

Form 990
Department of the Treasury
Internal Revenue Service

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
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B Check if applicable
Address change
Name change
Initial return
Final
Return/terminated
Amended return
Application pending

C Name of organization
COMMUNITY FOUNDATION OF WEST TEXAS
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
6102 82ND STREET NO 8B
City or town, state or province, country, and ZIP or foreign postal code
LUBBOCK, TX 79424

D Employer identification number
75-1709180
E Telephone number
(806) 762-8061
G Gross receipts \$ 14,486,699

F Name and address of principal officer
STEPHEN WARREN
6102 82ND STREET NO 8B
LUBBOCK, TX 79424

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
501(c)(3)
501(c) () (insert no)
4947(a)(1) or
527

J Website: WWW CFWTX ORG

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1981

M State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO ENHANCE THE LIVES OF ALL THE RESIDENTS OF THE TEXAS SOUTH PLAINS THROUGH COMMUNITY ENDOWMENTS
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets
3 Number of voting members of the governing body (Part VI, line 1a) 26
4 Number of independent voting members of the governing body (Part VI, line 1b) 26
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 6
6 Total number of volunteers (estimate if necessary) 100
7a Total unrelated business revenue from Part VIII, column (C), line 12 0
7b Net unrelated business taxable income from Form 990-T, line 34 0

Table with 4 columns: Revenue/Expenses, Description, Prior Year, Current Year. Rows 8-19 detailing contributions, program service revenue, investment income, other revenue, total revenue, grants paid, benefits, salaries, fundraising fees, other expenses, total expenses, and revenue less expenses.

Table with 4 columns: Net Assets or Fund Balances, Description, Beginning of Current Year, End of Year. Rows 20-22 detailing total assets, total liabilities, and net assets or fund balances.

Part II Signature Block

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

Sign Here
Signature of officer: STEPHEN WARREN EXECUTIVE DIRECTOR
Date: 2017-11-08

Paid Preparer Use Only
Print/Type preparer's name: MATT R WILLIS
Preparer's signature: MATT R WILLIS
Date: 2017-11-08
Check if self-employed
Firm's name: BOLINGER SEGARS GILBERT AND MOSS LLP
Firm's EIN: 75-0882037
Firm's address: 8215 NASHVILLE AVENUE, LUBBOCK, TX 79423
Phone no: (806) 747-3806

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

THE COMMUNITY FOUNDATION OF WEST TEXAS ENHANCES THE LIVES OF ALL RESIDENTS OF THE TEXAS SOUTH PLAINS REGION, NOW AND FOR GENERATIONS TO COME, BY WORKING TOGETHER WITH OUR DONORS TO BUILD COMMUNITY ENDOWMENT, ADDRESS NEEDS THROUGH GRANTMAKING AND PROVIDE LEADERSHIP ON KEY COMMUNITY ISSUES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 2,614,150 including grants of \$ 2,181,415) (Revenue \$ 10,982)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 2,614,150

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
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		No
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		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
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	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
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		No
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		No
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)		No
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	Yes	
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		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational information.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (26); 1b Enter the number of voting members included in line 1a, above, who are independent (26); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in 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? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: STEPHEN WARREN 6102 82ND STREET STE 8B LUBBOCK, TX 79424 (806) 762-8061

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	110,820				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,270,644				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		2,381,464				
Program Service Revenue		Business Code					
	2a MANAGEMENT FEES	525990	8,842	8,842			
	b WORKSHOP INCOME	611600	2,140	2,140			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		10,982					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		611,419			611,419	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)		566,757			566,757
	8a Gross income from fundraising events (not including \$ 110,820 of contributions reported on line 1c) See Part IV, line 18	a	22,961				
		b Less direct expenses	b	22,961			
		c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			3,570,622	10,982	0	1,178,176	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,995,308	1,995,308		
2 Grants and other assistance to domestic individuals See Part IV, line 22	186,107	186,107		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	96,833	48,417	19,367	29,049
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	199,250	99,625	39,850	59,775
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,730	2,865	1,146	1,719
9 Other employee benefits	11,537	5,769	2,307	3,461
10 Payroll taxes	21,576	10,788	4,315	6,473
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	34,763	13,905	6,953	13,905
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	203,929	203,929		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	38,376	4,778	26,170	7,428
12 Advertising and promotion	16,716	1,672		15,044
13 Office expenses	24,978	6,973	4,967	13,038
14 Information technology	12,430	6,215	2,486	3,729
15 Royalties				
16 Occupancy	14,438	4,808	4,822	4,808
17 Travel	4,646	1,858	465	2,323
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,525	1,174	1,210	2,141
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,997	12,209	12,579	12,209
23 Insurance	3,967	1,321	1,325	1,321
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HONORARY HERO'S FUND EX	25,000			25,000
b DUES & SUBSCRIPTIONS	3,858	988	1,169	1,701
c LIBRARY EXPENSES	2,592	2,592		
d				
e All other expenses	13,993	2,849	2,793	8,351
25 Total functional expenses. Add lines 1 through 24e	2,957,549	2,614,150	131,924	211,475
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	2,892,120	2	2,336,868
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	76,247	4	18,149
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	761,927		
	b Less accumulated depreciation	64,144		
		728,718	10c	697,783
	11 Investments—publicly traded securities	32,568,748	11	34,791,621
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	36,265,833	16	37,844,421	
Liabilities	17 Accounts payable and accrued expenses	20,426	17	9,172
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	1,888,488	21	1,988,046
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,908,914	26	1,997,218
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	34,356,919	27	35,793,203
	28 Temporarily restricted net assets		28	54,000
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	34,356,919	33	35,847,203
	34 Total liabilities and net assets/fund balances	36,265,833	34	37,844,421

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,570,622
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,957,549
3	Revenue less expenses Subtract line 2 from line 1	3	613,073
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,356,919
5	Net unrealized gains (losses) on investments	5	877,211
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	35,847,203

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 75-1709180

Name: COMMUNITY FOUNDATION OF WEST TEXAS

Form 990 (2016)

Form 990, Part III, Line 4a:

THE ORGANIZATION'S LARGEST PROGRAM IS GRANTMAKING APPROXIMATELY 37% OF GRANTS IN 2016 WERE DIRECTED BY THE BOARD OF DIRECTORS THROUGH FIELD OF INTEREST AND DISCRETIONARY FUNDS THAT ADDRESS VITAL COMMUNITY NEEDS IN THE SOUTH PLAINS REGION AND RESPOND TO EMERGING OPPORTUNITIES IN A WIDE RANGE OF CHARITABLE ORGANIZATIONS FOCUS AREAS INCLUDE BASIC NEEDS AND SELF SUFFICIENCY, EDUCATION AND YOUTH, CIVIC, SOCIAL AND ECONOMIC DEVELOPMENT, AND ARTS AND CULTURE 10% OF FUNDS DISTRIBUTED IN 2016 WERE FROM SCHOLARSHIP FUNDS THE REMAINING 47% OF GRANTS AUTHORIZED BY THE BOARD OF DIRECTORS IN 2016 WERE FROM DESIGNATED AND DONOR-ADVISED FUNDS

Form 990, Part III, Line 4b:

THE ORGANIZATION IS COMMITTED TO GROWING REGIONAL PHILANTHROPY THROUGH ITS NETWORK OF RURAL AFFILIATES IN 2016, THE COMMUNITY FOUNDATION AND ITS AFFILIATES IN PLAINVIEW/HALE COUNTY, POST/GARZA COUNTY, LEVELLAND/HOCKLEY COUNTY AND SLATON LAUNCHED AN INITIATIVE TO DEEPEN COMMUNITY ENGAGEMENT AND PROMOTE THE ACCELERATED GROWTH OF ENDOWED ASSETS FOR THE BENEFIT OF THESE COMMUNITIES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHAD GRANT PRESIDENT	0 50	X		X				0	0	0
GWEN STAFFORD 116 - 616 INTERIM CEO	3 00	X		X				30,000	0	0
ERIC MCDONALD SECRETARY/TREASURER	2 00	X		X				0	0	0
TIM PRIDMORE VP DONOR RELATIONS	1 00	X		X				0	0	0
RODNEY CATES CHAIR ELECT & GRANTS COMMITTEE CHAIR	1 00	X		X				0	0	0
JEFF KLOTZMAN PAST CHAIR	0 30	X						0	0	0
ABEL CASTRO DIRECTOR	1 00	X						0	0	0
JAMES CONWRIGHT DIRECTOR	1 00	X						0	0	0
GREG FREEMAN DIRECTOR	0 30	X						0	0	0
LINDA GAITHER DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTY HARTIN DIRECTOR	1 00	X						0	0	0
JERRY KOLANDER JR DIRECTOR	2 50	X						0	0	0
ROBERT KOLLMAN DIRECTOR	1 00	X						0	0	0
MARK MEURER DIRECTOR	1 00	X						0	0	0
TANIA MOODY DIRECTOR	1 50	X						0	0	0
CARLOS MORALES DIRECTOR	1 00	X						0	0	0
MARY MYERS DIRECTOR	1 00	X						0	0	0
JIM PHILLIPS JR DIRECTOR	0 30	X						0	0	0
NORVAL POLLARD DIRECTOR	0 50	X						0	0	0
TONY PRIVETT DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DON RUSHING DIRECTOR	1 00	X						0	0	0
TED RUSHING DIRECTOR	1 00	X						0	0	0
MARK WARREN DIRECTOR	2 00	X						0	0	0
CINDY WHITEHEAD DIRECTOR	1 00	X						0	0	0
DIANN WINDHAM DIRECTOR	1 00	X						0	0	0
KAREN WORLEY DIRECTOR	1 00	X						0	0	0
SHERYL CATES 116 - 116 EXECUTIVE DIRECTOR	40 00			X				42,583	0	2,974
STEPHEN WARREN 616 - 1216 EXECUTIVE DIRECTOR	45 00			X				48,231	0	3,045

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047
2016
Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF WEST TEXAS

Employer identification number
75-1709180

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	1,449,812	1,844,093	2,116,245	1,750,011	2,381,464	9,541,625
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	1,449,812	1,844,093	2,116,245	1,750,011	2,381,464	9,541,625
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)						2,203,962
6 Public support. Subtract line 5 from line 4						7,337,663

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	1,449,812	1,844,093	2,116,245	1,750,011	2,381,464	9,541,625
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	647,529	617,120	723,491	784,918	611,419	3,384,477
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						12,926,102
12 Gross receipts from related activities, etc. (see instructions)					12	66,348

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	56.770 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	53.950 %

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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?		
	5b		
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 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF WEST TEXAS

Employer identification number
75-1709180

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	61	197
2 Aggregate value of contributions to (during year)	258,008	2,123,456
3 Aggregate value of grants from (during year)	574,487	1,606,928
4 Aggregate value at end of year	10,232,630	25,614,573

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

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1** Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or education)
 - Preservation of an historically important land area
 - Protection of natural habitat
 - Preservation of a certified historic structure
 - Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	34,356,919	34,805,610	32,636,329	27,205,933	24,589,544
b Contributions	2,415,407	1,804,263	2,169,221	2,000,602	2,526,048
c Net investment earnings, gains, and losses	2,055,387	542,684	2,037,778	5,323,666	1,329,947
d Grants or scholarships	2,181,415	1,981,283	1,120,071	1,099,537	691,641
e Other expenditures for facilities and programs	667,171	744,390	833,445	734,653	479,505
f Administrative expenses	131,924	69,965	84,202	59,682	68,460
g End of year balance	35,847,203	34,356,919	34,805,610	32,636,329	27,205,933

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 100 000 %
 - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		131,691		131,691
b Buildings		565,033	37,669	527,364
c Leasehold improvements				
d Equipment		65,203	26,475	38,728
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				697,783

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

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

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	4,470,794
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	877,211	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	22,961	
e	Add lines 2a through 2d			2e 900,172
3	Subtract line 2e from line 1			3 3,570,622
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c 0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 3,570,622

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

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

1	Total expenses and losses per audited financial statements		1	2,980,510
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	22,961	
e	Add lines 2a through 2d			2e 22,961
3	Subtract line 2e from line 1			3 2,957,549
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c 0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 2,957,549

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 75-1709180

Name: COMMUNITY FOUNDATION OF WEST TEXAS

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	AN AGENCY ENDOWMENT IS A TYPE OF DESIGNATED FUND ESTABLISHED BY A CHARITY AT THE COMMUNITY FOUNDATION OF WEST TEXAS FOR THE CHARITY'S OWN BENEFIT OR THE BENEFIT OF A RELATED ENTITY THAT IS, THE DONOR OR RESOURCE PROVIDER AND THE BENEFICIARY OR RECIPIENT IS THE SAME ENTITY COMMUNITY FOUNDATION OF WEST TEXAS HAS LEGAL OWNERSHIP OF FUNDS CONTRIBUTED TO AN AGENCY ENDOWMENT AS SUCH, COMMUNITY FOUNDATION OF WEST TEXAS BOARD HAS FIDUCIARY RESPONSIBILITY OVER THE FUNDS AGENCY ENDOWMENTS ARE ONLY MAINTAINED FOR PUBLIC CHARITIES AND OR GOVERNMENTAL UNITS

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT FUNDS ARE ADMINISTERED EXCLUSIVELY FOR CHARITABLE PURPOSES WHICH ENHANCE PHILANTHROPY AND STRENGTHEN THE SENSE OF COMMUNITY WITHIN THE TEXAS SOUTH PLAINS AREA

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION HAS ADOPTED THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA THE PRIMARY TAX POSITION OF THE FOUNDATION IS ITS FILING STATUS AS A TAX EXEMPT ENTITY THE FOUNDATION DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT ITS TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS), OR OTHER STATE TAXING AUTHORITIES THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATIONS BY FEDERAL TAXING AUTHORITIES FOR YEARS BEFORE 2013 THE FOUNDATION RECOGNIZES INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES THERE WERE NO PENALTIES OR INTEREST RECOGNIZED DURING THE YEAR ENDED DECEMBER 31, 2016

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSES REPORTED ON PART VIII LINE 8B 22,961

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSES REPORTED ON PART VIII LINE 8B 22,961

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		HEROES LUNCHEON (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	133,781			133,781
2	Less Contributions	110,820			110,820
3	Gross income (line 1 minus line 2)	22,961			22,961
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	18,520			18,520
	8 Entertainment	400			400
	9 Other direct expenses	4,041			4,041
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				22,961
11 Net income summary Subtract line 10 from line 3, column (d) ▶				0	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | | |
|----------|-----------------------------|------------|---------|
| a | The organization's facility | 13a | _____ % |
| b | An outside facility | 13b | _____ % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization COMMUNITY FOUNDATION OF WEST TEXAS

Employer identification number

75-1709180

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes rows for data entry and summary rows at the bottom.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS FOR HIGHER EDUCATION SPECIFICALLY SCHOLARSHIPS FOR ATTENDING JUNIOR COLLEGES OR UNIVERSITIES	107	186,107			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	<p>THE COMMUNITY FOUNDATION OF WEST TEXAS MAKES GRANTS TO NON-PROFIT ORGANIZATIONS CAPABLE OF PROVIDING SERVICES FOR AREA RESIDENTS IN THE CASE OF DONOR-ADVISED FUND RECOMMENDATIONS, GRANTS CAN ALSO BE MADE FOR CHARITABLE PURPOSES OUTSIDE OF THE LUBBOCK AREA THE FOUNDATION WILL REVIEW THE CREDENTIALS OF ALL NON-PROFIT ORGANIZATIONS SEEKING GRANTS THIS REVIEW WILL INCLUDE VERIFICATION OF IRS RULING AND PROGRAM EVALUATIONS THAT DETAIL THE USE OF FUNDS GRANTED THE FOUNDATION IS OBLIGATED TO WITHHOLD OR RECALL GRANTS TO ORGANIZATIONS THAT CANNOT OR ARE UNWILLING TO PROVIDE APPROPRIATE DOCUMENTATION AND REPORTS THAT ENSURE APPROPRIATE USE OF FUNDS ADDITIONAL CRITERIA FOR EVALUATION OF REQUESTS FOR FUNDING FROM THE FOUNDATION'S UNRESTRICTED FUNDS MAY INCLUDE THE FOLLOWING 1 SCREENING FOR ELIGIBILITY HAS THE ORGANIZATION PROVIDED BASIC DOCUMENTATION, INCLUDING IRS DETERMINATION LETTER AND FINANCIAL STATEMENTS? IS THERE A CLEAR AND CONCISE PROPOSAL? DOES THE REQUEST MEET THE LEGAL REQUIREMENTS AND THE INTEREST AREAS OF THE COMMUNITY FOUNDATION OF WEST TEXAS? 2 ORGANIZATION STRENGTH IS THIS A CREDIBLE ORGANIZATION? WHAT IS ITS MISSION? WHAT IS ITS PROFESSIONAL STANDING WITHIN ITS COMMUNITY? WHAT IS ITS TRACK RECORD? WHO IS SERVED AND ARE THERE SIMILAR PROGRAMS IN THE SAME GEOGRAPHICAL AREA? IS THERE EVIDENCE OF COMMUNITY SUPPORT? 3 PEOPLE DO KEY PERSONNEL HAVE THE NECESSARY EXPERTISE TO UNDERTAKE THE PROPOSED PROGRAM AND CAPABILITY TO REACH THE OBJECTIVES? IS THE MANAGEMENT WELL-ORGANIZED? DOES THE BOARD COMPOSITION REFLECT AN APPROPRIATE DIVERSITY OF SKILLS AND BACKGROUNDS? 4 FINANCIAL CONDITION HOW DOES THE AGENCY MEET DAY-TO-DAY OPERATIONS? IS THERE A BROAD BASE OF SUPPORT? IF THERE IS AN OPERATIONAL DEFICIT, HOW DOES THE AGENCY INTEND TO MEET THE DEFICIT? DOES THE PROGRAM HAVE A CREDIBLE BUDGET? 5 IDENTIFIED NEED TO BE ADDRESSED HAS AN IMPORTANT PROBLEM OF WORKABLE DIMENSIONS BEEN PRESENTED AND DATA BEEN GIVEN TO SUBSTANTIATE THE PROBLEM? 6 PROGRAM OBJECTIVES WHAT WILL BE ACCOMPLISHED WITH THE PROPOSED FUNDING? ARE THE OBJECTIVES REALISTIC AND MEASURABLE? DO THEY RELATE TO THE STATED PROBLEM OR NEED? IF THIS IS A NEW ACTIVITY OR APPROACH, WHAT HAS BEEN LEARNED FROM RESEARCH OR A SIMILAR PROGRAM? 7 METHODS ARE THE PLANS SUFFICIENTLY DETAILED? IS THERE EVIDENCE GIVEN THAT SUPPORT THE PROPOSED RESULTS? IS THE TIMETABLE FOR IMPLEMENTATION REALISTIC? 8 EVALUATION IS THERE A PROCEDURE DESIGNED TO MEASURE ACCOMPLISHMENTS OR OBJECTIVES? 9 FUTURE/OTHER FUNDING WHAT OTHER FUNDING SOURCES HAVE BEEN IDENTIFIED? IF THE PROGRAM IS TO BE CONTINUED BEYOND THE GRANT PERIOD, IS A VERIFIABLE PLAN PRESENTED FOR FUTURE FINANCIAL SUPPORT? IF THE DUE DILIGENCE INVESTIGATION DETERMINES THAT THE PROSPECTIVE GRANTEE QUALIFIES FOR A GRANT DISTRIBUTION, THE PROPOSAL WILL BE PRESENTED TO THE GRANTS COMMITTEE FOR CONSIDERATION IF THE DUE DILIGENCE INVESTIGATION DETERMINES THAT THE PROSPECTIVE GRANTEE DOES NOT QUALIFY FOR A GRANT DISTRIBUTION, THE FOUNDATION WILL INFORM THE PROSPECTIVE GRANTEE, AND IF APPLICABLE, THE FUND ADVISOR WHO RECOMMENDED THE GRANT, OF THIS DECISION AND THE APPLICATION/RECOMMENDATION SHALL BE CONSIDERED REJECTED PROPOSALS ARE PRESENTED BY THE FOUNDATION STAFF TO THE GRANTS COMMITTEE GRANTS COMMITTEE RECOMMENDATIONS ARE THEN PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL STAFF AND THE GRANTS COMMITTEE MEMBERS WILL ANNUALLY REVIEW FUND AGREEMENTS THAT CLEARLY DESCRIBE DONOR INTENT AND THE PURPOSE FOR WHICH THE FUND WAS ESTABLISHED STAFF AND GRANTS COMMITTEE MEMBERS WILL DISCUSS SUITABLE GRANTEES FOR DONOR ADVISED, FIELD-OF-INTEREST AND UNRESTRICTED FUNDS AT EACH GRANTS COMMITTEE MEETING DONORS WILL BE ENCOURAGED TO REVIEW AGREEMENTS WITH THEIR PERSONAL ADVISORS DONORS WILL ALSO BE ORIENTED TO FOUNDATION ADMINISTRATIVE FEES AND PROCEDURES FOR RECOMMENDING GRANTS, AND THEY WILL RECEIVE SEMI-ANNUAL REPORTS THAT DETAIL FUND ACTIVITY FUND ADVISORS SHOULD EXPECT REGULAR COMMUNICATION FROM THE FOUNDATION, INCLUDING INFORMATION ON UNMET COMMUNITY NEEDS THAT COULD POSSIBLY BE SUPPORTED THROUGH THEIR FUNDS</p>

Additional Data

Software ID:
Software Version:
EIN: 75-1709180
Name: COMMUNITY FOUNDATION OF WEST TEXAS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL SAINTS EPISCOPAL SCHOOL OF LUBBOCK 3222 103RD STREET LUBBOCK, TX 79423	75-6004580	501(C)(3)	8,073				MINI-GRANTS FOR TEACHERS
ALSTROM ANGELS 5121 69TH STREET SUITE B1 LUBBOCK, TX 79424	80-0930101	501(C)(3)	7,360				BEEPING EGG HUNT AND GENERAL SUPPORT

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AMERICAN CANCER SOCIETY HIGH PLAINS DIVISION 3513 10TH STREET LUBBOCK, TX 79415	74-1185665	501(C)(3)	10,000				RUN FOR THE ROSES - LUBBOCK HOPE LODGE
BALLET LUBBOCK 5702 GENOA AVE LUBBOCK, TX 79424	51-0163294	501(C)(3)	5,600				TO PROMOTE THE BALLET AND FINE ARTS

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BOYS AND GIRLS CLUB OF LUBBOCK 3221 59TH STREET LUBBOCK, TX 79493	75-1037228	501(C)(3)	5,500				GENERAL OPERATING SUPPORT AND COMPUTERS
BUCKNER BAPTIST CHILDREN & FAMILY SERVICES 129 BRENTWOOD LUBBOCK, TX 79416	75-2571395	501(C)(3)	7,438				FAMILY PATHWAYS CLIENT ASSISTANCE AND GENERAL SUPPORT

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CARPENTER'S CHURCH 1916 13TH ST LUBBOCK, TX 79401	51-0687541	501(C)(3)	18,715				GENERAL OPERATING SUPPORT
CASA OF EL PASO 221 N KANSAS ST SUITE 1501 EL PASO, TX 79901	75-1950407	501(C)(3)	16,073				VOLUNTEER ADVOCACY PROGRAM AND GENERAL SUPPORT

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CASA OF THE SOUTH PLAINS INC 1215 AVE J STE 301 LUBBOCK, TX 79401	75-2482631	501(C)(3)	25,520				VOLUNTEER ADVOCACY PROGRAMS FOR ABUSED AND NEGLECTED CHILDREN IN FOSTER CARE
CATHOLIC CAMPUS MINISTRY 2304 BROADWAY LUBBOCK, TX 79401	75-1699865	501(C)(3)	100,000				RAIDER PROMISE

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CATHOLIC CHARITIES DIOCESE OF LUBBOCK INC 102 AVE J LUBBOCK, TX 79401	75-1966688	501(C)(3)	7,954				CRISIS INTERVANTION FUND AND GENERAL SUPPORT
CATHOLIC FOUNDATION OF THE DIOCESE OF LUBBOCK PO BOX 98700 LUBBOCK, TX 79499	75-2773524	501(C)(3)	11,561				TO PROMOTE THE MISSION OF THE CATHOLIC CHURCH

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LUBBOCK INTERNATIONAL CULTURAL CENTER PO BOX 30 LUBBOCK, TX 79408	75-2236038	501(C)(3)	208,982				GENERAL OPERATING SUPPORT
CHILDREN'S ADVOCACY CENTER OF THE SOUTH PLAINS 720 TEXAS AVE LUBBOCK, TX 79401	75-2660920	501(C)(3)	10,464				TO ASSIST CHILDREN IN THE COURT SYSTEM WHO HAVE EXPERIENCED PHYSICAL OR SEXUAL ABUSE

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CHILDREN'S HOME OF LUBBOCK INC 4404 IDALOU HIGHWAY LUBBOCK, TX 79408	75-1037480	501(C)(3)	23,174				GENERAL OPERATING SUPPORT AND KITCHEN RENOVATIONS
CITY OF LUBBOCK - ANIMAL SERVICES 3323 S E LOOP 289 LUBBOCK, TX 79404	75-6000590	CITY GOVERNMENT	9,080				ADVERTISING, PROMOTIONS AND EQUIPMENT

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CITY OF SHALLOWATER PO BOX 246 SHALLOWATER, TX 79363	75-6004359	CITY GOVERNMENT	10,000				YOUNG CITY PARK LANDSCAPING
COMMUNITY HEALTH CENTER OF LUBBOCK INC 1610 5TH STREET LUBBOCK, TX 79401	75-2424925	501(C)(3)	10,000				PROVIDE QUALITY PRIMARY AND PREVENTATIVE HEALTH CARE SERVICES TO THOSE IN NEED, BUILDING CAMPAIGN

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COVENANT HEALTH OF PLAINVIEW 2601 DIMMIT ROAD PLAINVIEW, TX 79027	75-2426010	501(C)(3)	5,000				RENOVATION AND REMODELING PROJECT AND CAPITAL CAMPAIGN
COVENANT HEALTH SYSTEM FOUNDATION 3623 22ND PLACE LUBBOCK, TX 79410	75-2897026	501(C)(3)	51,500				ARRINGTON KEEPING THE COVENANT, DENTAL CLINIC COPAYMENT ASSISTANCE, CHILDREN'S GARDEN

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CROSSVIEW CHRISTIAN CAMP 808 US HWY 82-114 DICKENS, TX 79229	75-2879011	501(C)(3)	7,442				GENERAL OPERATING SUPPORT AND SUMMER CAMP
EARLY LEARNING CENTERS OF LUBBOCK INC 1639 MAIN STREET LUBBOCK, TX 79401	75-0940023	501(C)(3)	7,500				NEW DIRECTIONS ELC BREASTFEEDING SUPPORT AND EMERGENCY CHILDCARE ASSISTANCE

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EPILEPSY FOUNDATION OF TEXAS 3610 22ND STREET SUITE 301 LUBBOCK, TX 79410	74-2141084	501(C)(3)	5,000				GENERAL OPERATING SUPPORT
FLATLANDS DANCE THEATRE PO BOX 93001 LUBBOCK, TX 79493	27-3201902	501(C)(3)	6,540				FLATLANDS DANCE THEATRE - SEASON 7 AND GENERAL OPERATING SUPPORT

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FRIENDS OF CAMP MARY WHITE INC 5109 82ND ST SUITE 7 1166 LUBBOCK, TX 79424	73-1694897	501(C)(3)	9,080				CAMPERSHIPS AND GENERAL OPERATING SUPPORT
FRIENDS OF LEGACY PLAY VILLAGE PO BOX 54167 LUBBOCK, TX 79453	75-2987135	501(C)(3)	17,000				MASTER IMPROVEMENT PLAN

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FRIENDS OF THE LUBBOCK PUBLIC LIBRARY 1306 9TH STREET LUBBOCK, TX 79401	75-6063293	501(C)(3)	26,380				GENERAL OPERATING SUPPORT AND PATTERSON BRANCH BLACK HISTORY MONTH
HIGH POINT VILLAGE 6223 CR 6300 LUBBOCK, TX 79416	61-1562223	501(C)(3)	10,153				GENERAL OPERATING SUPPORT AND SUMMER PROGRAM

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HOPE COMMUNITY OF SHALOM INC 2005 AVENUE T LUBBOCK, TX 79411	36-4504943	501(C)(3)	6,931				GENERAL OPERATING SUPPORT
HOSPICE OF LUBBOCK PO BOX 16800 LUBBOCK, TX 79490	75-2133781	501(C)(3)	9,356				TO PROVIDE CARE AND COMFORT FOR THE TERMINALLY ILL

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HUMANE SOCIETY OF WEST TEXAS 5106 AVE T LUBBOCK, TX 79493	75-2534120	501(C)(3)	5,409				GENERAL OPERATING SUPPORT AND WELLNESS CLINIC
KINGDOM COME MINISTRIES PO BOX 94555 LUBBOCK, TX 79493	61-1752969	501(C)(3)	9,393				GENERAL OPERATING SUPPORT

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LAKERIDGE UNITED METHODIST CHURCH 4701 82ND STREET LUBBOCK, TX 79424	75-1636559	501(C)(3)	21,262				MAINTENANCE, REPAIRS AND MISSIONS
LOUISE HOPKINS UNDERWOOD CENTER FOR THE ARTS 511 AVE K LUBBOCK, TX 79401	75-2732616	501(C)(3)	20,615				MASTER POTTER PUBLIC EXHIBITION, LECTURE & DEMONSTRATION AND GENERAL OPERATING SUPPORT

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LUBBOCK AREA UNITED WAY 1655 MAIN ST LUBBOCK, TX 79401	75-0961812	501(C)(3)	26,384				GENERAL OPERATING SUPPORT
LUBBOCK ARTS ALLIANCE PO BOX 5092 LUBBOCK, TX 79406	23-7015858	501(C)(3)	30,865				TO FOSTER THE CREATION, UNDERSTANDING AND ENJOYMENT OF ARTS IN LUBBOCK WITH THE LUBBOCK ARTS FESTIVAL

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LUBBOCK CHILDREN'S HEALTH CLINIC 302 N UNIVERSITY LUBBOCK, TX 79415	75-0968315	501(C)(3)	5,000				TO PROVIDE PRIMARY MEDICAL CARE TO UNDERPRIVILEGED CHILDREN
LUBBOCK CHRISTIAN SCHOOLS 2604 DOVER AVE LUBBOCK, TX 79407	26-4232425	501(C)(3)	6,656				GENERAL OPERATING SUPPORTING AND TRAIL LIFE

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LUBBOCK DREAM CENTER 1111 30TH STREET LUBBOCK, TX 79411	75-2123204	501(C)(3)	7,932				GENERAL OPERATING SUPPORTING AND ACTION FAMILY
LUBBOCK ENTERTAINMENT AND PERFORMING ARTS ASSOCIATION 1500 BROADWAY STE 1254 LUBBOCK, TX 79401	46-1912406	501(C)(3)	11,368				CONSTRUCTION OF A PERFORMING ARTS CENTER TO BE USED FOR HOSTING AND PROMOTING THE PERFORMING ARTS FOR THE CITIZENS OF LUBBOCK

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LUBBOCK HERITAGE SOCIETY PO BOX 5443 LUBBOCK, TX 79408	75-1656664	501(C)(3)	15,710				TO PRESERVE AND RESTORE THE HISTORIC UNDERWOOD PULLMAN CAR
LUBBOCK IMPACT 2707 34TH STREET LUBBOCK, TX 79410	26-1607120	501(C)(3)	10,315				GENERAL OPERATING SUPPORT

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LUBBOCK MEALS ON WHEELS 2304 34TH ST LUBBOCK, TX 79411	75-1333736	501(C)(3)	15,808				TO PROVIDE MEALS FOR INDIVIDUALS WHO ARE DISABLED OR HOMEBOUND
LUBBOCK ROOTS HISTORICAL ARTS COUNCIL 2301 AVENUE A LUBBOCK, TX 79452	75-1911641	501(C)(3)	15,418				EAST LUBBOCK/GATEWAY PROJECT, TAKE PRIDE IN THE EAST SIDE AND 2016 CAPROCK JAZZ FESTIVAL

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LUBBOCK SYMPHONY ORCHESTRA 601 AVE K LUBBOCK, TX 79401	75-6001993	501(C)(3)	11,528				FAMILY CONCERT AND GENERAL OPERATING SUPPORT
MIDLAND ISD EDUCATION FOUNDATION 615 W MISSOURI AVE MIDLAND, TX 79701	75-2330628	501(C)(3)	10,000				ONE IS TOO MANY - TEEN SUICIDE PREVENTION

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MILITARY ORDER OF THE PURPLE HEART 6312 76TH STREET LUBBOCK, TX 79424	46-3403015	501(C)(3)	20,000				REMEMBER OUR HEROES - SERVICES FOR VETERANS AND THEIR FAMILIES
MORRIS SAFE HOUSE FOUNDATION 3240 NIGHTINGALE RD LUBBOCK, TX 79407	26-2804005	501(C)(3)	12,007				TO PROVIDE ADEQUATE VACCINES, PROTECTION AND CARE TO SMALL ANIMALS UNTIL THEY CAN BE ADOPTED

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MY FATHER'S HOUSE - BUCKNER CHILDREN AND FAMILY SERVICES 1510 S LOOP 289 LUBBOCK, TX 79412	75-2914146	501(C)(3)	7,446				GENERAL OPERATING SUPPORT
NATIONAL COWBOY SYMPOSIUM & CELEBRATION PO BOX 6638 LUBBOCK, TX 794936638	30-0375883	501(C)(3)	5,301				NATIONAL COWBOY SYMPOSIUM & CELEBRATION 2016 AND GENERAL OPERATING SUPPORT

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NATIONAL VETERANS WELLNESS AND HEALING CENTER IN ANGEL FIRE PO BOX 805 ANGEL FIRE, NM 87710	27-1330398	501(C)(3)	20,000				POST-TRAUMATIC STRESS SUPPORT FOR LOCAL VETERANS
PARENTING COTTAGE INC 3818 50TH ST LUBBOCK, TX 79413	75-1806027	501(C)(3)	5,000				GENERAL OPERATING SUPPORT

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PHI BETA KAPPA 1600 NEW HAMPSHIRE AVE NW WASHINGTON, DC 20009	75-2585121	501(C)(7)	7,510				HIGH SCHOOL EXCELLENCE AWARD AND ALUMNI ASSOCIATION KEYS AND MATERIALS
PLAINVIEW COMMUNITY CONCERT ASSOCIATION 1207 FLOYDADA STREET PLAINVIEW, TX 79072	75-1904485	501(C)(3)	20,000				FUNDING FOR 2016-2017 CONCERT SEASON

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PLAINVIEW DOWNTOWN RESTORATION INC 2223 17TH ST LUBBOCK, TX 79401	30-0832650	501(C)(3)	15,700				SKAGGS BUILDING RESTORATION
PLAINVIEW SYMPHONY ORCHESTRA 2317 W 5TH ST 111 PLAINVIEW, TX 79072	75-1741822	501(C)(3)	12,000				2016 PERFORMANCES

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POST ANIMAL REFUGE CENTER PO BOX 13 POST, TX 79356	27-1920764	501(C)(3)	7,000				TO PROVIDE RESCUE, CARE AND ADOPTION SERVICES OF ANIMALS, EXERCISE PEN, VET EXPENSES, AND UTILITIES AND MAINTENANCE
RACE TRACK CHAPLAINCY RUIDOSO DOWNS PO BOX 449 RUIDOSO DOWNS, NM 88346	23-7181877	501(C)(3)	5,000				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RANCHING HERITAGE ASSOCIATION PO BOX 43200 LUBBOCK, TX 794093201	23-7047334	501(C)(3)	12,000				ROLLING STOCK EXHIBIT BUILDING
REFUGE SERVICES INC PO BOX 53684 LUBBOCK, TX 79453	75-2827710	501(C)(3)	12,817				TO ENHANCE PHYSICAL, MENTAL, AND SPIRITUAL FUNCTIONING OF INDIVIDUALS AND FAMILIES

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RESTORATION MINISTRIES - WOLFFORTH UNITED METHODIST CHURCH 2313 79TH ST WOLFFORTH, TX 79423	46-3142549	501(C)(3)	35,000				HOME REPAIR PROJECTS AND GENERAL OPERATING SUPPORT
RONALD MCDONALD HOUSE 3413 10TH STREET LUBBOCK, TX 79415	75-1915179	501(C)(3)	17,781				KITCHEN UPGRADES AND GENERAL OPERATING SUPPORT

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SAVING GRACE PIT BULL RESCUE 5109 82ND STREET UNIT 7 - PMB 199 LUBBOCK, TX 79424	30-0642726	501(C)(3)	5,782				GENERAL OPERATING SUPPORT
SCIENCE SPECTRUM 2579 S LOOP 289 STE 250 LUBBOCK, TX 79423	75-2184555	501(C)(3)	9,583				TO PROMOTE SCIENCE AND TECHNOLOGY

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SHRINERS HOSPITAL FOR CHILDREN PO BOX 31356 TAMPA, FL 33631	36-2193608	501(C)(3)	9,210				TO PROVIDE PEDIATRIC SPECIALTY CARE WITHOUT FINANCIAL OBLIGATION TO PATIENTS OR THEIR FAMILIES, SUPPORT THE GALVESTON BURNS INSTITUTE
SLATON RAILROAD HERITAGE ASSOCIATION 400 RAILROAD AVENUE SLATON, TX 79364	75-2439515	501(C)(3)	6,097				EARLY 1900'S FORT WORTH & DENVER CABOOSE RESTORATION AND GENERAL OPERATING SUPPORT

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SOUTH PLAINS FOOD BANK 5605 MLK BLVD LUBBOCK, TX 79404	75-1904829	501(C)(3)	30,390				LITTLEFIELD MOBILE PANTRY, INMATE PROJECT AND GENERAL OPERATING SUPPORT
SOUTH PLAINS WILDLIFE REHABILITATION CENTER INC 3308 95TH ST LUBBOCK, TX 79423	75-2468445	501(C)(3)	9,949				FOOD, SUPPLIES, AND VET CARE, GENERATOR AND EMERGENCY EQUIPMENT, BARN RENOVATION

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SPECIAL OLYMPICS TEXAS - SOUTH PLAINS AREA 17 4601 50TH ST STE 215 LUBBOCK, TX 79414	74-1998367	501(C)(3)	5,000				SPECIAL OLYMPICS TEXAS - LUBBOCK/SOUTH PLAINS PROGRAM
SPRING CREEK MINISTRIES 5109 82ND ST STE 7-1211 LUBBOCK, TX 79424	46-2186193	501(C)(3)	6,555				GENERAL OPERATING SUPPORT

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STARCARE DBA VETSTAR PO BOX 2828 LUBBOCK, TX 79408	75-1297691	501(C)(3)	28,000				VETERANS RESOURCE COORDINATION GROUP AND JAILED VETERAN INTERVENTION PROGRAM
SUPPORTERS OF THE FINE ARTS PO BOX 53005 LUBBOCK, TX 79453	75-2713927	501(C)(3)	5,000				GENERAL OPERATING SUPPORT AND BUDDY HOLLY CENTER GUITAR LESSONS FOR CHILDREN

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TEXAS BOYS RANCH PO BOX 5665 LUBBOCK, TX 79408	23-7292527	501(C)(3)	15,000				GENERAL OPERATING SUPPORT
TEXAS ENGINEERING FOUNDATION 1001 CONGRESS AVE STE 260 AUSTIN, TX 78701	74-6105653	501(C)(3)	5,500				FELLOW RECOGNITION, GENERAL OPERATING SUPPORT

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TEXAS SCOTTISH RITE HOSPITAL FOR CRIPPLED CHILDREN 2222 WELBORN STREET DALLAS, TX 75219	75-0818178	501(C)(3)	19,210				PEDIATRIC CARE SPECIALIZING IN THE TREATMENT OF ORTHOPEDIC CONDITIONS, RELATED NEUROLOGICAL DISORDERS AND LEARNING DISORDERS
TEXAS TECH FOUNDATION INC PO BOX 45025 LUBBOCK, TX 79409	75-6043842	501(C)(3)	30,620				AUTISM WALK, LUBBOCK LAKE LANDMARK, STUDY OF ADDICTION AND RECOVERY

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THE BRIDGE OF LUBBOCK PO BOX 667 LUBBOCK, TX 79408	75-2968710	501(C)(3)	8,763				GENERAL OPERATING SUPPORT, THE READING ROOM AND TAMMIE'S CLOSET
UPBRING (FORMERLY LUTHERAN SOCIAL SERVICES) PO BOX 140767 AUSTIN, TX 78714	74-1109745	501(C)(3)	5,000				NEIGHBORHOOD HOUSE

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WEST TEXAS FOOD BANK 411 S PAGEDWOOD AVE ODESSA, TX 79761	75-2057692	501(C)(3)	7,500				CANTRIBUTE
WOMEN'S PROTECTIVE SERVICES PO BOX 54089 LUBBOCK, TX 79453	75-1633066	501(C)(3)	16,868				GENERAL OPERATING SUPPORT

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YMCA OF PLAINVIEW 313 ENNIS PLAINVIEW, TX 79072	75-6041250	501(C)(3)	5,000				CARDIO AND WEIGHT EQUIPMENT AND LED FIXTURE REPLACEMENT
YOUNG WOMENS CHRISTIAN ASSOCIATION OF LUBBOCK TEXAS INC 3101 35TH ST LUBBOCK, TX 79413	75-0939427	501(C)(3)	10,571				SUN & FUN CAMPAIGN, GENERAL OPERATING SUPPORT

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
COMMUNITY FOUNDATION OF WEST TEXAS**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016**Open to Public Inspection**

Employer identification number

75-1709180

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DIRECTORS DON AND TED RUSHING HAVE A FAMILY RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COPY WILL BE PRESENTED TO THE BOARD FOR DISCUSSION, REVIEW AND APPROVAL PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS AND STAFF ARE REQUIRED TO COMPLETE AND RETURN A STATEMENT EACH YEAR STATING THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY AND AGREE TO ABIDE BY ITS TERMS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD OF DIRECTORS USE THE FORM 990 OF OTHER TAX EXEMPT ORGANIZATIONS WHEN DETERMINING THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR IS THE ONLY EMPLOYEE THE ORGANIZATION HAS THAT MEETS THE IRS DEFINITION OF OFFICER OR KEY EMPLOYEE. THE ORGANIZATION DOES NOT HAVE ANY OTHER EMPLOYEES WHO MEET THE IRS DEFINITION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR VIEWING AT THE ORGANIZATION'S OFFICE THE ANNUAL REPORT AND AUDITED FINANCIAL STATEMENTS CAN ALSO BE FOUND ON THE ORGANIZATION'S WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION USES A COMMITTEE ASSIGNED BY THE BOARD TO OVERSEE THE FINANCIAL STATEMENT AUDIT AND FOR SELECTION OF THE INDEPENDENT AUDITOR