  |                      |    |                                     |
|  |                                | col                               | untry)  |  |  |  |  |         |                                  |  |                      |    |                                     |
|  |                                | col                               | untry)  |  |  |  |  |         |                                  |  |                      |    |                                     |
|  |                                | col                               | untry)  |  |  |  |  |         |                                  |  |                      |    |                                     |
|  |                                | col                               | unury)  |  |  |  |  |         |                                  |  |                      |    |                                     |
|  |                                | col                               | unury)  |  |  |  |  |         |                                  |  |                      |    |                                     |
|  |                                | col                               | untry)  |  |  |  |  |         |                                  |  |                      |    |                                     |

| Schedule R (Form 990) 2019  |            | Page <b>3</b> |
|---|------------|---------------|
| Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.                |            |               |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.   | Y          | res No        |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |            |               |
| a Receipt of (i) interest, (ii)annuities, (iii) royalties, or (iv) rent from a controlled entity  | 1a         | No            |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)  | 1b         | No            |
| c Gift, grant, or capital contribution from related organization(s)   | 1c         | No            |
| d Loans or loan guarantees to or for related organization(s)  | 1d         | No            |
| e Loans or loan guarantees by related organization(s)   | 1e         | No            |
| f Dividends from related organization(s)  | <b>1</b> f | No            |
| g Sale of assets to related organization(s)   | <b>1</b> g | No            |
| h Purchase of assets from related organization(s)   | 1h         | No            |
| i Exchange of assets with related organization(s)   | 1i         | No            |
| j Lease of facilities, equipment, or other assets to related organization(s)  | <b>1</b> j | No            |
| k Lease of facilities, equipment, or other assets from related organization(s)  | 1k         | No            |
| 1. Performance of convices or membership or fundraising colicitations for related organization(s)   | 11         | No            |

| d | Loans or loan guarantees to or for related organization(s)                                     | <b>1</b> d |          | No           |
|---|--|------------|----------|--------------|
| е | Loans or loan guarantees by related organization(s)  | 1e         |          | No           |
| f | Dividends from related organization(s)   | <b>1</b> f |          | No           |
| g | Sale of assets to related organization(s)  | <b>1</b> g |          | No           |
| h | Purchase of assets from related organization(s)  | 1h         |          | No           |
| i | Exchange of assets with related organization(s)  | <b>1</b> i |          | No           |
| j | Lease of facilities, equipment, or other assets to related organization(s)                     | 1j         |          | No           |
| k | Lease of facilities, equipment, or other assets from related organization(s)                   | 1k         |          | No           |
| ı | Performance of services or membership or fundraising solicitations for related organization(s) | 11         |          | No           |
| m | Performance of services or membership or fundraising solicitations by related organization(s)  | 1m         |          | No           |
|   | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | 1n         |          | No           |
|   | Sharing of paid employees with related organization(s)   | 10         |          | No           |
| р | Reimbursement paid to related organization(s) for expenses                                     | <b>1</b> p |          | No           |
|   | Reimbursement paid by related organization(s) for expenses                                     | <b>1</b> q |          | No           |
|   |  |            | <u> </u> | <del> </del> |

|       | Fulchase of assets from related organization(s).  |                                  |                               | • •                             | 11           |     |
|-------|---|----------------------------------|-------------------------------|---------------------------------|--------------|-----|
| i     | Exchange of assets with related organization(s)   |                                  |                               |                                 | 1i           | No  |
| j     | Lease of facilities, equipment, or other assets to related organization(s)                                      |                                  |                               |                                 | 1j           | No  |
| k     | Lease of facilities, equipment, or other assets from related organization(s)                                    |                                  |                               |                                 | 1k           | No  |
| ı     | Performance of services or membership or fundraising solicitations for related organization(s)                  |                                  |                               |                                 | 11           | No  |
| m     | Performance of services or membership or fundraising solicitations by related organization(s)                   |                                  |                               |                                 | 1m           | No  |
|       | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)                   |                                  |                               |                                 | 1n           | No  |
|       | Sharing of paid employees with related organization(s)  |                                  |                               |                                 | 10           | No  |
| р     | Reimbursement paid to related organization(s) for expenses  |                                  |                               |                                 | 1p           | No  |
| q     | Reimbursement paid by related organization(s) for expenses  |                                  |                               |                                 | <b>1</b> q   | No  |
| r     | Other transfer of cash or property to related organization(s)   |                                  |                               |                                 | 1r           | No  |
| s     | Other transfer of cash or property from related organization(s)   |                                  |                               |                                 | 1s Ye        | s   |
| 2     | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line | e, including covered re          | elationships and tra          | nsaction thresholds.            |              |     |
|       | (a)<br>Name of related organization   | (b)<br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | (d)<br>Method of determining am | nount involv | /ed |
| (1)ET | CF Support Foundation   | s                                | 326,895                       | Cash                            |              |     |
|       |   |                                  |                               |                                 |              |     |
|       |   |                                  |                               |                                 |              |     |
|       |   |                                  |                               |                                 |              |     |
|       |   |                                  |                               |                                 |              |     |

|               |  |   |                       |                       |    |     | +        |
|---------------|--|---|-----------------------|-----------------------|----|-----|----------|
| p<br>a        | Reimbursement paid to related organization(s) for expenses   |   |                       |                       | 1p |     | No<br>No |
| ч             | Remibulsement paid by related organization(s) for expenses   |   |                       |                       | -4 |     | +        |
| r             | Other transfer of cash or property to related organization(s)  |   |                       |                       | 1r |     | No       |
| s             | Other transfer of cash or property from related organization(s)  |   |                       |                       | 1s | Yes |          |
| 2             | If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin | ne, including covered r   | relationships and tra | ansaction thresholds. |    |     |          |
|               | (a)<br>Name of related organization  | (b) (c) (d) Transaction Amount involved Method of determining am type (a-s) |                       |                       |    |     |          |
| ( <b>1</b> )E | CF Support Foundation  | s   | 326,895               | Cash                  |    |     |          |
|               |  |   |                       |                       |    |     |          |
|               |  |   |                       |                       |    |     |          |
|               |  |   |                       |                       |    |     |          |
|               |  |   |                       |                       |    |     |          |
|               |  |   |                       |                       |    |     |          |

Schedule R (Form 990) 2019

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| was not a related organization. See instructions regarding exclusion for certain investment partnerships. |                                |          |  |     |   |                                    |  |                                      |     |   |   |               |                                |
|---|--------------------------------|----------|--|-----|---|------------------------------------|--|--------------------------------------|-----|---|---|---------------|--------------------------------|
| (a)<br>Name, address, and EIN of entity   | <b>(b)</b><br>Primary activity | domicilo | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) |     | (e) e all partners section 501(c)(3) ganizations? | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproprtiona<br>allocations? | ite | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General c<br>managin<br>partner? | or<br>'g<br>? | (k)<br>Percentage<br>ownership |
|   |                                |          | 514)   | Yes | No  |                                    |  | Yes                                  | No  |   | Yes                                     | No            |                                |
|   |                                |          |  |     |   |                                    |  |                                      |     |   |   |               |                                |
|   |                                |          |  |     |   |                                    |  |                                      |     |   |   |               |                                |
|   |                                |          |  |     |   |                                    |  |                                      |     |   |   |               |                                |
|   |                                |          |  |     |   |                                    |  |                                      |     |   |   |               |                                |
|   |                                |          |  |     |   |                                    |  |                                      |     |   |   |               | _                              |
|   |                                |          |  |     |   |                                    |  |                                      |     |   |   |               |                                |
|   |                                |          |  |     |   |                                    |  |                                      |     |   |   |               |                                |
|   |                                |          |  |     |   |                                    |  |                                      |     |   |   |               |                                |
|   |                                |          |  |     |   |                                    |  |                                      |     |   |   |               |                                |
|   |                                |          |  |     |   |                                    |  |                                      |     |   |   |               |                                |
|   |                                |          |  |     |   |                                    |  |                                      |     |   |   |               |                                |
|   |                                |          |  |     |   |                                    |  |                                      |     |   |   |               |                                |
|   |                                |          |  |     |   |                                    |  |                                      |     |   |   |               |                                |
|   |                                |          |  |     |   |                                    |  |                                      |     |   |   |               |                                |
|   |                                |          |  |     |   |                                    |  |                                      |     |   |   | П             |                                |
|   |                                |          |  | _   |   |                                    |  |                                      |     | Schedul   | e R (Form                               | 1990          | )) 2019                        |

| Schedule R (Form 990) 2019 |                          |  |  |  |  |
|----------------------------|--------------------------|--|--|--|--|
| Part VII                   | Supplemental Info        | ormation   |  |  |  |
|                            | Provide additional infor | mation for responses to questions on Schedule R. (see instructions). |  |  |  |
| Return Reference           |                          | Explanation  |  |  |  |
|                            |                          |  |  |  |  |