

Form **8868**

(Rev. January 2024)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans****File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

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.

Part I – Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, 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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (section 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____

Plan Number _____

Plan Year Ending (MM/DD/YYYY) _____

Part II – Automatic Extension of Time To File for Exempt Organizations (see instructions)The books are in the care of KYLE PENNEY 315 N. BROADWAY AVE., STE. 210 TYLER TX 75702Telephone 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, 2024, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 23 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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	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.	3b	\$	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.	3c	\$	0.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**2023**Department of the Treasury
Internal Revenue ServiceDo 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 2023 calendar year, or tax year beginning , 2023, 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	C EAST TEXAS COMMUNITIES FOUNDATION 315 N. BROADWAY AVE. #210 TYLER, TX 75702	D Employer identification number 75-2309138 E Telephone number (903) 533-0208 G Gross receipts \$ 97,582,521.
F Name and address of principal officer: KYLE L. PENNEY SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
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		H(c) Group exemption number
J Website: WWW.ETCF.ORG		
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)	31
	4	Number of independent voting members of the governing body (Part VI, line 1b)	30
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	7
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	10,995,946.
	9	Program service revenue (Part VIII, line 2g)	10,827,417.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,068,072.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,482,322.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	206,350.
	12		14,270,368.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,489,236.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	12,245,200.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,879,670.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	735,001.
	b	Total fundraising expenses (Part IX, column (D), line 25)	773,083.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	325,264.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	976,199.
	19	Revenue less expenses. Subtract line 18 from line 12	1,096,918.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	13,956,400.
	21	Total liabilities (Part X, line 26)	15,749,671.
	22	Net assets or fund balances. Subtract line 21 from line 20	313,968.
	22		739,565.

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**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 \$ 15,225,600. including grants of \$ 13,879,670.) (Revenue \$ 16,489,236.)
GRANTS 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 15,225,600.

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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d 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
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
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 the 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 line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in noncash 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 on 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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b Enter the number of Forms W-2G included on 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	
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		
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 the 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.		
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	
If "Yes," complete Form 6069.		

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
1a Enter the number of voting members of the governing body at the end of the tax year.		
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.		
1b Enter the number of voting members included on line 1a, above, who are independent.		
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?		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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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.		X

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

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

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****1a** 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Officer	Key employee	Highest compensated employee	Former			
(1) KYLE L. PENNEY PRESIDENT	40 0	X	X				208,829.	0.	5,992.
(2) MARVIN L. SNEED FINANCE DIRECTOR	40 0				X		131,805.	0.	3,615.
(3) RICK ALLEN DIRECTOR	1 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) SHANNON DACUS DIRECTOR	1 0	X					0.	0.	0.
(7) BARBARA BASS V CHR/GOVN CHR	1 0	X	X				0.	0.	0.
(8) PETER BOYD DIRECTOR	1 0	X					0.	0.	0.
(9) SCOTT TERRY INVEST CHAIR	1 0	X					0.	0.	0.
(10) TOBY FAILS DIRECTOR	1 0	X					0.	0.	0.
(11) JAY FERGUSON SPPT/EVAL CHAIR	1 0	X					0.	0.	0.
(12) CRAIG ADAMS DIRECTOR	1 0	X					0.	0.	0.
(13) MARK HAGAN MKTG/DEV CHAIR	1 0	X					0.	0.	0.
(14) RICHARD PERRYMAN AUDIT CHAIR	1 0	X					0.	0.	0.

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TEEA0107L 08/23/23

Form 990 (2023)

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) LONNY UZZELL DIRECTOR	1 0	X					0.	0.	0.
(17) ALAN ROSEMAN DIRECTOR	1 0	X					0.	0.	0.
(18) LEE GEARHEART DIRECTOR	1 0	X					0.	0.	0.
(19) SHANNON GLENNEY CHAIRMAN	1 0	X		X			0.	0.	0.
(20) STEVE ROOSTH DIRECTOR	1 0	X					0.	0.	0.
(21) DOUGLAS G. BOLLES DIRECTOR	1 0	X					0.	0.	0.
(22) BILL NEWBURN DIRECTOR	1 0	X					0.	0.	0.
(23) STEVE SPITZER DIRECTOR	1 0	X					0.	0.	0.
(24) KRIS GUSA DIRECTOR	1 0	X					0.	0.	0.
(25) KIM WRIGHT DIRECTOR	1 0	X					0.	0.	0.
1b Subtotal							340,634.	0.	9,607.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							340,634.	0.	9,607.
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

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(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

2023Department of the Treasury
Internal Revenue Service

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

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JOHN JONES TREASURER	1 0	X		X				0.	0.	0.
(2) DAVID MCWHORTER DIRECTOR	1 0	X						0.	0.	0.
(3) TIFFANY KIRGAN PAST CHAIRMAN	1 0	X		X				0.	0.	0.
(4) JEFF MOORE DIRECTOR	1 0	X						0.	0.	0.
(5) GREG KIMMEL DIRECTOR	1 0	X						0.	0.	0.
(6) ANTHONY BROOKS GRANTS CHAIR	1 0	X						0.	0.	0.
(7) MARK WHATLEY POLICY CHAIR	1 0	X						0.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										

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	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d	136,001.		
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,691,416.		
	g	Noncash contributions included in lines 1a-1f	1g	2,831,213.		
	h	Total. Add lines 1a-1f		10,827,417.		
	Program Service Revenue	Business Code				
2a						
b						
c						
d						
e						
f		All other program service revenue				
g		Total. Add lines 2a-2f				
Other Revenue		3		Investment income (including dividends, interest, and other similar amounts)	3,113,805.	3,113,805.
	4		Income from investment of tax-exempt bond proceeds			
	5		Royalties			
	6a	Gross rents	(i) Real			
			(ii) Personal			
	b	Less: rental expenses	6b			
	c	Rental income or (loss)	6c			
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	83461802.		
	c	Gain or (loss)	7c	81093285.		
	d	Net gain or (loss)		2,368,517.	2,368,517.	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
8a						
b	Less: direct expenses	8b				
c	Net income or (loss) from fundraising events					
9a	Gross income from gaming activities. See Part IV, line 19					
		9a				
b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances					
		10a				
b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
	11a	ADMIN FEES FROM AGENCY EN	900099	119,056.	119,056.	
	b	OTHER INCOME	900099	60,441.	60,441.	
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d		179,497.		
12		Total revenue. See instructions		16,489,236.	5,661,819.	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.	13,487,261.	13,487,261.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	392,409.	392,409.		
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.	222,349.	44,470.	100,057.	77,822.
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.	401,966.	215,943.	68,852.	117,171.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	18,767.	12,865.	930.	4,972.
9 Other employee benefits.	79,236.	54,317.	3,925.	20,994.
10 Payroll taxes.	50,765.	34,800.	2,514.	13,451.
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.	36,285.	24,874.	1,797.	9,614.
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	596,384.	596,184.	200.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion.				
13 Office expenses.	15,154.	10,388.	751.	4,015.
14 Information technology.	87,001.	59,640.	4,309.	23,052.
15 Royalties.				
16 Occupancy.	32,748.	16,760.	5,710.	10,278.
17 Travel.	17,407.	11,933.	862.	4,612.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	5,151.	3,531.	255.	1,365.
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	17,085.	11,712.	846.	4,527.
23 Insurance.	13,499.	9,253.	669.	3,577.
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 7250-SCH/GRANT DIRECT ADMIN	162,920.	162,920.		
b 7225-MISCELLANEOUS EVENTS	49,481.	33,920.	2,451.	13,110.
c 7210-DONOR RELATIONS MEETINGS	18,141.	12,436.	898.	4,807.
d 7220-7240 NEWSLETTERS/PROMOTIO	17,814.	10,806.	2,415.	4,593.
e All other expenses.	27,848.	19,178.	1,366.	7,304.
25 Total functional expenses. Add lines 1 through 24e.	15,749,671.	15,225,600.	198,807.	325,264.
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	3,030,795.	2	1,103,695.
	3 Pledges and grants receivable, net	39,306.	3	30,832.
	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 159,662.		
	b Less: accumulated depreciation	10b 126,457.	42,213.	10c 33,205.
	11 Investments — publicly traded securities	112,622,327.	11	125,508,506.
	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).	115,734,641.	16	126,676,238.	
Liabilities	17 Accounts payable and accrued expenses	43,987.	17	66,310.
	18 Grants payable	136,800.	18	542,801.
	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	13,134,443.	25	15,440,882.
	26 Total liabilities. Add lines 17 through 25.	13,315,230.	26	16,049,993.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	2,670,236.	27	2,287,497.
	28 Net assets with donor restrictions	99,749,175.	28	108,338,748.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	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.	102,419,411.	32	110,626,245.
33 Total liabilities and net assets/fund balances.	115,734,641.	33	126,676,238.	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,489,236.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,749,671.
3	Revenue less expenses. Subtract line 2 from line 1	3	739,565.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	102,419,411.
5	Net unrealized gains (losses) on investments	5	7,732,906.
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) SEE SCHEDULE O	9	-265,637.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	110,626,245.

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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	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?	2b	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?	2c	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	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	3b	

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TEEA0112L 08/23/23

Form 990 (2023)

SCHEDULE A
(Form 990)

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

2023

**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).)
- 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 on 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10640054.	12814733.	16337942.	10995946.	10827417.	61,616,092.
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.	10640054.	12814733.	16337942.	10995946.	10827417.	61,616,092.
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).						3,590,232.
6 Public support. Subtract line 5 from line 4.						58,025,860.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4.	10640054.	12814733.	16337942.	10995946.	10827417.	61,616,092.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	2,636,890.	2,311,815.	2,648,441.	2,775,325.	3,113,805.	13,486,276.
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.)	122,462.	128,766.	160,818.	206,350.	179,497.	797,893.
11 Total support. Add lines 7 through 10.						75,900,261.
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 2023 (line 6, column (f), divided by line 11, column (f)).	14	76.45 %
15 Public support percentage from 2022 Schedule A, Part II, line 14.	15	71.21 %

16a **33-1/3% support test—2023.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☒

b **33-1/3% support test—2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

17a **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ☐

b **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 2023 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17.	18	%

19a **33-1/3% support tests—2023.** 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—2022.** 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 on line 12 of 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).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on 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 on 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 on 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).		

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Schedule A (Form 990) 2023

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 – <i>provide details in Part VI</i>)	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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required – <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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Schedule A (Form 990) 2023

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	2023	2022	2021	2020	2019
OTHER INCOME- ADMINI FEES FROM AGENCY FUNDS	\$ 60,441.	\$ 206,350.	\$ 160,818.	\$ 128,766.	\$ 122,462.
	119,056.				
TOTAL	<u>\$ 179,497.</u>	<u>\$ 206,350.</u>	<u>\$ 160,818.</u>	<u>\$ 128,766.</u>	<u>\$ 122,462.</u>

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SCHEDULE C
(Form 990)

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

2023

**Open to Public
Inspection**

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
See instructions for definition of "political campaign activities."

- 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
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2023

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												
1a	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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a 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					

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Schedule C (Form 990) 2023

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		4,592.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i.			4,592.
2a Did the activities in line 1 cause the organization to not be 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 expenditures 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

2023

**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	183	352
2 Aggregate value of contributions to (during year)	6,971,544.	4,461,267.
3 Aggregate value of grants from (during year)	8,426,138.	5,453,532.
4 Aggregate value at end of year	38,981,848.	93,774,852.

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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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 2d 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.

1a 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.

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

2a 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 in 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
1a Beginning of year balance	76,333,100.	88,538,052.	78,107,678.	67,159,087.	53,099,622.
b Contributions	1,748,066.	1,026,187.	5,085,633.	5,194,339.	5,146,701.
c Net investment earnings, gains, and losses	10,185,467.	-13,134,209.	8,323,590.	8,324,889.	10,470,911.
d Grants or scholarships	-2,871,483.	-2,915,645.	-2,590,729.	-2,149,631.	-2,236,824.
e Other expenditures for facilities and programs	59,845.	3,420,577.	236,679.	89,057.	1,116,014.
f Administrative expenses	-601,470.	-601,862.	-624,799.	-510,063.	-437,337.
g End of year balance	84,853,525.	76,333,100.	88,538,052.	78,107,678.	67,159,087.

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

- a Board designated or quasi-endowment 3.30 %
b Permanent endowment %
c Term endowment 96.70 %

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

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

- (i) Unrelated organizations?
(ii) Related organizations?

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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
1a Land				
b Buildings				
c Leasehold improvements	75,959.		58,592.	17,367.
d Equipment	83,703.		67,865.	15,838.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 33,205.

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, line 12, column (B)). . . .		

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, line 13, column (B)). . . .		

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, line 15, column (B)). . . .	

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) AGENCY ENDOWMENTS	15,440,882.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, line 25, column (B)). . . .	15,440,882.

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 N/A

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
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	
3	Subtract line 2e from line 1		3	
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	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

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

1	Total expenses and losses per audited financial statements		1	
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.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	

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 2020 TO 2022 REMAIN OPEN FOR EXAMINATION BY TAXING AUTHORITIES.

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

2023

**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 noncash 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		80,745.	0.			EDUCATIONAL
(2) ALZHEIMER'S ALLIANCE OF SMITH 3531 S. BROADWAY AVE. TYLER, TX 75701	75-2486061		113,030.	0.			MENTAL HEALTH
(3) AZLEWAY INC. 15892 CR 26 TYLER, TX 75707	75-1903742		108,894.	0.			YOUTH DEVELOPMENT
(4) BAYLOR HEALTHCARE SYSTEM FOUN 301 N WASHINGTON AVE. DALLAS, TX 75246	75-1606705		20,000.	0.			HEALTH, GENERAL
(5) BETHESDA HEALTH CLINIC 409 W. FERGUSON TYLER, TX 75702	26-0036674		227,162.	0.			HEALTH, GENERAL
(6) BOYS & GIRLS CLUB OF RUSK CO 710 ROBERTSON BLVD HENDERSON, TX 75652	75-2730664		20,000.	0.			YOUTH DEVELOPMENT
(7) CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DR. 3500 ORLANDO, FL 32832	95-6006173		64,400.	0.			RELIGION
(8) CHILDREN ARE A GIFT FOUNDATIO 110 DOBBS ST. TYLER, TX 75701	04-3665297		8,327.	0.			SPORTS/LEISURE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 247

3 Enter total number of other organizations listed in the line 1 table 6

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	148	392,409.			
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)

2023

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

Continuation Page 1 of 25

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHILDREN'S VILLAGE AND FAMILY PO BOX 6564 TYLER, TX 75711	75-1634826		12,915.				YOUTH DEVELOPMENT
CHRIST EPISCOPAL CHURCH 118 S. BOIS D'ARC TYLER, TX 75702	75-0926758		111,206.				RELIGION
CITY OF TYLER 212 N. BONNER AVE. TYLER, TX 75702	75-6000697		24,413.				COMMUNITY DEVELOPMENT
CONGREGATION BETH EL 1010 CHARLESTON DR. TYLER, TX 75703	75-1152677		13,853.				RELIGION
DISCOVERY SCIENCE PLACE 308 N. BROADWAY AVE. TYLER, TX 75702	75-2392134		163,699.				EDUCATIONAL
BOY SCOUTS OF AMERICA 1331 E FIFTH ST TYLER, TX 75701	75-0808767		20,662.				YOUTH DEVELOPMENT
EAST TEXAS CRISIS CENTER PO BOX 7060 TYLER, TX 75711	75-1641173		351,430.				HUMAN SERVICE
EAST TEXAS FOOD BANK 3201 ROBERTSON RD. TYLER, TX 75701	75-2222686		156,005.				FOOD, NUTRITION
EAST TEXAS SYMPHONY ORCHESTRA PO BOX 6323 TYLER, TX 75711	75-6013387		86,541.				ARTS, CULTURE
ENCOURAGEMENT MEDIA GROUP PO BOX 8525 TYLER, TX 75711	75-1746274		71,121.				RELIGION

Continuation Sheet for Schedule I (Form 990)

2023

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

Continuation Page 2 of 25

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FIRST BAPTIST CHURCH OF ATHEN 105 S. CARROLL ST. ATHENS, TX 75751	75-0917405		13,000.				RELIGION
FIRST BAPTIST CHURCH OF LONGV 209 E. SOUTH ST LONGVIEW, TX 75601	75-0976061		82,000.				RELIGION
FIRST CHRISTIAN CHURCH OF TYL 4202 S. BROADWAY TYLER, TX 75701	75-0855631		98,000.				RELIGION
FRIENDLY BAPTIST CHURCH 1903 E. FRONT ST TYLER, TX 75702	75-1330539		15,000.				RELIGION
GRACE COMMUNITY CHURCH 3105 UNIVERSITY BLVD TYLER, TX 75701	75-1245705		270,000.				RELIGION
GRACE COMMUNITY SCHOOL 3025 UNIVERSIY BOULEVARD TYLER, TX 75701	75-1245705		13,131.				EDUCATIONAL
GREEN ACRES BAPTIST CHURCH 1607 TROUP HIGHWAY TYLER, TX 75701	75-1092783		69,600.				RELIGION
HABITAT FOR HUMANITY OF SMITH 822 W. FRONT STREET TYLER, TX 75702	75-2285678		40,831.				HOUSING, SHELTER
HENDERSON COUNTY FOOD PANTRY 715 E CORSICANA ST. ATHENS, TX 75751	75-2358625		12,500.				FOOD, NUTRITION
HENDERSON CO. HELP CENTER P.O. BOX 949 ATHENS, TX 75751	75-2362794		8,500.				HUMAN SERVICE

Continuation Sheet for Schedule I (Form 990)

2023

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

Continuation Page 3 of 25

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HOSPICE OF EAST TEXAS 4111 UNIVERSITY BLVD TYLER, TX 75701	75-1851420		33,089.				HEALTH, GENERAL
HOSPICE OF EAST TEX FOUNDATIO 4111 UNIVERSITY BLVD TYLER, TX 75701	20-5194874		128,868.				HEALTH, GENERAL
JUNIOR LEAGUE OF TYLER, INC. 1919 S. DONNYBROOK TYLER, TX 75701	75-0884075		6,000.				PHILANTHROPY
LITERACY COUNCIL OF TYLER PO BOX 6662 TYLER, TX 75711	75-2359704		78,073.				EDUCATIONAL
MARVIN UNITED METHODIST CHURC 300 W. ERWIN TYLER, TX 75702	75-2578237		141,740.				RELIGION
MEALS ON WHEELS 3001 ROBERTSON ROAD TYLER, TX 75701	23-7313019		64,976.				FOOD, NUTRITION
NORTH TYLER DAY NURSERY 3000 N. BORDER TYLER, TX 75702	23-7123079		5,089.				GENERAL SUPPORT
NE TEXAS COMM COLLEGE FDN PO BOX 1307 MOUNT PLEASANT, TX 75456	75-2008835		66,181.				EDUCATIONAL
PATH 402 W. FRONT ST. TYLER, TX 75702	75-2033113		207,382.				HUMAN SERVICE
PINE COVE, INC. P.O. BOX 9000 TYLER, TX 75711	75-1254353		14,500.				RELIGION

Continuation Sheet for Schedule I (Form 990)

2023

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

Continuation Page 4 of 25

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 noncash 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		6,102.				GENERAL SUPPORT
SALVATION ARMY-LONGVIEW PO BOX 3909 LONGVIEW, TX 75606	58-0660607		64,200.				HUMAN SERVICE
ST. PAUL CHILDREN'S SERVICES 1358 E. RICHARDS ST. TYLER, TX 75702	75-2687636		28,047.				HUMAN SERVICE
ST. PAUL LUTHERAN CHURCH 4715 FREDERICK AVE. ST. JOSEPH, MO 64506	44-0619485		424,229.				EDUCATIONAL
TEXAS WESLEYAN UNIVERSITY 1201 WESLEYAN STREET FORT WORTH, TX 76105	75-0800691		257,233.				EDUCATIONAL
TRIBUTARY RETREAT AND TRAININ 6046 FM 2920, #702 SPRING, TX 77379	46-1625752		30,000.				RELIGION
TISD FOUNDATION 807 W. GLENWOOD BLVD. TYLER, TX 75701	75-2366991		32,506.				EDUCATIONAL
TJC FOUNDATION PO BOX 9020 TYLER, TX 75711	75-6046816		14,416.				EDUCATIONAL
TYLER MUSEUM OF ART 1300 S. MAHON AVE. TYLER, TX 75701	75-6066618		23,352.				ARTS, CULTURE
UNITED WAY OF RUSK CO INC. PO BOX 775 HENDERSON, TX 75653	75-2916005		10,000.				HUMAN SERVICE

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Attach to Form 990 to list additional information for
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SMITH COUNTY P.O. BOX 10029 TYLER, TX 75711	75-0957331		22,309.				HUMAN SERVICE
UT TYLER COWAN CENTER 3900 UNIVERSITY BLVD. TYLER, TX 75799	75-1396988		69,500.				ARTS. CULTURE
UT TYLER OFFICE OF ADVANCEMEN 3900 UNIVERSITY BLVD TYLER, TX 75799	75-1396988		759,100.				EDUCATIONAL
WOMENARY PO BOX 6296 TYLER, TX 75711	26-2923812		9,500.				RELIGION
WYCLIFFE BIBLE TRANSLATORS 7500 W CAMP WISDOM RD DALLAS, TX 75236	95-3494561		24,400.				RELIGION
ARK CAMPUS MINISTRY PO BOX 1802 ATHENS, TX 75751	45-2547463		10,000.				RELIGION
ATHENS SAMARITANS PO BOX 350 ATHENS, TX 75751	75-2267838		5,500.				HOUSING, SHELTER
BROOK HILL SCHOOL INC. 1051 N. HOUSTON ST. BULLARD, TX 75757	75-2514503		20,000.				EDUCATIONAL
CAMP TYLER FOUNDATION PO BOX 1916 WHITEHOUSE, TX 75791	75-6036565		6,057.				EDUCATIONAL
LETOURNEAU UNIVERSITY 2100 S MOBBERLY AVENUE LONGVIEW, TX 75602	75-1081109		27,083.				EDUCATIONAL

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THERAPET PO BOX 130118 TYLER, TX 75713	75-2554185		13,437.				ANIMAL RELATED
TISD PO BOX 2035 TYLER, TX 75710	75-6002675		8,660.				VARIOUS PURPOSES
UT HEALTH SCIENCE AT TYLER 11937 US HWY 271 TYLER, TX 75708	75-6001354		16,449.				HEALTH, GENERAL
CASA FOR KIDS OF EAST TEXAS 3616 WEST WAY DR. TYLER, TX 75703	75-2319553		32,021.				CIVIL RIGHTS
CITIZENS UNITED FOR RESEARCH 420 N WABASH AVE CHICAGO, IL 60611	36-4253176		10,000.				MEDICAL RESEARCH
FIRST BAPTIST CHURCH OF TYLER 301 WEST FERGUSON TYLER, TX 75702	75-0904024		45,000.				GENERAL SUPPORT; BUILDING
HIWAY 80 RESCUE MISSION TYLER P.O. BOX 3223 LONGVIEW, TX 75606	23-7112088		34,601.				HUMAN SERVICES
ST. ANDREW PRESBYTERIAN CHURCH 2500 MCCANN RD LONGVIEW, TX 75605	75-1277890		6,000.				GENERAL SUPPORT
THE MENTORING ALLIANCE 1909 S. BROADWAY AVE. TYLER, TX 75701	75-2541408		550,297.				YOUTH DEVELOPMENT
WOMEN'S SYMPHONY LEAGUE OF TYLER PO BOX 6823 TYLER, TX 75711	75-6027575		7,583.				GENERAL SUPPORT ANNUAL CAMPAIGNS

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BELIEVE AND SEE AFRICA P.O. BOX 8286 TYLER, TX 75711	46-0643564		16,142.				HEALTH, GENERAL
BETHEL BIBLE CHURCH OF TYLER 17121 HIGHWAY 69 SOUTH TYLER, TX 75703	75-1851738		76,900.				RELIGION
BISHOP GORMAN REGIONAL CATHOL 1405 ESE LOOP 323 TYLER, TX 75701	27-2769397		33,300.				EDUCATIONAL
BUCKNER CHILDREN & FAMILY SVC 1014 S HIGH ST LONGVIEW, TX 75601	75-2571395		29,521.				HUMAN SERVICE
KOURAGE HEALTH P.O. BOX 8257 TYLER, TX 75711	75-2957440		18,289.				HEALTH GENERAL
CHILDREN'S ADVOCACY CENTER OF P.O. BOX 132889 TYLER, TX 75713	75-2748697		483,928.				CIVIL RIGHTS
CHRISTIAN WOMEN'S JOB CORPS 310 W FERGUSON ST TYLER, TX 75702	75-2949812		9,311.				EMPLOYMENT
CITY OF TYLER PARKS P.O. BOX 2039 TYLER, TX 75710	75-6000697		11,810.				SPORTS/LEISURE
EDGEWOOD HISTORICAL SOCIETY PO BOX 765 EDGEWOOD, TX 75117	75-2291370		5,930.				GENERAL SUPPORT
FOR THE SILENT PO BOX 998 TYLER, TX 75710	74-3193209		6,293.				HUMAN SERVICE

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EAST TEXAS COMMUNITIES FOUNDATION

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HIGHLAND PARK UMC 3300 MOCKINGBIRD LANE DALLAS, TX 75205	75-0808794		20,000.				GENERAL SUPPORT
LONGVIEW ARBORETUM & NATURE C PO BOX 9906 LONGVIEW, TX 75608	46-1383538		6,604.				ENVIRONMENTAL
PROMISE ACADEMY 504 WEST 32ND STREET TYLER, TX 75702	35-2519571		91,983.				EDUCATIONAL
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002		47,450.				RELIGION
ST JUDE'S CHILDREN RESEARCH H 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012		29,050.				GENERAL SUPPORT
THE ARC OF SMITH COUNTY 5520 OLD BULLARD RD TYLER, TX 75703	75-1156215		30,479.				GENERAL SUPPORT
TWELVE WAY FOUNDATION PO BOX 607 MARSHALL, TX 75671	41-2131469		9,693.				HUMAN SERVICE
TYLER ROTARY FOUNDATION PO BOX 131444 TYLER, TX 75713	75-2573215		13,766.				PHILANTHROPY
WOMEN'S FUND OF SMITH COUNTY 909 ESE LOOP 323, STE 215 TYLER, TX 75701	75-2666792		38,064.				PHILANTHROPY
AMERICAN CANCER SOCIETY PO BOX 632008 HOUSTON, TX 77263	13-1788491		11,100.				GENERAL SUPPORT

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Name of the organization

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GODS CLOSET/CAMP COUNTY CARES 121 JEFFERSON ST PITTSBURG, TX 75686	81-4894409		10,503.				FOOD, NUTRITION
CENTREPOINT MINISTRIES P.O. BOX 2464 LINDALE, TX 75771	31-1630370		25,000.				RELIGION
CHILDREN'S MIRACLE NETWORK 100 E FERGUSON ST, SUITE 800 TYLER, TX 75702	87-0387205		5,912.				MEDICAL RESEARCH
CHRISTIAN HOMES & FAMILY SVCS P.O. BOX 270 ABILENE, TX 79604	75-1105043		20,949.				HUMAN SERVICE
CHRISTUS TMF FOUNDATION 100 E FERGUSON, SUITE 800 TYLER, TX 75702	75-2028241		17,812.				HEALTH, GENERAL
GRACE CREEK CHURCH 1500 W HAWKINS PKWY LONGVIEW, TX 75605	75-2025987		15,000.				JOURNEY BUILDING FUND
HABITAT FOR HUMANITY CAMP COU PO BOX 1188 PITTSBURGH, TX 75686	75-2851168		18,503.				HOUSING, SHELTER
HUMANE SOCIETY OF SMITH COUNT 1823 CR 386 TYLER, TX 75708	75-6043942		18,789.				ANIMAL RELATED
LIVING ALTERNATIVES, INC. PO BOX 131466 TYLER, TX 75713	75-2425265		19,115.				HUMAN SERVICES
SOUTH SPRING BAPTIST CHURCH 17002 US HWY 69 S TYLER, TX 75703	81-4782262		33,000.				GENERAL SUPPORT

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SPCA OF EAST TEXAS 3245 W. GRANDE BLVD. TYLER, TX 75703	27-2188982		42,255.				ANIMAL RELATED
TEXAS BAPTIST MEN 5351 CATRON RD DALLAS, TX 75227	75-2873370		10,000.				RELIGION
YOUNG LIFE TYLER PO BOX 7763 TYLER, TX 75711	84-0385934		85,662.				RELIGION
COLONIAL HILLS BAPTIST CHURCH 7330 S BROADWAY AVE TYLER, TX 75703	75-1645239		100,000.				RELIGION
COMMUNITY FOOD PANTRY IN TOOL P.O. BOX 43175 SEVEN POINTS, TX 75143	46-2468294		12,660.				HUMAN SERVICE
CONCERNED BLACK MEN OF LUFKIN P.O. BOX 903 LUFKIN, TX 75902	75-2441740		20,000.				HUMAN SERVICE
CYPRESS BASIN HOSPICE 207 MORGAN STREET MT. PLEASANT, TX 75455	75-2134105		10,818.				HEALTH, GENERAL
HENDERSON COUNTY HOMELESS MIN 501 MAPLE ST ATHENS, TX 75751	61-1849774		10,000.				GENERAL SUPPORT
KING'S ACADEMY CHRISTIAN SCHO 7330 S BROADWAY AVE TYLER, TX 75703	01-0818635		50,000.				EDUCATIONAL
LONGVIEW DREAM CENTER 1514 W. FAIRMONT ST., STE 100 LONGVIEW, TX 75604	46-4238429		24,248.				FOOD, NUTRITION

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LUFKIN HIGH SCHOOL ALUMNI ASS P.O. BOX 150837 LUFKIN, TX 75915	75-2066143		7,706.				GENERAL SUPPORT
LUIS PALAU ASSOCIATION P.O. BOX 50 PORTLAND, OR 97207	93-0713827		9,000.				PROGRAM DEVELOPMENT
MICHAEL GOTT INTERN'L EVANGEL 951 RUFFE SNOW DR KELLER, TX 76248	75-1826475		105,000.				RELIGION
MOUNT VERNON MUSIC ASSOCIATIO P.O. BOX 719 MOUNT VERNON, TX 75457	20-4102273		16,013.				ARTS, CULTURE
ONE FOR ISRAEL 2405 MUSTANG DR GRAPEVINE, TX 76051	61-1901718		9,000.				RELIGION
PARIS JUNIOR COLLEGE MEM FDN 2400 CLARKSVILLE ST PARIS, TX 75460	75-6035104		5,041.				EDUCATIONAL
PRINCE OF PEACE CATHOLIC CHUR 903 E MAIN WHITEHOUSE, TX 75791	75-2574555		6,600.				GENERAL SUPPORT
REFUGE OF LIGHT P.O. BOX 132703 TYLER, TX 75713	61-1623798		7,185.				HUMAN SERVICE
TX SHAKESPEARE FESTIVAL FDN P.O. BOX 2788 KILGORE, TX 75663	75-2560413		19,475.				ARTS, CULTURE
TOP LADIES OF DISTINCTION P.O. BOX 3595 LUFKIN, TX 75903	75-1952678		30,107.				HUMAN SERVICE

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Name of the organization

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TYLER CIVIC THEATER 400 ROSE PARK DR TYLER, TX 75702	75-1660397		42,147.				ARTS, CULTURE
BETTERHUMANS 3709 NE 77TH AVE GAINESVILLE, FL 32609	30-0930151		600,000.				MEDICAL RESEARCH
CAMP V 3212 WEST FRONT ST TYLER, TX 75702	82-4140973		279,319.				HUMAN SERVICE
DENISON FORUM ON TRUTH AND CU 17304 PRESTON RD, SUITE 1060 DALLAS, TX 75252	26-3191442		15,250.				GENERAL SUPPORT
DIBOLL CHRISTIAN OUTREACH 411 S HINES ST DIBOLL, TX 75941	20-5769371		80,000.				HUMAN SERVICE
FAMILY LEGACY MISSIONS INT'L 3030 LBJ FREEWAY, SUITE 1400 DALLAS, TX 75234	75-2897392		7,616.				HUMAN SERVICE
FIRST PRESBYTERIAN CHURCH PAL 410 AVENUE A PALESTINE, TX 75801	75-1248217		60,000.				RELIGION
GLENWOOD CHURCH OF CHRIST 5210 HOLLYTREE DR TYLER, TX 75703	75-6004753		20,000.				GENERAL SUPPORT
GOOD SHEPHERD SCHOOL 2525 OLD JACKSONVILLE HWY TYLER, TX 75701	77-0627643		12,334.				RELIGION
LILLIE RUSSELL MEMORIAL LIBRA 200 EAST HUBBARD ST LINDALE, TX 75771	75-2541500		9,067.				EDUCATIONAL

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MERCY SHIPS PO BOX 2020 LINDALE, TX 75771	26-2414132		23,100.				HEALTH, GENERAL
OUR CALLING 1702 S CESAR CHAVEZ BLVD DALLAS, TX 75215	26-4430860		80,000.				HOUSING, SHELTER
SHELBY COUNTY CASA PO BOX 2072 CENTER, TX 75935	30-0086414		10,000.				HUMAN SERVICE
TEXARKANA COLLEGE FOUNDATION 2500 N ROBINSON RD TEXARKANA, TX 75599	23-7407065		19,632.				EDUCATIONAL
TX STATE RAILROAD SOCIETY PO BOX 2190 JACKSONVILLE, TX 75766	27-5093749		15,000.				PROGRAM DEVELOPMENT
THE FOSTERING COLLECTIVE PO BOX 133063 TYLER, TX 75713	83-0740398		47,119.				YOUTH DEVELOPMENT
TYLER DAY NURSERY ASSOCIATION 2901 WEST GENTRY PKWY TYLER, TX 75702	75-0827467		16,157.				EDUCATIONAL
WELLSPRING RETREAT CENTER PO BOX 440 WHITEHOUSE, TX 75791	23-7384172		26,600.				RELIGION
YOUNG LIFE PROCESSING CENTER 420 N CASCADE AVE COLORADO SPRING, CO 80903	84-0385934		74,300.				YOUTH DEVELOPMENT
CITY SQUARE-PARIS P.O. BOX 6431 PARIS, TX 75461	75-2332948		5,681.				COMMUNITY DEVELOPMENT

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DOCTORS WITHOUT BORDERS 40 RECTOR ST. NEW YORK, NY 10006	13-3433452		14,300.				HEALTH, GENERAL
ELIJAH'S RETREAT 257 CR 3110 JACKSONVILLE, TX 75766	37-1555060		14,799.				DISEASE/DISORDER
FELLOWSHIP BIBLE CHURCH-LGW P.O. BOX 9340 LONGVIEW, TX 75608	75-1839962		17,250.				RELIGION
FOR THE SAKE OF ONE 422 HICKORY ST. TEXARKANA, TX 71854	37-1856146		5,461.				HUMAN SERVICE
HENDERSON CTY MEMORIAL LIBRARY 121 S PRAIRIEVILLE ST. ATHENS, TX 75751	23-7158045		12,500.				COMMUNITY DEVELOPMENT
HOSPICE OF TEXARKANA 2407 GALLERIA OAKS DR. TEXARKANA, TX 75503	75-2025071		14,434.				HEALTH, GENERAL
NORTH TX FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	75-1785357		10,000.				FOOD, NUTRITION
REFUGE INTERNATIONAL P.O. BOX 3586 LONGVIEW, TX 75606	82-0563114		7,800.				HEALTH, GENERAL
SHELBY COUNTY OUTREACH MINIST P.O. BOX 1029 CENTER, TX 75935	75-2710921		6,650.				HUMAN SERVICE
STARBRITE THERAPEUTIC EQUESTRIAN 15015 FM 848 WHITEHOUSE, TX 75791	84-3326319		133,750.				DISEASE/DISORDER

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TEXAS A&M FOUNDATION 401 GEORGE BUSH DR. COLLEGE STATION, TX 77840	74-2245072		30,000.				EDUCATIONAL
TITUS COUNTY CARES P.O. BOX 1476 MOUNT PLEASANT, TX 75456	35-2309053		50,157.				ANNUAL CAMPAIGN
UT MD ANDERSON CANCER CENTER P.O. BOX 4464 HOUSTON, TX 77210	74-1587488		28,600.				HEALTH, GENERAL
WHITEHOUSE COMMUNITY LIBRARY 107 BASCOM RD WHITEHOUSE, TX 75791	38-3747347		5,668.				COMPUTER SYSTEM/EQUIP
YOUNG LIFE MANHATTAN REG COLL 420 N. CASCADE AVE. COLORADO SPRING, CO 80903	84-0385934		15,500.				YOUTH DEVELOPMENT
AUTISTIC TREATMENT CENTER, IN 10503 METRIC DR. DALLAS, TX 75243	75-1518193		6,000.				EDUCATIONAL
BRECKINRIDGE VILLAGE OF TYLER 15062 CR 1145 TYLER, TX 75704	74-2833616		122,708.				HOUSING, SHELTER
CHRISTIAN WOMEN JOB CORP RUSK P.O. BOX 1437 HENDERSON, TX 75653	82-0560473		10,000.				EMPLOYMENT
COVENANT HOUSE TEXAS 1111 LOVETT BLVD HOUSTON, TX 77006	76-0050882		7,000.				HUMAN SERVICE
HENNIGAN HERALD MINITRIES, IN 1413 ASPEN LANE NORMAN, OK 73072	85-2968365		12,000.				RELIGION

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HOPE MINISTRIES OF NE TEXAS P.O. BOX 1618 MT. PLEASANT, TX 75456	37-1734521		5,979.				HOUSING, SHELTER
MAKE A WISH FDN NORTH TX 16803 DALLAS PKWY, STE 100 ADDISON, TX 75001	75-1889666		5,374.				HUMAN SERVICE
METHODIST CHILDREN'S HOME 1111 HERRING AVENUE WACO, TX 76708	74-1109750		6,281.				YOUTH DEVELOPMENT
NATIONAL AMBUCS-LONGVIEW CHAP P.O. BOX 3092 LONGVIEW, TX 75060	75-2719461		5,500.				HUMAN SERVICE
NET RURAL HERITAGE MUSEUM P.O. BOX 157 PITTSBURGH, TX 75686	75-2340925		9,746.				ARTS, CULTURE
NET TRAIL COALITION P.O. BOX 6172 PARIS, TX 75461	45-3720603		5,112.				SPORTS/LEISURE
POLLARD UNITED METHODIST CHUR 3030 COPELAND RD. TYLER, TX 75701	75-1011963		53,400.				RELIGION
PRESBYTERIAN CAMPS AT GILMONT 6075 STATE HWY 155 N GILMER, TX 75644	75-2536705		9,752.				RELIGION
PROGRAM FOR HUMANITARIAN AID P.O. BOX 5266 TYLER, TX 75712	26-3427030		16,348.				HUMAN SERVICE
SPORTYLER 110 N COLLEGE, SUITE 105 TYLER, TX 75702	75-2401978		5,229.				SPORTS/LEISURE

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
STRAYDOG, INC. P.O. BOX 1465 GUN BARREL CITY, TX 75147	75-2756374		7,709.				ANIMAL-RELATED
THE XTRA MILE RECOV ASSISTANC 2890 JUNCTION ROAD VILLE PLATTE, LA 70586	81-2157984		145,000.				MENTAL HEALTH
VOICE OF THE MARTYRS 1815 SE BISON ROAD BARTLESVILLE, OK 74006	73-1395057		14,000.				CIVIL RIGHTS
WHITEHOUSE ISD ED FOUNDATION 104 HWY 110 N WHITEHOUSE, TX 75791	46-5076728		5,308.				EDUCATIONAL
YOUNG AUDIENCES OF NE TX, INC 200 E AMHERST TYLER, TX 75701	75-2747921		32,350.				ARTS, CULTURE
YOUTH WITH A MISSION P.O. BOX 3000 GARDEN VALLEY, TX 75771	23-7136015		9,600.				RELIGION
AMAZON OUTREACH INC 2001 W PLANO PKWY 3425 PLANO, TX 75075	75-2737301		61,652.				HUMAN SERVICE
CADDO AREA COUNCIL BSA 24 LYNNWOOD DR. TEXARKANA, TX 75503	75-0800619		13,907.				YOUTH DEVELOPMENT
COMPASSION INTERNATIONAL INC 12290 VOYAGER PKWY COLORADO SPRING, CO 80921	36-2423707		11,380.				INTERNATIONAL
FANNIE B BOOTH MEM LIBRARY FD 619 TENAHA ST. CENTER, TX 75935	23-7296820		8,900.				EDUCATIONAL

Continuation Sheet for Schedule I (Form 990)

2023

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

Continuation Page 18 of 25

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HENDERSON FOOD PANTRY P.O. BOX 2402 HENDERSON, TX 75653	71-0887543		10,000.				FOOD, NUTRITION
HISTORIC TYLER INC. P.O. BOX 6774 TYLER, TX 75711	75-1688066		17,454.				HISTORICAL PRESERVATION
HOPE HAVEN OF EAST TEXAS 218 N COLLEGE AVE TYLER, TX 75702	45-4648918		26,521.				HUMAN SERVICE
HOPE JACKSONVILLE 595 S RAGSDALE ST JACKSONVILLE, TX 75766	75-2378914		21,555.				HUMAN SERVICE
INTERNATIONAL SPORTS FEDERATI P.O. BOX 2788 ACWORTH, GA 30102	73-1468131		9,200.				EDUCATIONAL
JEW FOR JESUS 60 HAIGHT ST SAN FRANCISCO, CA 94102	94-2222464		7,000.				RELIGION
LITERACY COUNCIL BOWIE/MILLER P.O. BOX 1111 TEXARKANA, TX 75504	75-2347836		5,176.				HUMAN SERVICE
MARSHALL ISD P.O. BOX 43 MARSHALL, TX 75671	75-6002010		99,605.				EDUCATIONAL
MCDONOGH SCHOOL INCORPORATED 8600 MCDONOGH RD OWINGS MILL, MD 21117	52-6001577		9,638.				EDUCATIONAL
PLEASANT HILLS CHILD HOME AOG P.O. BOX 1177 FAIRFIELD, TX 75840	74-1662544		21,000.				YOUTH DEVELOPMENT

Continuation Sheet for Schedule I (Form 990)

2023

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

Continuation Page 19 of 25

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TEXAS BAPTIST HOME FOR CHILDREN 629 FARLEY ST WAXAHACHIE, TX 75165	75-0838773		12,000.				HUMAN SERVICE
THE BOYS & GIRLS CLUB-BIG PIN P.O. BOX 2041 MARSHALL, TX 75671	75-2318241		32,683.				YOUTH DEVELOPMENT
UT SYSTEM OF GIFT, ADVANCEMENT 210 W 7TH STREET AUSTIN, TX 78701	30-0710145		10,000.				EDUCATIONAL
VISUAL ARTS FOUNDATION INC. 209 E 23RD ST. NEW YORK, NY 10010	13-6261474		6,426.				ARTS, CULTURE
WYCLIFFE ASSOCIATES INC. 11450 TRANSLATION WAY ORLANDO, FL 32832	95-2584324		10,500.				RELIGION
ABUNDANT LIFE PREGNANCY RESOURCES 610 MARYLAND DR., STE A ATHENS, TX 75751	87-1871426		11,236.				HUMAN SERVICE
ALZHEIMER'S COALITION OF HENDERS P.O. BOX 621 ATHENS, TX 75751	47-2300878		5,500.				MENTAL HEALTH
ANGEL LAYETTES P.O. BOX 754 FLINT, TX 75762	26-1616233		5,331.				HUMAN SERVICE
ATHLETES UNITED 5704 E. MOCKINGBIRD LN, #115- DALLAS, TX 75206	26-0755070		35,000.				YOUTH DEVELOPMENT
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DR. CLARKSBURG, MD 20871	23-7337229		9,638.				DISEASE/DISORDER

Continuation Sheet for Schedule I (Form 990)

2023

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

Continuation Page 20 of 25

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BULLARD EDUCATION FOUNDATION P.O. BOX 996 BULLARD, TX 75757	27-0659727		7,460.				EDUCATIONAL
CAMP DEER RUN, INC. 1227 CR 4590 WINNSBORO, TX 75494	75-6040714		7,339.				YOUTH DEVELOPMENT
CARTMELL FOUNDATION INC. 100 CARTMELL DR. PALESTINE, TX 75801	03-0383843		10,000.				COMMUNITY DEVELOPMENT
CHAMPIONS FOR CHILDREN 4883 HIGHTECH DR TYLER, TX 75703	75-2669405		22,113.				HUMAN SERVICE
CHRISTIAN COMMUNITY FOUNDATIO 10807 NEW ALLEGIANCE DR., STE COLORADO SPRING, CO 80921	75-1750059		1,334,573.				RELIGION
CHRISTIAN COMMUNITY SERVICE P.O. BOX 1081 LAKE CITY, CO 81235	01-0686505		7,000.				HUMAN SERVICE
COMMUNITY PRESBYTERIAN CHURCH P.O. BOX 184 LAKE CITY, CO 81235	84-6130788		7,000.				RELIGION
CULTIV8COMMUNITY 22524 FM 79 SUMNER, TX 75486	88-2240418		10,283.				HUMAN SERVICE
EAST TEXAS CASA P.O. BOX 3839 LONGVIEW, TX 75706	75-2417151		5,918.				CIVIL RIGHTS
EMILY'S PLACE 1002 18TH PLACE PLANO, TX 75074	04-3726675		37,118.				HUMAN SERVICE

Continuation Sheet for Schedule I (Form 990)

2023

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

Continuation Page 21 of 25

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FELLOWSHIP OF CHRISTIAN ATHLE 8701 LEEDS RD KANSAS CITY, MO 64129	44-0610626		6,250.				RELIGION
FDN AT NJ INST OF TECHNOLOGY UNIVERSITY HEIGHTS NEWARK, NJ 07102	22-1714037		6,426.				EDUCATIONAL
FRIENDS OF RUSK CTY MEM LIBRA 106 E MAIN STREET HENDERSON, TX 75652	75-1782500		10,000.				EDUCATIONAL
FRIENDS OF TYLER PUBLIC LIBRA P.O. BOX 4057 TYLER, TX 75712	75-1379329		5,174.				EDUCATIONAL
GOLD NETWORK OF EAST TEXAS P.O. BOX 8962 TYLER, TX 75711	61-1793884		5,035.				DISEASE/DISORDE R
GREGGTON GLOBAL METHODIST CHU 1101 PINE TREE RD LONGVIEW, TX 75604	75-1072328		8,000.				RELIGION
HEARTISANS MARKETPLACE 3501 GILMER ROAD LONGVIEW, TX 75604	47-1135093		41,958.				EMPLOYMENT
HENDERSON INTERCHURCH MINISTR P.O. BOX 2237 HENDERSON, TX 75653	32-0747932		8,000.				FOOD, NUTRITION
IREE SCHOOL FOR DEAF SMCF FRO FROST BANK SAN ANTONIO, TX 78299	74-1869975		6,000.				HUMAN SERVICE
LEUKEMIA & LUMPHOMA SOCIETY I 3 INTERNATIONAL DR. STE 200 RYE BROOK, NY 10573	13-5644916		7,500.				DISEASE/DISORDE R

Continuation Sheet for Schedule I (Form 990)

2023

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

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LONGVIEW COMMUNITY MINISTRIES P.O. BOX 1023 LONGVIEW, TX 75606	75-2043348		5,767.				HUMAN SERVICE
MARY NELLS CLOSE TO HOME 2421 PINE CREST DRIVE TYLER, TX 75701	85-3713054		47,900.				HEALTH, GENERAL
MIDLAND COUNTY LIVESTOCK ASSO P.O. BOX 2577 MIDLAND, TX 79702	75-6036325		15,000.				ANIMAL RELATED
MISS FRAN'S TEACHING GARDEN 1825 EMMA DR. TOOL, TX 75143	87-4247012		8,196.				YOUTH DEVELOPMENT
MODERN DAY MISSIONS P.O. BOX 535578 GRAND PRAIRIE, TX 75053	26-2978592		7,250.				RELIGION
MONARCH FAMILY SERVICES 3730 KIRBY DR., STE 904 HOUSTON, TX 77098	47-1813490		10,000.				HUMAN SERVICE
MOAIAC COUNSELING CENTERS OF 100 E. FERGUSON ST, STE 602 TYLER, TX 75702	45-2047833		32,084.				MENTAL HEALTH
NAMI TX OF GREATER ATHENS P.O. BOX 1044 ATHENS, TX 75751	74-2380175		5,499.				MENTAL HEALTH
NET RESCUE ORGANIZATION P.O. BOX 1772 MT. PLEASANT, TX 75455	46-3707792		8,491.				ANIMAL RELATED
OMAHA CARES P.O. BOX 932 OMAHA, TX 75571	46-4881732		7,749.				HEALTH, GENERAL

Continuation Sheet for Schedule I (Form 990)

2023

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

Continuation Page 23 of 25

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PEO FOUNDATION 3700 GRAND AVE. DES MOINES, IA 50312	42-6094564		15,000.				EDUCATIONAL
ROCK OF LIVING WATERS MINISTR P.O. BOX 6081 TYLER, TX 75711	83-2005598		28,000.				RELIGION
RONALD MCDONALD H CHARITIES 1301 W. 22ND ST., STE 905 OAK BROOK, IL 60523	36-3532553		10,000.				DISEASE/DISORDE R
ROSE HEIGHTS CHURCH 2120 OLD OMEN ROAD TYLER, TX 75701			10,000.				RELIGION
RUSK COUNTY CHILD WELFARE BD P.O. BOX 654 HENDERSON, TX 75653	75-2912111		6,000.				CHILD DEVELOPMENT
RUSK COUNTY HERITAGE ASSC P.O. BOX 2434 HENDERSON, TX 75653	75-6037529		10,000.				COMMUNITY DEVELOPMENT
RUSK-PANOLA CHILD ADVOCACY CT 610 US HWY 79 N HENDERSON, TX 75652	75-2884174		10,000.				HUMAN SERVICE
SALVATION ARMY-PITTSBURG 121 JEFFERSON ST. PITTSBURG, TX 75686	22-2406433		6,815.				HUMAN SERVICE
SEESAW CHILDREN'S PLACE 1450 W. FAIRMONT LONGVIEW, TX 75605	35-2397883		12,612.				EDUCATIONAL
SELAH LIFE CHOICES P.O. BOX 9306 TYLER, TX 75711	88-3996419		125,000.				HUMAN SERVICE

Continuation Sheet for Schedule I (Form 990)

2023

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

Continuation Page 24 of 25

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SHINE 112 S. BROADWAY TYLER, TX 75702	84-3818899		7,486.				HUMAN SERVICE
SPECIAL HEALTH RESOURCES OF T P.O. BOX 2709 LONGVIEW, TX 75606	75-2405203		10,708.				HEALTH, GENERAL
STAR OF HOPE MISSION 4848 LOOP CENTRAL DR. STE 500 HOUSTON, TX 77081	74-1152599		20,000.				HUMAN SERVICE
STONE FOUNDATION RESTORATION OF HOPE TEXARKANA, TX 75501	84-4367034		15,000.				GENERAL SUPPORT
TEXARKANA RESOURCES FOR DISAB P.O. BOX 19 TEXARKANA, TX 75504	58-2004441		5,975.				HUMAN SERVICE
TEXAS SPECIAL CHILD PROJECTS 521 N. 1ST ST. LONGVIEW, TX 75601	26-4472302		5,612.				DISEASE/DISORDE R
THE CALDWELL FOUNDATION P.O. BOX 4280 TYLER, TX 75712	75-6004080		30,000.				ANIMAL RELATED
THE LAKE STREET CORPORATION 517 E. THIRD ST. TYLER, TX 75701	75-1178430		11,155.				HUMAN SERVICE
THE LIBRARY AT CEDAR CRK LAKE P.O. BOX 43711 SEVEN POINTS, TX 75143	75-2680229		7,207.				EDUCATIONAL
THE MARTIN HOUSE CHILD ADVO C 606 W GARFIELD DR., STE D LONGVIEW, TX 75602	26-4773954		6,612.				HUMAN SERVICE

2023

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Employer identification number	
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75-2309138

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE UT SYSTEM OFFICE OF DEVELOPMENT AUSTIN, TX 78701	74-6000203		26,971.				EDUCATIONAL
TIMBERLINE BAPT CAMP&CONFR CT 15363 FM 849 HIDEAWAY, TX 75771	75-1793200		22,432.				RELIGION
TYLER ACHIEVEMENT CTR FOR KID 15015 FM 848 WHITEHOUSE, TX 75791	84-3326319		8,000.				CHILD DEVELOPMENT
UNIVERSITY OF KENTUCKY PHILAN 210 MALABU DR., STE 200 LEXINGTON, KY 40502	61-0419015		10,000.				EDUCATIONAL
EAST TEXAS COMMUNITIES FOUNDA 315 N BROADWAY AVE, STE 210 TYLER, TX 75702	75-2039138		6,425.				COMMUNITY DEVELOPMENT

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

2023

Open to Public
Inspection

Name of the organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

Part I Questions Regarding Compensation

1a 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

1b

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?

4a

X

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

4b

X

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

4c

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?

5a

X

b Any related organization?

5b

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?

6a

X

b Any related organization?

6b

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)?

8

X

If "Yes," describe in Part III

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) 2023

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 and/or 1099-NEC 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				
KYLE L. PENNEY 1 PRESIDENT	(i)	207,038.	4,000.	11,311.	0.	5,992.	228,341.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

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**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

2023

**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	40	2,831,213.	MKT AVG HI/LO
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.....)				
26 Other (.....)				
27 Other (.....)				
28 Other (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part 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 3 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.

SEE 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	

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

Schedule M (Form 990) 2023

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.

PART I, LINE 32 - HIRE AND USE OF THIRD PARTIES

UPON RECEIPT OF A NON-CASH ASSET, THE FOUNDATION SOMETIMES SOLICITS PROPOSALS FROM REPUTABLE THIRD PARTY PROFESSIONALS EXPERIENCED IN LIQUIDATING THE RESPECTIVE ASSETS/ASSET CLASS. THE FOUNDATION MAY OR MAY NOT THEN UTILIZE ITS SUPPORTING FOUNDATION OR ENGAGE ONE OF THE THIRD PARTIES TO HANDLE THE MARKETING AND LIQUIDATION PROCESS.

CLIENT REVIEW COPY PREPARED BY PROTHRO, WILHELM, & CO

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2023

**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.

Name of the organization

EAST TEXAS COMMUNITIES FOUNDATION

Employer identification number

75-2309138

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

PRIOR YEAR RECLASSIFIED AGENCY FUND BALANCE.....	\$	-265,634.
ROUNDING.....		-3.
	TOTAL \$	<u>-265,637.</u>

SCHEDULE D, PART V, LINE 1, COLUMNS (B) THROUGH (E)

THE FOUNDATION MIGRATED AWAY FROM AN ANTIQUATED ACCOUNTING AND REPORTING SYSTEM IN 2023. THE PRIOR YEAR'S ENDOWMENT BALANCES CAME FROM AN OLD CUSTOM REPORT GENERATED BY THAT ANTIQUATED SYSTEM. THE UPDATED ACCOUNTING SYSTEM IS UNABLE TO REPLICATE THAT OLD CUSTOMIZED SCHEDULE D PART V REPORT. HENCE, THE FOUNDATION HAS REGENERATED THE ENDOWMENT FUNDS SCHEDULE FROM INCEPTION TO REFLECT THE FUND CLASSIFICATIONS AS THEY ARE IN THEIR CURRENT ACCOUNTING SYSTEM. CONSEQUENTLY, THERE ARE DIFFERENCES IN AMOUNTS REPORTED FOR PRIOR YEARS AS COMPARED TO PREVIOUSLY FILED RETURNS.

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.

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EAST TEXAS COMMUNITIES FOUNDATION

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 W/ POTENTIAL RISK OF LIAB	TX	501 (C) (3)	12A, TYPE I	EAST TEXAS COMMUNITIES FOUNDATION		X
(2) THOMAS R BROWN FAMILY FOUNDATION 315 N BROADWAY AVE., SUITE 210 TYLER, TX 75702 86-0933380	HOLDS ASSETS W/ POTENTIAL RISK OF LIAB	TX	501 (C) (3)	12A, TYPE I	EAST TEXAS COMMUNITIES FOUNDATION		X
(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	136,001	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII **Supplemental Information**

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

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

ADMIN FEES FROM AGENCY ENDOWMENTS.....	\$	119,056.
TOTAL	\$	<u>119,056.</u>

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