

PROTHRO, WILHELMI & COMPANY, P.L.L.C.  
6855 OAK HILL BLVD.  
TYLER, TX 75703  
903.534.8811

November 6, 2018

EAST TEXAS COMMUNITIES FOUNDATION  
315 N. BROADWAY AVE. Suite 210  
TYLER, TX 75702

Dear Client:

Your 2017 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. This return is due on or before November 15, 2018. No tax is payable with the filing of this return.

We have prepared your return(s) using the information that you provided. It is your responsibility to provide all the information required to prepare your returns. You represent that the information you have provided is accurate and complete to the best of your knowledge, and that you understand, and have complied with, the documentation requirements for your expenses and deductions. We have not audited or otherwise verified the information provided, although we may have asked for clarification on some of the information. Our work in connection with the preparation of your income tax return(s) does not include any procedures designed to discover errors or other irregularities, should any exist. **You have the final responsibility for the income tax return(s) and, therefore, you should review them carefully before you sign them.**

Please be sure to call us if you have any questions.

Sincerely,

Form **8868**

(Rev. January 2017)

Department of the Treasury  
Internal Revenue Service**Application for Automatic Extension of Time To File an Exempt Organization Return**► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for *Charities and Non-Profits*.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Enter filer's identifying number, see instructions**

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.		Employer identification number (EIN) or
	EAST TEXAS COMMUNITIES FOUNDATION		75-2309138
	Number, street, and room or suite number. If a P.O. box, see instructions.		Social security number (SSN)
	315 N. BROADWAY AVE. #210		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	TYLER, TX 75702		

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► KYLE PENNEY

Telephone No. ► (903) 533-0208Fax No. ► (903) 533-0258

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)         . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 11/15, 20 18, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 17 or
- ☐ tax year beginning         , 20         , and ending         , 20         .

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2017)

## 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 [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2017

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2017 calendar year, or tax year beginning , 2017, and ending ,															
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; vertical-align: top;"> <b>C</b>            EAST TEXAS COMMUNITIES FOUNDATION            315 N. BROADWAY AVE. #210            TYLER, TX 75702         </td> <td style="width:30%; vertical-align: top;"> <b>D</b> Employer identification number            75-2309138  <b>E</b> Telephone number            (903) 533-0208  <b>G</b> Gross receipts \$ 45,043,156.         </td> </tr> <tr> <td colspan="2"> <b>F</b> Name and address of principal officer:            SAME AS C ABOVE         </td> </tr> <tr> <td colspan="2"> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No  <small>If 'No,' attach a list. (see instructions)</small> </td> </tr> <tr> <td colspan="2"> <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527         </td> </tr> <tr> <td colspan="2"> <b>J</b> Website: ▶ WWW.ETCF.ORG         </td> </tr> <tr> <td colspan="2"> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶         </td> </tr> <tr> <td colspan="2"> <b>L</b> Year of formation: 1989 <b>M</b> State of legal domicile: TX         </td> </tr> </table>	<b>C</b> EAST TEXAS COMMUNITIES FOUNDATION 315 N. BROADWAY AVE. #210 TYLER, TX 75702	<b>D</b> Employer identification number 75-2309138 <b>E</b> Telephone number (903) 533-0208 <b>G</b> Gross receipts \$ 45,043,156.	<b>F</b> Name and address of principal officer: SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If 'No,' attach a list. (see instructions)</small>		<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ▶ WWW.ETCF.ORG		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1989 <b>M</b> State of legal domicile: TX	
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**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: EAST TEXAS COMMUNITIES FOUNDATION SUPPORTS PHILANTHROPY BY OFFERING SIMPLE WAYS FOR DONORS TO ACHIEVE THEIR LONG-TERM CHARITABLE OBJECTIVES. WE MANAGE AND DISTRIBUTE CHARITABLE FUNDS INCLUDING SCHOLARSHIPS, ENDOWMENTS, DESIGNATED AND DONOR-ADVISED FUNDS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	31
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	8
	6	Total number of volunteers (estimate if necessary)	6	33
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	7,630,359.	6,207,380.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,368,245.	3,438,054.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	112,253.	143,447.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,110,857.	9,788,881.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,647,506.	7,173,133.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	389,265.	366,894.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 177,575.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	617,150.	867,977.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,653,921.	8,408,004.
19	Revenue less expenses. Subtract line 18 from line 12	2,456,936.	1,380,877.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	80,269,573.	90,021,913.
	21	Total liabilities (Part X, line 26)	9,351,522.	11,054,426.
	22	Net assets or fund balances. Subtract line 21 from line 20	70,918,051.	78,967,487.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer KYLE L. PENNEY	Date PRESIDENT			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
		SELF-PREPARED			
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no. ▶

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:SEE SCHEDULE O**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 7,398,706. including grants of \$ 7,173,133.) (Revenue \$ )GRANTS (SCHEDULE ATTACHED) DISTRIBUTED TO LOCAL, NATIONAL, AND INTERNATIONAL  
NON-PROFIT ORGANIZATIONS TO FURTHER THEIR CHARITABLE MISSIONS.**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **7,398,706.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? .....	X	
<b>3</b> 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> .....		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i> .....	X	
<b>5</b> 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? <i>If 'Yes,' complete Schedule C, Part III.</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i> .....	X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> .....		X
<b>9</b> 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? <i>If 'Yes,' complete Schedule D, Part IV.</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i> .....	X	
<b>b</b> 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? <i>If 'Yes,' complete Schedule D, Part VII.</i> .....		X
<b>c</b> 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? <i>If 'Yes,' complete Schedule D, Part VIII.</i> .....		X
<b>d</b> 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? <i>If 'Yes,' complete Schedule D, Part IX.</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> .....	X	
<b>f</b> 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)? <i>If 'Yes,' complete Schedule D, Part X.</i> .....		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i> .....		X
<b>15</b> 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? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i> .....		X
<b>16</b> 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? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i> .....		X
<b>17</b> 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). .....		X
<b>18</b> 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> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
<b>22</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	X	
<b>23</b> 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? <i>If 'Yes,' complete Schedule J.</i>		X
<b>24a</b> 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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
<b>37</b> 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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
<b>38</b> 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.	X	

BAA

Form 990 (2017)



**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V. ☐

		Yes	No
<b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1 a</b> 0		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1 b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1 c</b>		
<b>2 a</b> 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>2 a</b> 8		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2 b</b> X		
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3 a</b>		X
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	<b>3 b</b>		
<b>4 a</b> 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)?	<b>4 a</b>		X
<b>b</b> If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5 a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5 b</b>		X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<b>5 c</b>		
<b>6 a</b> 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?	<b>6 a</b>		X
<b>b</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>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7 a</b>		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<b>7 b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7 c</b>		X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year.	<b>7 d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7 e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7 f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7 g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7 h</b>		
<b>8 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?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9 a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9 b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	<b>10 a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10 b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders.	<b>11 a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).	<b>11 b</b>		
<b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12 a</b>		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	<b>12 b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13 a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13 b</b>		
<b>c</b> Enter the amount of reserves on hand.	<b>13 c</b>		
<b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14 a</b>		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	<b>14 b</b>		

**Part VI Governance, Management, and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X****Section A. Governing Body and Management**

	Yes	No
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 31 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>b</b> Enter the number of voting members included in line 1a, above, who are independent. . . . . <b>1 b</b> 30		
<b>2</b> 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? . . . . . <b>2</b>		X
<b>3</b> 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? . . . . . <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>		X
<b>7 a</b> 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? . . . . . <b>7 a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7 b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8 a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8 b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. . . . . <b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10 a</b> Did the organization have local chapters, branches, or affiliates? . . . . . <b>10 a</b>		X
<b>b</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? . . . . . <b>10 b</b>		
<b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . <b>11 a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
<b>12 a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . . <b>12 a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12 b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O . . . . . <b>12 c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . . <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O. . . . . <b>15 a</b>	X	
<b>b</b> Other officers or key employees of the organization. . . . . <b>15 b</b>	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16 a</b>		X
<b>b</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? . . . . . <b>16 b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ▶ **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ 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. **SEE SCHEDULE O**

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
**KYLE PENNEY 315 N. BROADWAY AVE., STE. 210 TYLER TX 75702 (903) 533-0208**



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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 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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICK ALLEN INVESTMT CHAIR	1 0	X						0.	0.	0.
(2) MICHAEL D. ALLEN DIRECTOR	1 0	X						0.	0.	0.
(3) GREGORY J. WRIGHT POLICY CHAIR	1 0	X						0.	0.	0.
(4) MARK L. BOON DIRECTOR	1 0	X						0.	0.	0.
(5) BARBARA BASS GRANTS CHAIR	1 0	X						0.	0.	0.
(6) PETER BOYD DIRECTOR	1 0	X						0.	0.	0.
(7) JOHN W. FERGUSON, JR. SUPPORT CHAIR	1 0	X						0.	0.	0.
(8) EDWIN HOLT DIRECTOR	1 0	X						0.	0.	0.
(9) FRITTER MCNALLY DIRECTOR	1 0	X						0.	0.	0.
(10) ROE BUCKLEY AUDIT CHAIR	1 0	X						0.	0.	0.
(11) JOHN PAYNE DIRECTOR	1 0	X						0.	0.	0.
(12) THOMAS WOLDERT DIRECTOR	1 0	X						0.	0.	0.
(13) JON ALEXANDER DIRECTOR	1 0	X						0.	0.	0.
(14) THOMAS SMITH DIRECTOR	1 0	X						0.	0.	0.

BAA

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Form 990 (2017)

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(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)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) ALAN ROSEMAN DIRECTOR	1 0	X					0.	0.	0.
(16) STEVE DEMENT DIRECTOR	1 0	X					0.	0.	0.
(17) SHANNON GLENNEY DIRECTOR	1 0	X					0.	0.	0.
(18) STEVE ROOSTH DIRECTOR	1 0	X					0.	0.	0.
(19) DOUGLAS G. BOLLES CHAIRMAN	1 0	X		X			0.	0.	0.
(20) DALE LUNSFORD DIRECTOR	1 0	X					0.	0.	0.
(21) MICHAEL BOSWORTH TREASURER	1 0	X		X			0.	0.	0.
(22) MARILYN ABEGG-GLASS DIRECTOR	1 0	X					0.	0.	0.
(23) TONY MORGAN VICE CHAIRMAN	1 0	X		X			0.	0.	0.
(24) BRAD BROOKSHIRE DIRECTOR	1 0	X					0.	0.	0.
(25) DAWN FRANKS DIRECTOR	1 0	X					0.	0.	0.
<b>1 b Sub-total</b>							0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>							136,085.	0.	0.
<b>d Total (add lines 1b and 1c)</b>							136,085.	0.	0.
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	1								

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		X

**Section B. Independent Contractors**

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> 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	

# 2017

Name of the Organization

Employer Identification number

EAST TEXAS COMMUNITIES FOUNDATION

75-2309138

## Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>				
	<b>b</b> Membership dues .....	<b>1 b</b>				
	<b>c</b> Fundraising events .....	<b>1 c</b>				
	<b>d</b> Related organizations .....	<b>1 d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b> 6,207,380.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	1,729,259.				
	<b>h Total.</b> Add lines 1a-1f .....		6,207,380.			
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2 a</b> .....					
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....		1,935,387.	1,935,387.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....		179.			179.
	<b>6 a</b> Gross rents .....	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses .....					
	<b>c</b> Rental income or (loss) .....					
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....					
	<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....		1,502,667.	1,502,667.		
	<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>				
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>				
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> ADMIN FEES FROM AGENCY EN .....	900099	87,112.	87,112.			
<b>b</b> OTHER INCOME .....	900099	56,156.	56,156.			
<b>c</b> .....						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		143,268.				
<b>12 Total revenue.</b> See instructions .....		9,788,881.	3,581,322.	0.	179.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX. ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	6,966,054.	6,966,054.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	207,079.	207,079.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	136,085.	40,826.	66,001.	29,258.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	181,311.	54,393.	87,936.	38,982.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	9,522.	2,856.	4,619.	2,047.
9 Other employee benefits.	13,899.	4,170.	6,741.	2,988.
10 Payroll taxes.	26,077.	7,823.	12,647.	5,607.
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	15,313.		15,313.	
d Lobbying.	4,766.		4,766.	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	489,044.		489,044.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	99,502.	29,851.	48,258.	21,393.
12 Advertising and promotion.	69,613.	30,630.	16,707.	22,276.
13 Office expenses.	66,411.	19,259.	27,893.	19,259.
14 Information technology.	51,531.	14,944.	21,643.	14,944.
15 Royalties.				
16 Occupancy.	20,644.	5,987.	8,670.	5,987.
17 Travel.	20,851.	6,047.	8,757.	6,047.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	4,763.	1,381.	2,001.	1,381.
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	6,018.	1,745.	2,528.	1,745.
23 Insurance.	7,521.	2,181.	3,159.	2,181.
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 <b>DUES AND SUBSCRIPTIONS</b>	12,000.	3,480.	5,040.	3,480.
b				
c				
d				
e All other expenses.				
25 <b>Total functional expenses.</b> Add lines 1 through 24e.	8,408,004.	7,398,706.	831,723.	177,575.
26 <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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash — non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	1,107,722.	<b>2</b>	998,233.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	20,663.	<b>9</b>	7,306.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 122,092.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 94,792.		
		22,934.	<b>10c</b>	27,300.
	<b>11</b> Investments — publicly traded securities .....	79,118,254.	<b>11</b>	88,989,074.
	<b>12</b> Investments — other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments — program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	80,269,573.	<b>16</b>	90,021,913.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	21,975.	<b>17</b>	24,412.
	<b>18</b> Grants payable .....	62,500.	<b>18</b>	36,350.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	9,267,047.	<b>25</b>	10,993,664.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	9,351,522.	<b>26</b>	11,054,426.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1,627,942.	<b>27</b>	1,863,080.
	<b>28</b> Temporarily restricted net assets .....	69,290,109.	<b>28</b>	77,104,407.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	70,918,051.	<b>33</b>	78,967,487.
	<b>34</b> Total liabilities and net assets/fund balances .....	80,269,573.	<b>34</b>	90,021,913.

BAA

Form 990 (2017)



**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☒ X

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	9,788,881.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,408,004.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,380,877.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	70,918,051.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	6,595,724.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-50,440.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	<b>9</b>	123,275.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	78,967,487.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>b</b> Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>c</b> If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>b</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.		

BAA

Form 990 (2017)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .	9,626,338.	6,307,261.	10928816.	6,647,506.	6,207,380.	39,717,301.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	9,626,338.	6,307,261.	10928816.	6,647,506.	6,207,380.	39,717,301.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						11,765,889.
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						27,951,412.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4. . . . .	9,626,338.	6,307,261.	10928816.	6,647,506.	6,207,380.	39,717,301.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .	1,375,207.	1,565,307.	1,849,586.	1,869,887.	1,935,387.	8,595,374.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI . . . . .	72,932.	81,896.	83,068.	112,253.	143,268.	493,417.
<b>11 Total support.</b> Add lines 7 through 10. . . . .						48,806,092.
<b>12</b> Gross receipts from related activities, etc. (see instructions). . . . .					12	0.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	57.27 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14. . . . .	<b>15</b>	55.26 %

**16a 33-1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. . . . . ▶ ☒

**b 33-1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. . . . . ▶ ☐

**17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ ☐

**b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ ☐

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . ▶ ☐

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) .....						
<b>2</b> 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. ....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. ....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. ....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5. ....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. ....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. ....						
<b>c</b> Add lines 7a and 7b. ....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6. ....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. ....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. ....						
<b>c</b> Add lines 10a and 10b. ....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. ....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ▶ ☐**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17.	<b>18</b>	%

**19a 33-1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐**b 33-1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of 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 Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.		
<b>b</b> 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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> 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.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>7</b> 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).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>c</b> 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 <b>Part VI</b> .		
<b>10a</b> 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,' answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> 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.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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? Provide details in <b>Part VI</b> .			
<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.			



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A – Adjusted Net Income**

		(A) Prior Year	(B) Current Year (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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	8	

**Section B – Minimum Asset Amount**

		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990 or 990-EZ) 2017

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)**Section D – Distributions**

	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

**Section E – Distribution Allocations (see instructions)**

	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013 .....			
<b>c</b> From 2014 .....			
<b>d</b> From 2015 .....			
<b>e</b> From 2016 .....			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013 .....			
<b>b</b> Excess from 2014 .....			
<b>c</b> Excess from 2015 .....			
<b>d</b> Excess from 2016 .....			
<b>e</b> Excess from 2017 .....			

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Schedule A (Form 990 or 990-EZ) 2017

**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.)

**PART II, LINE 10 - OTHER INCOME**

NATURE AND SOURCE	2017	2016	2015	2014	2013
OTHER INCOME	\$ 143,268.	\$ 112,253.	\$ 83,068.	\$ 81,896.	\$ 72,932.
TOTAL	<u>\$ 143,268.</u>	<u>\$ 112,253.</u>	<u>\$ 83,068.</u>	<u>\$ 81,896.</u>	<u>\$ 72,932.</u>

Client Copy Prepared by Prothro, Wilhelmi & Co.

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Go to at [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

**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 organization	EAST TEXAS COMMUNITIES FOUNDATION	Employer identification number	75-2309138
----------------------	-----------------------------------	--------------------------------	------------

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.  
(see instructions for definition of 'political campaign activities') **SEE PART IV**
- 2 Political campaign activity expenditures (see instructions) ▶ \$ 4,766.
- 3 Volunteer hours for political campaign activities (see instructions) .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If 'Yes,' describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 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. .... ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing 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 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 filing organization's funds. If none, enter -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)				
(6)				

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

**Schedule C (Form 990 or 990-EZ) 2017**

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying).....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying).....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b).....															
<b>d</b> Other exempt purpose expenditures.....															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d).....															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.....															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f).....															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-.....															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-.....															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2 a</b> Lobbying nontaxable amount.....					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e)).....					
<b>c</b> Total lobbying expenditures.....					
<b>d</b> Grassroots nontaxable amount.....					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)).....					
<b>f</b> Grassroots lobbying expenditures.....					

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Schedule C (Form 990 or 990-EZ) 2017

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		1,612.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		3,900.
j Total. Add lines 1c through 1i.			5,512.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
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?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

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).		
a Current year.	2a	
b Carryover from last year.	2b	
c 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	

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART I-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES**

HIRED LOBBYIST AND MET WITH POLITICIANS IN WASHINGTON D.C. REGARDING VARIOUS  
LEGISLATIVE MATTERS AFFECTING PUBLIC CHARITIES.



**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Financial Statements**

► Complete if the organization answered 'Yes' on Form 990,  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Employer identification number

EAST TEXAS COMMUNITIES FOUNDATION

75-2309138

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	103	194
2 Aggregate value of contributions to (during year) .....	3,970,753.	2,053,203.
3 Aggregate value of grants from (during year) .....	4,357,230.	2,632,478.
4 Aggregate value at end of year .....	29,810,748.	49,281,706.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

**Part II Conservation Easements.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- |  |   |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space  |   |

- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2 a
b Total acreage restricted by conservation easements .....	2 b
c Number of conservation easements on a certified historic structure included in (a) .....	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2 d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1. .... ► \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X. .... ► \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1. .... ► \$ \_\_\_\_\_
- b Assets included in Form 990, Part X. .... ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance.....	1 c
d Additions during the year.....	1 d
e Distributions during the year.....	1 e
f Ending balance.....	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. ☐

**Part V Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance.....	45,436,853.	42,474,546.	38,945,392.	35,602,568.	24,979,959.
b Contributions.....	1,669,568.	2,241,340.	5,002,315.	3,206,437.	8,067,709.
c Net investment earnings, gains, and losses.....	6,721,169.	2,309,750.	127,909.	1,592,918.	3,871,505.
d Grants or scholarships.....	1,629,331.	1,283,253.	1,310,468.	1,168,905.	1,091,042.
e Other expenditures for facilities and programs.....				0.	
f Administrative expenses.....	343,002.	305,530.	290,602.	287,627.	225,563.
g End of year balance.....	51,855,257.	45,436,853.	42,474,546.	38,945,392.	35,602,568.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations..... **3a(i)** ☐ Yes ☒ No

(ii) related organizations..... **3a(ii)** ☐ Yes ☒ No

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ Yes ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land.....				
b Buildings.....				
c Leasehold improvements.....	20,432.		4,672.	15,760.
d Equipment.....	101,660.		90,120.	11,540.
e Other.....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				27,300.

BAA

Schedule D (Form 990) 2017

**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely-held equity interests.....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
(I) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.) ..		

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) ..		

**Part IX Other Assets.**

N/A

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

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.) .....	

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENTS	10,993,664.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) .....	10,993,664.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	36,096,991.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	6,595,724.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.) SEE PART XIII	2d	19,712,386.
e	Add lines 2a through 2d	2e	26,308,110.
3	Subtract line 2e from line 1	3	9,788,881.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,788,881.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	8,413,739.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.) SEE PART XIII	2d	5,735.
e	Add lines 2a through 2d	2e	5,735.
3	Subtract line 2e from line 1	3	8,408,004.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,408,004.

**Part XIII 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.

**SCHEDULE D, PART XI, LINE 2D****OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

CONTRIBUTIONS	\$ 18,769,699.
INTEREST	187.
MINERAL INTEREST	24,673.
OTHER INCOME	32,200.
UNREALIZED GAIN ON INVESTMENTS	885,627.
<b>TOTAL</b>	<b>\$ 19,712,386.</b>

**SCHEDULE D, PART XII, LINE 2D****OTHER EXPENSES AND LOSSES PER AUDITED F/S**

CONTRACTED SERVICES	\$ 4,200.
INVESTMENT MANAGEMENT FEES	1,535.
<b>TOTAL</b>	<b>\$ 5,735.</b>

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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 [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALL SAINTS EPISCOPAL SCHOOL 2695 SSW LOOP 323 TYLER, TX 75701	75-1520564		60,811.	0.			GENERAL SUPPORT SCHOLARSHIPS
(2) ALLIANCE DEFENDING FREEDOM 15100 N. 90TH STREET SCOTTSDALE, AZ 85260	54-1660459		13,500.	0.			GENERAL SUPPORT PROGRAM DEVELOPMENT
(3) ALZHEIMER'S ALLIANCE OF SMITH 211 WINCHESTER DR. TYLER, TX 75701	75-2486061		23,966.	0.			GENERAL SUPPORT
(4) AZLEWAY INC. 15892 CR 26 TYLER, TX 75707	75-1903742		18,222.	0.			GENERAL SUPPORT ANNUAL CAMPAIGNS
(5) BAYLOR HEALTHCARE SYSTEM 3600 GASTON AVE STE 100 DALLAS, TX 75246	75-1606705		14,550.	0.			ANNUAL CAMPAIGN PROGRAM DEVELOPMENT
(6) BETHESDA HEALTH CLINIC 409 W. FERGUSON TYLER, TX 75702	26-0036674		98,659.	0.			GENERAL SUPPORT ANNUAL CAMPAIGN
(7) BOYS & GIRLS CLUB OF RUSK CO 710 ROBERTSON BLVD HENDERSON, TX 75652	75-2730664		6,000.	0.			GENERAL SUPPORT
(8) THE MENTORING ALLIANCE PO BOX 130153 TYLER, TX 75713	75-2541408		345,766.	0.			GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 147
- 3 Enter total number of other organizations listed in the line 1 table 1

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

TEEA3901L 08/10/17

**Schedule I (Form 990) (2017)**

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 EDUCATIONAL SCHOLARSHIPS	114	178,200.			
2					
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.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

EAST TEXAS COMMUNITIES FOUNDATION RETAINS RECORDS FOR THE AMOUNTS AWARDED.

ELIGIBILITY IS DETERMINED USING GUIDESTAR OR IRS PUBLICATION 78. EAST TEXAS

COMMUNITIES FOUNDATION KEEPS ALL GRANT APPLICATIONS AND CHARITABLE GRANT

RECOMMENDATION FORMS ON FILE. SELECTION CRITERIA (FOR COMPETITIVE GRANTS) USES AN

EVALUATOR SCORE AND COMMENTS WHICH ARE KEPT ON FILE.



# Continuation Sheet for Schedule I (Form 990)

2017

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 14

Name of the organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BULLARD COMMUNITY LIBRARY PO BOX 368 BULLARD, TX 75757	75-1522478		7,639.				GENERAL SUPPORT
CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DR. STE 2400 ORLANDO, FL 32832	95-6006173		51,000.				GENERAL SUPPORT
CATHOLIC CAMPUS MINISTRIES 2603 OLD OMEN RD. TYLER, TX 75701	27-3504744		137,500.				ANNUAL CAMPAIGN
CHILDREN ARE A GIFT FOUNDATIO 5380 OLD BULLARD RD. STE 600 TYLER, TX 75703	04-3665297		17,055.				GENERAL SUPPORT
CHILDREN'S VILLAGE AND FAMILY PO BOX 6564 TYLER, TX 75711	75-1634826		22,188.				GENERAL SUPPORT ANNUAL CAMPAIGN
CHRIST EPISCOPAL CHURCH 118 S. BOIS D'ARC TYLER, TX 75702	75-0926758		107,079.				GENERAL PROGRAM CAPITAL SUPPORT
CITY OF TYLER 212 N. BONNER AVE. TYLER, TX 75702	75-6000697		52,000.				BUILDING RENOVATION EQUIPMENT
CONGREGATION BETH EL 1010 CHARLESTON DR. TYLER, TX 75703	75-1152677		19,136.				GENERAL SUPPORT
DISCOVERY SCIENCE PLACE 308 N. BROADWAY AVE. TYLER, TX 75702	75-2392134		72,490.				GENERAL SUPPORT ANNUAL CAMPAIGN
BOY SCOUTS OF AMERICA 1331 E FIFTH ST TYLER, TX 75701	75-0808767		19,845.				GENERAL SUPPORT PROGRAM DEVELOPMENT

# Continuation Sheet for Schedule I (Form 990)

2017

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 2 of 14

Name of the organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
EAST TEXAS CRISIS CENTER PO BOX 7060 TYLER, TX 75711	75-1641173		284,800.				GENERAL SUPPORT ANNUAL CAMPAIGN
EAST TEXAS FOOD BANK 3201 ROBERTSON RD. TYLER, TX 75701	75-2222686		47,538.				GENREAL SUPPORT PROGRAM DEVELOPMENT
EAST TEXAS SYMPHONY ORCHESTRA PO BOX 6323 TYLER, TX 75711	75-6013387		104,165.				GENERAL SUPPORT EQUIPMENT
FIRST BAPTIST ACADEMY OF DALL PO BOX 868 DALLAS, TX 75221	75-1548710		20,000.				TUITION ASSISTANCE PROGRAM
FIRST BAPTIST CHURCH OF ATHEN 105 S. CARROLL ST. ATHENS, TX 75751	75-0917405		78,000.				GENERAL SUPPORT PROGRAM DEVELOPMENT
FIRST BAPTIST CHURCH OF LONGV 209 E. SOUTH ST LONGVIEW, TX 75601	75-0976061		20,000.				GENERAL SUPPORT
FIRST CHRISTIAN CHURCH OF HEN PO BOX 2237 HENDERSON, TX 75653	75-1928926		6,000.				GENERAL SUPPORT
FIRST TEE-GREATER TYLER 504 W 32ND STREET TYLER, TX 75702	32-0223589		5,315.				GENERAL SUPPORT
GRACE COMMUNITY CHURCH 1828 ESE LOOP 323 STE 300 TYLER, TX 75701	75-1245705		56,100.				GENERAL SUPPORT CAPITAL CAMPAIGN
GRACE COMMUNITY SCHOOL 3001 UNIVERSIY BOULEVARD TYLER, TX 75701	75-1245705		85,647.				SCHOLARSHIP FUNDS

# Continuation Sheet for Schedule I (Form 990)

2017

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 3 of 14

Name of the organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GREEN ACRES BAPTIST CHURCH 1607 TROUP HIGHWAY TYLER, TX 75701	75-1092783		66,800.				GENERAL SUPPORT PROGRAM DEVELOPMENT
HABITAT FOR HUMANITY OF SMITH 822 W. FRONT STREET TYLER, TX 75702	75-2285678		26,284.				GENERAL SUPPORT PROGRAM DEVELOPMENT
HENDERSON COUNTY FOOD PANTRY PO BOX 6062 ATHENS, TX 75751	75-2358625		7,000.				GENERAL SUPPORT
HENDERSON CO. HELP CENTER 309 ROYALL DR. ATHENS, TX 75751	75-2362799		10,000.				GENERAL SUPPORT
HOPE-HELPING OTHERS PURSUE EN 595 SOUTH RAGSDALE JACKSONVILLE, TX 75766	75-2378914		11,547.				GENERAL SUPPORT
HOSPICE OF EAST TEXAS 4111 UNIVERSITY BLVD TYLER, TX 75701	75-1851420		6,100.				GENERAL SUPPORT
HOSPICE OF EAST TEX FOUNDATIO 4111 UNIVERSITY BLVD TYLER, TX 75701	20-5194874		111,097.				GENERAL SUPPORT MEMORIALS PROGRAMS
JUNIOR LEAGE OF TYLER, INC. 1919 S. DONNYBROOK TYLER, TX 75701	75-0884075		6,616.				MISTLETOE AND MAGIC, GENERAL SUPPOR
LITERACY COUNCIL OF TYLER PO BOX 6662 TYLER, TX 75711	75-2359704		9,567.				GENERAL SUPPORT PROGRAM DEVELOPMENT
LUFKIN HIGH SCHOOL ALUMNI PO BOX 150837 LUFKIN, TX 75915	75-2066143		8,272.				GENERAL SUPPORT

# Continuation Sheet for Schedule I (Form 990)

2017

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 4 of 14

Name of the organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MARVIN UNITED METHODIST CHURCH 300 W. ERWIN TYLER, TX 75702	75-2578237		103,876.				GENERAL SUPPORT MEMORIALS EQUIPMENT
MEALS ON WHEELS PO BOX 5475 TYLER, TX 75712	23-7313019		40,820.				GENERAL SUPPORT MEMORIALS
NORTHEAST TEXAS COMM COLLEGE PO BOX 1307 MOUNT PLEASANT, TX 75456	75-2008835		8,219.				SCHOLARSHIP FUNDS BUILDING RENOVATI
PARENTAL CARE MINISTRIES PO BOX 131166 TYLER, TX 75713	26-2628617		7,600.				MEDICINE, SOLAR PANELS, MISSION WOR
PATH 402 W. FRONT ST. TYLER, TX 75702	75-2033113		289,818.				GENERAL SUPPORT MEMORIAL BUILDING
PINE COVE, INC. PO BOX 9055 TYLER, TX 75711	75-1254353		5,957.				SCHOLARSHIP FUNDS GENERAL SUPPORT
PLEASANT HILL MISSIONARY BAPT 502 N. HORACE TYLER, TX 75702	75-6185133		10,000.				GENERAL SUPPORT
PUBLIC LIBRARY FUND, INC. 121 S. PRAIRIEVILLE ST. ATHENS, TX 75751	23-7158045		10,000.				LATE BLOOMERS PROGRAM
SAFE-T PO BOX 2337 MOUNT PLEASANT, TX 75456	75-2631330		20,000.				GENERAL SUPPORT
SALVATION ARMY 633 N. BROADWAY TYLER, TX 75702	13-2923701		131,010.				GENERAL SUPPORT

# Continuation Sheet for Schedule I (Form 990)

2017

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 5 of 14

Name of the organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SAMARITAN COUNSELING CENTER 100 E. FERGUSON, STE 608 TYLER, TX 75702	45-2047833		52,132.				GENERAL SUPPORT ANNUAL CAMPAIGNS
SOUTHERN METHODIST UNIVERSTIY PO BOX 750181 DALLAS, TX 75275	75-0800689		7,000.				GENERAL SUPPORT CAPITAL PROGRAM DEV
ST. PAUL CHILDREN'S FOUNDATIO 1358 E. RICHARDS TYLER, TX 75702	75-2687636		29,324.				GENERAL SUPPORT
ST. PAUL LUTHERAN CHURCH 4715 FREDERICK AVE. ST. JOSEPH, MO 64506	44-0619485		312,095.				GENERAL SUPPORT
TEXAS WESLEYAN UNIVERSITY 1201 WESLEYAN STREET FORT WORTH, TX 76105	75-0800691		266,305.				PROGRAM DEVELOPMENT
THE GATHERING 6125 PALUXY TYLER, TX 75703	75-2726170		15,000.				GENERAL SUPPORT
TITUS COUNTY CARES PO BOX 1476 MOUNT PLEASANT, TX 75455	35-2309053		40,371.				STAFF PROGRAM DEVELOPMENT COMPUTERS
TRIBUTARY RETREAT AND TRAININ PO BOX 131373 TYLER, TX 75713	46-1625752		35,000.				BUILDING RENOVATION
TYLER JUNIOR COLLEGE PO BOX 9020 TYLER, TX 75711	75-6002676		56,748.				TENNIS PROGRAM
TYLER MUSEUM OF ART 1300 S. MAHON AVE. TYLER, TX 75701	75-6066618		52,692.				GENERAL SUPPORT PROGRAM DEVELOPMENT

# Continuation Sheet for Schedule I (Form 990)

2017

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 6 of 14

Name of the organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNITED WAY OF RUSK CO INC. PO BOX 775 HENDERSON, TX 75653	75-2916005		6,000.				GENERAL SUPPORT
UNITED WAY OF SMITH COUNTY 4000 SOUTHPARK DR. STE 1200 TYLER, TX 75703	75-0957331		29,735.				GENERAL SUPPORT CAPITAL CAMPAIGN
UT TYLER COWAN CENTER 3900 UNIVERSITY BLVD. TYLER, TX 75799	75-1396988		117,000.				GENERAL SUPPORT PRODUCTION COSTS
UT TYLER OFFICE OF ADVANCEMEN 3900 UNIVERSITY BLVD TYLER, TX 75799	75-1396988		107,261.				GENERAL SUPPORT SCHOLARSHIPS ENDOWM
WOMENARY PO BOX 6296 TYLER, TX 75711	26-2923812		15,500.				GENERAL SUPPORT
WYCLIFFE BIBLE TRANSLATORS PO BOX 628200 ORLANDO, FL 32862	95-3494561		18,000.				GENERAL SUPPORT
YOUNG AUDIENCES OF NE TEX 200 E. AMHERST TYLER, TX 75701	75-2747921		38,980.				GENERAL SUPPORT PROGRAM DEVELOPMENT
YOUNG LIFE AFRICA 2286 CROSSWIND DR. SUITE A PRESCOTT, AZ 86301	84-0385934		17,000.				GENERAL SUPPORT SCHOLARSHIP FUNDS
BROOK HILL SCHOOL INC. 1051 N. HOUSTON ST. BULLARD, TX 75757	75-2514503		26,183.				GENERAL SUPPORT
CAMP TYLER FOUNDATION PO BOX 1916 WHITEHOUSE, TX 75791	75-6036565		6,500.				GENERAL SUPPORT PROGRAM DEVELOPMENT



# Continuation Sheet for Schedule I (Form 990)

2017

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 7 of 14

Name of the organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CROSS BRAND COWBOY CHURCH 11915 FM 2015 TYLER, TX 75708	20-1261360		7,500.				GROWTH AND DEVELOPMENT
GREAT FOUNDATIONS 307 N GLENWOOD TYLER, TX 75702	45-2096099		6,500.				SCHOLARSHIP FUNDS
HIGHLAND PARK UNITED METHODIST 3300 MOCKINGBIRD LANE DALLAS, TX 75205	75-0808794		10,000.				GENERAL SUPPORT
PRESTON HOLLOW PRESBYTERIAN C 9800 PRESTON ROAD DALLAS, TX 75230	75-2361810		10,000.				GENERAL SUPPORT
THE ANDREWS CENTER 2323 W FRONT ST. TYLER, TX 75702	75-1281410		50,000.				VEHICLE PURCHASES
THERAPET PO BOX 130118 TYLER, TX 75713	75-2554185		16,123.				THERAPET SKILLS CLASS
TRINITY SCHOOL OF TEXAS PO BOX 4337 LONGVIEW, TX 75606	75-6004795		28,786.				GENERAL SUPPORT PROGRAM DEVELOPMENT
TYLER DAY NURSERY 2901 WEST GENTRY PKWY TYLER, TX 75702	75-0827467		9,478.				GENERAL SUPPORT MEMORIALS STAFF DEV
TISD PO BOX 2035 TYLER, TX 75710	75-6002675		32,716.				VARIOUS PURPOSES
UT HEALTH NORTHEAST 11937 US HWY 271 TYLER, TX 75708	75-6001354		52,610.				GENERAL SUPPORT STAFF PROGRAM DEVELOPMENT

# Continuation Sheet for Schedule I (Form 990)

2017

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 8 of 14

Name of the organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
YOUTH & FAMILY ENRICHMENT CEN PO BOX 7218 TYLER, TX 75711	75-2047807		8,000.				GENERAL SUPPORT
UNIVERSITY OF TEXAS AT AUSTIN 210 W SIXTH ST AUSTIN, TX 78701	74-6000203		28,952.				PROGRAM DEVELOPMENT GENERAL SUPPORT
CAMBODIA CHRISTIAN MINISTRIES 10550 MARSH LN DALLAS, TX 75229	46-1169428		40,000.				GENERAL SUPPORT
CASA FOR KIDS OF EAST TEXAS 3728 SOUTHPARK DR TYLER, TX 75703	75-2319553		16,836.				GENERAL SUPPORT EQUIPMENT
CITY OF LONGVIEW PO BOX 1952 LONGVIEW, TX 75606	75-6000588		26,000.				CAPITAL CAMPAIGN
HIWAY 80 RESCUE MISSION TYLER 601 E VALENTINE TYLER, TX 75702	27-4185775		12,747.				GENERAL SUPPORT
LIGHTHOUSE FOR CHRIST MISSION P.O. BOX 8318 TYLER, TX 75711	95-3673932		15,000.				GENERAL SUPPORT
ROMAN CATHOLIC DIOCESE OF TYL 1015 ESE LOOP 323 TYLER, TX 75703	53-0196617		7,500.				ANNUAL CAMPAIGNS
ST. ANDREW PRESBYTERIAN CHURC 2500 MCCANN RD LONGVIEW, TX 75605	75-1277890		12,000.				GENERAL SUPPORT
TYLER PUBLIC LIBRARY 201 S COLLEGE TYLER, TX 75702	75-6000697		5,750.				PROGRAM DEVELOPMENT

# Continuation Sheet for Schedule I (Form 990)

2017

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 9 of 14

Name of the organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UT TYLER FOUNDATION 6855 OAK HILL BLVD TYLER, TX 75703	75-1393366		26,351.				SCHOLARSHIP FUNDS ANNUAL CAMPAIGNS
BISHOP GORMAN REGIONAL CATHOL 409 W FERGUSON TYLER, TX 75702	26-0036674		12,500.				CAPITAL CAMPAIGN
BUCKNER CHILDREN & FAMILY SVC 110 E COTTON ST LONGVIEW, TX 75601	75-2571395		57,969.				ANNUAL CAMPAIGN
CHILDREN'S ADVOCACY CENTER OF 2210 FRANKSTON HIGHWAY TYLER, TX 75701	75-2748697		20,914.				GENERAL SUPPORT
CHRISTIAN WOMEN'S JOB CORPS 408 W LOCUST TYLER, TX 75702	75-2949812		9,360.				ANNUAL CAMPAIGN
CITY OF TYLER PARKS 2000 W FRONT ST TYLER, TX 75702	75-6000697		116,470.				BUILDING RENOVATION
FAITH IN ACTION OUTREACH PO BOX 862 MALAKOFF, TX 75148	83-0403013		6,187.				GENERAL SUPPORT
FRIENDS OF NAPLES PUBLIC LIBR PO BOX 705 NAPLES, TX 75568	75-2804769		8,181.				EQUIPMENT, GEN SUPPORT
PROMISE ACADEMY P.O. BOX 7353 TYLER, TX 75711	35-2519571		17,950.				GENERAL SUPPORT
SALVATION ARMY-DFW PO BOX 36006 DALLAS, TX 75235	58-0660607		15,000.				EMERGENCY FUNDS

# Continuation Sheet for Schedule I (Form 990)

2017

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 10 of 14

Name of the organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002		163,500.				GENERAL SUPPORT
SMITH COUNTY CHAMPIONS FOR CH 4883 HIGHTECH DR TYLER, TX 75703	75-2669405		11,541.				GENERAL SUPPORT
SMITH COUNTY TX 100 N BROADWAY AVE TYLER, TX 75702	75-6001155		17,178.				EQUIPMENT
STUDENT MOBILIZATION PO BOX 567 CONWAY, AR 72033	71-0629392		7,200.				GENERAL SUPPORT
TEXAS COLLEGE 2404 N GRAND AVE TYLER, TX 75702	75-0917417		13,100.				SCHOLARSHIPS
THE ARC OF SMITH COUNTY 5520 OLD BULLARD RD TYLER, TX 75703	75-1156215		39,177.				GENERAL SUPPORT
THE PRINCE OF WALES FOUNDATIO 888 17TH ST NW, SUITE 201 WASHINGTON, DC 20006	36-3820023		25,000.				ENDOWMENT FUNDS
TWELVE WAY FOUNDATION PO BOX 607 MARSHALL, TX 75671	41-2131469		10,299.				EQUIPMENT
WOMEN'S FUND OF SMITH COUNTY 4908 HIGHTECH DRIVE TYLER, TX 75703	75-2666792		35,084.				GENERAL SUPPORT
AMERICAN ASSN OF PET GEOLOGIS P.O. BOX 979 TULSA, OK 74101	73-1298684		10,000.				GENERAL SUPPORT

# Continuation Sheet for Schedule I (Form 990)

2017

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 11 of 14

Name of the organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 1301 S. BROADWAY AVE. TYLER, TX 75701	13-1788491		7,912.				GENERAL SUPPORT
ATHENS PUBLIC EDUCATION FOUND P.O. BOX 2857 ATHENS, TX 75751	26-4175510		5,657.				GENERAL SUPPPORT
BCFS HEALTH & HUMAN SVCS BREC 15062 CR 1145 TYLER, TX 75704	74-1260710		20,000.				GENERAL SUPPORT
BETHEL BIBLE CHURCH OF TYLER 17121 HWY 69 S TYLER, TX 75703	75-1851738		23,500.				GENERAL SUPPORT
BROWNSBORO ISD 14134 STATE HWY 31 E BROWNSBORO, TX 75756	47-1310860		7,958.				EDUCATIONAL EXPENDITURES/TEACHER GR
CAMP COUNTY CARES 121 JEFFERSON ST PITTSBURG, TX 75686	81-4894409		20,745.				BUILDING RENOVATIONS; GENERAL SUPPO
CENTREPOINT MINISTRIES 418 S BOARDWAY AVE TYLER, TX 75702	31-1630370		25,000.				GENERAL SUPPORT
CHARLOTTESVILLE COMMUNITY CHU 106 GOODMAN ST, SUITE A2 CHARLOTTESVILLE, VA 22902			7,200.				GENERAL SUPPORT
CHILDREN'S MIRACLE NETWORK 100 E FERGUSON ST, SUITE 800 TYLER, TX 75702	87-0387205		5,550.				GENERAL SUPPORT
CHRISTIAN HOMES & FAMILY SVCS 5476 HOLLYTREE DR TYLER, TX 75703	75-1105043		9,765.				GENERAL SUPPORT

# Continuation Sheet for Schedule I (Form 990)

2017

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 12 of 14

Name of the organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHRISTUS TMF FOUNDATION 100 E FERGUSON, SUITE 800 TYLER, TX 75702	75-2028241		264,050.				BUILDING FUND; OTHER SUPPORT
CITIZENS UNITED FOR EPILEPSY 430 W ERIE ST CHICAGO, IL 60654	36-4253176		10,000.				EPILEPSY RESEARCH
FIRST UMC LINDALE 402 W HUBBARD LINDALE, TX 75771	75-1921910		55,000.				REMODEL; GENERAL SUPPORT
FULLER CENTER FOR HOUSING 701 S MLK BLVD AMERICUS, GA 31719	52-2455871		6,000.				MISSION SUPPORT
GRACE ACADEMY OF DALLAS 11306 INWOOD RD DALLAS, TX 75229	75-1856423		20,000.				GENERAL SUPPORT
GRACE BIBLE FELLOW BAPTIST 17897 FM 1255 CANTON, TX 75103	75-2599207		100,000.				TORNADO RELIEF
GRACE CREEK CHURCH 1500 W HAWKINS PKWY LONGVIEW, TX 75605	75-2025987		25,000.				JOURNEY BUILDING FUND
HABITAT FOR HUMANITY CAMP COU PO BOX 1188 PITTSBURGH, TX 75686	75-2851168		7,966.				GENERAL SUPPORT
HISTORIC AVIATION MEM MUSEUM 150 AIRPORT DR 2-7 TYLER, TX 75704	75-2039760		10,000.				GENERAL SUPPORT
HIWAY 80 RESCUE MISSION LONGV PO BOX 3223 LONGVIEW, TX 75606	23-7112088		6,807.				GENERAL SUPPORT



# Continuation Sheet for Schedule I (Form 990)

2017

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 13 of 14

Name of the organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF SMITH COUNT PO BOX 6151 TYLER, TX 75711	75-6043942		10,099.				GENERAL SUPPORT
INTERNATIONAL JUSTICE MISSION PO BOX 96961 WASHINGTON, DC 20090	54-1722887		150,000.				GHANA CAMPAIGN
JAARS, INC. PO BOX 248 WAXHAW, NC 28173	56-0818833		11,800.				MISSION & MINISTRY
JOHN WINGATE TRUITT LOG CABIN 2808 RIX ST COMMERCE, TX 75428	75-3222850		17,700.				GENERAL SUPPORT
JUDICIAL WATCH, INC. 425 THIRD ST SW WASHINGTON, DC 20024	52-1885088		5,050.				GENERAL SUPPORT
LETOURNEAU UNIVERSITY PO BOX 7333 LONGVIEW, TX 75607	75-1081109		12,551.				GENERAL SUPPORT
LIVING ALTERNATIVES, INC. PO BOX 131466 TYLER, TX 75713	75-2425265		8,800.				GENERAL SUPPORT
MARVIN UMC FOUNDATION 400 E FIFTH ST TYLER, TX 75701	81-5441958		4,218.	238,216.	FMV	PUBLIC SECURITIES	GENERAL SUPPORT
NATIONAL SPORTING LIB & MUSEA PO BOX 1335 MIDDLEBURG, VA 20018	54-0653662		25,000.				GENERAL SUPPORT
NET COMMUNITY COLLEGE FDN PO BOX 1307 MOUNT PLEASANT, TX 75456	75-2008835		46,898.				GENERAL SUPPORT

# Continuation Sheet for Schedule I (Form 990)

2017

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 14 of 14

Name of the organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PATRIOT'S CHURCH 6818 PALUXY DR TYLER, TX 75703	75-1531640		6,000.				GENERAL SUPPORT
REGENERATING LIFE MINISTRIES PO BOX 1355 FAYETTEVILLE, GA 30214	53-0196617		5,800.				GENERAL SUPPORT
SOUTH SPRING BAPTIST CHURCH 17002 US HWY 69 S TYLER, TX 75703			28,700.				GENERAL SUPPORT
SPCA OF EAST TEXAS PO BOX 132899 TYLER, TX 75713	27-2188982		10,193.				GENERAL SUPPORT
STRATFORD HALL 483 GREAT HOUSE RD STRATFORD, VA 22558	54-0536105		20,000.				ANNUAL FUND
TEXAS BAPTIST MEN 5351 CATRON RD DALLAS, TX 75227	75-2873370		13,000.				DISASTER RELIEF
TIAA CHARITABLE 8910 PERDUE ROAD, SUITE 600 INDIANAPOLIS, IN 46268	47-2199684		110,644.				R&Y FAMILY FUND
USEFUL WILD PLANTS OF TEXAS 2612 SWEENEY LN AUSTIN, TX 78723	74-2613666		10,000.				GENERAL SUPPORT
WASHINGTON STATE UNIVERSITY PO BOX 641927 PULLMAN, WA 99164	91-1075542		50,000.				ENDOWED SCHOLARSHIPS
YOUNG LIFE TYLER PO BOX 7763 TYLER, TX 75711	84-0385934		103,800.				GENERAL SUPPORT

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ **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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art .....				
2 Art — Historical treasures .....				
3 Art — Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities — Publicly traded .....	X	5	1,729,259.	AVG HI/LO
10 Securities — Closely held stock .....				
11 Securities — Partnership, LLC, or trust interests .....				
12 Securities — Miscellaneous .....				
13 Qualified conservation contribution — Historic structures .....				
14 Qualified conservation contribution — Other .....				
15 Real estate — Residential .....				
16 Real estate — Commercial .....				
17 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 ▶ (.....)				
26 Other ▶ (.....)				
27 Other ▶ (.....)				
28 Other ▶ (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

29

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 purposes for the entire holding period? .....

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If 'Yes,' describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule M (Form 990) (2017)**

**Part II** **Supplemental Information.** 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.

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

**EAST TEXAS COMMUNITIES FOUNDATION**

Employer identification number

**75-2309138**

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

EAST TEXAS COMMUNITIES FOUNDATION SUPPORTS PHILANTHROPY BY OFFERING SIMPLE WAYS FOR DONORS TO ACHIEVE THEIR LONG-TERM CHARITABLE OBJECTIVES. WE MANAGE AND DISTRIBUTE CHARITABLE FUNDS INCLUDING SCHOLARSHIPS, ENDOWMENTS, DESIGNATED AND DONOR-ADVISED FUNDS.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

A DRAFT COPY OF THE FORM 990 IS REVIEWED BY THE BOARD. THE BOARD DISCUSSES ANY QUESTIONS OR ISSUES AT A REGULARLY SCHEDULED BOARD MEETING OR VIA CONFERENCE CALL.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

THE DIRECTORS MUST DISCLOSE ANY CONFLICT OF INTEREST ON AN ANNUAL BASIS.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT**

THE BOARD CONDUCTS AN ANNUAL REVIEW OF COMPENSATION PAID AND COMPARABLE SALARIES.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE FOUNDATION'S WEBSITE. THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE AT THE FOUNDATION'S OFFICE BY REQUEST.

**FORM 990, PART XI, LINE 9  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

SUPPORT FOUNDATION TRANSFER.....	\$	123,275.
TOTAL	\$	<u>123,275.</u>

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

**Part I Identification of Disregarded Entities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ----- ----- -----					
(2) ----- ----- -----					
(3) ----- ----- -----					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) ETCF SUPPORT FOUNDATION 315 N. BROADWAY AVE. STE. 210 TYLER, TX 75702 27-0679342	HOLDS ASSETS WITH INHERENT LIABILITIES	TX	501 (C) (3)	11A, TYPE 1	EAST TEXAS COMMUNITIES FOUNDATION		X
(2) ----- ----- -----							
(3) ----- ----- -----							
(4) ----- ----- -----							



**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____ _____ _____												
(2) _____ _____ _____												
(3) _____ _____ _____												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) _____ _____ _____									
(2) _____ _____ _____									
(3) _____ _____ _____									

**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.**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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ETCF SUPPORT FOUNDATION	C	123,275.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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