DLN: 93491170012060

2019

OMB No 1545-0052

## **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

| For                                  | caler            | ndar year 2019, or tax year beginning 01-01-20   | 19 , ar               | nd en | nding 12-31-           | 2019   |   |
|--------------------------------------|------------------|--|-----------------------|-------|------------------------|--|---|
|                                      |                  | indation<br>ERKINS FAMILY FOUNDATION   |                       |       | A Employer Ide         | entification numbe                             | r   |
| 5                                    | .201.            | 2.00.00  |                       |       | 02-0762991             |  |   |
|                                      | ber and          | street (or P O box number if mail is not delivered to street address)  | Room/suite            |       | <b>B</b> Telephone nu  | mber (see instructior                          | ns)   |
|                                      | JONI             |  |                       |       | (903) 683-2277         |  |   |
|                                      | or town<br>R, TX | , state or province, country, and ZIP or foreign postal code<br>75711  | •                     |       | <b>C</b> If exemption  | application is pendin                          | g, check here                                   |
| G Ch                                 | neck al          | I that apply Initial return Initial return of a  | former public charity |       | <b>D 1.</b> Foreign or | ganizations, check he                          | re $\square$                                    |
|                                      |                  | Final return Amended return  | . ,                   |       |                        | ganizations meeting                            |   |
|                                      |                  | Address change Name change   |                       |       | ·                      | k here and attach cor                          | · -   |
| H Ch                                 | eck ty           | pe of organization $lacksquare$ Section 501(c)(3) exempt private f   | oundation             |       |                        | ındatıon status was t<br>n 507(b)(1)(A), chec  |   |
|                                      | Section          | 1 4947(a)(1) nonexempt charitable trust  Other taxable   |                       |       |                        |  |   |
| of y                                 | ear (f           | xet value of all assets at end from Part II, col (c),  ▶\$ 24,920,796  J Accounting method  □ Other (specify) (Part I, column (d) must | ✓ Cash                | al    |                        | ition is in a 60-month<br>n 507(b)(1)(B), chec |   |
| Pa                                   | rt I             | Analysis of Revenue and Expenses (The total  | (a) Revenue and       |       |                        |  | (d) Disbursements                               |
|                                      |                  | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)                         | expenses per<br>books | (b)   | Net investment income  | (c) Adjusted net income                        | for charitable<br>purposes<br>(cash basis only) |
|                                      | 1                | Contributions, gifts, grants, etc , received (attach   | 4,165,986             |       |                        |  |   |
|                                      | 2                | schedule)  Check ▶ ☑ If the foundation is <b>not</b> required to attach  | 4,103,980             |       |                        |  |   |
|                                      | _                | Sch B  |                       |       |                        |  |   |
|                                      | 3                | Interest on savings and temporary cash investments   | 184,258               | -     | 184,258                |  |   |
|                                      | 4                | Dividends and interest from securities   | 219,726               |       | 219,726                |  |   |
|                                      | 5a               | Gross rents  |                       |       |                        |  |   |
| <b>a</b> .                           | ь<br>6-          | Net rental income or (loss)  Net gain or (loss) from sale of assets not on line 10   | 729,498               |       |                        |  |   |
| MIE                                  | 6a               | • , ,  | 723,430               |       |                        |  |   |
| Reverne                              | ь                | Gross sales price for all assets on line 6a 3,027,306  |                       |       |                        |  |   |
| ž                                    | 7                | Capital gain net income (from Part IV, line 2)   |                       |       | 729,498                |  |   |
|                                      | 8                | Net short-term capital gain  |                       |       |                        |  |   |
|                                      | 9                | Income modifications   |                       |       |                        |  |   |
|                                      | 10a              | Gross sales less returns and allowances  |                       |       |                        |  |   |
|                                      | b                | Less Cost of goods sold  |                       |       |                        |  |   |
|                                      | 11               | Other income (attach schedule)   |                       |       |                        |  |   |
|                                      | 12               | Total. Add lines 1 through 11  | 5,299,468             |       | 1,133,482              |  |   |
|                                      | 13               | Compensation of officers, directors, trustees, etc   | 33,500                |       | 16,750                 |  | 16,750  |
|                                      | 14               | Other employee salaries and wages  | 33,300                |       | 10,750                 |  | 10,730  |
| 5                                    | 15               | Pension plans, employee benefits   |                       |       |                        |  |   |
| 15e                                  | 16a              | Legal fees (attach schedule)   | 5,912                 |       | 2,956                  |  | 2,956   |
| ed                                   | ь                | Accounting fees (attach schedule)  | 6,242                 |       | 3,121                  |  | 3,121   |
| perating and Administrative Expenses | С                | Other professional fees (attach schedule)  |                       |       |                        |  |   |
| tive                                 | 17               | Interest   |                       |       |                        |  |   |
| stra                                 | 18               | Taxes (attach schedule) (see instructions)   | 10,324                |       | 5,162                  |  | 5,162   |
| III                                  | 19               | Depreciation (attach schedule) and depletion   |                       |       |                        |  |   |
| E                                    | 20               | Occupancy  |                       |       |                        |  |   |
| PΡ                                   | 21               | Travel, conferences, and meetings  |                       |       |                        |  |   |
| an                                   | 22               | Printing and publications  |                       |       |                        |  |   |
| ıng                                  | 23               | Other expenses (attach schedule)   | 34,936                |       | 17,469                 |  | 17,467  |
| rat                                  | 24               | Total operating and administrative expenses.   |                       |       |                        |  |   |
| Ope                                  | 2-               | Add lines 13 through 23  | 90,914                |       | 45,458                 |  | 45,456  |
| _                                    | 25               | Contributions, gifts, grants paid  | 898,351               | -     |                        |  | 898,351   |
|                                      | 26               | <b>Total expenses and disbursements.</b> Add lines 24 and 25   | 989,265               |       | 45,458                 |  | 943,807   |
|                                      | 27               | Subtract line 26 from line 12  |                       |       |                        |  |   |
|                                      | а                | Excess of revenue over expenses and disbursements  | 4,310,203             |       |                        |  |   |
|                                      | ь                | Net investment income (If negative, enter -0-)   | .,525,205             |       | 1,088,024              |  |   |
|                                      | С                | Adjusted net income (If negative, enter -0-)   |                       |       | ,,                     |  |   |
| or                                   | Paper            | work Reduction Act Notice, see instructions.   | l                     | . (   | Cat No 11289>          | For  | m <b>990-PF</b> (2019)                          |

|        |     | Less allowance for doubtful accounts ▶                             | 12,659    | 14,066    |  |
|--------|-----|--|-----------|-----------|--|
|        | 4   | Pledges receivable ▶   |           |           |  |
|        |     | Less allowance for doubtful accounts ▶                             |           |           |  |
|        | 5   | Grants receivable  |           |           |  |
|        | 6   | Receivables due from officers, directors, trustees, and other      |           |           |  |
|        |     | disqualified persons (attach schedule) (see instructions)          |           |           |  |
|        | 7   | Other notes and loans receivable (attach schedule) ▶               |           |           |  |
|        |     | Less allowance for doubtful accounts ▶                             |           |           |  |
| ķ      | 8   | Inventories for sale or use  |           |           |  |
| Assets | 9   | Prepaid expenses and deferred charges                              |           |           |  |
| As     | 10a | Investments—U S and state government obligations (attach schedule) | 5,267,342 | 7,656,928 |  |
|        | ь   | Investments—corporate stock (attach schedule)                      |           |           |  |
|        | c   | Investments—corporate bonds (attach schedule)                      |           |           |  |
|        | 11  | Investments—land, buildings, and equipment basis ▶                 |           |           |  |
|        |     | Less accumulated depreciation (attach schedule) ▶                  | 31,464    | 31,464    |  |

12

13

14

15

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19

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21

22 23

24 25

26

27

28

29

30

Part III

2

3

Liabilities

Fund Balances

Net Assets or

Investments-mortgage loans . . . . . .

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).....

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

**Analysis of Changes in Net Assets or Fund Balances** 

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Total liabilities (add lines 17 through 22) . . . . . . . .

Foundations that follow FASB ASC 958, check here ▶

Capital stock, trust principal, or current funds . . . .

Paid-in or capital surplus, or land, bldg, and equipment fund

Investments—other (attach schedule) . . Land, buildings, and equipment basis

Other assets (describe > \_

Other liabilities (describe -\_

Grants payable

instructions Also, see page 1, item I)

Accounts payable and accrued expenses .

and complete lines 24, 25, 29 and 30. Net assets without donor restrictions . . .

Net assets with donor restrictions . . .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . . . . . . . . . . . . . Decreases not included in line 2 (itemize)

240,251

17,735,241

17,735,241

17,735,241

17.735.241

8,848,071

12,084,973

24,942,360

24,942,360

24,942,360

24.942.360

1

2

3

4

5

6

17,735,241

4,310,203

2,896,916

24,942,360

24,942,360 Form **990-PF** (2019)

7,656,928

9.900

12,084,973

24,920,796

(a) List and describe the kind(s) of property sold (e g , real estate,

| 2-story brick war   | enouse, or common stock, 200 sns  | MLC Co )   | D—Purchase<br>D—Donation    | (mo , day, yr )                                  | (mo , day, yr )            |
|---|---|--|-----------------------------|--|----------------------------|
| 1 a TD AMERITRADELONG-TE                                      | RM - SEE STATEMENT A  | P  | 2010-01-01                  | 2019-01-01                                       |                            |
| <b>b</b> JP MORGAN SHORT-TERM                                 |   | Р  | 2019-01-01                  | 2019-12-31                                       |                            |
| c JP MORGAN LONG-TERM -                                       | SEE STATEMENT B   | Р  | 2010-01-01                  | 2019-12-31                                       |                            |
| d   |   |  |                             |  |                            |
| e   |   |  |                             |  |                            |
| (e)   | (f)   |  | (g)                         |  | h)                         |
| Gross sales price   | Depreciation allowed (or allowable)   | I  | other basis<br>ense of sale |  | r (loss)                   |
| a 1,965   | ` '   | pius expe  | 1,379,83                    |  | ) minus (g)<br>585,78:     |
|   | ,950  |  | 403,00                      |  | -45,059                    |
|   | ,736  |  | 514,96                      |  | 188,776                    |
| d   | ,,,,,   |  | 314,50                      | <u>-</u>   | 100,770                    |
| e   |   |  |                             | -  |                            |
|   | showing gain in callings (b) and av-  | nad by the foundation                                  | n 12/21/60                  | <del>+ ,</del>                                   |                            |
| Complete only for assets                                      | showing gain in column (h) and ow (i)                                       | <u> </u>   | ( <b>k)</b>                 |  | <b>l)</b><br>h) gain minus |
| (i)   | Adjusted basis  |  | of col (i)                  |  | less than -0-) <b>or</b>   |
| F M V as of 12/31/69  | as of 12/31/69  | over col   | (j), if any                 | Losses (fr                                       | om col (h))                |
| a   |   |  |                             |  | 585,78:                    |
| b   |   |  |                             |  | -45,059                    |
| С   |   |  |                             |  | 188,776                    |
| d   |   |  |                             |  |                            |
| e   |   |  |                             |  |                            |
| 2 Capital gain net income o                                   | or (net capital loss)   | If gain, also enter in Pa<br>If (loss), enter -0- in P |                             | 2  | 729,498                    |
| · -   | ain or (loss) as defined in sections :                                      |  |                             |  |                            |
| If gain, also enter in Part<br>in Part I, line 8              | : I, line 8, column (c) (see instructi                                      | ons) If (loss), enter -0                               |                             | 3  | -45,059                    |
| Part V Qualification U  | nder Section 4940(e) for Re   | duced Tay on Net                                       | Investment Ir               |  |                            |
|   | vate foundations subject to the sec   |  |                             |  |                            |
|   | -   | scion is ro(a) cax on ne                               | e investment intest         | /  |                            |
| if section 4940(d)(2) applies, lea                            | ive this part blank   |  |                             | _  | _                          |
|   | section 4942 tax on the distributal qualify under section 4940(e) Do        |  | in the base period          | J?   | es 🗹 No                    |
|   | ount in each column for each year,  |  | making any entri            | <br>es   |                            |
| (a)   |   |  |                             | (d)  |                            |
| Base period years Calendar<br>year (or tax year beginning in) | <b>(b)</b><br>Adjusted qualifying distributions                             | (c)<br>Net value of noncharitabl                       | e-use assets                | Distribution rati<br>(col (b) divided by c       |                            |
| 2018  | 857,060   |  | 16,773,524                  |  | 0 05110                    |
| 2017  | 472,143   |  | 14,956,660                  |  | 0 03157                    |
| 2016  | 385,074   |  | 11,201,926                  |  | 0 03438                    |
| 2015  | 438,781   |  | 9,311,813                   |  | 0 04712                    |
| 2014  | 524,140   |  | 6,455,918                   | <del></del>                                      | 0 08119                    |
| 2 Total of line 1, column (d)                                 |   |  | 2                           |  | 0 245348                   |
|   | for the 5-year base period—divide t<br>lation has been in existence if less | ,  | 0, or by the 3              |  | 0 049070                   |
|   | charitable-use assets for 2019 from   |  | 4                           |  | 18,838,715                 |
|   |   | *  | 5                           | 1  | 924,416                    |
| • • •   | nt income (1% of Part I, line 27b)  |  | 6                           | 1  | 10,880                     |
|   |   |  | 7                           | 1  | 935,296                    |
|   | ns from Part XII, line 4 ,  |  | 8                           | <del>                                     </del> | 943,807                    |
|   | iter than line 7, check the box in Pa                                       |  |                             | ng a 1% tax rate Se                              |                            |
| instructions  | ·   |  |                             |  |                            |
|   |   |  |                             | Fo   | orm <b>990-PF</b> (2019    |

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| Pal   | LT ATT-B                              | Statements Regard                                       | ııng   | Activities for Which  | Form 4720 May Be                          | : <b>Requirea</b> (C                          | ontinue            | ea)      |          |             |          |       |
|-------|---------------------------------------|---|--------|---|---|---|--------------------|----------|----------|-------------|----------|-------|
| 5a    | During the                            | year did the foundation p                               | oay o  | r incur any amount to   |   |   |                    |          |          |             | Yes      | No    |
|       | (1) Carry                             | on propaganda, or otherw                                | ise a  | ttempt to influence legisl  | ation (section 4945(e))?                  | Г   | Yes                | <b>V</b> | No       |             |          |       |
|       | (2) Influe                            | nce the outcome of any sp                               | ecifi  | c public election (see sect   | ion 4955), or to carry                    | -   | c3                 | ت        | 140      |             |          |       |
|       | on, dır                               | ectly or indirectly, any vo                             | ter re | egistration drive?  |   | [   | Yes                | <b>✓</b> | No       |             |          |       |
|       | (3) Provid                            | e a grant to an individual                              | for t  | ravel, study, or other sım  | ılar purposes?                            | Ť   | Yes                |          | No       |             |          |       |
|       |                                       | e a grant to an organizati<br>ion 4945(d)(4)(A)? See ir |        | •   | , -                                       | d   |                    | _        | 140      |             |          |       |
|       | (5) Provid                            | e for any purpose other t                               | han r  | eligious, charitable, scien   | tific, literary, or                       | · · L   | ☐ Yes              |          |          |             |          |       |
|       |                                       | ional purposes, or for the                              |        | ,   |   |   | _ ∣Yes             | ✓        | No       |             |          |       |
| Ь     |                                       | wer is "Yes" to 5a(1)-(5),                              |        |   |   |   | bed in             |          |          |             |          |       |
|       | -                                     | s section 53 4945 or in a                               |        |   |   |   |                    | ٠        |          | 5b          |          |       |
|       | -                                     | ons relying on a current n                              |        |   |   |   |                    |          |          |             |          |       |
| С     |                                       | ver is "Yes" to question 5                              |        |   |   |   |                    |          |          |             |          |       |
|       |                                       | se it maintained expenditu<br>ttach the statement requi |        |   |   |   | Yes                |          | No       |             |          |       |
| 6a    | Did the for                           | undation, during the year,                              | rece   | ive any funds, directly or  | indirectly, to pay premi                  | ums on  |                    |          |          |             |          |       |
|       | a personal                            | benefit contract?                                       |        |   |   | . [   | Yes                |          | No       |             |          |       |
| b     |                                       | undation, during the year,<br>6b, file Form 8870        | pay    | premiums, directly or ind   | lirectly, on a personal be                | nefit contract?                               | res                |          | NO       | 6b          |          | No    |
| 7a    |                                       | e during the tax year, wa                               | s the  | foundation a party to a r   | rohibited tax shelter tra                 | nsaction? [                                   | _                  | <b>□</b> |          |             |          |       |
| b     |                                       | d the foundation receive                                |        |   |   | L   | Yes                | <b>✓</b> | No       | 7b          |          |       |
| 8     |                                       | idation subject to the sect                             |        | •   |   |   |                    | •        |          |             |          |       |
| Ū     |                                       | achute payment during th                                |        |   |   | III remanerado                                |                    |          |          |             |          |       |
|       | · · · · · · · · · · · · · · · · · · · |   |        |   |   | • •   | _ Yes              | _        | 110      |             |          |       |
| Pai   |                                       | Information About (<br>and Contractors                  | Offic  | ers, Directors, Trust   | ees, Foundation Ma                        | anagers, Hig                                  | niy Pai            | Ia Ei    | mpio     | yees,       | ,        |       |
| 1     | List all off                          | icers, directors, truste                                | es, fo | oundation managers ar   | d their compensation                      | . See instructi                               | ons                |          |          |             |          |       |
|       | <b>(a)</b> Na                         | me and address  | (      | <b>b)</b> Title, and average<br>hours per week<br>devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contril<br>employee bend<br>deferred cor  | efit plan:         | s and    |          |             | nse acco |       |
| See / | Additional D                          | ata Table   |        |   | - /                                       |   |                    |          | T        |             |          |       |
|       |                                       |   | 1      |   |   |   |                    |          |          |             |          |       |
|       |                                       |   |        |   |   |   |                    |          | 1        |             |          |       |
|       |                                       |   | 1      |   |   |   |                    |          |          |             |          |       |
|       |                                       |   |        |   |   |   |                    |          | +        |             |          |       |
|       |                                       |   | 1      |   |   |   |                    |          |          |             |          |       |
|       |                                       |   |        |   |   | -   |                    |          | +        |             |          |       |
|       |                                       |   | -      |   |   |   |                    |          |          |             |          |       |
|       |                                       | ation of five highest-pa                                |        |   |   |   |                    | T.C      | <u> </u> |             | NONE     | "     |
|       | Compensa                              | ition of five nignest-pa                                | ıa en  | npioyees (other than ti   | nose included on line .                   |   |                    |          | ne, e    | nter        | NUNE.    |       |
| (a)   |                                       | ddress of each employee<br>ore than \$50,000            | paid   | (b) Title, and average<br>hours per week<br>devoted to position       | (c) Compensation                          | (d) Contri<br>employed<br>plans and<br>comper | benefit<br>deferre | :        |          |             | se acco  |       |
| NON   |                                       |   |        |   |   | comper  |                    | +        |          |             |          |       |
| 11011 | <u> </u>                              |   |        | 1   |   |   |                    |          |          |             |          |       |
|       |                                       |   |        |   | +   | 1   |                    |          |          |             |          |       |
|       |                                       |   |        | 1   |   |   |                    |          |          |             |          |       |
|       |                                       |   |        |   |   | -   |                    |          |          |             |          |       |
|       |                                       |   |        | -   |   |   |                    |          |          |             |          |       |
|       |                                       |   |        |   |   |   |                    |          |          |             |          |       |
|       |                                       |   |        |   |   |   |                    |          |          |             |          |       |
|       |                                       |   |        |   |   |   |                    |          |          |             |          |       |
|       |                                       |   |        |   |   |   |                    |          |          |             |          |       |
|       |                                       |   |        |   |   |   |                    |          |          |             |          |       |
| Tota  | I number of                           | other employees paid ov                                 | er \$5 | 0,000   |   | <u> </u>                                      | <u> </u>           |          |          |             |          |       |
|       |                                       |   |        |   |   |   |                    |          | For      | m <b>99</b> | 0-PF (   | 2019) |

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|--|--------------------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)   | Foundation Managers, Highly P        | aid Employees,            |
| 3 Five highest-paid independent contractors for professional service   | es (see instructions). If none, ente | r "NONE".                 |
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service                  | (c) Compensation          |
| NONE   |                                      |                           |
|  |                                      |                           |
|  |                                      |                           |
|  |                                      |                           |
|  |                                      |                           |
|  |                                      |                           |
| Total number of others receiving over \$50,000 for professional services   |                                      | <b>&gt;</b>               |
| Part IX-A Summary of Direct Charitable Activities  |                                      |                           |
| List the foundation's four largest direct charitable activities during the tax year. Include rele<br>organizations and other beneficiaries served, conferences convened, research papers produ |                                      | er of Expenses            |
| 1  |                                      |                           |
|  |                                      |                           |
| 2  |                                      |                           |
|  |                                      |                           |
| 3  |                                      |                           |
| 4  |                                      |                           |
|  |                                      |                           |
| Part IX-B Summary of Program-Related Investments (see  | instructions)                        |                           |
| Describe the two largest program-related investments made by the foundation during the   | ne tax year on lines 1 and 2         | Amount                    |
| 1  |                                      |                           |
|  |                                      |                           |
| 2  |                                      |                           |
| All other program-related investments. See instructions  |                                      |                           |
| 3  |                                      |                           |
|  |                                      |                           |
| Total. Add lines 1 through 3   |                                      | F 000 PF (2010)           |
|  |                                      | Form <b>990-PF</b> (2019) |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

943.807

10.880

932.927

Form **990-PF** (2019)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

the section 4940(e) reduction of tax in those years

4

5

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931,056

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**b** Total for prior years

a From 2014. . . . . **b** From 2015. . . . c From 2016. . .

d From 2017. . . . .

e From 2018. . . . .

c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

**5** Excess distributions carryover applied to 2019 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

**b** Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. .

**b** Excess from 2016. .

c Excess from 2017. . . .

d Excess from 2018. . .

e Excess from 2019. . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

**d** Applied to 2019 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

| 101111 990-F1 (2 | OI9, |
|------------------|------|
| Part XIII        | U    |
|                  |      |

| Form 990-PF (20 | 019)                                    |
|-----------------|---|
| Part XIII       | Undistributed Income (see instructions) |

1 Distributable amount for 2019 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only. . . . . .

(a)

Corpus

571.754

12.751

584,505

584,505

(b)

Years prior to 2018

(c)

2018

- 3 Excess distributions carryover, if any, to 2019
  - 385 074
  - 160.601
  - 26,079
- f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2019 from Part
- XII, line 4 🕨 \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years

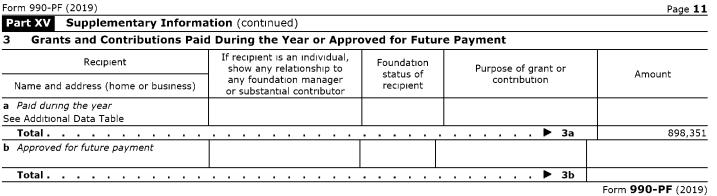
  - (Election required—see instructions). . . . .

385,074

160.601

26.079

12.751



| Enter gros    | s amounts unless otherwise indicated  | Unrelated b          | usiness income       | Excluded by section    | n 512, 513, or 514   | (e)<br>Related or exempt               |
|---------------|---|----------------------|----------------------|------------------------|----------------------|--|
|               | m service revenue   | (a)<br>Business code | <b>(b)</b><br>Amount | (c)<br>Exclusion code  | <b>(d)</b><br>Amount | function income<br>(See instructions ) |
|               |   |                      |                      |                        |                      |  |
|               |   |                      |                      |                        |                      |  |
|               |   |                      |                      |                        |                      |  |
| е             |   |                      |                      |                        |                      |  |
|               |   |                      |                      |                        |                      |  |
|               | and contracts from government agencies  |                      |                      |                        |                      |  |
|               | ership dues and assessments st on savings and temporary cash                            |                      |                      |                        |                      |  |
|               |   |                      |                      | 14                     | 184,258              |  |
|               | nds and interest from securities  |                      |                      | 14                     | 219,726              |  |
|               | -financed property.   |                      |                      |                        |                      |  |
|               | debt-financed property.   |                      |                      |                        |                      |  |
| 6 Net re      | ntal income or (loss) from personal property  |                      |                      |                        |                      |  |
|               | investment income   |                      |                      |                        |                      |  |
| 8 Gain o      | r (loss) from sales of assets other than  |                      |                      |                        |                      |  |
|               | •   |                      |                      | 18                     | 729,498              |  |
|               | come or (loss) from special events<br>profit or (loss) from sales of inventory          |                      |                      |                        |                      |  |
| 11 Other      | revenue a   |                      |                      |                        |                      |  |
|               |   |                      |                      |                        |                      |  |
| с             |   |                      |                      |                        |                      |  |
| d             |   |                      |                      |                        |                      |  |
|               |   |                      |                      |                        |                      |  |
|               | tal Add columns (b), (d), and (e).  |                      |                      |                        | 1,133,482            |  |
| 13 Total.     | Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu | lations )            |                      | 1                      | 3                    | 1,133,482                              |
|               | I-B Relationship of Activities to the   |                      | ment of Exem         | npt Purposes           |                      |  |
| Line No.<br>▼ | Explain below how each activity for which   | income is report     | ed ın column (e) d   | of Part XVI-A contribu |                      |  |
|               | ,   |                      |                      |                        |                      |  |
|               |   |                      |                      |                        |                      |  |
|               |   |                      |                      |                        |                      |  |
|               |   |                      |                      |                        |                      |  |
|               |   |                      |                      |                        |                      |  |
|               |   |                      |                      |                        |                      |  |
|               |   |                      |                      |                        |                      |  |
|               |   |                      |                      |                        |                      |  |
|               |   |                      |                      |                        |                      |  |
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|               |   |                      |                      |                        |                      |  |
|               |   |                      |                      |                        |                      |  |
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|               |   |                      |                      |                        |                      |  |
|               |   |                      |                      |                        |                      |  |
|               |   |                      |                      |                        |                      |  |
|               |   |                      |                      |                        |                      |  |
|               |   |                      |                      |                        |                      |  |
|               |   |                      |                      |                        |                      |  |
|               |   |                      |                      |                        |                      |  |
|               |   |                      |                      |                        |                      |  |
|               |   |                      |                      |                        |                      |  |

| = <sub>0</sub> | rm 990-PF (2019)   |       | Pa  | ge <b>13</b> |
|----------------|--|-------|-----|--------------|
|                | Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations  | table |     |              |
| 1              | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? |       | Yes | No           |
| a              | a Transfers from the reporting foundation to a noncharitable exempt organization of  |       |     |              |
|                | (1) Cash   | 1a(1) |     | No           |
|                | (2) Other assets   | 1a(2) |     | No           |
| Ŀ              | Other transactions   |       |     |              |
|                | (1) Sales of assets to a noncharitable exempt organization.  | 16(1) |     | No           |

| (2) Oti           | her assets                   |  |   | 1a(2)          | No    |
|-------------------|------------------------------|--|---|----------------|-------|
| <b>b</b> Other tr | ransactions                  |  |   |                |       |
| <b>(1)</b> Sa     | les of assets to a nonchari  | itable exempt organization                       |   | 1b(1)          | No    |
| <b>(2)</b> Pu     | rchases of assets from a n   | noncharitable exempt organization                |   | 1b(2)          | No    |
| <b>(3)</b> Re     | ntal of facilities, equipmer | nt, or other assets                              |   | 1b(3)          | No    |
|                   |                              | ts   |   | 1b(4)          | No    |
| <b>(5)</b> Loa    | ans or loan guarantees.      |  |   | 1b(5)          | No    |
| <b>(6)</b> Per    | formance of services or m    | embership or fundraising solicitations           |   | 1b(6)          | No    |
| c Sharing         | of facilities, equipment, n  | nailing lists, other assets, or paid employee:   | 5   | 1c             | No    |
| ın any t          | ransaction or sharing arra   | ngement, show in column $(d)$ the value of $t$ . | he foundation received less than fair market values the goods, other assets, or services received |                |       |
| (a) Line No       | (b) Amount involved          | (c) Name of noncharitable exempt organization    | (d) Description of transfers, transactions, and sha   | iring arrangen | ients |
|                   |                              |  |   |                |       |
|                   |                              |  |   |                |       |
|                   |                              |  |   |                |       |
|                   |                              |  |   |                |       |
|                   |                              |  |   |                | -     |
|                   |                              |  |   |                |       |
|                   |                              |  |   |                |       |
|                   |                              |  |   |                |       |
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|                   |                              |  |   |                |       |
|                   |                              |  |   |                |       |
|                   |                              |  |   |                |       |
|                   |                              |  |   |                |       |
|                   |                              |  |   |                |       |
|                   |                              |  |   |                |       |

|          |   |                                 | ·  |                             |   |
|----------|---|---------------------------------|--|-----------------------------|---|
|          |   |                                 |  |                             |   |
|          |   |                                 |  |                             |   |
|          |   |                                 |  |                             |   |
|          |   |                                 |  |                             |   |
|          |   |                                 |  |                             |   |
|          |   |                                 |  |                             |   |
|          |   |                                 |  |                             |   |
|          | ribed in section 501(c) (other<br>es," complete the following s<br>(a) Name of organization | chedule                         | in section 527? .  b) Type of organization |                             | ☐ Yes ☑ No  (c) Description of relationship   |
|          |   |                                 |  |                             |   |
|          |   |                                 |  |                             |   |
|          |   |                                 |  |                             |   |
| <u> </u> |   | f, it is true, correct, and com |  |                             | schedules and statements, and to the best<br>n taxpayer) is based on all information of |
| Sign     | ****  |                                 | 2020 06 40                                 | and the sale of the sale of | May the IRS discuss this  |

2020-06-18 return with the preparer shown Here ) Signature of officer or trustee Date Title (see instr\_) Ves Do Print/Type preparer's name Preparer's Signature PTIN Date Check if self-P00041277 employed ightharpoonupClint R Roxburgh Paid **Preparer** HENRY & PETERS PC Firm's name ▶ Firm's EIN ▶75-1503978 **Use Only** Firm's address ▶ 3310 S BROADWAY AVE STE 100

Phone no (903) 597-6311 TYLER, TX 75701 Form **990-PF** (2019)

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation JAMES I PERKINS President 1 00 P O BOX 288 RUSK, TX 75785 JAMES I PERKINS JR Director 1 00 P O BOX 288 RUSK, TX 75785 LAURA C PERKINS Director O 1 00 P O BOX 288 RUSK, TX 75785 MARGARET H PERKINS Vice President 0 1 00 P O BOX 288 RUSK. TX 75785 KIM LUNA Sec & TREASURER 25,000 4 00 PO BOX 288 RUSK, TX 78785 **CORY BEASLEY** Director 8,500 2 00 PO BOX 288

RUSK.TX 78785

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

than \$5,000).

JAMES I PERKINS

LAURA C PERKINS

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

| Name and address (nome or business)                            | or substantial contributor |    |           |        |
|--|----------------------------|----|-----------|--------|
| a Paid during the year   |                            |    |           |        |
| SFASU FOUNDATION<br>1936 NORTH STREET<br>NACOGDOCHES, TX 75961 | NONE                       | PC | EDUCATION | 47,000 |
| TYLER JUNIOR COLLEGE   | NONE                       | PC | EDUCATION | 2.250  |

recipient

898,351

| I327 SOUTH BAXTER AVE<br>TYLER, TX 75701 |      |    |           |
|--|------|----|-----------|
| TYLER JUNIOR COLLEGE                     | NONE | PC | EDUCATION |
|  |      |    |           |

any foundation manager

Name and address (home or husiness)

| 1327 SOUTH BAXTER AVE<br>TYLER, TX 75701            |      |           |            | _,  |
|---|------|-----------|------------|-----|
| OTHER VARIOUS DONATIONS PO BOX 9339 TXI ER TX 75701 | NONE | 501(C)(3) | CHARITABLE | 400 |

| TYLER, TX 75701  |      |           |            |     |
|--|------|-----------|------------|-----|
| OTHER VARIOUS DONATIONS<br>PO BOX 9339<br>TYLER.TX 75701 | NONE | 501(C)(3) | CHARITABLE | 400 |

| OTHER VARIOUS DONATIONS<br>PO BOX 9339 | NONE | 501(C)(3) | CHARITABLE | 400   |
|--|------|-----------|------------|---|
| TYLER, TX 75701                        |      |           |            |   |
|  |      |           |            | A contract of the contract of |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager

or substantial contributor

Name and address (home or business)

315 N BROADWAY SUITE 210

TYLER, TX 75702 Total .

recipient

|   | or substantial contributor |    |                      |        |
|---|----------------------------|----|----------------------|--------|
| a Paid during the year  |                            |    |                      |        |
| UT AUSTINPO BOX 7458<br>AUSTIN, TX 78713                      | NONE                       | PC | EDUCATION            | 1,500  |
| EAST TEXAS AREA COUNCIL<br>1331 E FIFTH ST<br>TYLER, TX 75701 | NONE                       | PC | COMMUNITY ENRICHMENT | 11,000 |
| EAST TEXAS COMMUNITIES FOUNDATION                             | NONE                       | PC | COMMUNITY ENRICHMENT | 4,500  |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year  |      |       |                   |         |
|---|------|-------|-------------------|---------|
| GRACE COMMUNITY SCHOOL<br>3001 UNIVERSTIY BLVD<br>TYLER, TX 75701 | NONE | PC    | EDUCATION         | 145,000 |
| EAST TEXAS CRISIS CENTER  | NONE | PC PC | SOCIAL ASSISTANCE | 900     |

| EAST TEXAS CRISIS CENTER<br>PO BOX 7060<br>TYLER,TX 75711 | NONE | PC | SOCIAL ASSISTANCE    | 900     |
|---|------|----|----------------------|---------|
| BOY SCOUTS OF AMERICA EAST TX<br>AREA<br>1331 E 5TH ST    | NONE | PC | COMMUNITY ENRICHMENT | 126,000 |

| PO BOX 7060<br>TYLER, TX 75711  |      |    |                      |         |
|---|------|----|----------------------|---------|
| BOY SCOUTS OF AMERICA EAST TX<br>AREA<br>1331 E 5TH ST<br>TYLER, TX 75701 | NONE | PC | COMMUNITY ENRICHMENT | 126,000 |

| 11LER, 1X /5/11   |      |    |                      |         |
|---|------|----|----------------------|---------|
| BOY SCOUTS OF AMERICA EAST TX<br>AREA<br>1331 E 5TH ST<br>TYLER, TX 75701 | NONE | PC | COMMUNITY ENRICHMENT | 126,000 |

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NONE 501(C)(3) **EDUCATION** 5,050 LITERACY COUNCIL OF TYLER

| TYLER, TX 75711                                     |      |    |                      |        |
|---|------|----|----------------------|--------|
| SFASUBOX 13023 SFA STATION<br>NACOGDOCHES, TX 75962 | NONE | PC | EDUCATION            | 51,001 |
| TEXAS SHAKESPEAR FOUNDATION<br>1100 BROADWAY        | NONE | PC | COMMUNITY ENRICHMENT | 4,500  |

898,351

▶ 3a

KILGORE, TX 75662

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

| a Paid during the year                                     |      |    |                      |       |
|--|------|----|----------------------|-------|
| TYLER MUSEUM OF ART1300 S MAHON<br>TYLER, TX 75701         | NONE | PC | COMMUNITY ENRICHMENT | 1,050 |
| YOUNG AUDIENCES OF NORTH EAST<br>TEXAS<br>200 EAST AMHERST | NONE | PC | COMMUNITY ENRICHMENT | 1,500 |

recipient

898,351

| YOUNG AUDIENCES OF NORTH EAST<br>TEXAS<br>200 EAST AMHERST<br>TYLER, TX 75701 | NONE | PC        | COMMUNITY ENRICHMENT | 1,  |
|---|------|-----------|----------------------|-----|
| ALZHEIMER'S ALLIANCE  | NONE | 501(C)(3) | SOCIAL ASSISTANCE    | 12, |

| TEXAS<br>200 EAST AMHERST<br>TYLER, TX 75701 |      |           |                   | -,  |
|--|------|-----------|-------------------|-----|
| ALZHEIMER'S ALLIANCE                         | NONE | 501(C)(3) | SOCIAL ASSISTANCE | 12, |

| TYLER, TX 75701                        |      |           |                   |        |
|--|------|-----------|-------------------|--------|
| ALZHEIMER'S ALLIANCE<br>211 WINCHESTER | NONE | 501(C)(3) | SOCIAL ASSISTANCE | 12,500 |

| ALZHEIMER'S ALLIANCE | NONE | 501(C)(3) | SOCIAL ASSISTANCE | 12,500 |
|----------------------|------|-----------|-------------------|--------|
| 211 WINCHESTER       |      |           |                   |        |
| TYLER, TX 75701      |      |           |                   |        |

| ALZHEIMER 3 ALLIANCE | NONE | 1 201(C)(2) | SOCIAL ASSISTANCE | i |
|----------------------|------|-------------|-------------------|---|
| 211 WINCHESTER       |      |             |                   | i |
| TYLER,TX 75701       |      |             |                   |   |

any foundation manager

or substantial contributor

Name and address (home or business)

Recipient If recipient is an individual, show any relationship to status of status of

any foundation manager

Name and address (home or business)

P O BOX 1999 TYLER, TX 75710

|   | or substantial contributor |           |                      |        |
|---|----------------------------|-----------|----------------------|--------|
| a Paid during the year  |                            |           |                      |        |
| MARVIN UNITED METHODIST CHURCH<br>300 W ERWIN ST<br>TYLER, TX 75702 | NONE                       | PC        | RELIGIOUS            | 11,800 |
| EAST TEXAS SYMPHONY ORCHESTRA<br>PO BOX 6323<br>TYLER,TX 75711      | NONE                       | 501(C)(3) | COMMUNITY ENRICHMENT | 4,500  |
| BETHESDA HEALTH CLINIC  | NONE                       | 501(C)(3) | CHARITABLE           | 1,250  |

recipient

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

50

898,351

any foundation manager

or substantial contributor

Name and address (home or business)

SALT LAKE CITY, UT 84101

| a Paid during the year   |      |           |            |       |
|--|------|-----------|------------|-------|
| CANCER FOUNDATION FOR LIFE<br>P O BOX 8257<br>TYLER, TX 75711    | NONE | 501(C)(3) | CHARITABLE | 3,000 |
| CAMP TYLER OUTDOOR SCHOOL<br>PO BOX 1916<br>WHITEHOUSE, TX 75791 | NONE | PC        | EDUCATION  | 2,500 |

| CAMP TYLER OUTDOOR SCHOOL<br>PO BOX 1916<br>WHITEHOUSE, TX 75791 | NONE | PC        | EDUCATION  | 2, |
|--|------|-----------|------------|----|
| CHILDREN'S MIRACLE NETWORK                                       | NONE | 501(C)(3) | CHARITABLE |    |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year UT TYLER3900 UNIVERSITY BLVD NONE PC **FDUCATION** 1.500 TYLER. TX 75701

| UT LAW SCHOOL FOUNDATION<br>727 EAST DEAN KEETON STREET<br>AUSTIN, TX 78705 | NONE | PC | EDUCATION | 10,000 |
|---|------|----|-----------|--------|
| CAC SOONERTHON<br>900 ASP AVE STE 370                                       | NONE | PC | EDUCATION | 1,000  |

898,351

▶ 3a

NORMAN, OK 73019

Total . .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year   |      |           |            |       |
|--|------|-----------|------------|-------|
| CYSTIC FIBROSIS FOUNDATION<br>305 S BROADWAY AVE 1000<br>TYLER, TX 75702 | NONE | 501(C)(3) | CHARITABLE | 2,500 |

| TYLER, IX 75702  |      |    |                      |     |
|--|------|----|----------------------|-----|
| GREATER EAST TEXAS BLACK NURSES<br>ASS<br>PO BOX 7378<br>TYLER, TX 75711 | NONE | PC | COMMUNITY ENRICHMENT | 500 |
|  |      |    |                      |     |

| ASS<br>PO BOX 7378<br>TYLER, TX 75711     |      |    |                      |     |
|---|------|----|----------------------|-----|
| HOSPICE OF EAST TEXAS<br>4111 TX-248 SPUR | NONE | PC | COMMUNITY ENRICHMENT | 300 |

| TYLER, TX 75711  |      |    |                      |     |
|--|------|----|----------------------|-----|
| HOSPICE OF EAST TEXAS<br>4111 TX-248 SPUR<br>TYLER, TX 75701 | NONE | PC | COMMUNITY ENRICHMENT | 300 |

| •  |      |    |                      |         |
|--|------|----|----------------------|---------|
| HOSPICE OF EAST TEXAS<br>4111 TX-248 SPUR<br>TYLER, TX 75701 | NONE | PC | COMMUNITY ENRICHMENT | 300     |
| Total  |      |    | ▶ 3a                 | 898,351 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

any foundation manager

TYLER, TX 75713 Total .

| Name and address (home or business)  | or substantial contributor | recipione |                      |       |
|--|----------------------------|-----------|----------------------|-------|
| a Paid during the year   |                            |           |                      |       |
| CHRISTUS TRINITY MOTHER FRANCES<br>FOU<br>800 E DAWSON ST<br>TYLER, TX 75701 | NONE                       | PC        | COMMUNITY ENRICHMENT | 100   |
| TYLER METRO CHURCH14196 TX-110<br>WHITEHOUSE, TX 75791                       | NONE                       | PC        | COMMUNITY ENRICHMENT | 1,500 |
| TYLER ROTARY FOUNDATION  | NONE                       | 501(C)(3) | COMMUNITY ENRICHMENT | 100   |

recipient

| TYLER, TX 75701  |      |           |                      |     |
|--|------|-----------|----------------------|-----|
| TYLER METRO CHURCH14196 TX-110<br>WHITEHOUSE, TX 75791 | NONE | PC        | COMMUNITY ENRICHMENT | 1,! |
| TYLER ROTARY FOUNDATION<br>PO BOX 131444               | NONE | 501(C)(3) | COMMUNITY ENRICHMENT |     |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WOMEN'S FUND OF EAST TEXAS. NONE PC CHARITABLE 12,500 **601 SHELLY DRIVE** 

| TYLER, TX 75701   |      |    |           |         |
|---|------|----|-----------|---------|
| TYLER JUNIOR COLLEGE FOUNDATION<br>1327 SOUTH BAXTER AVE<br>TYLER, TX 75701 | NONE | PC | EDUCATION | 243,600 |
|   |      |    |           |         |

898,351

| 1327 SOUTH BAXTER AVE<br>TYLER,TX 75701           |      |    |                       |        |
|---|------|----|-----------------------|--------|
| AVONDALE HOUSE3737 OMEARA DR<br>HOUSTON, TX 77025 | NONE | PC | COMMUNITY DEVELOPMENT | 33,000 |

Total . .

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year TEXAS APPLESEED NONE 501(C) SOCIAL & ECONOMIC JUSTICE 500

| AUSTIN, TX 78701   |      |    |                      |        |
|--|------|----|----------------------|--------|
| TEXAS STATE HISTORY BULLOCK<br>MUSEUM<br>1800 CONGRESS AVE<br>AUSTIN, TX 78701 | NONE | PC | COMMUNITY ENRICHMENT | 15,000 |

| MUSEUM<br>1800 CONGRESS AVE<br>AUSTIN, TX 78701                             | NONE | PC        | COMMUNITY ENRICHMENT | 15,000 |
|---|------|-----------|----------------------|--------|
| JOHN BUNKER SANDS WETLAND<br>CENTER<br>655 MARTIN LN<br>SEAGOVILLE TV 75159 | NONE | 501(C)(3) | COMMUNITY ENRICHMENT | 2,500  |

▶ 3a

898,351

| AUSTIN, TX 78701   |      |           |                      |      |
|--|------|-----------|----------------------|------|
| JOHN BUNKER SANDS WETLAND<br>CENTER<br>655 MARTIN LN<br>SEAGOVILLE, TX 75159 | NONE | 501(C)(3) | COMMUNITY ENRICHMENT | 2,50 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year REGENTS ACADEMY NONE PC **EDUCATION** 2,000

| NACOGDOCHES, TX 75961  |      |    |           |     |
|--|------|----|-----------|-----|
| SAMARITAN COUNSELING CENTER OF<br>TYLE<br>218 N COLLEGE AVE<br>TYLER, TX 75702 | NONE | PC | RELIGIOUS | 150 |

| 1YLE<br>218 N COLLEGE AVE<br>TYLER, TX 75702                                     |      |           |                      |     |
|--|------|-----------|----------------------|-----|
| CHAMPIONS FOR CHILDREN OF SMITH<br>COU<br>4883 HIGHTECH DRIVE<br>TYLER, TX 75703 | NONE | 501(C)(3) | COMMUNITY ENRICHMENT | 100 |

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

|   | or substantial contributor |    |                      |       |
|---|----------------------------|----|----------------------|-------|
| a Paid during the year                                    |                            |    |                      |       |
| NACOGDOCHES AREA UNITED WAY<br>1401 S UNIVERSITY DR STE D | NONE                       | PC | COMMUNITY ENRICHMENT | 1,000 |

| SOLID FOUNDATION ASSOCIATION NONE PC COMMUNITY ENRICHMENT 2,500 NACOGDOCHES, TX 75961 | NACOGDOCHES, TX 75961 |      |    |                      |       |
|---|-----------------------|------|----|----------------------|-------|
|   | 2220 E MAIN ST        | NONE | PC | COMMUNITY ENRICHMENT | 2,500 |

| SOLID FOUNDATION ASSOCIATION<br>2220 E MAIN ST<br>NACOGDOCHES, TX 75961       | NONE | PC | COMMUNITY ENRICHMENT | 2,500  |
|---|------|----|----------------------|--------|
| ST PAUL CHILDREN'S FOUNDATION<br>1358 EAST RICHARDS STREET<br>TYLER, TX 75710 | NONE | PC | COMMUNITY ENRICHMENT | 25,000 |

| 2220 E MAIN ST<br>NACOGDOCHES, TX 75961                                       |      |    |                      |        |
|---|------|----|----------------------|--------|
| ST PAUL CHILDREN'S FOUNDATION<br>1358 EAST RICHARDS STREET<br>TYLER, TX 75710 | NONE | PC | COMMUNITY ENRICHMENT | 25,000 |
|   |      |    |                      | 4      |

| Total  |     |      | <br> | ▶ 3a                 | 898,351 |
|--|-----|------|------|----------------------|---------|
| ST PAUL CHILDREN'S FO<br>1358 EAST RICHARDS S<br>TYLER, TX 75710 |     | NONE | PC   | COMMUNITY ENRICHMENT | 25,000  |
| NACOGDOCHES, TX 75   | 961 |      |      |                      |         |

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

|                        | or substantial contributor |    |                      |        |
|------------------------|----------------------------|----|----------------------|--------|
| a Paid during the year |                            |    |                      |        |
| THE MENTORING ALLIANCE | NONE                       | PC | COMMUNITY ENRICHMENT | 45,000 |

| 504 W 32ND ST<br>TYLER, TX 75702 |      |    |           | ,   |
|----------------------------------|------|----|-----------|-----|
| ALTO ISD244 CR 2429              | NONE | PC | EDUCATION | 1,5 |

| ALTO ISD244 CR 2429<br>ALTO, TX 75925 | NONE | PC | EDUCATION |  |
|---------------------------------------|------|----|-----------|--|
|                                       |      |    |           | , and the second |

| ALTO ISD244 CR 2429<br>ALTO, TX 75925 | NONE | PC | EDUCATION | 1,500 |
|---------------------------------------|------|----|-----------|-------|
| CAMP TYLER15413 CAMP TYLER ROAD       |      | PC | EDUCATION | 4,000 |

| ALIO, IX 75925  |    |           |       |
|---|----|-----------|-------|
| CAMP TYLER15413 CAMP TYLER ROAD<br>WHITEHOUSE, TX 75791 | PC | EDUCATION | 4,000 |

| CAMP TYLER15413 CAMP TYLER ROAD | PC | EDUCATION | 4,000 |
|---------------------------------|----|-----------|-------|
| VHITEHOUSE, TX 75791            |    |           |       |

| WHITEHOUSE, TX 75791 |          |         |
|----------------------|----------|---------|
| Total                | <br>▶ 3a | 898,351 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CATHEDRAL OF IMMACULATE NONE PC RELIGIOUS 100 CONCEPTION 423 S BROADWAY TVIED TV 7E702

| 11LER, 1X 73702  |      |    |                      |       |
|--|------|----|----------------------|-------|
| CITY FEST EAST TEXAS<br>110 N COLLEGE AVE<br>TYLER, TX 75702 | NONE | PC | PHILANTHROPY         | 9,000 |
| EAST TEXAS SPEAKERS FORUM<br>2100 S MOBBERLY AVE             | NONE | PC | COMMUNITY ENRICHMENT | 4,000 |

| Total  |      |    | ▶ 3a                 | 898.351 |
|--|------|----|----------------------|---------|
| EAST TEXAS SPEAKERS FORUM<br>2100 S MOBBERLY AVE<br>LONGVIEW, TX 75602 | NONE | PC | COMMUNITY ENRICHMENT | 4,000   |
| TYLER, TX 75702  |      |    |                      |         |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FIT STEPS FOR LIFE218 N COLLEGE AVE | NONE l PC COMMUNITY ENRICHMENT 550

| TYLER,TX 75702   |      |    |                      |     |
|--|------|----|----------------------|-----|
| GALVESTON ISLAND HUMANE SOCIETY<br>6814 BROADWAY ST<br>GALVESTON, TX 77554 | NONE | PC | COMMUNITY ENRICHMENT | 500 |
| GAMMA OMICRON OMEGA CENTER   | NONE | PC | COMMUNITY ENRICHMENT | 400 |

| 6814 BROADWAY ST<br>GALVESTON, TX 77554                           |      |    |                      |     |
|---|------|----|----------------------|-----|
| GAMMA OMICRON OMEGA CENTER<br>1400 W LOLLAR ST<br>TYLER, TX 75711 | NONE | PC | COMMUNITY ENRICHMENT | 400 |

898,351

| GALVESTON, TX 77554   |      |    |                      |    |
|---|------|----|----------------------|----|
| GAMMA OMICRON OMEGA CENTER<br>1400 W LOLLAR ST<br>TYLER, TX 75711 | NONE | PC | COMMUNITY ENRICHMENT | 40 |

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

| Name and address (home or business)                | or substantial contributor | recipient |                      |     |
|--|----------------------------|-----------|----------------------|-----|
| a Paid during the year                             |                            |           |                      |     |
| GOOD SAMARITAN218 N COLLEGE AVE<br>TYLER, TX 75703 | NONE                       | PC        | COMMUNITY ENRICHMENT | 100 |
| HEART FOR HEARTS MISSION                           | NONE                       | PC        | COMMUNITY ENRICHMENT | 750 |

| HEART FOR HEARTS MISSION<br>1314 S LYONS AVE<br>TYLER, TX 75701 | NONE | PC | COMMUNITY ENRICHMENT | 7   |
|---|------|----|----------------------|-----|
| HERITAGE CENTER OF CHEROKEE                                     | NONE | PC | COMMUNITY ENRICHMENT | 1,2 |

Total .

| 1314 S LYONS AVE<br>TYLER, TX 75701  |      |    |                      |       |
|--|------|----|----------------------|-------|
| HERITAGE CENTER OF CHEROKEE<br>COUNTY<br>208 S HENDERSON ST<br>RUSK TX 75785 | NONE | PC | COMMUNITY ENRICHMENT | 1,250 |

| TYLER, TX 75701   |      |    |                      |       |
|---|------|----|----------------------|-------|
| HERITAGE CENTER OF CHEROKEE<br>COUNTY<br>208 S HENDERSON ST<br>RUSK, TX 75785 | NONE | PC | COMMUNITY ENRICHMENT | 1,250 |
|   |      |    |                      |       |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or Recipient Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HOLY FAMILY PARISH1010 35th STREET NONE PC. RELIGIOUS 250 GALVESTON, TX 77550

| JUNIOR ACHIEVEMENT<br>2737 S BROADWAY 207<br>TYLER, TX 75701 | NONE | PC | COMMUNITY ENRICHMENT | 750 |
|--|------|----|----------------------|-----|
| MARVIN METHODIST CHURCH<br>300 W ERWIN STREET                | NONE | PC | RELIGIOUS            | 100 |

| MARVIN METHODIST CHURCH<br>300 W ERWIN STREET<br>TYLER, TX 75702 | NONE | PC | RELIGIOUS | 100     |
|--|------|----|-----------|---------|
| Total  |      |    | ▶ 3a      | 898,351 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

Name and address (home or husiness)

Total .

| Name and address (nome or business)       | or substantial contributor |    |                      |    |
|---|----------------------------|----|----------------------|----|
| a Paid during the year                    |                            |    |                      |    |
| NEW LONDON SCHOOL MUSEUM<br>10690 MAIN ST | NONE                       | PC | COMMUNITY ENRICHMENT | 50 |

recipient

| OVERTON, TX 75684  |      |    |           |     |
|--|------|----|-----------|-----|
| O'CONNELL COLLEGE PREPARATORY<br>SCHOO<br>1320 TREMONT STREET<br>GALVESTON, TX 77551 | NONE | PC | EDUCATION | 250 |

| 1 | PETA501 FRONT ST                           | NONE | DC. | COMMUNITY ENRICHMENT | 1 000 |
|---|--|------|-----|----------------------|-------|
| П | 1320 TREMONT STREET<br>GALVESTON, TX 77551 |      |     |                      |       |
|   | SCHOO                                      | NONE | PC  | EDUCATION            | 250   |

| PETA501 FRONT ST                        | NONE | DC . | COMMUNITY ENRICHMENT | 1,000 |
|---|------|------|----------------------|-------|
| 1320 TREMONT STREET GALVESTON, TX 77551 |      |      |                      |       |

| GALVESTON, TX 77551 |      |    |                      |       |
|---------------------|------|----|----------------------|-------|
| PETA501 FRONT ST    | NONE | PC | COMMUNITY ENRICHMENT | 1,000 |

| GALVESTON, TX 77551                   |      |    |                      |       |
|---------------------------------------|------|----|----------------------|-------|
| PETA501 FRONT ST<br>NORFOLK, VA 23510 | NONE | PC | COMMUNITY ENRICHMENT | 1,000 |

| PETA501 FRONT ST  | NONE | PC | COMMUNITY ENRICHMENT |  |
|-------------------|------|----|----------------------|--|
| NORFOLK, VA 23510 |      |    |                      |  |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

| Name and address (home or business) | any foundation manager<br>or substantial contributor | recipient |                      |       |
|-------------------------------------|--|-----------|----------------------|-------|
| a Paid during the year              |  |           |                      |       |
| PYLAR MEMORIAL PARK                 | NONE   | PC        | COMMUNITY ENRICHMENT | 1,200 |

| 185 WEST 5TH STREET<br>RUSK,TX 75785                           |      |    |                      | ·     |
|--|------|----|----------------------|-------|
| PROJECT K9 HERO<br>535 GRISWOLD ST 111-105<br>DETROIT MI 48226 | NONE | PC | COMMUNITY ENRICHMENT | 5,000 |

| PROJECT K9 HERO<br>535 GRISWOLD ST 111-105<br>DETROIT, MI 48226 | NONE | PC | COMMUNITY ENRICHMENT | 5,000 |
|---|------|----|----------------------|-------|
| ROTARY INTERNATIONAL<br>14280 COLLECTIONS CENTER DRIVE          | NONE | PC | COMMUNITY ENRICHMENT | 1,000 |

| 535 GRISWOLD ST 111-105<br>DETROIT, MI 48226                                | NONE | ۲  | COMMONITY ENRICHMENT | 5,000 |
|---|------|----|----------------------|-------|
| ROTARY INTERNATIONAL<br>14280 COLLECTIONS CENTER DRIVE<br>CHICAGO, IL 60693 | NONE | PC | COMMUNITY ENRICHMENT | 1,000 |

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                          |      |    |                      |       |
|---|------|----|----------------------|-------|
| RUSK ROTARY CLUB602 HENDERSON<br>RUSK, TX 75785 | NONE | PC | COMMUNITY ENRICHMENT | 50    |
| SAN AUGUSTINE HISTORICAL SOCIETY                | NONE | PC | COMMUNITY ENRICHMENT | 5,000 |

| N AUGUSTINE HISTORICAL SOCIETY<br>5 S CONGRESS ST<br>N AUGUSTINE, TX 75972 | NONE | PC | COMMUNITY ENRICHMENT |  |
|--|------|----|----------------------|--|
| 3K, 1X 73763   |      |    |                      |  |

20E

| SAN AUGUSTINE, TX 75972                                       |      |    |           |     |
|---|------|----|-----------|-----|
| SECOND BAPTIST CHURCH<br>205 POPULAR ST<br>MARSHALL, TX 75670 | NONE | PC | RELIGIOUS | 100 |

| SAN AGGOSTINE, TX 73372                                       |      |    |           |         |
|---|------|----|-----------|---------|
| SECOND BAPTIST CHURCH<br>205 POPULAR ST<br>MARSHALL, TX 75670 | NONE | PC | RELIGIOUS | 100     |
| Total   |      |    | ▶ 3a      | 898,351 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

| Name and address (home or business) | or substantial contributor | recipient |                      |    |
|-------------------------------------|----------------------------|-----------|----------------------|----|
| a Paid during the year              |                            |           |                      |    |
| SHRINER HOSPITAL FOR CHILDREN       | NONE                       | PC        | COMMUNITY ENRICHMENT | 50 |

| SHRINER HOSPITAL FOR CHILDREN<br>3100 SAMFORD AVENUE<br>SHREVEPORT, LA 71103 | NONE | PC | COMMUNITY ENRICHMENT | 50  |
|--|------|----|----------------------|-----|
| TEXAS AM FOUNDATION  | NONE | PC | EDUCATION            | 250 |

| 3100 SAMFORD AVENUE<br>SHREVEPORT, LA 71103                            |      |    |              |     |
|--|------|----|--------------|-----|
| TEXAS AM FOUNDATION<br>401 GEORGE BUSH DR<br>COLLEGE STATION, TX 77550 | NONE | PC | EDUCATION    | 250 |
| TEXAS FALLEN OFFICER FOUNDATION<br>13154 COIT ROAD SUITE 102G          | NONE | PC | PHILANTHROPY | 250 |

| 401 GEORGE BUSH DR<br>COLLEGE STATION, TX 77550                                   |      |    |              |         |
|---|------|----|--------------|---------|
| TEXAS FALLEN OFFICER FOUNDATION<br>13154 COIT ROAD SUITE 102G<br>DALLAS, TX 75240 | NONE | PC | PHILANTHROPY | 250     |
| Total   |      |    | ▶ 3a         | 898,351 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                                |      |    |                      |       |
|---|------|----|----------------------|-------|
| VESTED INTEREST K-9PO BOX 9<br>EAST TAUNTON, MA 02718 | NONE | PC | COMMUNITY ENRICHMENT | 1,000 |
|   |      |    |                      |       |

| LAST TAUNTON, MA 02718           |      |    |                       |     |
|----------------------------------|------|----|-----------------------|-----|
| VOLUNTEER SERVICES COUNCIL NORTH | NONE | PC | COMMUNITY DEVELOPMENT | 250 |
| TE                               |      |    |                       |     |
| 3980 STATE SCHOOL ROAD           |      |    |                       |     |

| VOLUNTEER SERVICES COUNCIL NORTH | INONE | PC | COMMONITY DEVELOPMENT | 250 |
|----------------------------------|-------|----|-----------------------|-----|
| TE                               |       |    |                       |     |
| 3980 STATE SCHOOL ROAD           |       |    |                       |     |
| DENTON,TX 76210                  |       |    |                       |     |
| ·                                |       |    |                       |     |
|                                  |       |    |                       |     |

| 3980 STATE SCHOOL ROAD<br>DENTON, TX 76210 |      |    |                      |       |
|--|------|----|----------------------|-------|
| YWAM TYLER 20131 FM 16                     | NONE | PC | COMMUNITY ENRICHMENT | 5 000 |

| DENTON,TX 76210                            |      |    |                      |       |
|--|------|----|----------------------|-------|
| YWAM TYLER20131 FM 16<br>LINDALE, TX 75771 | NONE | PC | COMMUNITY ENRICHMENT | 5,000 |

| YWAM TYLER20131 FM 16 | NONE | PC | COMMUNITY ENRICHMENT | 5,000 |
|-----------------------|------|----|----------------------|-------|
| LINDALE, TX 75771     |      |    |                      |       |

| LINDALE, TX 75771 | 110112 |          | 3,000   |
|-------------------|--------|----------|---------|
| Total             |        | <br>▶ 3a | 898,351 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

| a Paid during the year   |      |    |                      |       |
|--|------|----|----------------------|-------|
| THE GENTLE BARN<br>15825 SIERRA HIGHWAY<br>SANTA CLARITA, CA 91390 | NONE | PC | COMMUNITY ENRICHMENT | 5,000 |
| THE JANE GOODALL INSTITUTE   | NONE | PC | COMMUNITY ENRICHMENT | 2,500 |

| THE JANE GOODALL INSTITUTE<br>1595 SPRING HILL RD SUITE 550<br>VIENNA, VA 22182 | NONE | PC | COMMUNITY ENRICHMENT | 2,500 |
|---|------|----|----------------------|-------|
| THE RISE SCHOOL OF CORPUS CHRISTI<br>2030 RISE ROAD                             | NONE | PC | EDUCATION            | 1,000 |

898,351

| 1595 SPRING HILL RD SUITE 550<br>VIENNA, VA 22182                               |      |    |           | _,_  |
|---|------|----|-----------|------|
| THE RISE SCHOOL OF CORPUS CHRISTI<br>2030 RISE ROAD<br>CORPUS CHRISTI, TX 78411 | NONE | PC | EDUCATION | 1,00 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or husiness)

| Name and address (nome or business)             | or substantial contributor |    |           |       |
|---|----------------------------|----|-----------|-------|
| a Paid during the year                          |                            |    |           |       |
| THE RIVER CHURCH595 MARCUS ST<br>ALTO, TX 75925 | NONE                       | PC | RELIGIOUS | 3,500 |
|   |                            |    |           |       |

| THE UNIVERSITY-TEXAS AT TYLER FOUND     | NONE | PC | EDUCATION | 5,000 |
|---|------|----|-----------|-------|
| 3900 UNIVERSITY BLVD<br>TYLER, TX 75799 |      |    |           |       |
|   |      |    |           |       |

| FOUND<br>3900 UNIVERSITY BLVD<br>TYLER, TX 75799 |      |    |           |    |
|--|------|----|-----------|----|
| TRINITY SCHOOL OF TEXAS<br>215 N TEAGUE ST       | NONE | PC | EDUCATION | 50 |

| 3900 UNIVERSITY BLVD<br>TYLER, TX 75799                          |      |    |           |    |
|--|------|----|-----------|----|
| TRINITY SCHOOL OF TEXAS<br>215 N TEAGUE ST<br>LONGVIEW, TX 75601 | NONE | PC | EDUCATION | 50 |

| TRINITY SCHOOL OF TEXAS<br>215 N TEAGUE ST<br>LONGVIEW, TX 75601 | NONE | PC | EDUCATION | 50      |
|--|------|----|-----------|---------|
| Total  |      |    | ▶ 3a      | 898,351 |

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491170012060 |          |          |   |                      |                        |   |   |  |
|--|----------|----------|---|----------------------|------------------------|---|---|--|
| TY 2019 Accounting Fees Schedule   |          |          |   |                      |                        |   |   |  |
|  |          |          |   |                      |                        |   |   |  |
| Name: JAMES I PERKINS FAMILY FOUNDATION                                  |          |          |   |                      |                        |   |   |  |
| <b>EIN:</b> 02-0762991   |          |          |   |                      |                        |   |   |  |
| Softw  | vare ID: | 19009920 | 0 |                      |                        |   |   |  |
| Software Version: 2019v5.0   |          |          |   |                      |                        |   |   |  |
| Category Amou  |          | ount     |   | Investment<br>Income | Adjusted Net<br>Income |   | Disbursements<br>for Charitable<br>Purposes |  |
| ACCOUNTING FEE   |          | 6,242    |   | 3,121                |                        | 0 | 3,121                                       |  |

| efile GRAPHIC print - DO NOT PROCESS                                       | As Filed Data - |                       | DLN: 93491170012060 |  |  |  |
|--|-----------------|-----------------------|---------------------|--|--|--|
| TY 2019 Investments Government Obligations Schedule                        |                 |                       |                     |  |  |  |
|  |                 |                       |                     |  |  |  |
| Name:  | JAMES I PERK    | INS FAMILY FOUNDATION |                     |  |  |  |
| EIN:   | 02-0762991      |                       |                     |  |  |  |
| Software ID:   | 19009920        |                       |                     |  |  |  |
| Software Version:  | 2019v5.0        |                       |                     |  |  |  |
| US Government Securities - End of Year Book Value:                         |                 | 7,656,928             |                     |  |  |  |
| US Government Securities - End of Year Fair Market Value:                  |                 | 7,656,928             |                     |  |  |  |
| State & Local Government<br>Securities - End of Year Book<br>Value:        |                 |                       |                     |  |  |  |
| State & Local Government<br>Securities - End of Year Fair<br>Market Value: |                 |                       |                     |  |  |  |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |                   | DLN: 93491170012060 |
|--------------------------------------|-----------------|-------------------|---------------------|
| TY 2019 Investments - Land S         | Schedule        |                   |                     |
|                                      |                 |                   |                     |
| Name:                                | JAMES I PERKINS | FAMILY FOUNDATION |                     |
| EIN:                                 | 02-0762991      |                   |                     |
| Software ID:                         | 19009920        |                   |                     |

| Software Version: 2019v5.0 |                     |                             |            |                                  |  |
|----------------------------|---------------------|-----------------------------|------------|----------------------------------|--|
| Category/ Item             | Cost/Other<br>Basis | Accumulated<br>Depreciation | Book Value | End of Year Fair<br>Market Value |  |
| Land                       | 31,464              |                             | 31,464     | 9,900                            |  |

| file GRAPHIC print - DO NOT PROCESS | As Filed Data - |              | DI         | N: 93491170012060 |
|-------------------------------------|-----------------|--------------|------------|-------------------|
| TY 2019 Investments - Other         | Schedule        |              |            |                   |
| Name:                               | JAMES I PERKINS | FAMILY FOUR  | NDATION    |                   |
| EIN:                                | 02-0762991      |              |            |                   |
| Software ID:                        | 19009920        |              |            |                   |
| Software Version:                   | 2019v5.0        |              |            |                   |
| vestments Other Schedule 2          |                 |              |            |                   |
| Catagony / Itom                     | Liete           | d at Cast au | Dook Value | End of Voor Enin  |

| Investments Other Schedule 2 |                       |            |                                  |
|------------------------------|-----------------------|------------|----------------------------------|
| Category/ Item               | Listed at Cost or FMV | Book Value | End of Year Fair<br>Market Value |
| JP MORGAN EQUITIES           | FMV                   | 4,156,405  | 4,156,405                        |
| AMERITRADE                   | FMV                   | 7,928,568  | 7,928,568                        |

| efile GRAPHIC print - DO NOT PROCES | SS As Filed Data      | -                        | DLN                    | N: 93491170012060                           |
|-------------------------------------|-----------------------|--------------------------|------------------------|---|
| TY 2019 Legal Fees Schedu           | ıle                   |                          |                        |   |
|                                     |                       |                          |                        |   |
| Nan                                 | ne: JAMES I PER       | RKINS FAMILY FOU         | INDATION               |   |
| E                                   | <b>IN:</b> 02-0762991 |                          |                        |   |
| Software :                          | <b>ID:</b> 19009920   |                          |                        |   |
| Software Version                    | <b>on:</b> 2019v5.0   |                          |                        |   |
| Category                            | Amount                | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
| LEGAL & PROFESSIONAL FEES           | 5,912                 | 2,956                    | 0                      | 2,956                                       |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -                      |                          | DLN:                   | 93491170012060                              |  |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|
| TY 2019 Other Expenses Schedule      |                                      |                          |                        |   |  |
|                                      |                                      |                          |                        |   |  |
| Name:                                | JAMES I PERKIN                       | NS FAMILY FOUNI          | DATION                 |   |  |
| EIN:                                 | 02-0762991                           |                          |                        |   |  |
| Software ID:                         | 19009920                             |                          |                        |   |  |
| Software Version:                    | 2019v5.0                             |                          |                        |   |  |
| Other Expenses Schedule              |                                      |                          |                        |   |  |
| Description                          | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |

800

563

4,500

10,000

17,070

1,300

657

46

400

282

2,250

5,000

8,535

329

23

650

400

281

2,250

5,000

8,535

328

23

650

| Solitivalit             | 101310111 | _ |
|-------------------------|-----------|---|
| Other Expenses Schedule |           |   |
|                         |           |   |

APPRAISAL FEE

BANK CHARGES

CONTRACT LABOR

INVESTMENT FEES

DUES AND MEMBERSHIP

LOAN SERVICING EXPENSE

MEALS & ENTERTAINMENT

**INSURANCE - LIABILITY & GENERAL** 

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | -                        | DL                     | N: 93491170012060                           |
|--------------------------------------|---------------|--------------------------|------------------------|---|
| TY 2019 Taxes Schedule               |               |                          |                        |   |
|                                      |               |                          |                        |   |
| Name                                 | : JAMES I PER | RKINS FAMILY FOU         | INDATION               |   |
| EIN                                  | l: 02-0762991 |                          |                        |   |
| Software ID                          | : 19009920    |                          |                        |   |
| Software Version                     | : 2019v5.0    |                          |                        |   |
| Category                             | Amount        | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
| FEDERAL EXCISE TAX 2018              | 896           | 448                      |                        | 448   |
| FEDERAL EXCISE TAX 2019              | 8,000         | 4,000                    |                        | 4,000                                       |
| FOREIGN TAX                          | 1,058         | 529                      |                        | 529   |
| PROPERTY TAX                         | 370           | 185                      |                        | 185   |