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Use Only

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Form	J	J	υ

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 2023 Open to Public Inspection

817-596-9301

	Dep Inte	artment of the Tre mal Revenue Ser	Peasury Do not enter social security numbers on this form as it main the social security numbers on this form as it main the later social security numbers on this form as it main the later social security numbers on this form as it main the social security numbers on this form as it main the social security numbers on this form as it main the social security numbers on this form as it main the social security numbers on this form as it main the social security numbers on this form as it main the social security numbers on this form as it main the social security numbers on this form as it main the social security numbers on this form as it main the social security numbers on this form as it main the social security numbers on this form as it main the social security numbers on this form as it main the social security numbers on this form as it main the social security numbers on this form as it main the social security numbers on this form as it main the social security numbers on this form as it main the social security numbers on the so			Inspection
	A		3 calendar year, or tax year beginning , and ending			
	B	Check if applicabl	le: C Name of organization THE TOM AND SUSAN DURANT		D Employe	r identification number
	\square	Address change	FOUNDATION INC.		1	
	$\overline{\Box}$	Name change	Doing business as			074058
		•	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 1717	Room/suite	E Telephone	e number 421-7235
	Н	initial return Final return/	City or town, state or province, country, and ZIP or foreign postal code		017-	<u> 221 - 1235</u>
		terminated	GRAPEVINE TX 76099		G Gross rec	eipts \$ 1,715,808
		Amended return	F Name and address of principal officer:		G GIUSS IEU	
,		Application pendi	THOMAS BENTLY DURANT	H(a) is this a gr	oup return for s	ubordinates? Yes X No
			P.O. BOX 1717	H(b) Are all sut	ordinates incl	uded? 🗌 Yes 🗌 No
			GRAPEVINE TX 76099	lf "No,	' attach a list.	See instructions
f	1	Tax-exempt stat	tus: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
ANAL C	J	Website:	TOMANDSUSANDURANTFOUNDATION.ORG	H(c) Group exe	mption numbe	er
· ·	к	Form of organiza	ation: X Corporation Trust Association Other	L' Year of formation: 2	022	M State of legal domicile: TX
		Part I	Summary			
	_	1 Briefly	y describe the organization's mission or most significant activities:			
	¢	то	CREATE FUNDRAISING ACTIVITIES IN NORTH TEXAS AND N	AAKE FINANCI	AL.	
	anc	CO	NTRIBUTIONS TO LOCAL CHARITIES.			
	Activities & Governance					
	No		k this box 🔲 if the organization discontinued its operations or disposed of more than 25			
	ن ھ	3 Numb	per of voting members of the governing body (Part VI, line 1a)		. 3	5
	ies	4 Numb	per of independent voting members of the governing body (Part VI, line 1b)		4	5
	ivit	5 Total	number of individuals employed in calendar year 2023 (Part V, line 2a)			0
	Act		number of volunteers (estimate if necessary)			15
			unrelated business revenue from Part VIII, column (C), line 12			0
	_	b Net ur	nrelated business taxable income from Form 990-T, Part I, line 11	Prior Ye		Current Year
		D. Contri	ity times and grants (Part)/III line (1)	0.2	^{ar} 3,635	1,475,937
į.	an		ibutions and grants (Part VIII, line 1h) am service revenue (Part VIII, line 2g)		3,000	
ě	Revenue	10 Invost	am service revenue (Part VIII, line 2g) tment income (Part VIII, column (A), lines 3, 4, and 7d)			0
4	Re,	11 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38	6,288	163,997
1			revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,923	1,639,934
•	_		ts and similar amounts paid (Part IX, column (A), lines 1-3)		1,000	1,101,919
·			fits paid to or for members (Part IX, column (A), line 4)			C
		45 000	ies, other compensation, employee benefits (Part IX, column (A), lines 5-10)			C
	Expenses	16a Profes	ssional fundraising fees (Part IX, column (A), line 11e)			C
	ber	b Total	fundraising expenses (Part IX, column (D), line 25) 0			
	ũ	17 Other	expenses (Part IX, column (A), lines 11a-11d, 11I-24e)		1,857	6,375
		18 Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,857	1,108,294
		19 Rever	nue less expenses. Subtract line 18 from line 12	5	7,066	
	Assets or	sace		Beginning of Cu		End of Year
	ssets	20 Total	assets (Part X, line 16)	5	7,066	588,706
	Net As	21 Total	liabilities (Part X, line 26)		0	500 700
		the second second second	ssets or fund balances. Subtract line 21 from line 20		7,066	588,706
			Signature Block			
			s of perjury, I declare that I have examined this return, including accompanying schedules and stand s			owledge and belief, it is
ž					_	
-	Si	gn Sign	nature of officer LAXPAYER CODV		Date	
		9	HOMAS BENTLY DURANT	I		
			e or print name and title			,
à.		Print	VType preparer's name Preparer's signature	Date	Check	
	Pa	id CAS	EY MITCHELL CASEY MITCHELL	01/13	3/25 self-en	
	Pr	eparer	SNOW GARRETT WILLIAMS		Firm's EIN	75-2353675

Firm's address	WEATHERFORD,	ΤX	76086-5819	Phone no. 817	-596	-9:	301			
May the IRS discuss this return with the preparer shown above? See instructions										
For Paperwork Reduction Act Notice, see the separate Instructions. Form 9										

1207 SANTA FE DR

WEATHERFORD, TX 76086-5819

Form	n 990 (2023) THE TOM AND	SUSAN DURANT	92-107405	58	Page 2
	art III Statement of Program	m Service Accomplishme	nts		
			to any line in this Part III		
	Briefly describe the organization's miss			AVE ETNANCT	T
	TO CREATE FUNDRAISIN		WORTH TEAAS AND M	AKE FINANCIA	L.
	CONTRIBUTIONS TO LOC	AL CHARTILES.			•••••••••••••••••••••••••••••••••••••••
	• • • • • • • • • • • • • • • • • • • •		•••••••••••••••••••••••••••••••••••••••		
2	Did the organization undertake any sign	ificant program services during the	vear which were not listed on the		
	prior Form 990 or 990-EZ?				Yes X No
	If "Yes," describe these new services o	n Schedule O.	• • • • • • • • • • • • • • • • • • • •		
3	Did the organization cease conducting,	or make significant changes in how	it conducts, any program		
					🗌 Yes 🗶 No
	If "Yes," describe these changes on Sc				
4	Describe the organization's program se				
	expenses. Section 501(c)(3) and 501(c		port the amount of grants and alloc	ations to others,	
	the total expenses, and revenue, if any,	for each program service reported.			
4a	(Code:) (Expenses \$	1,108,294 including a	rants of \$ 1,101,91	9) (Bevenue \$	
	TO CREATE FUNDRAISIN				, ,
	CONTRIBUTIONS TO LOC	NT CUNDIMITE			
	• • • • • • • • • • • • • • • • • • • •				••••••
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	• • • • • • • • • • • • • • • • • • • •	••••••			
			• • • • • • • • • • • • • • • • • • • •		
4b	(Code:)(Expenses \$	including g	rants of \$) (Revenue \$)
1	N/A				
	•				
	• • • • • • • • • • • • • • • • • • • •		•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •	•••••
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	(Code:) (Expenses \$	including g	rants of \$) (Revenue \$)
1	N/A			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
			•••••••••••••••••••••••••••••••••••••••		
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_		-h-dula ()	,		
40	I Other program services (Describe on S (Expenses \$) (Revenue	\$)
40	Total program service expenses	including grants of \$ 1,108,294	/ (nevende s	· · · · · · · · · · · · · · · · · · ·	

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	1990 (2023) THE TOM AND SUSAN DURANT 92-1074058		P	Page 3
Pa	att IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
č	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۱Ť		
'	•	7		x
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	<u>├</u>		
8				x
	complete Schedule D, Part III	8		<u>^</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
•	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>x</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investmentsother securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
129	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
b	•	12b		x
10	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part LN, column (A), line 27 # "res," complete Schedule, I, Part I and III, and A. of Stabul compensation of the complexitation's current and former offices, directors, trustees, key employees, and highest compensated employees? If "res," complete Schedule J. 23 X 24a Dd the organization have a tax-exempt bord issue with an outstanding principal amount of mee than \$10,000° and the back day of the year, that was issued after Documber 31, 000° If "res," answer lines 24b 24a 24b 24b Dd the organization invest at any stoceded date. Documber 31, 000° If "res," answer lines 24b 24b 24b 24b Dd the organization invest at any stoceded date. Documber 31, 000° If "res," answer lines 24b 24b 24c 24b Dd the organization invest at any stoceded date. The SC complete Schedule J, Part II. 24c 24c 25b Berlin 501(c)(3), 501(c)(4), and 501(c)(20 organizations. Did the organization ingaps in an excess benefit transaction with a discupilific person unit on phot year. 24c 24c 25b Berlin 501(c)(3), 501(c)(4), and 501(c)(20 organizations. Did the organization program stransaction with a discupilific person unit on phot year. 24c 24d 25b Berlin 501(c)(3), 501(c)(4), and 501(c)(20 organizations. Unit on phot year. 24d 25b X 25c B Did the organization mount on Part X. Ins 6 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or foracde, substantial contributors. 25b X <	Form	990 (2023) THE TOM AND SUSAN DURANT 92-10'	4058	3			P	age 4					
Ves No. 20 Did the organization report more than \$5,000 of grants or other assistance to or for domethic individuals on Part IX, column (A), line 27 # "vis," complete Schedule (), Part I, and III, Ins. 9, 4, or 3 shout compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated of the organization have any error board lists with an obtained professor #11, 2002 # 1 vis," answer hiss 24 bit the organization have any error board lists with an obtained professor #11, 2002 # 1 vis," answer hiss 24 bit the organization mean any ency extend usesplored. 24a X 24b Did the organization mean any ency extend usesplored. 24a X 24c Did the organization mean any ency extend usesplored. 24a X 24c Did the organization mean any ency extend usesplored. 24a X 24c Did the organization mean any ency extend usesplored. 24a X 24c Did the organization ency ency ency extend usesplored. 24d 24d 25c Sections 50(10), 50(10), 60(10), 40(10), 40(10), 50(10), 60(10), 40(10), 40(10), 50(10), 50(10), 40(10), 40(10), 50(10), 50(10), 40(10), 40(10), 50(10), 50(10), 40(10), 40(10), 50(10), 50(10), 40(10), 50(10), 40(10), 50(10), 50(10), 40(10), 50(10), 40(10), 50(10), 40(10), 50(10), 40(10), 50(10), 40(10), 50(10), 40(10), 50(10), 40(10), 50(10), 40(10), 50(10), 40(10), 50(10), 40(10), 50(10), 40(10), 50(10), 40(10), 50(10), 40(10), 50(10), 40(10), 50(10), 40(10), 50(10), 40(10), 50													
Part DL, column (A), Ince 21 # "Ves," complete Schedule (), Part I and III, Des A, or 5 should componentiated on the organization answer "ver" to Part VII, Secton A, Bio A, or 5 should componentiate on the organization counter at forme officiers, directors, trustees, kay employees, and highest compensated in the organization in the start accenter boot discuss the in extension generation of the sectors of the base of the organization internal area counter and the base of	<u></u>						Yes	No					
Part DL, column (A), Ince 21 # "Ves," complete Schedule (), Part I and III, Des A, or 5 should componentiated on the organization answer "ver" to Part VII, Secton A, Bio A, or 5 should componentiate on the organization counter at forme officiers, directors, trustees, kay employees, and highest compensated in the organization in the start accenter boot discuss the in extension generation of the sectors of the base of the organization internal area counter and the base of	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals	on										
20 Diff the organization actions "Yes" to Part VII, Section A, Ime 3, 4, or 5 about compensated employees, and highest compensated employees? If Yes," complete Schedule J, and the Status of the section of the sectin of the section of the section of the section						22		x					
engioses? If we can provide a start of the engine start	23			•••									
24a Did the organization have a tor-exempt bond issue with an outstanding principal answer fixes 24b 24a X b Did the organization matrixes an excretion with an outstanding principal answer fixes 24b 24b X c Did the organization matrixes an excretion was the outstanding at any time during the year? 24c X 25b Biolitan estimation active as on to behalf of issue for boot outstanding at any time during the year? 24c X 25c Biolitan Structure and the organization ange in an excretion was with an outstanding structure the during the year? 24d X 25c Biolitan Structure and boot file organization ange in an excretion structure the during the year? 24d X 25c Biolitan Structure and boot reported outstanding at any time during the year? 24d X 25c Biolitan Structure and boot reported outstanding principal answer biolitan any constant on the structure and boot reported outstanding principal and structure and boot reported structure and boot reported structure		-	1										
24 Diff the organization have a tax-exempt bond issue with an outstanding principal around if more than 24a X 25 Optimization invest any news, that we assued after December 2, 000221 if "res," canner fines 24b 24a X b Diff the organization maintain an escrow account other than a refunding escrow at any time during the year? 24a X 25 Decision for (c)(3), 501(c)(4), and 501(c)(2) organizations. Do the organization regage in an excess benefit 25a X 26 Diff the organization maintain an escrow account other than a refunding escrow at any time during the year? 26c X 27 Vex.* complete Schedule L, Part I 25a X 28 Diff the organization maint an excess benefit transaction with a disqualified person in a prior 27a X 28 Diff the organization report any mount on Part X. Ims 5 or 22, for maintains prior any anotat on Part X. 27a X 29 Diff the organization prior any anotat on Part X. Ims 5 or 22, for maintains prior any anotat on Part X. 27a X 20 Diff the organization report any anotat on Part X. 27a X 20 Diff the organization report any anotat on Part X. 27a X 21 Diff the organization report any onothes partsaction on thor		employees? If "Yes," complete Schedule J				23		X					
through 36d and complete Schedule (L 1 Wo, "go to be 250. 24a X b Did the organization investary proceeds of Lax-expende bonds beyond a temporary ported exception? 24b X c Did the organization investary proceeds of Lax-expende bonds oversphere bonds? 24c X 255 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization args in an excess benefit transaction with a disputified person in a prior year, and that is transaction arguint of many of the organization arguint in a prior year, and that is transaction any of the organization's prior forms 900 or 900-E27 25b X 2 Did the organization rever that it engaged in an excess benefit transaction with a disputified person in a prior year, and that is transaction any of the organization's prior forms 900 or 900-E27 25b X 2 Did the organization rever that is engaged in an excess benefit transaction with a disputified person in a prior year, and that the transaction want on Part X. Ine S or 22, for necelvables from or psychies to any current or forms engatives to any current or forms engative to any current or the second trans (they year). This way, complete Schedule L, Part I 26 X 2 Did the organization provide a grant or other assistance to any otheres 27 X 27 X 2 Did the organization provide a schadule L, Part II 26	24a												
through 36d and complete Schedule (L II Vib." go to be 25a. 24a X b Did the organization investary proceeds of Lax-expende bonds beyond a temporary ported oxception? 24b 24c c Did the organization investary proceeds of Lax-expende bonds? 24c 24c 24c c Did the organization act as in "to brhail of" issuer for bonds outstanding at any time during the year? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(23) organizations. Did the organization expetie is checkule L. Part I 25a X 25a the organization act as in no brain of "issuer for bonds outstanding at any time during the year? 25a X 25a the organization act as in "no brain of" issuer for bonds outstanding at any time during the year? 25a X 25a the organization act as in "no brain of" issuer for bonds outstanding at any time during the year? 25b X 25a the organization act as in a nonexes burnell transaction with a disqualified person in a prior 25a X 25a Did the organization acy to mount on Part X. Ine S or 22, for receivables from or payclike to any current of former oftand, fireback the part M. So, complete Schedule L., Part M. 26 X 270 Did the organization acy to these parsons? If "Yes, "complete Schedule L, Part		• •	s 24b										
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporry period exception? 24b c Did the organization markinals an encrow account other than a refunding exerce at any time during the year? 24c d Did the organization markinals and escrow account other than a refunding exerce any time during the year? 24c d Did the organization markinals and e010(c)20 programizations. Did the organization angle in an access benefit transaction with a disguiled person during the year? 24d d Did the organization aver that it regarded in an access benefit transaction with a disguiled person in a prior year, and that the transaction with a marking the year? 25b X d Did the organization aver that it regarded in an access benefit transaction with a disguiled person in a prior year, and that the transaction with a disguiled person in a prior year, and that the transaction with a disguiled person in a prior year, and that the transaction with a disguiled person in a prior year, and that the transaction with a disguiled person in a prior year, and that the transaction with a disguiled person in a prior year, and that the transaction with a disguiled person in a prior year, and that the transaction with a disguiled person in a prior year, and that the transaction with a disguiled person in a prior year, and that the transaction with a disguiled person in a prior year, and that the transaction with a disguiled person in a prior year, and that the transaction with a disguiled person in a prior year, and that the transaction with a disguiled person in a prior year, and that the transaction with a disguiled person in a prior year, and that the transaction with a disguiled person in a prior year, and that the transaction with a disguil						24a		X					
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29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes," complete Schedule R, Part V, line 2 36 36 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X <td>Ũ</td> <td>Was " semplete Babadylo I. Dort IV</td> <td></td> <td></td> <td></td> <td>28c</td> <td></td> <td>X</td>	Ũ	Was " semplete Babadylo I. Dort IV				28c		X					
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				i -									
reportable gaming (gambling) winnings to prize winners?			<u></u>			10		X					

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Form	990 (2023) THE TOM AND SUSAN DURANT 92-10740	58		Ρ	'age 5
Pa	at M Statements Regarding Other IRS Filings and Tax Compliance (continu	ied)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
3a			3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit	y over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account	unt)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5</u> a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
			7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•••••	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	1	7c		
đ	· · · · · · · · · · · · · · · · · · ·	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by		8		
•					
9	Sponsoring organizations maintaining donor advised funds.		9a		
a ⊾	Did the sponsoring organization make any taxable distributions under section 4966?		9b		
b		•••••	30		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a b		10b			
11 11	Section 501(c)(12) organizations. Enter:				
a		11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources		-		
5	an align the second from the second from the second	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
ь	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	13b			
с		13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .		14b	ļ	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			F C	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incom	e?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	•••••	17		
	If "Yes." complete Form 6069.			\$	k i i i i i i i i i i i i i i i i i i i

Form 990 (2023)

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Form	990 (2023) THE TOM AND SUSAN DURANT 92-1074058		F	age 6									
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	d for a	"No"										
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	See ins	tructic	ons.									
	Check if Schedule O contains a response or note to any line in this Part VI	· · · · · · · · ·	· • • <u>· • •</u> • •	X									
<u>Sec</u>	tion A. Governing Body and Management												
			Yes	No									
1a	Enter the number of voting members of the governing body at the end of the tax year												
	If there are material differences in voting rights among members of the governing body, or												
	if the governing body delegated broad authority to an executive committee or similar												
	committee, explain on Schedule O.												
b	Enter the number of voting members included on line 1a, above, who are independent												
2													
	any other officer, director, trustee, or key employee?	2		<u>x</u>									
3	Did the organization delegate control over management duties customarily performed by or under the direct												
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X X									
6	Did the organization have members or stockholders?	6		<u> </u>									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			v									
•	one or more members of the governing body?	<u>7a</u>	-	<u>x</u>									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	-76		x									
~	stockholders, or persons other than the governing body?	7b											
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		X										
a 5	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X										
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		<u> </u>										
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x									
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue (
000	non b. Poncies (This Section B requests information about policies not required by the internal nevenue (///////////////////////////////////////	Yes	No									
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X									
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,												
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	106											
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X										
ь	Describe on Schedule O the process, if any, used by the organization to review this Form 990.												
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b											
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"												
	describe on Schedule O how this was done	12c											
13	Did the organization have a written whistleblower policy?	13		X									
14	Did the organization have a written document retention and destruction policy?	14		X									
15	Did the process for determining compensation of the following persons include a review and approval by												
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
а	The organization's CEO, Executive Director, or top management official	<u>15a</u>		X									
b	Other officers or key employees of the organization	15b		X									
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement												
	with a taxable entity during the year?	16a		X									
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its												
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the												
-	organization's exempt status with respect to such arrangements?	16b											
<u>Sec</u>	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed NONE												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)												
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.												
	Own website X Another's website X Upon request Other (explain on Schedule O)												
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,												
•-	and financial statements available to the public during the tax year.												
20	State the name, address, and telephone number of the person who possesses the organization's books and records.												
	ENTLY DURANT P.O. BOX 1717 TX 76099 81	7-42	1-7	235									

Form 990 (2023)

Form 990 (2023) THE TOM A								92-107		Page 7
Part VII Compensation of Independent Com		irea	ctor	s, T	rus	stee	es, I	Key Employees, Hig	hest Compensated	Employees, and
•		a re	spo	nse	or	not	e to	any line in this Part	VII	
								ompensated Employees		
1a Complete this table for all persons organization's tax year.			•		•					
 List all of the organization's cur compensation. Enter -0- in columns (I 	D), (E), and (F) if	no c	omp	ensa	tion	was	paid.		•	
 List all of the organization's cur List the organization's five current 								• • •		
who received reportable compensation \$100,000 from the organization and a	h (box 5 of Form)	W-2,	box							
 List all of the organization's for \$100,000 of reportable compensation 									received more than	
 List all of the organization's form organization, more than \$10,000 of re See the instructions for the order in with 	portable compens	satio	n froi	m the						
X Check this box if neither the organ	nization nor any re	elate	d org	aniz	ation	соп	pens	sated any current officer, dir	ector, or trustee.	·····
(A)	(B)			Pos	C) ition			(D)	(E)	(F)
Name and title	Average hours	bo	o not o x, unle	es pe	rson i	s both	ลก	Reportable compensation	Reportable compensation	Estimated amount of other
	per week (list any		icera ອ					from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations below	al trust or	nal tru		oloyee	ompe				
	dotted line)	ee	stee			Isated				
(1) STEPHANIE MICHEI		N				-				
TREASURER	1.00	x		x				0	o) 0
(2) JAMES CHRISTOPHE	R DAVIS									
VICE PRESIDENT	1.00	x		x			İ	0	o	0
(3) THOMAS BENTLY DU	RANT					-				
CHAIRMAN	1.00	x		x	ļ			0	0	0
	HODGE									
SECRETARY	1.00	x		x				o	0	0
(5) BRAD HENRY ROBLY	ER							~		
	1.00	x		x				o	0	0
PRESIDENT (6)	0.00			^	-				0	<u>_</u>
	· · · · · · · · · · · · · · · · · · ·									
(7)		\vdash	-	-	<u> </u>					
(8)		┝		-						
(9)				_			-			
	•••••••••••••••••									
(10)			-							
	•••••									
(11)		-	-							

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	990 (2023) THE TOM A								92-107		Page 8
<u>~</u> F3	rt VII Section A. Officers	, Directors, Trus	tees I	s, Ke			yees	, ап	nd Highest Compensated E	Employees (continued)	
	(A) Name and title	(B) Average hours per week	bo off	x, unle icer a	Pos check ess pe nd a c	erson i lirecto	than o is both m/truste	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12)											
(13)											
(14)											
(15)											
(16)											
(17)											
(18)											
(19)											
1b c d	Subtotal Total from continuation shee Total (add lines 1b and 1c)	ts to Part VII, Se	ectio	n A	• • • •	. 					
2	Total number of individuals (inc reportable compensation from t	luding but not lim					abov	<i>i</i> e) v	who received more than \$100	0,000 of	
3 4	Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related organiz individual	mer officer, direct complete Schedul 1a, is the sum of zations greater the	le J I repo an \$	trust for si ortabl 150,0	uch i le co 000?	ndivi mpei If "Y	dual nsatic ⁄es,"	on a com	nd other compensation from nplete Schedule J for such	the	Yes No 3 X 4 X
5	Did any person listed on line 1a for services rendered to the org	receive or accru	e cor	nper	nsati	on fr	om ar	יא ny u	inrelated organization or indiv		5 X
_	ion B. Independent Contractor									\$100.000 -f	
1	Complete this table for your five compensation from the organize	ation. Report com	sate pen:	d ind satio	n for	the	t cont calen	dar	year ending with or within th	e organization's tax year.	
	Name and	(A) business address							Descrip	(B) tion of services	(C) Compensation
										<u> </u>	
							_				
2	Total number of independent of	ontractors (includ	ina t		ot lin	nited	to the	l	listed above) who		
-	received more than \$100,000 o	f compensation f	romi	the o	rgan	izati	<u></u>			0	

		(2023) THE		-1074058		Page 9					
Pa	rt V	III Stateme	ent o	f Revenue							
		Check if	Sch	edule O cont	ains	a respor	ise or note		is Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts Is	1a	Federated campa	aians		1a						
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a b Membership dues 1b										
s, G Amo	c Fundraising events						52,500				
Gift	d Related organizations 1d										
ns,	e	Government grants (co	ntributio	ns)	1e		_				
utio er S	1	All other contributions, and similar amounts no			11	1,	423,437				
Oth	g	Noncash contributions	included	in	4						
nou	h	tines 1a-1f						1,475,937			
0.0	11	Total. Add lines	ia-ii				Business Code				
a	2a										
rvice	b										
a Se	С										
Reve	d										
Program Service Revenue	e				<i>. .</i>	<i>.</i> .					
_	f		other program service revenue								
										Γ	l
	3	Investment incon	•								
	4	other similar amo Income from inve	ounis)	t of tax-averant b			• • • • • • • • • • • • •				
	5	Royalties									
				(i) Real			Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	c	Rental inc. or (loss)	6¢								
		Net rental income Gross amount from	e or (lo	<u>ss)</u>		<u></u>					
	10	sales of assets		(i) Securities		(ii)	Other				
		other than inventory	7a			·					
nue	D	Less: cost or other	7b								
eve	6	basis and sales exps. Gain or (loss)	70 70		_						
Other Revenue		Net gain or (loss)		L							
Oth		Gross income from									
•		(not including \$		52,500							
		of contributions rep		on line							
		1c). See Part IV, lir	ne 18 .		<u>8a</u>		239,871				
		Less: direct expe			8b		75,874				1 00 007
		Net income or (lo	•		ents .	<u></u>		163,997			163,997
	9a	Gross income fro activities. See Pa			9a						
	h	Less: direct expe			9 <u>a</u> 9h						
		Net income or (lo			<u></u>	L					
		Gross sales of in				Γ					
		returns and allow		•	10a						
	b	Less: cost of goo	ods sol		10b						
	c	Net income or (lo	oss) fro	om sales of inven	tory	<u></u>		*****		***	
sn							Business Code				
Deo	11a			·····							
cellaneo evenue	b			•••••							
Misceltaneous Revenue		All other revenue						· · · · · · · · · · · · · · · · · · ·			
2		Total. Add lines									
	12	Total revenue.						1,639,934	0	0	163,997

Form 990 (2023)

The state of the s	1990 (2023) THE TOM AND SUSP		92-10	74058	Page 10
_	rt IX Statement of Functional Ex				
Sect	ion 501(c)(3) and 501(c)(4) organizations must co			lete column (A).	
	Check if Schedule O contains a respo	<u>,</u>			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV. line 21	1,101,919	1,101,919		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10					
11	Payroll taxes Fees for services (nonemployees):				· · · · · · · · · · · · · · · · · · ·
a b	Ψ				
	Legal	1,295	1,295		·····
c d		1,255	1,200		
e e	Lobbying Professional fundraising services. See Part IV, line 17	<u> </u>			
f					
	Investment management fees				
g	(A) amount, list line 11g expenses on Schedule O.)				
10		2,198	2,198		
12 13	Advertising and promotion	164	164		· · · · · · · · · · · · · · · · · · ·
	Office expenses	TU4	104		
14	Information technology				
15 16	Royalties				
	Occupancy				
17	Travel Payments of travel or entertainment expenses				
18	•				
10	for any federal, state, or local public officials				· · · · · · · · · · · · · · · · · · ·
19 20	Conferences, conventions, and meetings				
20 21	Interest			· · · · · · · · · · · · · · · · · · ·	·
21 22	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	CREDIT CARD FEES	2,149	2,149		
a b	OTUED	400	400	<u> </u>	······································
u c	DANK FFFC	169	169		
d			109		
u e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,108,294	1,108,294	0	0
25	Joint costs. Complete this line only if the		+, ±00, 234	v	U
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here i if following SOP 98-2 (ASC 958-720)				,
				1	· · · · · · · · · · · · · · · · · · ·

92-1074058 THE TOM AND SUSAN DURANT Form 990 (2023) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 588,706 57,066 1 1 Cash---non-interest-bearing Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Assets Notes and loans receivable, net 7 7 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 10c Investments----publicly traded securities 11 11 Investments---other securities. See Part IV, line 11 12 12 Investments----program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 57,066 588,706 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 n n 26 26 Total liabilities. Add lines 17 through 25

X

Organizations that follow FASB ASC 958, check here

Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here

Total liabilities and net assets/fund balances

Net assets without donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

588,706 Form 990 (2023)

588,706

588,706

57,066

57,066

57,066

27

28

29

30

31

32

33

Vet Assets or Fund Balances

27

28

29

30

31

32

33

Form	990 (2023) THE TOM AND SUSAN DURANT 92-1074058			Pag	je 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .		\square
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,63	39,9	934
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,10)8,2	294
3	Revenue less expenses. Subtract line 2 from line 1	3	53	31,6	540
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	Ę	57,0	066
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	58	38,7	706
Pa	IT XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		📖		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2023)

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SC	HED	DULE A	Put	olic Charity Status	s and	Publi	ic Support	OMB No. 1545-0047			
(For	m 99	10)	Complete if the organ	te if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.							
		.			Attach to Form 000 or Form 000 F7						
		of the Treasury renue Service	Goto	www.lrs.gov/Form990 for instructions and the latest information. Inspection							
Name	of th	e organization		SUSAN DURANT				lication number			
, tunic	01 11	e organization	FOUNDATION I				92-107				
P	art	Reas		Status. (All organization	s must o	complet					
				it is: (For lines 1 through 12, chec							
1		A church, con	vention of churches, or asso	ciation of churches described in s	section 1	70(b)(1)(A	\)(i).				
2		A school desc	ribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form 9	990).)						
3	Ц			organization described in sectio							
4	\Box		u 1	in conjunction with a hospital des	cribed in s	ection 17	70(b)(1)(A)(iii). Enter the hospit	al's name,			
5		city, and state	· · · · · · · · · · · · · · · · · · ·	a college or university owned or o			mental unit described in				
3		•	(1)(A)(iv). (Complete Part		perated b	y a goven					
6	\square	•		vernmental unit described in secti	ion 170(b)(1)(A)(v)					
7			n that normally receives a su ection 170(b)(1)(A)(vi). (Co	ubstantial part of its support from opport from opport from the part II.)	a governm	nental unit	or from the general public				
8		A community	trust described in section 1	70(b)(1)(A)(ví). (Complete Part II.	.)						
9			r a non-land-grant college of	ribed in section 170(b)(1)(A)(ix) agriculture (see instructions). En	ter the nar	me, city, a					
10	X	An organization receipts from	on that normally receives (1) activities related to its exemp	more than 33 1/3% of its support t functions, subject to certain exc d unrelated business taxable incor	from conti eptions; a	nbutions, nd (2) no	more than 33 1/3% of its				
				, 1975. See section 509(a)(2). (C							
11		•	•	clusively to test for public safety.							
12				clusively for the benefit of, to perf							
			,	ns described in section 509(a)(1 ribes the type of supporting organ				eck			
	а		e e	rated, supervised, or controlled by		•					
		the suppo	rted organization(s) the pow	er to regularly appoint or elect a m	hajority of t	-					
		_ ·· ·		mplete Part IV, Sections A and							
	Ь	control or	management of the support	pervised or controlled in connection ng organization vested in the sam Part IV, Sections A and C.							
	c	Type III f	unctionally integrated. A s	upporting organization operated in ructions). You must complete P							
	d			I. A supporting organization operation operation operation generally must satisf				I.			
			• •	ust complete Part IV, Sections							
	е			ived a written determination from functionally integrated supporting			ype I, Type II, Type III				
	f		ber of supported organizatio		loiganzai						
	g		lowing information about the		•••••••••••			······			
(ne of supported ganization	(1i) EIN	(III) Type of organization (described on lines 1–10	fisted in you	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see			
				above (see instructions))	Yes	ment?	instructions)	instructions)			
(A)				·······	103						
(~)					[
(B)											
(C)											
(D)											
(E)											
Tota	al										
_		rwork Reduction	Act Notice, see the Instructi	ons for Form 990 or 990-EZ.				Schedule A (Form 990) 2023			

		E TOM AND				-1074058	Page 2
P	ATUE Support Schedule for ((Complete only if you ch Part III. If the organization	ecked the box	on line 5, 7, or	8 of Part I or if	f the organizatio	n failed to qual	r i) ify under
Sec	ction A. Public Support	<i>i</i>	•				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
-	ction B. Total Support	•	· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						·····
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					
13	First 5 years. If the Form 990 is for the orgonanization, check this box and stop here			,			
Sec	ction C. Computation of Public S			· · · · · · · · · · · · · · · · · · ·	·····		
14	Public support percentage for 2023 (line 6,		·····	 ຄາ		14	%
15	Public support percentage for 2023 (intel,				· · · · · · · · · · · · · · · · · · ·		%
16a	33 1/3% support test — 2023. If the organ					•••••	
•	box and stop here. The organization qualit						
ь							·····
	this box and stop here. The organization of	ualifies as a publicl	y supported organiz	ation			
17a							
	10% or more, and if the organization meets	the facts-and-circu	mstances test, che	ck this box and sto	op here. Explain in		
	Part VI how the organization meets the fact	ts-and-circumstance	es test. The organiz	ation qualifies as a	a publicly supported		_
	organization						Ц
Ь	10%-facts-and-circumstances test 20	22. If the organizati	on did not check a l	oox on line 13, 16a	, 16b, or 17a, and lin	e	
	15 is 10% or more, and if the organization				•		
	in Part VI how the organization meets the fa		-				
18	organization Private foundation. If the organization did	l not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check	this box and see		_
	instructions	•••••		· · · · · · · · · · · · · · · · · · ·			<u>L</u>

			SUSAN DUE			-1074058	Page 3
Pa	IT III Support Schedule for C						
	(Complete only if you che						r Part II.
	If the organization fails to	qualify under	the tests listed	below, please	complete Part I	.)	
	tion A. Public Support				1		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				273,635	1,475,937	1,749,572
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513				386,288	239,871	626,159
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				659,923	1,715,808	2,375,731
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
-	Amounts included on tines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						2,375,731
	tion B. Total Support				·		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6		· · · · · ·		659,923	1,715,808	2,375,731
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
Ċ	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	·					
13	Total support. (Add lines 9, 10c, 11, and 12.)				659,923	1,715,808	2,375,731
14	First 5 years. If the Form 990 is for the org	ganization's first, se	econd, third, fourth,	or fifth tax year as	a section 501(c)(3)		
	organization, check this box and stop here				<u></u>	<u></u>	<u></u>
Sec	tion C. Computation of Public S						
15	Public support percentage for 2023 (line 8,						100.00%
<u>16</u>	Public support percentage from 2022 Sche				<u></u>		100,00%
	tion D. Computation of Investm						
17	Investment income percentage for 2023 (lin						<u>%</u>
18	Investment income percentage from 2022 33 1/3% support tests 2023. If the orga	Schedule A, Part II	I, line 17	14 and line 15 is -	nora than 00 \$ /00/	18	%
19a	17 is not more than 33 1/3%, check this bo	x and stop here. 7	he organization qua	alifies as a publicly	supported organization	on	X
b	33 1/3% support tests 2022. If the orga line 18 is not more than 33 1/3%, check thi						
	THE TO IS THUS THOSE MART 33 1/3%, CHECK IN	S NUX ALLU SLOD DE	I THE UNUALIZATION	I QUELINES AS & DUD	nony supported organi	Lauvii	· · · · · · · · · · ·

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

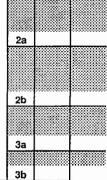
Schedule A (Form 990) 2023

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chedule	A (Form 990) 2023 THE TOM AND SUSAN DURANT	92-1074058	P	age 4
Part		51 107 1000		age 4
	(Complete only if you checked a box on line 12 on Part I. If you checked box 12	a. Part I. complete S	Sections A	A
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked			
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and I			
Sectio	n A. All Supporting Organizations			
			Yes	No
1 /	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	Did the organization have any supported organization that does not have an IRS determination of status			
	Inder section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
		3a	***********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	ines 3b and 3c below.	Ja		
	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		p	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	30		
	Nas any supported organization not organized in the United States ("foreign supported organization")? If			
	Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	<u> </u>	
	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
	Did the organization support any foreign supported organization that does not have an IRS determination			
	Inder sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	o ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	<u>5b</u>		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
1	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
1	penefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Nas the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	he supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	rom, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90		
	Nas the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		
		Schodule	A (Form 990	11 21

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		1074058	Page 5
<u> Pa</u>	Supporting Organizations (continued)		
b c	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11a 11b 11c	s No
<u>Sect</u>	ion B. Type I Supporting Organizations		
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported end to be a supported organization other than the supported end to be appoint of any supported organization other than the supported end to be appoint of any supported organization other than the supported end to be appoint of any supported organization other than the supported end to be apported end to be appoint of any supported organization other than the supported end to be appoint of any supported organization other than the supported end to be appoint of any supported end to be appointed to be appointed end to be appointed e	ted	s No
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
Cont	supervised, or controlled the supporting organization. Ion C. Type II Supporting Organizations	2	
Seci		Yes	s No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	
Sect	ion D. All Type III Supporting Organizations		
1 2	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		s No
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI		
3	how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	
Sect	ion E. Type III Functionally Integrated Supporting Organizations		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruent The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see		
2	Activities Test. Answer lines 2a and 2b below.	Yes	s No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If		

- involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.



art V Type III Non-Functi	onally Integrated 509(a)(3) Support	ing Organiz	ations	
	tisfied the Integral Part Test as a qualifying trust on-functionally integrated supporting organization			
ction A – Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain		1		
Recoveries of prior-year distribution	S	2		
Other gross income (see instruction	s)	3		
Add lines 1 through 3.		4		
Depreciation and depletion		5		
Portion of operating expenses paid of	or incurred for production or collection			
of gross income or for management	, conservation, or maintenance of			
property held for production of incor	ne (see instructions)	6		
Other expenses (see instructions)		7		
Adjusted Net Income (subtract line	es 5, 6, and 7 from line 4)	8		
ction B – Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all no	n-exempt-use assets (see			
instructions for short tax year or ass	ets held for part of year):			
a Average monthly value of securities		1a		
b Average monthly cash balances		1b		
c Fair market value of other non-exem	pt-use assets	10		
d Total (add lines 1a, 1b, and 1c)		1d		
e Discount claimed for blockage or o	her factors			
(explain in detail in Part VI):				
Acquisition indebtedness applicable	to non-exempt-use assets	2		
Subtract line 2 from line 1d.		3	······	
	Enter 0.015 of line 3 (for greater amount,			
see instructions).		4		
Net value of non-exempt-use assets	(subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.		6		
Recoveries of prior-year distribution		7		
Minimum Asset Amount (add line		8		
ction C - Distributable Amount				Current Year
Adjusted net income for prior year (f	rom Section A, line 8, column A)	1		8
Enter 0.85 of line 1.		2		8
Minimum asset amount for prior yea	r (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.		4		8
5 Income tax imposed in prior year		5		8
Distributable Amount. Subtract lin	e 5 from line 4, unless subject to			8
emergency temporary reduction (se	•	6		
	the organization's first as a non-functionally integ			

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	HE A (Form 990) 2023 THE TOM AND SUSAN			_	rage /
		oupporting organiz		~/	
Sect	ion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	S		1	
2	Amounts paid to perform activity that directly furthers exempt purposes o	f supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of support	ed organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval requiredprovide detail	s in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization	on is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	IS	Distributable
			Pre-2023		Amount for 2023
	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
	From 2019				
	From 2020				
d	From 2021				
	From 2022				
	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
<u> </u>	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
<u> </u>	LAUGOS NUII 2021				

d Excess from 2022

e Excess from 2023

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Schedule A (For	m 990) 2023	THE TO	M AND ST	JSAN DURA	NT	92-1	074058	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Par lines 2, 5, and 6	Information. P IV, Section A, I ; Part IV, Section t V, line 1; Part	rovide the e ines 1, 2, 3t on C, line 1; V, Section f	xplanations re o, 3c, 4b, 4c, 5 Part IV, Secti 3, line 1e; Par	equired by Part 5a, 6, 9a, 9b, 9c on D, lines 2 an t V, Section D,	II, line 10; Part , 11a, 11b, and Id 3; Part IV, So lines 5, 6, and 1	II, line 17a or 1 I 11c; Part IV, S ection E, lines 3; and Part V, S	7b; Part Section 1c, 2a, 2b,
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Schedule B (Form 990)	Schedule of Contributors		OMB No. 1545-004
Department of the Treasury Internal Revenue Service		2023	
Name of the organization THE TOM AND S FOUNDATION IN	Employer iden 92–1074(tification number	
Organization type (check on			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
-	overed by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. Se	96	
General Rule			
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining tributions.		
Special Rules			
<u> </u>			

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the
regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or
16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or
(2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$_____

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

ame of orga	nization OM AND SUSAN DURANT		mployer identification number 2–1074058
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALL OUT 7204 BURNS STREET RICHLAND HILLS TX 76118	\$15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ALLY FINANCIAL 5851 LEGACY CIRCLE SUITE 200 PLANO TX 75024	\$30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	AMERICAN FIDELITY P.O. BOX 1717 GRAPEVINE TX 76099	\$5 <i>,</i> 000	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	AUTO TRADER P.O. BOX 1717 GRAPEVINE TX 76099	\$5 <i>,</i> 000	Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	COMMERCIAL VAN P.O. BOX 1717 GRAPEVINE TX 76099	\$10,000	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	DFW CAMPER 1450 INTERSTATE 20 ARLINGTON TX 76018	\$5,770	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

ame of orga	nization OM AND SUSAN DURANT		nployer identification number 2-1074058
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is I	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	IKON 1161 CORPORATE DRIVE ARLINGTON TX 76006	\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SLOCUM, JOHN 1425 BENTLEY COURT SOUTHLAKE TX 76092	\$ <u>25,000</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	KNAPHEIDE 1848 WESTPHALIA STRASSE QUINCY IL 62305	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	MCCARTHY COMPANIES 4245 N. CENTRAL EXPRESSWAY SUITE 600 DALLAS TX 75205	\$15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d) Type of contribution
11	Name, address, and ZIP + 4 MERRILL LYNCH 601 STATE STREET SOUTHLAKE TX 76092	<u>Total contributions</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	MORGAN TRUCK BODY 8051 MORGAN CIRCLE CORSICANA TX 75109	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	3 (Form 990) (2023)		2 3 OF 3 Page 2 ployer identification number
	rganization TOM AND SUSAN DURANT		-1074058
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	READING TRUCK P.O. BOX 1717 GRAPEVINE TX 76099	\$ <u>5,000</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	SOS 1701 LACY DRIVE FORT WORTH TX 76177	\$5,000	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	SPEED FAB CRETE 1150 E. KENNEDALE PARKWAY KENNEDALE TX 76060	\$30,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	SOUTHWEST ADI 6550 WULIGER WAY NORTH RICHLAND HILLS TX 76180	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	UNISEAL 3231 E. ABRAM STREET ARLINGTON TX 76010	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	WABASH 3001 N. MAIN STREET CLEBURNE TX 76033	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

SCHEDULE G (Form 990)	Supplemental Inform Complete if the organiza	ation answered "Yes	s" on F	orm 9	Iraising or Gamir 90, Part IV, line 17, 18, or 1 Form 990-EZ, line 6a.	ng Activities	OMB No. 1545-0047
Department of the Treasury	ZUZJ Opentie Public						
Internal Revenue Service			nstruct	lons a	ind the latest Information		inspection
• • • • • •	E TOM AND SUSAN	DURANT				Employer identification 92-1074	
	UNDATION INC. ing Activities. Complete if	f the organizati	on ai	nswe	red "Yes" on Form		
	-EZ filers are not required						
	ganization raised funds through any				ck all that apply.		
a 🗌 Mail solicitations		e Solicitation	of non	-gove	rnment grants		
b Internet and emails	solicitations	f Solicitation		-	-		
c Phone solicitations		g Special fun	•		-		
d In-person solicitation		5 <u> </u>		9			
•	ve a written or oral agreement with	any individual (inclu	udina d	ficer	s directors trustees		
or key employees listed	l in Form 990, Part VII) or entity in c	connection with pro	fession	nal fur	ndraising services?		Yes No
b If "Yes," list the 10 high	est paid individuals or entities (fund	draisers) pursuant f	to agre	emen	ts under which the fund	raiser is to be	
compensated at least \$	5,000 by the organization.	1	(iii) Di			(v) Amount paid to	(vi) Amount paid to
••	address of individual	(ii) Activity		have dy or	(Iv) Gross receipts	(or retained by)	(or retained by)
or enti	ily (lundraiser)	(ii) Adding		rol of utions?	from activity	lundraiser listed in col. (i)	organization
			Yes	No			
1							
2		1					
			{				
3 .			+				
3							
4							
5							
6							
7		1					
8			1		^		
		<u> </u>					
9							
10							
		1					
	the exception is registered or line					ampt from	
3 List all states in which t registration or licensing	the organization is registered or lice	Insed to solicit cont	TIDUUIO	IS OF	has deen notified it is ex	empt from	
		• • • • • • • • • • • • • • • • • • • •		•••••			
		• • • • • • • • • • • • • • • • • • • •	• • • • • • •	•••••			
	· · · · · · · · · · · · · · · · · · ·			•••••	·····	·····	

Sch	edule G (Form 990) 2023	THE TOM AND SUSAN	DURANT	92-1074058	Page 2		
P	art II Fundraising E	vents. Complete if the organ	nization answered "Yes" on	Form 990, Part IV, line	e 18, or reported more		
		fundraising event contribut greater than \$5,000.	ions and gross income on F	orm 990-EZ, lines 1 ar	10 60. LIST events with		
		(a) Event #1	(b) Event #2	(c) Other events			
		(·)			(d) Total events		
		GOLF TOURNAMENT	WINE TASTING	1	(add col. (a) through col. (c))		
au		(event type)	(event type)	(total number)			
Revenue	1 Gross receipts	223,408	57,219	11,744	292,371		
	2 Less: Contributions	52,500			52,500		
	3 Gross income (line 1 minus line 2)	170,908	57,219	11,744	239,871		
	4 Cash prizes		·				
	5 Noncash prizes						
ses	6 Rent/facility costs						
zxpens	7 Food and beverages						
Direct Expenses	8 Entertainment						
	9 Other direct expenses						
					75,874		
		Add lines 4 through 9 in column (d)			75,874		
	11 Net income summary. Sut	tract line 10 from line 3, column (d)			1 100,000		
D	Gaming Com	plete if the organization and	wered "Yes" on Form 990.	Part IV, line 19, or repo	rted more than		
P		plete if the organization ans rm 990-EZ, line 6a.	wered "Yes" on Form 990,	Part IV, line 19, or repo	rted more than		
		plete if the organization ans rm 990-EZ, line 6a.	(b) Pull tabs/instant	Part IV, line 19, or repo	(d) Total gaming (add		
		plete if the organization ans	wered "Yes" on Form 990,	Part IV, line 19, or repo	r		
Revenue	\$15,000 on Fo	plete if the organization ans rm 990-EZ, line 6a.	(b) Pull tabs/instant	Part IV, line 19, or repo	(d) Total gaming (add		
	\$15,000 on Fo	plete if the organization ans rm 990-EZ, line 6a.	(b) Pull tabs/instant	Part IV, line 19, or repo	(d) Total gaming (add		
Revenue	\$15,000 on Fo	plete if the organization ans rm 990-EZ, line 6a.	(b) Pull tabs/instant	Part IV, line 19, or repo	(d) Total gaming (add		
Revenue	\$15,000 on Fo	plete if the organization ans rm 990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant	Part IV, line 19, or repo	(d) Total gaming (add		
xpenses Revenue	\$15,000 on Fo 1 Gross revenue 2 Cash prizes 3 Noncash prizes	plete if the organization ans rm 990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant	Part IV, line 19, or repo	(d) Total gaming (add		
Revenue	\$15,000 on Fo	plete if the organization ans rm 990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant	Part IV, line 19, or repo	(d) Total gaming (add		
xpenses Revenue	\$15,000 on Fo 1 Gross revenue 2 Cash prizes 3 Noncash prizes	plete if the organization ans rm 990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or repo	(d) Total gaming (add		
xpenses Revenue	\$15,000 on Fo	plete if the organization ans rm 990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant	Part IV, line 19, or repo	(d) Total gaming (add		
xpenses Revenue	\$15,000 on Fo	plete if the organization ans rm 990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or repo	(d) Total gaming (add		
xpenses Revenue	\$15,000 on Fo 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary.	plete if the organization ans rm 990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or repo	(d) Total gaming (add col. (a) through col. (c))		
xpenses Revenue	\$15,000 on Fo 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. 8 Net gaming income summ	plete if the organization ans rm 990-EZ, line 6a. (a) Bingo (b) Bingo (c) Bi	(b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or repo	(d) Total gaming (add col. (a) through col. (c))		
ω Direct Expenses Revenue	\$15,000 on Fo 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. 8 Net gaming income summ Enter the state(s) in which the	plete if the organization ans rm 990-EZ, line 6a. (a) Bingo	wered "Yes" on Form 990, (b) Pull tabs/instant bingo/progressive bingo Yes	Part IV, line 19, or repo	(d) Total garning (add col. (a) through col. (c))		
b 6 Direct Expenses Revenue	 \$15,000 on Fo 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. 8 Net gaming income summ Enter the state(s) in which the Is the organization licensed to I "No," explain: 	plete if the organization ans rm 990-EZ, line 6a. (a) Bingo (a) Bingo Yes% No Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, colum organization conducts gaming activit conduct gaming activities in each of	wered "Yes" on Form 990, (b) Pull tabs/instant bingo/progressive bingo Yes	Part IV, line 19, or repo	(d) Total gaming (add col. (a) through col. (c))		
b 6 Direct Expenses Revenue	\$15,000 on Fo 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. 8 Net gaming income summ Enter the state(s) in which the Is the organization licensed to 9 If "No," explain:	plete if the organization ans rm 990-EZ, line 6a. (a) Bingo (a) Bingo (b) Bingo (c) Bi	wered "Yes" on Form 990, (b) Pull tabs/instant bingo/progressive bingo Yes	Part IV, line 19, or repo	(d) Total garning (add col. (a) through col. (c))		
Direct Expenses	 \$15,000 on Fo 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. 8 Net gaming income summ Enter the state(s) in which the Is the organization licensed to If "No," explain: 	plete if the organization ans rm 990-EZ, line 6a. (a) Bingo (a) Bingo Yes% No Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, colum organization conducts gaming activit conduct gaming activities in each of	Wered "Yes" on Form 990, (b) Pull tabs/instant bingo/progressive bingo Yes	Part IV, line 19, or repo	(d) Total garning (add col. (a) through col. (c))		

Sche	dule G (For	m 990) 2023	THE	TOM	AND	SUSAN	DURANT		92-1074058				Pag	e 3
11											Π	Yes		No
12	Is the orga	nization a granto	r. beneficia	ary or trus	stee of a	trust, or a r	nember of a pa	rtnership or other entity	• • • • • • • • • • • • • • • • • • • •	••••				
								• • •				Yes		No
13		e percentage of g	-	-										
a										13a				%
ь	An outside	e facility	• • • • • • • • • • • • • •							13b				%
14	Enter the r	name and addres	s of the pe	rson who	prepar	es the orgar	lization's gamin	g/special events books ar	nd					
	records:													
	Name						•••••							
	Address		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • •	• • • • • • • • •									
15a	Does the c	organization have	a contract	with a th	ird party	y from whon	n the organizatio	on receives gaming			_			
	revenue?											Yes	\Box	No
ь	lf "Yes," er	nter the amount o	of gaming r	evenue re	eceived	by the orga	nization	\$	and the					
		gaming revenue				\$								
C	If "Yes," er	nter name and ad	idress of th	ne third pa	arty:									
	A 1													
	Name	•••••	• • • • • • • • • • • • • •	•••••	• • • • • • • • •	••••••	•••••			•••••	••••	••		
	Address				• • • • • • • • •									
16	Gaming m	anager informatio	on:											
	Name		· · · · · · · · · · · · · ·	·····	· · · · · · · · · ·	•••••••	•••••		••••••	• • • • • •				
	Gaming m	anager compens	ation \$											
	Descriptio	n of services prov	vided											
	Direc	tor/officer	E	Employee		🗌 In	dependent cont	ractor						
17	•	distributions:	under ete	to low to r	maka ak	oritoble diel	ributions from t	he gaming proceeds to						
а		•						ne gaming proceeds to			Π	Yes		No
ь								r exempt organizations or		•••••				
2		e organization's	'					exempt organizations of						
Pa	art IV	Supplement	tal Infor	mation	. Prov	ide the e	xplanations	required by Part I,	line 2b, columns (iii) and	(v);	and		
		Part III, lines See instruction	9, 9b, 1	0b, 15ł	o, 15c	, 16, and	17b, as app	licable. Also provid	e any additional info	ormati	on.			
														.
							•••••••••••••••••					• • • • • •		. <i>.</i> .
• • • • •		• • • • • • • • • • • • • • • • • • • •	. <i>.</i>			••••••					• • • • • •	• • • • •	•••
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		•••••	• • • • • • • • • • • • •		• • • • • • • • •							•••••	• • • • •	
	•••••		•••••	· · · · · · · · · · · ·	• • • • • • • • •	· · · · · · · · · · · · · ·	•••••••••••••••••••••••••••••••••••••••			•••••		· · · · · · ·	• • • • •	
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• • • • •	•••••	····		•••••		••••••	· · · · · · · · · · · · · · · · · · ·			•••••	• • • •	• • • • • •	••••	•••
• • • •	• • • • • • • • • • • • •			•••••		••••••		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••	• • • •		••••	
• •••			•••••						• • • • • • • • • • • • • • • • • • • •		• • • •			
									Sch	edule G	i (Fo	rm 99	90) 2	023

SCHEDULE I										OMB No. 1545-0047		
(Form 990)	Governments, and Individuals in the United States 2023 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.											
Department of the Treasury Internal Revenue Service		G	o to www.i	rs.gov/Form990 for the					Inspec			
•	E TOM AND SUSAN D UNDATION INC.	URANT		·	·····			Employer identification 92-10740				
	nformation on Grants and	Assistance										
the selection criteria use	aintain records to substantiate the a d to award the grants or assistance organization's procedures for monito	?						·····] Yes	X No		
Part II Grants an	d Other Assistance to Do the 21, for any recipient that	mestic Organ	nizations	and Domestic G		ditional space is		answered "Yes	" on Form	990,		
	Idress of organization wernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assista		urpose of gran r assistance	t		
(1) 6 STONES					· · · · · · · · · · · · · · · · · · ·							
				70,192								
(2) AIRBORNE ANGEL	CADETS											
				70,192								
(3) GALLANT FEW		-										
				136,858								
(4) GRACE												
				130,192								
(5) ME SQUARRED												
				76,763				L				
(6) RISE ADAPTIVE S	PORTS											
				82,692								
(7) THE SALVAGE YAR	<u>a</u>											
				35,096								
(8) TRINITY HIGH-AN	IGEL FUN											
				70,192								
(9) VAST												
				86,858								
	ction 501(c)(3) and government org her organizations listed in the line 1		the line 1 ta	ble						•••••		

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Schedule I (Form 990) 2023

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

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury	~		Attach to Form 9 rs.gov/Form990 for th				Open to Public			
Internal Revenue Service THE TOM AND SUSAN D			rs.gov/rorm990 for th	e latest information.			Employer identification number			
FOUNDATION INC.	010212						92-1074058			
Part I General Information on Grants and	Assistance									
 Does the organization maintain records to substantiate the a the selection criteria used to award the grants or assistance Describe in Part IV the organization's procedures for monitor 	?			ility for the grants or as	ssistance, and		Yes No			
Part II Grants and Other Assistance to Do Part IV, line 21, for any recipient that	mestic Orgar	nizations	and Domestic G				answered "Yes" on Form 990,			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assistar				
(1) ADRIANA'S ANGELS										
			125,096							
(2) TREE OF NORTH TEXAS										
			35,096							
(3) TEXAS NF FOUNDATION										
			25,000							
(4) ATF					1					
			47,596							
(5) 12TH MAN FOUNDATION										
			50,000							
(6) CHATI- T 2000										
			60,096							
(7)										
(8)										
(9)										
 2 Enter total number of section 501(c)(3) and government org 3 Enter total number of other organizations listed in the line 1 	anizations listed in table	the line 1 ta	ble		······					

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

Schedule I (Form 990) 2023

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Schedule I (Form 990) 2023 THE TOM AND	SUSAN DURANT	9	2-1074058		Page 2
Part III Grants and Other Assistance to Part III can be duplicated if additi	o Domestic Individu		organization answer	ed "Yes" on Form 990, Par	t IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
_4					
5					
_6		-			
7 Part IV Supplemental Information. Pro	vide the information r	aquirad in Part L lin	o 2: Port III. column	(b); and any other addition	linformation
Farmin Supplemental Information, Pro	vide the mornation i	equireo in Part I, Im	e 2, Part III, column ((b), and any other additiona	
	·····				
		•••••••••••••••••••••••••••••••••••••••			

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Schedule I (Form 990) 2023

SCHEDULE O	Supplemental Information to Form 990 or 990-E	C OMB No. 1545-0047									
(Form 990)	(Form 990) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.										
Department of the Treasury Internal Revenue Service	epartment of the Treasury temat Revenue Service Go to www.irs.gov/Form990 for the latest information.										
Name of the organization	THE TOM AND SUSAN DURANT	Employer identification number									
	FOUNDATION INC.	92-1074058									
FORM 990, F	FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990										
A COPY OF I	A COPY OF THE RETURN IS PROVIDED TO BOARD MEMBERS FOR REVIEW BEFORE FILING										
THE RETURN.											
FORM 990. F	PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSU	IRE EXPLANATION									
DOCUMENTS A	ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUES	T .									
,											
•											

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

Schedule O (Form 990) 2023