

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

November 1, 2021

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

Dear Kyle and Lindsay:

Your 2020 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, 2021*. No tax is payable with the filing of this return.

You have the final responsibility for the income tax return(s) and, therefore, you should review them carefully before you sign them. We submit all returns to the respective reporting authority upon receipt of the signed Form 8879.

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 return(s). 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.

Certain businesses may be required to electronically file Form 114, Report of Foreign Bank and Financial Accounts (FBAR) with the U.S. Department of the Treasury. Unless otherwise specifically agreed we have not prepared or filed this form. Failure to comply with the filing requirements may result in significant civil and criminal penalties.

In addition, there are reporting requirements related to transactions involving virtual currency. If you received, sold, sent, exchanged, or otherwise acquired any financial interest in any virtual currency, please notify our office prior to signing this tax return. Failure to comply with the filing requirements may result in significant civil and criminal penalties.

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

Sincerely,

*As a result of the winter storms in Texas that began February 11, 2021, the Internal Revenue Service has automatically postponed the federal filing and payment deadline to June 15, 2021. This applies to any taxpayer (individual and/or business) with an IRS address of record located in the disaster area, which includes all of Texas. Please contact our office if you have any questions.

CLIENT COPY PREPARED BY PROTHRO, WILHELM, & CO

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/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.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	EAST TEXAS COMMUNITIES FOUNDATION	75-2309138
	Number, street, and room or suite number. If a P.O. box, see instructions. 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) 533-0208 Fax 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 20 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

3 a 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	3 a	\$	0.
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	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c	\$	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. 1-2020)

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public
Inspection

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20																														
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;"> C EAST TEXAS COMMUNITIES FOUNDATION 315 N. BROADWAY AVE. #210 TYLER, TX 75702 </td> <td style="width:30%; vertical-align: top;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer identification number</td> <td>75-2309138</td> </tr> <tr> <td>E Telephone number</td> <td>(903) 533-0208</td> </tr> <tr> <td>G Gross receipts \$</td> <td>40,444,839.</td> </tr> </table> </td> </tr> <tr> <td colspan="2"> F Name and address of principal officer: SAME AS C ABOVE </td> </tr> <tr> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>H(a) Is this a group return for subordinates?</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td>H(b) Are all subordinates included? If "No," attach a list. See instructions</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table> </td> </tr> <tr> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>I Tax-exempt status:</td> <td><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> </table> </td> </tr> <tr> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>J Website: ▶ WWW.ETCF.ORG</td> <td>H(c) Group exemption number ▶</td> </tr> </table> </td> </tr> <tr> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 1989</td> <td>M State of legal domicile: TX</td> </tr> </table> </td> </tr> </table>	C EAST TEXAS COMMUNITIES FOUNDATION 315 N. BROADWAY AVE. #210 TYLER, TX 75702	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer identification number</td> <td>75-2309138</td> </tr> <tr> <td>E Telephone number</td> <td>(903) 533-0208</td> </tr> <tr> <td>G Gross receipts \$</td> <td>40,444,839.</td> </tr> </table>	D Employer identification number	75-2309138	E Telephone number	(903) 533-0208	G Gross receipts \$	40,444,839.	F Name and address of principal officer: SAME AS C ABOVE		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>H(a) Is this a group return for subordinates?</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td>H(b) Are all subordinates included? If "No," attach a list. See instructions</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>		H(a) Is this a group return for subordinates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	H(b) Are all subordinates included? If "No," attach a list. See instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>I Tax-exempt status:</td> <td><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> </table>		I 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>J Website: ▶ WWW.ETCF.ORG</td> <td>H(c) Group exemption number ▶</td> </tr> </table>		J Website: ▶ WWW.ETCF.ORG	H(c) Group exemption number ▶	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 1989</td> <td>M State of legal domicile: TX</td> </tr> </table>		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1989	M State of legal domicile: TX
C EAST TEXAS COMMUNITIES FOUNDATION 315 N. BROADWAY AVE. #210 TYLER, TX 75702	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer identification number</td> <td>75-2309138</td> </tr> <tr> <td>E Telephone number</td> <td>(903) 533-0208</td> </tr> <tr> <td>G Gross receipts \$</td> <td>40,444,839.</td> </tr> </table>	D Employer identification number	75-2309138	E Telephone number	(903) 533-0208	G Gross receipts \$	40,444,839.																							
D Employer identification number	75-2309138																													
E Telephone number	(903) 533-0208																													
G Gross receipts \$	40,444,839.																													
F Name and address of principal officer: SAME AS C ABOVE																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>H(a) Is this a group return for subordinates?</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td>H(b) Are all subordinates included? If "No," attach a list. See instructions</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>		H(a) Is this a group return for subordinates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	H(b) Are all subordinates included? If "No," attach a list. See instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No																									
H(a) Is this a group return for subordinates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																													
H(b) Are all subordinates included? If "No," attach a list. See instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>I Tax-exempt status:</td> <td><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> </table>		I 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																											
I 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																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>J Website: ▶ WWW.ETCF.ORG</td> <td>H(c) Group exemption number ▶</td> </tr> </table>		J Website: ▶ WWW.ETCF.ORG	H(c) Group exemption number ▶																											
J Website: ▶ WWW.ETCF.ORG	H(c) Group exemption number ▶																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 1989</td> <td>M State of legal domicile: TX</td> </tr> </table>		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1989	M State of legal domicile: TX																										
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1989	M State of legal domicile: TX																												

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>			
	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	30	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	7	
	6	Total number of volunteers (estimate if necessary)	6	29	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
		Prior Year	Current Year		
8		Contributions and grants (Part VIII, line 1h)	10,640,054.	12,814,733.	
9		Program service revenue (Part VIII, line 2g)			
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,412,857.	5,345,506.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	122,462.	128,766.	
12		Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,175,373.	18,289,005.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,299,897.	8,964,076.
		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)	540,563.	608,619.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 278,435.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	823,698.	941,853.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,664,158.	10,514,548.	
	19	Revenue less expenses. Subtract line 18 from line 12	1,511,215.	7,774,457.	
	Net Assets or Fund Balances			Beginning of Current Year	End of Year
20		Total assets (Part X, line 16)	110,151,335.	125,082,802.	
21		Total liabilities (Part X, line 26)	12,851,767.	14,458,711.	
22	Net assets or fund balances. Subtract line 21 from line 20		97,299,568.	110,624,091.	

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.

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

May the IRS discuss this return with the preparer shown above? See instructions

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 01/19/21

Form 990 (2020)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 10,073,974. including grants of \$ 8,964,076.) (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 on Schedule O.)

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

4e Total program service expenses ▶ 10,073,974.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 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	
23 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	
24a 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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b 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
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 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
33 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
34 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36 Section 501(c)(3) organizations. 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
37 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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

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 on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 30 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 on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent. 1 b 29		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7 a 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? 7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8 a	X	
b Each committee with authority to act on behalf of the governing body? 8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O. 9		X

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

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates? 10 a		X
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? 10 b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b	X	
c 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 12 c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O. 15 a	X	
b Other officers or key employees of the organization. 15 b	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a		X
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? 16 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 (1024 or 1024-A, 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 on Schedule O)

19 Describe on 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 ContractorsCheck 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.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours 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) KYLE L. PENNEY PRESIDENT	40 0	X		X				165,092.	0.	4,773.
(2) MARVIN L. SNEED FINANCE DIRECTOR	40 0					X		104,519.	0.	2,894.
(3) RICK ALLEN DIRECTOR	0 0	X						0.	0.	0.
(4) ROBERT BAILES DIRECTOR	1 0	X						0.	0.	0.
(5) GARNETT BROOKSHIRE DIRECTOR	1 0	X						0.	0.	0.
(6) KIMBERLY FISH DIRECTOR	1 0	X						0.	0.	0.
(7) BARBARA BASS GRANTS CHAIR	1 0	X						0.	0.	0.
(8) PETER BOYD DIRECTOR	1 0	X						0.	0.	0.
(9) SCOTT TERRY DIRECTOR	1 0	X						0.	0.	0.
(10) EDWIN HOLT DIRECTOR	1 0	X						0.	0.	0.
(11) JAY FERGUSON DIRECTOR	1 0	X						0.	0.	0.
(12) CRAIG ADAMS DIRECTOR	1 0	X						0.	0.	0.
(13) MARK HAGAN DIRECTOR	1 0	X						0.	0.	0.
(14) RICHARD PERRYMAN DIRECTOR	1 0	X						0.	0.	0.

BAA

TEEA0107L 10/07/20

Form 990 (2020)

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) DIRK COLEMAN DIRECTOR	1 0	X					0.	0.	0.
(16) JUDITH GUTHRIE DIRECTOR	1 0	X					0.	0.	0.
(17) ALAN ROSEMAN INVESTMNT CHAIR	1 0	X					0.	0.	0.
(18) LEE GEARHEART DIRECTOR	1 0	X					0.	0.	0.
(19) SHANNON GLENNEY SEC/MKT & DEV C	1 0	X		X			0.	0.	0.
(20) STEVE ROOSTH DIRECTOR	1 0	X					0.	0.	0.
(21) DOUGLAS G. BOLLES PAST CHAIRMAN	1 0	X					0.	0.	0.
(22) DALE LUNSFORD DIRECTOR	1 0	X					0.	0.	0.
(23) MICHAEL BOSWORTH TREAS/AUDIT CHA	1 0	X		X			0.	0.	0.
(24) MARILYN ABEGG-GLASS DIRECTOR	1 0	X					0.	0.	0.
(25) TONY MORGAN CHAIRMAN	1 0	X		X			0.	0.	0.
1 b Subtotal							269,611.	0.	7,667.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							269,611.	0.	7,667.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2									

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
4 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	
5 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
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		

2020

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 RevenueCheck 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d 925,932.				
	e Government grants (contributions)	1 e 98,503.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 11,790,298.				
	g Noncash contributions included in lines 1a-1f.	1 g 6,378,422.				
	h Total. Add lines 1a-1f		12,814,733.			
	Business Code					
Program Service Revenue	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	3 Investment income (including dividends, interest, and other similar amounts)		2,311,815.	2,311,815.		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
Other Revenue	6 a Gross rents	6 a				
	b Less: rental expenses	6 b				
	c Rental income or (loss)	6 c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7 a 25189525.				
	b Less: cost or other basis and sales expenses	7 b 22155834.				
	c Gain or (loss)	7 c 3,033,691.				
	d Net gain or (loss)		3,033,691.	3,033,691.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8 a				
	b Less: direct expenses	8 b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	9 a				
	b Less: direct expenses	9 b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	10 a				
	b Less: cost of goods sold	10 b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
	11 a ADMIN FEES FROM AGENCY EN	900099	110,486.	110,486.		
	b OTHER INCOME	900099	18,280.	18,280.		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		128,766.			
12 Total revenue. See instructions		18,289,005.	5,474,272.	0.	0.	

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. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	8,669,826.	8,669,826.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	294,250.	294,250.		
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.	169,865.	33,973.	76,439.	59,453.
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.	335,160.	223,479.	14,570.	97,111.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	15,021.	7,657.	2,707.	4,657.
9 Other employee benefits.	48,304.	24,624.	8,705.	14,975.
10 Payroll taxes.	40,269.	20,528.	7,257.	12,484.
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.	16,500.	8,412.	2,973.	5,115.
d Lobbying.	21,000.	10,706.	3,784.	6,510.
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	546,380.	546,380.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	89,329.	88,827.	502.	
12 Advertising and promotion.	29,341.	14,957.	5,288.	9,096.
13 Office expenses.	32,584.	16,610.	5,872.	10,102.
14 Information technology.	42,232.	21,529.	7,611.	13,092.
15 Royalties.				
16 Occupancy.	29,688.	15,168.	5,202.	9,318.
17 Travel.	5,464.	2,786.	984.	1,694.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,264.	644.	228.	392.
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	17,621.	8,983.	3,175.	5,463.
23 Insurance.	9,928.	5,061.	1,789.	3,078.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a 7225-MISCELLANEOUS EVENTS	46,070.	23,486.	8,302.	14,282.
b 9010-DUES AND SUBSCRIPTIONS	18,777.	9,572.	3,384.	5,821.
c 8110-BANK CHARGES-ETGD	16,990.	16,990.		
d 7250-SCHOLARSHIP EXPENSES	7,257.	3,699.	1,308.	2,250.
e All other expenses.	11,428.	5,827.	2,059.	3,542.
25 Total functional expenses. Add lines 1 through 24e.	10,514,548.	10,073,974.	162,139.	278,435.
26 Joint costs. 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 SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing		1	
	2 Savings and temporary cash investments	2,406,324.	2	2,130,068.
	3 Pledges and grants receivable, net	87,391.	3	50,766.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 142,626.		
	b Less: accumulated depreciation	10b 74,749.	17,619.	10c 67,877.
	11 Investments — publicly traded securities	107,640,001.	11	122,834,091.
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	110,151,335.	16	125,082,802.	
Liabilities	17 Accounts payable and accrued expenses	36,236.	17	41,221.
	18 Grants payable	82,000.	18	111,950.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	12,733,531.	25	14,305,540.
	26 Total liabilities. Add lines 17 through 25	12,851,767.	26	14,458,711.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,114,204.	27	2,483,187.
	28 Net assets with donor restrictions	95,185,364.	28	108,140,904.
	Organizations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	97,299,568.	32	110,624,091.
	33 Total liabilities and net assets/fund balances	110,151,335.	33	125,082,802.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,289,005.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,514,548.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,774,457.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	97,299,568.
5	Net unrealized gains (losses) on investments	5	5,550,066.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	110,624,091.

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

	Yes	No
1 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.		
2a 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 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		
c 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 on Schedule O.		
3a 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 If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

BAA

TEEA0112L 10/19/20

Form 990 (2020)

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 for instructions and the latest information.

OMB No. 1545-0047

2020

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	6,647,506.	6,207,380.	11762043.	10640054.	12814733.	48,071,716.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	6,647,506.	6,207,380.	11762043.	10640054.	12814733.	48,071,716.
5 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).						6,447,889.
6 Public support. Subtract line 5 from line 4.						41,623,827.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	6,647,506.	6,207,380.	11762043.	10640054.	12814733.	48,071,716.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	1,869,887.	1,935,387.	2,116,109.	2,636,890.	2,311,815.	10,870,088.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	112,253.	143,268.	113,496.	122,462.	128,766.	620,245.
11 Total support. Add lines 7 through 10.						59,562,049.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First 5 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).	14	69.88 %
15 Public support percentage from 2019 Schedule A, Part II, line 14.	15	68.11 %
16a 33-1/3% support test—2020. 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. ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test—2019. 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. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. 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. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. 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. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
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.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2020. 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—2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.		
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 Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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 Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).		
8 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).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .		
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 Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .		
10a 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 line 10b below.		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 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 Part VI 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
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI 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
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2, above, 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 Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI 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 Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI .		
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 Part VI 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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	Distributable Amount. 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).		

BAA

Schedule A (Form 990 or 990-EZ) 2020

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

BAA

Schedule A (Form 990 or 990-EZ) 2020

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	2020	2019	2018	2017	2016
OTHER INCOME	\$ 128,766.	\$ 122,462.	\$ 113,496.	\$ 143,268.	\$ 112,253.
TOTAL	<u>\$ 128,766.</u>	<u>\$ 122,462.</u>	<u>\$ 113,496.</u>	<u>\$ 143,268.</u>	<u>\$ 112,253.</u>

CLIENT COPY PREPARED BY PROTHRO, WILHELM, & CO

Schedule B**(Form 990, 990-EZ,
or 990-PF)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

► **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
► **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

Name of the organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☒ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MR. AND MRS. BRAD BROOKSHIRE 3045 CONCORD PLACE TYLER, TX 75701	\$ 359,150.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	MR. AND MRS. DONALD HARVEY P.O. BOX 830 JACKSONVILLE, TX 75766	\$ 2,047,797.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	MR. AND MRS. FRED HABERLE 1918 SYBIL LANE TYLER, TX 75703	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DALTON AND BETTY JONES TRUST P.O. BOX 820 HENDERSON, TX 75653	\$ 2,417,867.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	T.J. AND LAVERNE PLUNKETT FOUNDATIO P.O. BOX 2573 HENDERSON, TX 75653	\$ 2,046,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	JUSTIN PAUL FOUNDATION 6700 THE OUTER AVENUE LEANDER, TX 78641	\$ 791,766.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

EAST TEXAS COMMUNITIES FOUNDATION

75-2309138

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	5,000 SHARES OF BROOKSHIRES HOLDING, INC.	\$ 359,150.	7/16/20
2	24,446 SHARES OF 12 DIFFERENT PUBLICLY TRADED STOCKS	\$ 2,047,797.	12/29/20
5	205,845 SHARES OF 46 DIFFERENT PUBLICLY TRADED STOCKS	\$ 2,013,749.	12/17/20
6	17,697 SHARES OF 56 DIFFERENT PUBLICLY TRADED STOCKS	\$ 774,611.	12/28/20
		\$	
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer identification number

75-2309138

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---------------------------	---------------------	-----------------	-------------------------------------

	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	-----	-----	-----
	-----	-----	-----
	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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 www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

**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

Employer identification number

EAST TEXAS COMMUNITIES FOUNDATION

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')
- 2 Political campaign activity expenditures (See instructions) ► \$
- 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
- 4 a 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) 2020

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												
1 a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f 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.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

BAA

Schedule C (Form 990 or 990-EZ) 2020

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
SEE PART IV			
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		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		21,000.
j Total. Add lines 1c through 1i.			21,000.
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 II-B - DESCRIPTION OF LOBBYING ACTIVITY

HIRED LOBBYIST TO COORDINATE ADVOCACY REGARDING VARIOUS LEGISLATIVE MATTERS

AFFECTING COMMUNITY FOUNDATIONS AND OTHER 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 for instructions and the latest information.

OMB No. 1545-0047

2020**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	136	265
2 Aggregate value of contributions to (during year)	5,724,745.	6,158,987.
3 Aggregate value of grants from (during year)	5,844,677.	3,113,229.
4 Aggregate value at end of year	41,221,984.	69,452,054.

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 (for example, 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 FASB 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 FASB 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 FASB 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 make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations

- d ☐ Loan or exchange program
e ☐ Other _____

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.....	69,866,206.	56,119,605.	57,970,191.	48,938,089.	45,254,187.
b Contributions.....	6,009,682.	5,495,403.	4,441,849.	1,693,177.	2,812,337.
c Net investment earnings, gains, and losses.....	8,264,418.	10,755,245.	-2,843,144.	9,471,255.	2,507,261.
d Grants or scholarships.....	-1,813,315.	-2,046,552.	-3,028,903.	-1,742,181.	-1,303,653.
e Other expenditures for facilities and programs.....				0.	
f Administrative expenses.....	-515,661.	-457,495.	-420,388.	-390,149.	-332,043.
g End of year balance.....	81,811,330.	69,866,206.	56,119,605.	57,970,191.	48,938,089.

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

- a Board designated or quasi-endowment ▶ 2.27 %
b Permanent endowment ▶ %
c Term endowment ▶ 97.73 %

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:

	Yes	No
(i) Unrelated organizations.....	3a(i)	X
(ii) Related organizations.....	3a(ii)	X
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?.....	3b	

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

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.....	75,959.		20,802.	55,157.
d Equipment.....	66,667.		53,947.	12,720.
e Other.....				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				67,877.

BAA

Schedule D (Form 990) 2020

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) -----		
Total. (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)		
Total. (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)	
Total. (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENTS	14,305,540.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) .. ▶	14,305,540.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. **SEE 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	23,839,072.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	5,550,067.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	5,550,067.
3	Subtract line 2e from line 1	3	18,289,005.
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	18,289,005.

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	10,541,577.
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	27,029.
e	Add lines 2a through 2d	2e	27,029.
3	Subtract line 2e from line 1	3	10,514,548.
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	10,514,548.

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.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

ENDOWMENT FUNDS ARE INVESTED TO PRODUCE ANNUAL INCOME WHICH IS USED TO SUPPORT A WIDE VARIETY OF CHARITABLE CAUSES INCLUDING SCHOLARSHIP AWARDS, GRANTS FOR ANNUAL OPERATING SUPPORT FOR NONPROFITS, COMPETITIVELY AWARDED GRANTS, ADMINISTRATIVE SUPPORT FOR THE FOUNDATION AND SUPPORT FOR ANNUAL INCENTIVE GRANTS AWARDED TO PARTICIPATING CHARITIES THROUGH EAST TEXAS GIVING DAY.

Part XIII Supplemental Information (continued)**PART X - FASB ASC 740 FOOTNOTE**

FEDERAL INCOME TAX

THE FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. THE FOUNDATION PAID NO FEDERAL INCOME TAXES OR INTEREST DURING THE YEAR. THE FOUNDATION BELIEVES IT HAS FILED ALL REQUIRED TAX REPORTS AND HAS NO UNCERTAIN TAX POSITIONS. THE YEARS 2017 TO 2019 REMAIN OPEN FOR EXAMINATION BY TAXING AUTHORITIES.

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

CONTRACTED SERVICES-SUPPORT ORG.....	\$	27,029.
TOTAL	\$	<u>27,029.</u>

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 for the latest information.

OMB No. 1545-0047

2020

**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		68,798.	0.			GENERAL SUPPORT SCHOLARSHIPS
(2) ALZHEIMER'S ALLIANCE OF SMITH 211 WINCHESTER DR. TYLER, TX 75701	75-2486061		25,940.	0.			GENERAL SUPPORT
(3) AZLEWAY INC. 15892 CR 26 TYLER, TX 75707	75-1903742		18,101.	0.			GENERAL SUPPORT
(4) BETHESDA HEALTH CLINIC 409 W. FERGUSON TYLER, TX 75702	26-0036674		132,869.	0.			GENERAL SUPPORT ANNUAL CAMPAIGN
(5) BOYS & GIRLS CLUB OF RUSK CO 710 ROBERTSON BLVD HENDERSON, TX 75652	75-2730664		7,277.	0.			GENERAL SUPPORT
(6) CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DR. STE 2400 ORLANDO, FL 32832	95-6006173		24,200.	0.			GENERAL SUPPORT
(7) CHILDREN ARE A GIFT FOUNDATIO 5380 OLD BULLARD RD. STE 600 TYLER, TX 75703	04-3665297		8,069.	0.			GENERAL SUPPORT
(8) CHRIST EPISCOPAL CHURCH 118 S. BOIS D'ARC TYLER, TX 75702	75-0926758		102,955.	0.			GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 191
- 3 Enter total number of other organizations listed in the line 1 table 2

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

TEEA3901L 07/15/20

Schedule I (Form 990) 2020

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	170	294,250.			
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.

COMPETITIVE GRANTS REQUIRE FORMAL ANNUAL REPORTING FROM THE GRANTEE REGARDING THE USE

OF FUNDS. ALL OTHER GRANTS INCLUDE A WRITTEN DESIGNATION WHICH COMMUNICATES ANY

SPECIFIC RESTRICTIONS ON THE USE OF GRANT FUNDS.

Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 1 of 19

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
CITY OF TYLER 212 N. BONNER AVE. TYLER, TX 75702	75-6000697		5,975.				BUILDING RENOVATION EQUIPMENT
CONGREGATION BETH EL 1010 CHARLESTON DR. TYLER, TX 75703	75-1152677		19,508.				GENERAL SUPPORT
CYSTIC FIBROSIS FOUNDATION 1021 ESE LOOP 323, SUITE 300C TYLER, TX 75701	13-1930701		7,350.				GENERAL SUPPORT ANNUAL CAMPAIGN
DISCOVERY SCIENCE PLACE 308 N. BROADWAY AVE. TYLER, TX 75702	75-2392134		143,828.				GENERAL SUPPORT ANNUAL CAMPAIGN
BOY SCOUTS OF AMERICA 1331 E FIFTH ST TYLER, TX 75701	75-0808767		29,500.				GENERAL SUPPORT PROGRAM DEVELOPMENT
EAST TEXAS CRISIS CENTER PO BOX 7060 TYLER, TX 75711	75-1641173		40,025.				GENERAL SUPPORT ANNUAL CAMPAIGN
EAST TEXAS FOOD BANK 3201 ROBERTSON RD. TYLER, TX 75701	75-2222686		198,408.				GENREAL SUPPORT PROGRAM DEVELOPMENT
EAST TEXAS SYMPHONY ORCHESTRA PO BOX 6323 TYLER, TX 75711	75-6013387		118,004.				GENERAL SUPPORT
EDUCATIONAL RADIO FOUNDATION PO BOX 8525 TYLER, TX 75711	75-1746274		82,275.				PROGRAM DEVELOPMENT
FIRST BAPTIST CHURCH OF ATHEN 105 S. CARROLL ST. ATHENS, TX 75751	75-0917405		21,000.				GENERAL SUPPORT PROGRAM DEVELOPMENT

Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 2 of 19

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
FIRST BAPTIST CHURCH OF LONGVIEW 209 E. SOUTH ST LONGVIEW, TX 75601	75-0976061		20,500.				GENERAL SUPPORT
FIRST CHRISTIAN CHURCH 4202 S. BROADWAY TYLER, TX 75701	75-0855631		15,000.				PROGRAM DEVELOPMENT CAPITAL CAMPAIGN
FIRST CHRISTIAN CHURCH OF HENDERSON PO BOX 2237 HENDERSON, TX 75653	75-1928926		7,000.				GENERAL SUPPORT
FIRST TEE-GREATER TYLER 504 W 32ND STREET TYLER, TX 75702	32-0223589		6,213.				GENERAL SUPPORT
GRACE COMMUNITY CHURCH 1828 ESE LOOP 323 STE 300 TYLER, TX 75701	75-1245705		127,000.				GENERAL SUPPORT CAPITAL CAMPAIGN
GRACE COMMUNITY SCHOOL 3001 UNIVERSIY BOULEVARD TYLER, TX 75701	75-1245705		107,790.				PROGRAM DEVELOPMENT, BUILDING
GREEN ACRES BAPTIST CHURCH 1607 TROUP HIGHWAY TYLER, TX 75701	75-1092783		180,800.				GENERAL SUPPORT PROGRAM DEVELOPMENT
HABITAT FOR HUMANITY OF SMITH 822 W. FRONT STREET TYLER, TX 75702	75-2285678		31,291.				GENERAL SUPPORT PROGRAM DEVELOPMENT
HENDERSON COUNTY FOOD PANTRY PO BOX 6062 ATHENS, TX 75751	75-2358625		10,000.				GENERAL SUPPORT
HENDERSON CO. HELP CENTER 309 ROYALL DR. ATHENS, TX 75751	75-2362799		8,500.				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 3 of 19

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
HOPE-HELPING OTHERS PURSUE EN 595 SOUTH RAGSDALE JACKSONVILLE, TX 75766	75-2378914		15,522.				GENERAL SUPPORT
HOSPICE OF EAST TEXAS 4111 UNIVERSITY BLVD TYLER, TX 75701	75-1851420		57,872.				GENERAL SUPPORT
HOSPICE OF EAST TEX FOUNDATIO 4111 UNIVERSITY BLVD TYLER, TX 75701	20-5194874		20,717.				GENERAL SUPPORT MEMORIALS PROGRAMS
JUNIOR LEAGE OF TYLER, INC. 1919 S. DONNYBROOK TYLER, TX 75701	75-0884075		18,347.				MISTLETOE AND MAGIC, GENERAL SUPPOR
LITERACY COUNCIL OF TYLER PO BOX 6662 TYLER, TX 75711	75-2359704		12,803.				GENERAL SUPPORT PROGRAM DEVELOPMENT
MARVIN UNITED METHODIST CHURC 300 W. ERWIN TYLER, TX 75702	75-2578237		171,849.				GENERAL SUPPORT MEMORIALS EQUIPMENT
MEALS ON WHEELS PO BOX 5475 TYLER, TX 75712	23-7313019		32,442.				GENERAL SUPPORT MEMORIALS
NE TEXAS COMM COLLEGE FDN PO BOX 1307 MOUNT PLEASANT, TX 75456	75-2008835		67,140.				SCHOLARSHIP FUNDS BUILDING RENOVATI
PATH 402 W. FRONT ST. TYLER, TX 75702	75-2033113		107,782.				GENERAL SUPPORT
PINE COVE, INC. 4410 KINSEY DR. TYLER, TX 75702	75-1254353		23,750.				SCHOLARSHIP FUNDS GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 4 of 19

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
SAFE-T PO BOX 2337 MOUNT PLEASANT, TX 75456	75-2631330		91,416.				GENERAL SUPPORT
SALVATION ARMY PO BOX 3909 LONGVIEW, TX 75606	58-0660607		164,959.				GENERAL SUPPORT MEMORIALS EMERGENCY
MOSAIC COUNSELING CENTERS-ET 218 N COLLEGE TYLER, TX 75702	45-2047833		30,683.				GENERAL SUPPORT
SOUTHERN METHODIST UNIVERSTIY PO BOX 750181 DALLAS, TX 75275	75-0800689		250,000.				GENERAL SUPPORT CAPITAL PROGRAM DEV
ST. PAUL CHILDREN'S SERVICES 1358 E. RICHARDS TYLER, TX 75702	75-2687636		55,159.				GENERAL SUPPORT
ST. PAUL LUTHERAN CHURCH 4715 FREDERICK AVE. ST. JOSEPH, MO 64506	44-0619485		419,693.				GENERAL SUPPORT
TEXAS WESLEYAN UNIVERSITY 1201 WESLEYAN STREET FORT WORTH, TX 76105	75-0800691		292,602.				GENERAL SUPPORT
TISD FOUNDATION 1319 EARL CAMPBELL PARKWAY TYLER, TX 75701	75-2366991		13,209.				GENERAL SUPPORT SCHOLARSHIP FUNDS
TYLER JUNIOR COLLEGE PO BOX 9020 TYLER, TX 75711	75-6002676		9,700.				TENNIS PROGRAM
TJC FOUNDATION PO BOX 9020 TYLER, TX 75711	75-6046816		66,237.				GENERAL SUPPORT SCHOLARSHIPS MEMOR

Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 5 of 19

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
TYLER MUSEUM OF ART 1300 S. MAHON AVE. TYLER, TX 75701	75-6066618		67,696.				GENERAL SUPPORT PROGRAM DEVELOPMENT
UNITED WAY OF RUSK CO INC. PO BOX 775 HENDERSON, TX 75653	75-2916005		7,301.				GENERAL SUPPORT
UNITED WAY OF SMITH COUNTY 4000 SOUTHPARK DR. STE 1200 TYLER, TX 75703	75-0957331		26,723.				GENERAL SUPPORT CAPITAL CAMPAIGN
UT TYLER COWAN CENTER 3900 UNIVERSITY BLVD. TYLER, TX 75799	75-1396988		57,500.				GENERAL SUPPORT PRODUCTION COSTS
UT DEVELOPMENT & GIFT PLANNIN 210 W. 6TH ST AUSTIN, TX 78701	74-6000203		31,557.				PROGRAM DEVELOPMENT
UT TYLER OFFICE OF ADVANCEMEN 3900 UNIVERSITY BLVD TYLER, TX 75799	75-1396988		147,200.				GENERAL SUPPORT,
WOMENARY PO BOX 6296 TYLER, TX 75711	26-2923812		12,500.				GENERAL SUPPORT
WYCLIFFE BIBLE TRANSLATORS PO BOX 628200 ORLANDO, FL 32862	95-3494561		26,000.				GENERAL SUPPORT
YOUNG AUDIENCES OF NE TEX 200 E. AMHERST TYLER, TX 75701	75-2747921		28,419.				GENERAL SUPPORT PROGRAM DEVELOPMENT
ARK CAMPUS MINISTRY PO BOX 1802 ATHENS, TX 75751	45-2547463		10,000.				PROGRAM DEVELOPMENT

Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 6 of 19

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 ARBORETUM AND BOTA PO BOX 2231 ATHENS, TX 75751	75-2390840		14,707.				GENERAL SUPPORT
HIGHLAND PARK UNITED METHODIS 3300 MOCKINGBIRD LANE DALLAS, TX 75205	75-0808794		10,000.				GENERAL SUPPORT
LETOURNEAU UNIVERSITY PO BOX 7333 LONGVIEW, TX 75607	75-1081109		6,208.				SCHOLARSHIP FUNDS CAPITAL CAMPAIGN
NATIONAL JEWISH MEDICAL RESEA 1400 JACKSON ST. DENVER, CO 80206	74-2044647		5,410.				GENERAL SUPPORT
NATIONAL SPORTING LIBRARY AND PO BOX 1335 MIDDLEBURG, VA 20018	54-6053662		10,000.				VARIOUS PURPOSES
PRESTON HOLLOW PRESBYTERIAN C 9800 PRESTON ROAD DALLAS, TX 75230	75-2361810		10,000.				GENERAL SUPPORT
SMITH CO CHAMPTIONS FOR CHILD 4883 HIGHTECH DR. TYLER, TX 75703	75-2669405		21,929.				GENERAL SUPPORT
THERAPET PO BOX 130118 TYLER, TX 75713	75-2554185		15,246.				GENERAL SUPPORT
TYLER DAY NURSERY 2901 WEST GENTRY PKWY TYLER, TX 75702	75-0827467		11,021.				GENERAL SUPPORT MEMORIALS STAFF DEV
TISD PO BOX 2035 TYLER, TX 75710	75-6002675		94,562.				VARIOUS PURPOSES

Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 7 of 19

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 HEALTH SCIENCE AT TYLER 11937 US HWY 271 TYLER, TX 75708	75-6001354		31,500.				GENERAL SUPPORT STAFF PROGRAM DEVEL
CAMERON-J. JARVIS TROUP MUNIC 102 S GEORGIA ST TROUP, TX 75789	26-4612477		7,175.				EQUIPMENT LAND
CASA FOR KIDS OF EAST TEXAS 3728 SOUTHPARK DR TYLER, TX 75703	75-2319553		10,875.				GENERAL SUPPORT EQUIPMENT
TAPKARD INC P.O. BOX 1110 LINDALE, TX 75771	45-4648918		17,488.				GENERAL SUPPORT
THE MENTORING ALLIANCE PO BOX 130153 TYLER, TX 75713	75-2541408		225,233.				GENERAL SUPPORT, BUILDING FUND
UT TYLER FOUNDATION 6855 OAK HILL BLVD TYLER, TX 75703	75-1393366		131,188.				SCHOLARSHIP FUNDS ANNUAL CAMPAIGNS
BELIEVE AND SEE AFRICA P.O. BOX 8286 TYLER, TX 75711	46-0643564		10,357.				GENERAL SUPPORT
BETHEL BIBLE CHURCH OF TYLER 17121 HIGHWAY 69 SOUTH TYLER, TX 75703	75-1851738		30,250.				GENERAL SUPPORT
BISHOP GORMAN REGIONAL CATHOL 409 W FERGUSON TYLER, TX 75702	26-0036674		18,550.				PROGRAM DEVELOPMENT
CANCER FOUNDATION FOR LIFE P.O. BOX 8257 TYLER, TX 75711	75-2957440		13,442.				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 8 of 19

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
CHILDREN'S ADVOCACY CENTER OF 2210 FRANKSTON HIGHWAY TYLER, TX 75701	75-2748697		105,239.				GENERAL SUPPORT
CHRISTIAN WOMEN'S JOB CORPS 310 W FERGUSON ST TYLER, TX 75702	75-2949812		11,426.				ANNUAL CAMPAIGN
EDGEWOOD HISTORICAL SOCIETY PO BOX 765 EDGEWOOD, TX 75117	75-2291370		12,227.				GENERAL SUPPORT
FOR THE SILENT PO BOX 998 TYLER, TX 75710	74-3193209		13,982.				GENERAL SUPPORT
HIWAY 80 RESCUE MISSION-TYLER P.O. BOX 240 TYLER, TX 75710	23-7112088		66,034.				GENERAL SUPPORT
NEWGATE UM MISSION LONGVIEW 207 S MOBBERLY LONGVIEW, TX 75602	75-2663844		6,128.				GENERAL SUPPORT
PROMISE ACADEMY P.O. BOX 7353 TYLER, TX 75711	35-2519571		104,304.				GENERAL SUPPORT
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002		21,535.				GENERAL SUPPORT
THE ARC OF SMITH COUNTY 5520 OLD BULLARD RD TYLER, TX 75703	75-1156215		24,106.				GENERAL SUPPORT
TRINITY SCHOOL OF TEXAS 215 TEAGUE ST LONGVIEW, TX 75601	75-6004795		38,854.				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 9 of 19

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
TWELVE WAY FOUNDATION PO BOX 607 MARSHALL, TX 75671	41-2131469		14,399.				GENERAL SUPPORT
WOMEN'S FUND OF SMITH COUNTY 4908 HIGHTECH DRIVE TYLER, TX 75703	75-2666792		45,146.				GENERAL SUPPORT
CAMP COUNTY CARES 121 JEFFERSON ST PITTSBURG, TX 75686	81-4894409		9,450.				GENERAL SUPPORT
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	94-3440003		9,250.				GENERAL SUPPORT
CHRISTIAN HOMES & FAMILY SVCS 5476 HOLLYTREE DR TYLER, TX 75703	75-1105043		15,314.				GENERAL SUPPORT
CHRISTUS TME FOUNDATION 100 E FERGUSON, SUITE 800 TYLER, TX 75702	75-2028241		86,582.				BUILDING FUND; OTHER SUPPORT
HABITAT FOR HUMANITY CAMP COU PO BOX 1188 PITTSBURGH, TX 75686	75-2851168		12,264.				GENERAL SUPPORT
HIWAY 80 RESCUE MISSION LONGV PO BOX 3223 LONGVIEW, TX 75606	23-7112088		10,289.				GENERAL SUPPORT
HUMANE SOCIETY OF SMITH COUNT PO BOX 6151 TYLER, TX 75711	75-6043942		19,943.				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 10 of 19

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
REGENERATING LIFE MINISTRIES PO BOX 1355 FAYETTEVILLE, GA 30214	53-0196617		7,800.				GENERAL SUPPORT
SOUTH SPRING BAPTIST CHURCH 17002 US HWY 69 S TYLER, TX 75703	81-4782262		9,350.				GENERAL SUPPORT
SPCA OF EAST TEXAS PO BOX 132899 TYLER, TX 75713	27-2188982		30,963.				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		10,000.				DISASTER RELIEF
USEFUL WILD PLANTS OF TEXAS 2612 SWEENEY LN AUSTIN, TX 78723	74-2613666		50,000.				GENERAL SUPPORT
YOUNG LIFE TYLER PO BOX 7763 TYLER, TX 75711	84-0385934		23,363.				GENERAL SUPPORT
COLONIAL HILLS BAPTIST CHURCH 7330 S BROADWAY AVE TYLER, TX 75703	75-1645239		60,000.				GENERAL SUPPORT
COMMUNITY FOOD PANTRY IN TOOL P.O. BOX 43175 TOOL, TX 75143	46-2468294		12,416.				GENERAL OPERATING
CYPRESS BASIN HOSPICE P.O. BOX 544 MT. PLEASANT, TX 75455	75-2134105		10,456.				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 11 of 19

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 NE TEXAS P.O. BOX 6922 LONGVIEW, TX 75608	23-7179547		19,184.				PROGRAM DEVELOPMENT
JARVIS CHRISTIAN COLLEGE P.O. BOX 1470 HAWKINS, TX 75765	75-0995027		6,500.				SCHOLARSHIP SUPPORT
KING'S ACADEMY CHRISTIAN SCHO 7330 S BROADWAY AVE TYLER, TX 75703	01-0818635		20,631.				GENERAL SUPPORT
LONGVIEW DREAM CENTER 803 GILMER RD LONGVIEW, TX 75604	46-4238429		6,158.				GENERAL SUPPORT
LUFKIN HIGH SCHOOL ALUMNI ASS P.O. BOX 150837 LUFKIN, TX 75915	75-2066143		9,016.				GENERAL SUPPORT
MICHAEL GOTT INTERN'L EVANGEL P.O. BOX 2936 KELLER, TX 76244	75-1826475		105,000.				GENERAL SUPPORT
MOUNT VERNON MUSIC ASSOCIATIO P.O. BOX 719 MOUNT VERNON, TX 75457	20-4102273		17,868.				GENERAL SUPPORT
NE TEXAS COMM COLLEGE P.O. BOX 1307 MOUNT PLEASANT, TX 75456	75-1963242		15,000.				COMPUTER SYSTEM/EQUIP
PARIS JUNIOR COLLEGE MEM FDN 2400 CLARKSVILLE ST PARIS, TX 75460	75-6035104		5,007.				GENERAL SUPPORT
PRINCE OF PEACE CATHOLIC CHUR 903 E MAIN WHITEHOUSE, TX 75791	75-2574555		5,400.				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 12 of 19

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
REFUGE OF LIGHT P.O. BOX 132703 TYLER, TX 75713	61-1623798		10,297.				GENERAL SUPPORT
TX SHAKESPEARE FESTIVAL FDN P.O. BOX 2788 KILGORE, TX 75663	75-2560413		23,606.				GENERAL SUPPORT
TOP LADIES OF DISTINCTION P.O. BOX 3595 LUFKIN, TX 75903	75-1952678		30,000.				PROGRAM DEVELOPMENT
ANTIOCH COMMUNITY CHURCH 505 N 20TH STREET WACO, TX 76707	46-2593438		9,000.				GENERAL OPERATING SUPPORT
BAYLOR SCOTT & WHITE DAL FDN 3600 GASTON AVE, STE 100 DALLAS, TX 75246	75-1606705		15,000.				OPERATING SUPPORT; BUILDING FUND
BETTERHUMANS 3709 NE 77TH AVE GAINESVILLE, FL 32609	30-0930151		1,000,000.				RESEARCH
CAMP V PO BOX 392 FLINT, TX 75762	82-4140973		36,382.				GENERAL SUPPORT
CHRISTIAN WOMEN JOB CORP LIND P.O. BOX 2138 LINDALE, TX 75771	82-2560125		5,557.				GENERAL SUPPORT
COMMISSION TO EVERY NATION PO BOX 291307 KERRVILLE, TX 78029	74-2730294		10,000.				GENERAL SUPPORT
DENISON FORUM ON TRUTH AND CU 17304 PRESTON RD, SUITE 1060 DALLAS, TX 75252	26-3191442		11,000.				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 13 of 19

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
DIBOLL CHRISTIAN OUTREACH 411 S HINES ST. DIBOLL, TX 75941	20-5769371		60,000.				PROGRAM DEVELOPMENT
ET YOUTH ORCHESTRA PO BOX 130694 TYLER, TX 75713	75-1827759		6,269.				GENERAL SUPPORT
FAMILY LEGACY MISSIONS INT'L 5005 W ROYAL LANE, 252 IRVING, TX 75063	75-2897392		11,444.				GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH PAL 410 AVENUE A PALESTINE, TX 75801	75-1248217		55,000.				GEN SUPP; PROG DEV
GLENWOOD CHURCH OF CHRIST 5210 HOLLYTREE DR TYLER, TX 75703	75-6004753		19,200.				GENERAL SUPPORT
GLORY GANG MINISTRIES, INC. PO BOX 630212 NACOGDOCHES, TX 75965	75-2428937		12,000.				GENERAL SUPPORT
GOOD SHEPERD SCHOOL 2525 OLD JACKSONVILLE HWY TYLER, TX 75701	77-0627643		30,501.				GENERAL SUPPORT
OUR CALLING PO BOX 140428 DALLAS, TX 75214	26-4430860		50,000.				GENERAL SUPPORT
PASTOR'S HOPE NETWORK 7922 S BROADWAY AVE TYLER, TX 75703	83-2172950		5,770.				GENERAL SUPPORT
SHELBY COUNTY CASA PO BOX 2072 CENTER, TX 75935	30-0086414		10,000.				EQUIPMENT

Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 14 of 19

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
ST JAMES DAY SCHOOL 5501 N STATE LINE AVENUE TEXARKANA, TX 75503	75-0829385		8,228.				GENERAL SUPPORT
TX STATE RAILROAD SOCIETY PO BOX 2190 JACKSONVILLE, TX 75766	27-5093749		20,000.				PROGRAM DEVELOPMENT
THE FOSTERING COLLECTIVE PO BOX 133063 TYLER, TX 75713	83-0740398		33,619.				GENERAL SUPPORT
THE FUND FOR ANIMALS 12526 CR 3806 MURCHISON, TX 75778	13-6218740		6,803.				GENERAL SUPPORT
WELLSPRING RETREAT CENTER PO BOX 440 WHITEHOUSE, TX 75791	23-7384172		17,500.				GENERAL SUPPORT
AGAPE DEVELOPMENT 6401 CALHOUN RD HOUSTON, TX 77021	20-2095072		100,000.				CAPITAL CAMPAIGN
AMERICAN FAMILY ASSOCIATION P.O. BOX 2440 TUPELO, MS 38803	64-0607275		13,250.				GENERAL SUPPORT
ASBURY HOUSE CHILD ENRICHMENT 320 S CENTER ST. LONGVIEW, TX 75601	74-1491628		5,009.				GENERAL SUPPORT
CAMP TYLER FOUNDATION P.O. BOX 1916 WHITEHOUSE, TX 75791	75-6036565		17,673.				ANNUAL CAMPAIGN
CITY SQUARE P.O. BOX 140024 DALLAS, TX 75214	75-2332948		9,000.				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 15 of 19

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
DAYSRING UNITED METHODIST CH 310 W CUMBERLAND RD TYLER, TX 75703	26-0241638		5,800.				GENERAL SUPPORT
DOCTORS WITHOUT BORDERS 40 RECTOR ST. NEW YORK, NY 10006	13-3433452		7,700.				GENREAL SUPPORT
ELIJAH'S RETREAT 357 CR 3110 JACKSONVILLE, TX 75766	37-1555060		10,673.				GENERAL SUPPORT
FAMILY INDEPENDENCE INITIATIV 663 13TH ST. STE. 200 OAKLAND, CA 94612	02-0784790		7,000.				GENERAL SUPPORT
FELLOWSHIP BIBLE CHURCH-LGW 4600 MCCANN RD LONGVIEW, TX 75605	75-1839962		12,250.				GENERAL SUPPORT
FOOD FINDERS OF SMITH COUNTY 7306 WHITEFOREST COVE TYLER, TX 75703	84-3271355		5,093.				GENERAL SUPPORT
FOR THE SAKE OF ONE 422 HICKORY ST. TEXARKANA, TX 71854	37-1856146		9,004.				GENERAL SUPPORT
FRIENDS OF MARSHALL ANIMALS P.O. DRAWER V MARSHALL, TX 75671	81-3050540		100,000.				CAPITAL CAMPAIGN
GREATER LONGVIEW UNITED WAY P.O. BOX 411 LONGVIEW, TX 75606	75-0998908		27,286.				GENERAL SUPPORT
HANDSON TEXARKANA P.O. BOX 3474 TEXARKANA, TX 75504	71-0408622		5,391.				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 16 of 19

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
HENDERSON CTY MEMORIAL LIBRAR 121 S PALESTINE ST. ATHENS, TX 75751	23-7158045		9,345.				GENERAL SUPPORT
HOMES ON WHEELS ALLIANCE 1970 N LESLIE, # 297 PAHRUMP, NV 89060	83-1688307		30,000.				GENERAL SUPPORT
HOPE INTERNATIONAL 227 GRANITE RUN, SUITE 250 LANCASTER, PA 17601	23-2836648		14,000.				GENERAL SUPPORT
HOSPICE OF TEXARKANA 2407 GALLERIA OAKS DR. TEXARKANA, TX 75503	75-2025071		6,400.				GENERAL SUPPORT
JD'S CENTER OF HOPE 1204 CAIN ST. LUFKIN, TX 75904	75-2930942		100,000.				GENERAL SUPPORT
JOY FILLED HOMES P.O. BOX 411 LITCHFIELD, IL 62056	37-1250611		6,000.				GENERAL SUPPORT
KAPPA KAPPA GAMMA @UOFM P.O. BOX 2187 COLUMBUS, GA 31902	31-6049792		12,500.				CAPITAL CAMPAIGN
KILGOR ISD FOUNDATION 301 N KILGORE ST KILGORE, TX 75662	27-0368834		6,000.				ANNUAL CAMPAIGN
LIBRARY AT CEDAR CREEK LAKE P.O. BOX 43711 SEVEN POINTS, TX 75143	75-2680229		10,125.				GENERAL SUPPORT
LIGHTHOUSE FOR CHRIST MISSION P.O. BOX 1858 PARIS, TX 75461	95-3673932		6,620.				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 17 of 19

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
MERCY SHIPS P.O. BOX 2020 GARDEN VALLEY, TX 75771	26-2414132		12,000.				MEMORIAL
MT PLEASANT HABITAT FOR HUMAN P.O. BOX 1163 MOUNT PLEASANT, TX 75456	75-2487873		5,451.				GENERAL SUPPORT
NORTH TX FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	75-1785357		30,000.				GENERAL SUPPORT
PATRICIA ARSCOTT LAFARGE FDN P.O. BOX 31182 SANTA FE, NM 87505	26-2964357		7,500.				GENERAL SUPPORT
REFUGE INTERNATIONAL P.O. BOX 3586 LONGVIEW, TX 75606	82-0563114		5,200.				PROGRAM DEVELOPMENT
RUNNIN' WJ THERAPEUTIC RDG CT 4802 S KINGS HWY TEXARKANA, TX 75501	75-2897949		5,656.				GENERAL SUPPORT
SAT-7 P.O. BOX 2770 EASTON, MD 21601	23-2964829		5,100.				GENERAL SUPPORT
SHARON COMMUNITY CLINIC 12216 FM 3226 ARP, TX 75750	32-0340729		20,000.				GENERAL SUPPORT
SHELBY COUNTY OUTREACH MINIST P.O. BOX 1029 CENTER, TX 75935	75-2710921		10,000.				GENERAL SUPPORT
SMILE TRAIN, INC. P.O. BOX 96231 WASHINGTON, DC 20090	13-3661416		5,750.				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

2020

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

Continuation Page 18 of 19

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
STARBRITE THERAPEUTIC EQUESTRIAN 15015 FM 848 WHITEHOUSE, TX 75791	84-3326319		83,222.				GENERAL SUPPORT
TEXARKANA SYMPHONY ORCHESTRA 421 HICKORY ST. TEXARKANA, AR 71854	20-4350824		13,265.				GENERAL SUPPORT
TEXAS A&M FOUNDATION 401 GEORGE BUSH DR. COLLEGE STATION, TX 77840	74-2245072		21,000.				ANNUAL CAMPAIGN
TEXAS A&M UNIVERSITY 7101 UNIVERSITY AVE. TEXARKANA, TX 75503	75-2655354		11,548.				GENERAL SUPPORT
TX STATE RAILROAD AUTHORITY 205 S MAIN ST.-CITY OF RUSK RUSK, TX 75785	87-0809979		10,000.				GENERAL SUPPORT
THE ROTARY FOUNDATION 14280 COLLECTIONS CENTER DRIV CHICAGO, IL 60693	36-3245072		100,000.				GENERAL SUPPORT
TITUS COUNTY CARES P.O. BOX 1476 MOUNT PLEASANT, TX 75456	35-2309053		56,518.				ANNUAL CAMPAIGN
TYLER CIVIC THEATRE 400 ROSE PARK DR. TYLER, TX 75702	75-1660397		18,694.				GENERAL SUPPORT
UNITED METH CHURCH-FRANKSTON P.O. BOX 355 FRANKSTON, TX 75763	75-1303879		14,000.				MEMORIAL
UT MD ANDERSON CANCER CENTER P.O. BOX 301439 HOUSTON, TX 77230	74-6000203		40,205.				PROGRAM DEVELOPMENT

2020

Continuation Page 19 of 19

Employer identification number	
--------------------------------	--

75-2309138

[illegible]

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

1 b

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

2

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☒ Compensation committee

☐ Written employment contract

☐ Independent compensation consultant

☒ Compensation survey or study

☒ Form 990 of other organizations

☒ Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

4 a

X

b Participate in or receive payment from a supplemental nonqualified retirement plan?

4 b

X

c Participate in or receive payment from an equity-based compensation arrangement?

4 c

X

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

5 a

X

b Any related organization?

5 b

X

If 'Yes' on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

6 a

X

b Any related organization?

6 b

X

If 'Yes' on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III.

7

X

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?
If 'Yes,' describe in Part III.

8

X

9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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

Schedule J (Form 990) 2020

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	KYLE L. PENNEY PRESIDENT	(i) 150,041.	(ii) 7,000.	(iii) 8,051.	0.	4,773.	169,865.	0.
		0.	0.	0.	0.	0.	0.	0.
2		(i)	(ii)	(iii)				
3		(i)	(ii)	(iii)				
4		(i)	(ii)	(iii)				
5		(i)	(ii)	(iii)				
6		(i)	(ii)	(iii)				
7		(i)	(ii)	(iii)				
8		(i)	(ii)	(iii)				
9		(i)	(ii)	(iii)				
10		(i)	(ii)	(iii)				
11		(i)	(ii)	(iii)				
12		(i)	(ii)	(iii)				
13		(i)	(ii)	(iii)				
14		(i)	(ii)	(iii)				
15		(i)	(ii)	(iii)				
16		(i)	(ii)	(iii)				

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

CLIENT COPY PREPARED BY PROTHRO, WILHELM, & CO

**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 for instructions and the latest information.

OMB No. 1545-0047

2020**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	163	6,019,272.	MKT AVG HI/LO
10 Securities — Closely held stock	X	1	359,150.	APPRAISAL
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 V, 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) 2020**

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.

CLIENT COPY PREPARED BY PROTHRO, WILHELM, & CO

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 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

PHILANTHROPY BUILDS COMMUNITY AND CHANGES LIVES. EAST TEXAS COMMUNITIES FOUNDATION SUPPORTS PHILANTHROPY BY OFFERING SIMPLE WAYS FOR DONORS TO ACHIEVE THEIR CHARITABLE GOALS. ETCF MANAGES AND DISTRIBUTES CHARITABLE FUNDS INCLUDING SCHOLARSHIPS, ENDOWMENTS, DESIGNATED AND DONOR-ADVISED FUNDS.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

PHILANTHROPY BUILDS COMMUNITY AND CHANGES LIVES. EAST TEXAS COMMUNITIES FOUNDATION SUPPORTS PHILANTHROPY BY OFFERING SIMPLE WAYS FOR DONORS TO ACHIEVE THEIR CHARITABLE GOALS. ETCF MANAGES AND DISTRIBUTES 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 AND AS CONFLICTS ARISE DURING NORMAL BOARD DELIBERATIONS AND ACTIONS. DIRECTORS WITH CONFLICTS WILL ABSTAIN FROM VOTING ON ISSUES IN WHICH THERE IS A CONFLICT.

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.

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 for instructions and the latest information.**

OMB No. 1545-0047

2020

**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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s 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	S	925,932.	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.

CLIENT COPY PREPARED BY PROTHRO, WILHELM, & CO

OTHER REVENUE
RELATED OR EXEMPT FUNCTION INCOME
ADMIN FEES FROM AGENCY EN

ADMIN FEES FROM AGENCY ENDOWMENTS.....	\$	110,486.
TOTAL	\$	<u>110,486.</u>

CLIENT COPY PREPARED BY PROTHRO, WILHELM, & CO