

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.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **01-01-2019**, and ending **12-31-2019**

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 \$ 18,164,458

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? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)
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) | 25 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 25 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 8 |
| 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 39 | 0 |

| | Prior Year | Current Year |
|---|---------------------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 6,837,194 | 4,107,688 |
| 9 Program service revenue (Part VIII, line 2g) | 17,329 | 10,407 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,163,666 | 2,543,685 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 10,585 | 442 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 9,028,774 | 6,662,222 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 2,509,352 | 4,294,285 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 444,615 | 456,964 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶251,721 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 442,420 | 491,747 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 3,396,387 | 5,242,996 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 5,632,387 | 1,419,226 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 43,923,325 | 51,132,207 |
| 21 Total liabilities (Part X, line 26) | 2,072,785 | 2,445,210 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 41,850,540 | 48,686,997 |

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-11-13
STEPHEN WARREN PRESIDENT
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-11-13
Check if self-employed PTIN: P01419700
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 \$ 4,765,843 including grants of \$ 4,294,285) (Revenue \$ 10,407)
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 ▶ 4,765,843

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. | | |
| 11a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | Yes | |
| 11b | 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 |
| 11c | 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 |
| 11d | 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 |
| 11e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | No |
| 11f | 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 | |
| 12b | 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 |
| 14b | 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 |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | No |
| 20b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | Yes | |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|--|--------|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 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> | 23 | 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> | 24a | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| 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? | 24c | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 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> | 25a | 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> | 25b | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | No |
| b | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 Yes | |
| 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> | 30 | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | 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> | 32 | 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> | 33 | 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> | 34 | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | 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> | 35b | |
| 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> | 36 | 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> | 37 | 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. | 38 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

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

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

| | | | | |
|--|--------------------------------|----------------------|----|--|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a <input type="text"/> | 8 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No | |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> | 3b | | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No | |
| b If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No | |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Yes | | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | <input type="text"/> | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | No | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | No | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | No | |
| 10 Section 501(c)(7) organizations. Enter: | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | <input type="text"/> | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | <input type="text"/> | | |
| 11 Section 501(c)(12) organizations. Enter: | | | | |
| a Gross income from members or shareholders | 11a | <input type="text"/> | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | <input type="text"/> | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | <input type="text"/> | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | <input type="text"/> | | |
| c Enter the amount of reserves on hand | 13c | <input type="text"/> | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No | |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | 14b | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | | No | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | No | |

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (25), 1b (25), 2 (Yes), 3 (No), 4 (Yes), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (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 (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (No), 16b.

Section C. Disclosure

- 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-A 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.
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:

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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|---|---|---------|---|--------|
| 1b Sub-Total | ▶ | | | |
| 1c Total from continuation sheets to Part VII, Section A | ▶ | | | |
| 1d Total (add lines 1b and 1c) | ▶ | 103,000 | 0 | 14,040 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **1**

| | Yes | No |
|--|----------|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | No |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | No |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**

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 | 113,432 | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 3,994,256 | | |
| | g Noncash contributions included in lines 1a - 1f: \$ | 1g | 311,384 | | |
| | h Total. Add lines 1a-1f | | 4,107,688 | | |

| Program Service Revenue | | | (A) | (B) | (C) | (D) |
|--|--|---------------|--------|-------|-----|-----|
| | | Business Code | | | | |
| 2a MANAGEMENT FEES | | 525990 | 7,707 | 7,707 | | |
| b WORKSHOP INCOME | | 611600 | 2,700 | 2,700 | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f. | | | 10,407 | | | |

| | | | | | | | |
|---|--|---|----------------|------------|-----|-----------|-----|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 1,062,692 | | | 1,062,692 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | b Less: rental expenses | 6b | | | | |
| | | c Rental income or (loss) | 6c | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | | (i) Securities | 12,960,382 | | | |
| | | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | 7b | 11,479,389 | | | |
| | | c Gain or (loss) | 7c | 1,480,993 | | | |
| | d Net gain or (loss) | | | 1,480,993 | | 1,480,993 | |
| | 8a Gross income from fundraising events (not including \$ 113,432 of contributions reported on line 1c). See Part IV, line 18 | | 8a | 23,289 | | | |
| | | | 8b | 22,847 | | | |
| | | c Net income or (loss) from fundraising events | | | 442 | | 442 |
| | 9a Gross income from gaming activities. See Part IV, line 19 | | 9a | | | | |
| | | | 9b | | | | |
| | | c Net income or (loss) from gaming activities | | | | | |
| | 10a Gross sales of inventory, less returns and allowances | | 10a | | | | |
| 10b | | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| 11a Miscellaneous Revenue | | Business Code | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | | | | |
| 12 Total revenue. See instructions | | | 6,662,222 | 10,407 | 0 | 2,544,127 | |

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 | 4,052,597 | 4,052,597 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 241,688 | 241,688 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 117,041 | 39,794 | 45,646 | 31,601 |
| 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 | 280,338 | 95,233 | 108,918 | 76,187 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 12,729 | 4,328 | 4,964 | 3,437 |
| 9 Other employee benefits | 17,886 | 5,935 | 6,242 | 5,709 |
| 10 Payroll taxes | 28,970 | 9,850 | 11,298 | 7,822 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 12,251 | 4,043 | 4,165 | 4,043 |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 257,286 | 257,286 | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 8,008 | | | 8,008 |
| 12 Advertising and promotion | 10,448 | 1,320 | 138 | 8,990 |
| 13 Office expenses | 27,492 | 9,211 | 3,770 | 14,511 |
| 14 Information technology | 23,385 | 7,717 | 7,951 | 7,717 |
| 15 Royalties | | | | |
| 16 Occupancy | 15,718 | 5,234 | 5,250 | 5,234 |
| 17 Travel | 4,904 | 1,471 | 981 | 2,452 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 18,173 | 5,154 | 9,596 | 3,423 |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 35,748 | 11,797 | 12,154 | 11,797 |
| 23 Insurance | 5,327 | 1,774 | 1,779 | 1,774 |
| 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 DONOR & GRANTEE RECOGNI | 27,361 | | | 27,361 |
| b HONORARY HERO'S FUND EX | 25,000 | | | 25,000 |
| c AFFILIATE EXPENSE | 6,887 | 1,378 | 344 | 5,165 |
| d PROGRAM EXPENSE | 5,088 | 5,088 | | |
| e All other expenses | 8,671 | 4,945 | 2,236 | 1,490 |
| 25 Total functional expenses. Add lines 1 through 24e | 5,242,996 | 4,765,843 | 225,432 | 251,721 |
| 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 | 2,415,992 | 2 | 2,866,096 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 6,073 | 4 | 0 |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | 1,750,000 | 7 | 1,750,000 |
| | 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 | 768,990 | | |
| | b Less: accumulated depreciation | 172,649 | | |
| | | 626,125 | 10c | 596,341 |
| | 11 Investments—publicly traded securities | 39,125,135 | 11 | 45,919,770 |
| | 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) | 43,923,325 | 16 | 51,132,207 | |
| Liabilities | 17 Accounts payable and accrued expenses | 37,248 | 17 | 16,935 |
| | 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 | 2,035,537 | 21 | 2,428,275 |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 2,072,785 | 26 | 2,445,210 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 41,730,728 | 27 | 48,684,188 |
| | 28 Net assets with donor restrictions | 119,812 | 28 | 2,809 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 41,850,540 | 32 | 48,686,997 | |
| 33 Total liabilities and net assets/fund balances | 43,923,325 | 33 | 51,132,207 | |

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 | 6,662,222 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,242,996 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,419,226 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 41,850,540 |
| 5 | Net unrealized gains (losses) on investments | 5 | 5,417,231 |
| 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 | 48,686,997 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- 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.

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 75-1709180

Name: COMMUNITY FOUNDATION OF WEST TEXAS

Form 990 (2019)

Form 990, Part III, Line 4a:

THE ORGANIZATION'S LARGEST PROGRAM IS GRANTMAKING. APPROXIMATELY 13% OF GRANTS IN 2019 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. 7% OF FUNDS DISTRIBUTED IN 2019 WERE FROM SCHOLARSHIP FUNDS. THE REMAINING 80% OF GRANTS AUTHORIZED BY THE BOARD OF DIRECTORS IN 2019 WERE FROM ENDOWED AND LIMITED-TERM DESIGNATED AND DONOR-ADVISED FUNDS

Form 990, Part III, Line 4b:

THE ORGANIZATION IS COMMITTED TO COMMUNITY BETTERMENT AND GROWING REGIONAL PHILANTHROPY. IN 2019, GRANTS AWARDED BY THE COMMUNITY FOUNDATION AND ITS AFFILIATES IN PLAINVIEW/HALE COUNTY, POST/GARZA COUNTY, LEVELLAND/HOCKLEY COUNTY AND SLATON REACHED AN ALL-TIME HIGH AND INCLUDED MULTIPLE COLLABORATIVE COMMUNITY PROJECTS SUCH AS GIVING TUESDAY, A DOWNTOWN/REDEVELOPMENT PROJECT AND A REGIONAL MENTAL HEALTH NEEDS ASSESSMENT.

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 | | | |
| STEPHEN WARREN PRESIDENT | 40.00 | | | X | | | | 103,000 | 0 | 14,040 |
| TIM PRIDMORE CHAIRMAN | 1.00 | X | | X | | | | 0 | 0 | 0 |
| CINDY WHITEHEAD PAST CHAIRMAN | 1.00 | X | | X | | | | 0 | 0 | 0 |
| GREG FREEMAN CHAIR ELECT | 2.00 | X | | X | | | | 0 | 0 | 0 |
| SANDY MARTINEZ SECRETARY/TREASURER | 1.00 | X | | X | | | | 0 | 0 | 0 |
| TONY PRIVETT DONOR RELATIONS CHAIR | 1.00 | X | | | | | | 0 | 0 | 0 |
| DIANN WINDHAM GRANTS CHAIR | 0.50 | X | | | | | | 0 | 0 | 0 |
| JAMES CONWRIGHT INVESTMENTS CHAIR | 1.00 | X | | | | | | 0 | 0 | 0 |
| MARK MEURER PUBLIC RELATIONS CHAIR | 1.00 | X | | | | | | 0 | 0 | 0 |
| MARISA SCHEEF 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 | | | |
| ABEL CASTRO DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| SAM AYERS DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| ANN-MARIE CARRUTH DIRECTOR | 0.25 | X | | | | | | 0 | 0 | 0 |
| CARRIE ELLIS DIRECTOR | 1.25 | X | | | | | | 0 | 0 | 0 |
| BEN GARCIA DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| CHRISTY HARTIN DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| YVETTE HINOJOSA DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| MONT MCCLENDON DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| NATALIE INDERMAN DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| DWIGHT MCDONALD 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 | | | |
| DAWN MOORE DIRECTOR | 0.30 | X | | | | | | 0 | 0 | 0 |
| SANTOS MORENO DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| DON RUSHING DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| TED RUSHING DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| MARK WARREN DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| KAREN WORLEY DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

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, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|---|-----------|-----------|-----------|-----------|-----------|------------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | 1,750,011 | 2,381,464 | 1,580,179 | 6,837,194 | 4,107,688 | 16,656,536 |
| 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 | 1,750,011 | 2,381,464 | 1,580,179 | 6,837,194 | 4,107,688 | 16,656,536 |
| 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) . . . | | | | | | 5,690,678 |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 10,965,858 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|---|-----------|-----------|-----------|-----------|-----------|------------|
| 7 | Amounts from line 4. . . | 1,750,011 | 2,381,464 | 1,580,179 | 6,837,194 | 4,107,688 | 16,656,536 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | 784,918 | 611,419 | 793,632 | 945,064 | 1,062,692 | 4,197,725 |
| 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 | | | | | | 20,854,261 |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 76,921 |

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 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 52.580 % |
| 15 | Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | 50.340 % |

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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.**

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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? <i>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.</i> | | |
| | 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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| | 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| | 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)? <i>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.</i> | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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)? <i>If "Yes," answer line 10b below.</i> | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i> | | |
| | 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> | Yes | No |
| 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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 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 2019 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-2019 | (iii) Distributable Amount for 2019 |
|--|---|---|--|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

Additional Data

Software ID:

Software Version:

EIN: 75-1709180

Name: COMMUNITY FOUNDATION OF WEST TEXAS

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) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 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. Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and total value at end of year.

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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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. Table with columns: Line number, Held at the End of the Year. Rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.

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?
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)?
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:
(ii) 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

- 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 | 41,850,540 | 39,877,429 | 35,847,203 | 34,356,919 | 34,805,610 |
| b Contributions | 4,141,384 | 6,893,413 | 1,600,776 | 2,415,407 | 1,804,263 |
| c Net investment earnings, gains, and losses | 7,960,916 | -1,495,610 | 5,203,003 | 2,055,387 | 542,684 |
| d Grants or scholarships | 4,294,285 | 2,509,352 | 1,970,914 | 2,181,415 | 1,981,283 |
| e Other expenditures for facilities and programs | 746,126 | 696,346 | 602,323 | 667,171 | 744,390 |
| f Administrative expenses | 225,432 | 218,994 | 200,316 | 131,924 | 69,965 |
| g End of year balance | 48,686,997 | 41,850,540 | 39,877,429 | 35,847,203 | 34,356,919 |

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:

- (i)** unrelated organizations
- (ii)** related organizations

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | No |
| 3a(ii) | | No |
| 3b | | |

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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 | 122,424 | 442,609 |
| c Leasehold improvements | | | | |
| d Equipment | | 72,266 | 50,225 | 22,041 |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 596,341 |

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.

| 1. (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 | 12,102,300 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | 5,417,231 | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 22,847 | |
| e | Add lines 2a through 2d | | | 2e 5,440,078 |
| 3 | Subtract line 2e from line 1 | | | 3 6,662,222 |
| 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 6,662,222 |

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 | 5,265,843 |
| 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 | 22,847 | |
| e | Add lines 2a through 2d | | | 2e 22,847 |
| 3 | Subtract line 2e from line 1 | | | 3 5,242,996 |
| 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 5,242,996 |

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 |
|------------------|-------------|
| | |
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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 2016. 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, 2019. |

Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | FUNDRAISING EXPENSES REPORTED ON PART VIII LINE 8B 22,847. |

Supplemental Information

| Return Reference | Explanation |
|--|--|
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | FUNDRAISING EXPENSES REPORTED ON PART VIII LINE 8B 22,847. |

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) Total events |
|-----------------|--|--|--------------|------------------|---------------------------------|
| | | HEROES LUNCHEON (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| 1 | Gross receipts | 136,721 | | | 136,721 |
| 2 | Less: Contributions | 113,432 | | | 113,432 |
| 3 | Gross income (line 1 minus line 2) | 23,289 | | | 23,289 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | 19,039 | | | 19,039 |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 3,808 | | | 3,808 |
| 10 | Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 22,847 |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | 442 |

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 provide any additional information. See instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

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.

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

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...
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.

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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 95
3 Enter total number of other organizations listed in the line 1 table. 1

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

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) SCHOLARSHIPS FOR HIGHER EDUCATION. SPECIFICALLY SCHOLARSHIPS FOR ATTENDING JUNIOR COLLEGES OR UNIVERSITIES. | 114 | 241,688 | | | |
| (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 3222 103RD STREET LUBBOCK, TX 79423 | 75-6004580 | 501C(3) | 12,374 | | | | GENERAL SUPPORT AND MINI-GRANTS FOR TEACHERS |
| ALSTROM ANGELS CORP 5121 69TH STREET SUITE B1 LUBBOCK, TX 79424 | 80-0930101 | 501C(3) | 30,000 | | | | GENERAL SUPPORT AND MILESTONES PARK |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMERICAN WIND POWER CENTER 1701 CANYON LAKE DRIVE LUBBOCK, TX 79403 | 75-2509769 | 501C(3) | 6,283 | | | | GENERAL SUPPORT |
| BALLET LUBBOCK 5702 GENOA AVENUE LUBBOCK, TX 79424 | 51-0163294 | 501C(3) | 10,100 | | | | THE NUTCRACKER AND BALLET IN SCHOOLS |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BAYER MUSEUM OF AGRICULTURE PO BOX 505 LUBBOCK, TX 79408 | 75-2940167 | 501C(3) | 42,217 | | | | GENERAL SUPPORT AND UNDERWOOD PULLMAN CAR |
| B-HIVE INC 4910 44TH LUBBOCK, TX 794169557 | 81-4365272 | 501C(3) | 6,155 | | | | GENERAL 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BIG BROTHERS BIG SISTERS 3416 KNOXVILLE AVENUE LUBBOCK, TX 79413 | 23-7041917 | 501C(3) | 37,961 | | | | GENERAL SUPPORT |
| BILL'S BACKPACKS PO BOX 974 LEVELLAND, TX 793360974 | 83-3727760 | 501C(3) | 7,200 | | | | GENERAL 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BREEDLOVE FOODS INC 1818 N MLK LUBBOCK, TX 79403 | 26-2194373 | 501C(3) | 8,712 | | | | GENERAL SUPPORT |
| BUCKNER CHILDREN AND FAMILY SERVICES 129 BRENTWOOD LUBBOCK, TX 79416 | 75-2571395 | 501C(3) | 12,880 | | | | FAMILY PATHWAYS |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| CAMP SUMMIT INC 17210 CAMPBELL RD STE 180W DALLAS, TX 75252 | 75-2488486 | 501C(3) | 8,000 | | | | MUSIC SENSORY PROGRAM FOR SPECIAL NEEDS CHILDREN |
| CASA OF EL PASO 221 N KANSAS ST SUITE 1501 EL PASO, TX 79901 | 74-1950407 | 501C(3) | 14,000 | | | | VOLUNTEER TRAINING/RECRUITING |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CASA OF THE SOUTH PLAINS INC 1215 AVENUE J SUITE 301 LUBBOCK, TX 79401 | 75-2482631 | 501C(3) | 32,211 | | | | GENERAL SUPPORT AND LAPTOPS FOR ADVOCACY VOLUNTEERS AND STAFF |
| CATHOLIC CHARITIES DIOCESE OF LUBBOCK INC 102 AVENUE J LUBBOCK, TX 79401 | 75-1966688 | 501C(3) | 15,061 | | | | EMERGENCY FUND AND GENERAL 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CENTRAL PLAINS CENTER FOR MHMR 2700 YONKERS PLAINVIEW, TX 79072 | 75-1294355 | 501C(3) | 5,000 | | | | REED ADOLESCENT CENTER KITCHEN PROJECT |
| CHILDREN'S ADVOCACY CENTER OF THE SOUTH PLAINS INC 720 TEXAS AVENUE LUBBOCK, TX 79401 | 75-2660920 | 501C(3) | 10,535 | | | | GENERAL 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHILDREN'S GRIEF CENTER OF EL PASO 11625 PELLICANO STE B EL PASO, TX 79936 | 74-2770329 | 501C(3) | 7,000 | | | | PSC BUILDING COMMUNITY: COUNSELOR STIPENDS AND SUPPLIES |
| CHRISTIAN RELIEF FUND PO BOX 19670 AMARILLO, TX 79114 | 51-0183054 | 501C(3) | 5,500 | | | | LAPTOPS/TABLETS FOR FAMILIES |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CITY OF SHALLOWATER PO BOX 246 SHALLOWATER, TX 79363 | 75-6004359 | CITY GOVERNMENT | 56,288 | | | | YOUNG CITY PARK: LIGHTING AND DOG PARK |
| COMMUNITIES IN SCHOOLS ON THE SOUTH PLAINS INC 1946 AVENUE Q 3RD FLOOR LUBBOCK, TX 79411 | 75-2819581 | 501C(3) | 7,500 | | | | GENERAL SUPPORT AND EMERGENCY FUND FOR BASIC NEEDS AND HYGIENE ITEMS FOR LOW-INCOME STUDENTS |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY HEALTH CENTER OF LUBBOCK 1610 5TH ST LUBBOCK, TX 79401 | 75-2424925 | 501C(3) | 20,121 | | | | GENERAL SUPPORT AND EKG MACHINES |
| COMMUNITY RECOVERY CENTER PO BOX 622 POST, TX 793560622 | 75-2238256 | 501C(3) | 5,000 | | | | RED RIBBON BLITZ / A/V UPGRADE |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMPLETE COUNT LBK PO BOX 2000 LUBBOCK, TX 79457 | 75-6000590 | 501C(3) | 5,000 | | | | COMPLETE COUNT LBK CENSUS CAMPAIGN |
| COVENANT HEALTH SYSTEM FOUNDATION 3623 22ND PLACE LUBBOCK, TX 79410 | 75-2897026 | 501C(3) | 17,229 | | | | COMMUNITY DENTAL CLINIC AND GENERAL SUPPORT |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CROSSVIEW CHRISTIAN CAMP PO BOX 288 DICKENS, TX 79229 | 75-2879011 | 501C(3) | 12,289 | | | | GENERAL SUPPORT AND SUMMER CAMP |
| EARLY LEARNING CENTERS OF LUBBOCK INC 1639 MAIN STREET LUBBOCK, TX 79401 | 75-0940023 | 501C(3) | 5,000 | | | | EMERGENCY CHILDCARE ASSISTANCE |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EL PASO COUNCIL OF THE BLIND 12106 SWAPS DRIVE EL PASO, TX 79936 | 47-1009948 | 501C(3) | 11,000 | | | | IPADS AND TRAINING |
| FAMILY GUIDANCE & OUTREACH CENTER OF LUBBOCK INC 5 BRIERCROFT OFFICE PARK LUBBOCK, TX 794123018 | 75-1890384 | 501C(3) | 9,349 | | | | GENERAL SUPPORT |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FAMILY PROMISE OF LUBBOCK INC PO BOX 1258 LUBBOCK, TX 79408 | 75-2758106 | 501C(3) | 6,994 | | | | GENERAL SUPPORT AND FRESH START PROJECT |
| FLATLANDS DANCE THEATRE PO BOX 93001 LUBBOCK, TX 79493 | 27-3201902 | 501C(3) | 9,800 | | | | FLATLANDS DANCE THEATRE'S 10TH SEASON (2019-2020) |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| FRIENDS OF THE LUBBOCK PUBLIC LIBRARY 1306 9TH STREET LUBBOCK, TX 79401 | 75-6063293 | 501C(3) | 26,468 | | | | GENERAL OPERATING SUPPORT |
| GARZA COUNTY TRAILBLAZERS 205 E 10TH STREET POST, TX 79356 | 75-1743881 | 501C(3) | 7,500 | | | | FEEDING HOMEBOUND SENIOR CITIZENS OF POST, TEXAS |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HIGH POINT VILLAGE 6223 CR 6300 LUBBOCK, TX 79416 | 61-1562223 | 501C(3) | 50,730 | | | | GENERAL SUPPORT AND VAN |
| HOSPICE OF LUBBOCK PO BOX 16800 LUBBOCK, TX 79490 | 75-2133781 | 501C(3) | 15,927 | | | | GENERAL SUPPORT |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HUNTINGTON'S DISEASE SOCIETY OF AMERICA 505 EIGHTH AVENUE SUITE 902 NEW YORK, NY 10018 | 22-2942578 | 501C(3) | 116,932 | | | | GENERAL SUPPORT |
| KINGDOM PREPARATORY ACADEMY 6110 CHICAGO AVE LUBBOCK, TX 79424 | 75-2919746 | 501C(3) | 56,882 | | | | CLASSROOM GRANTS AND 2019 GIVING TUESDAY |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| LAKERIDGE UNITED METHODIST CHURCH 4701 82ND STREET LUBBOCK, TX 79424 | 75-1636559 | 501C(3) | 23,872 | | | | GENERAL SUPPORT, MAINTENANCE AND REPAIR OF CHURCH FACILITIES, AND MISSIONS |
| LAS CRUCES PUBLIC SCHOOLS FOUNDATION PO BOX 16214 LAS CRUCES, NM 88004 | 85-0456725 | 501C(3) | 9,360 | | | | MINI-GRANTS FOR TEACHERS |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LE'LANDS' HEART SANCTUARY PO BOX 98045 LUBBOCK, TX 794998045 | 75-2951589 | 501C(3) | 7,500 | | | | RE-HOME LOST/RELINQUISHED PETS AND EXPAND COMMUNITY OUTREACH PROGRAMS |
| LEVELLAND ISD FOUNDATION FOR EXCELLENCE PO BOX 1491 LEVELLAND, TX 793361491 | 75-2626317 | 501C(3) | 6,200 | | | | INVESTING IN YOUTH THROUGH LIFE |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| LLANO ESTACADO SILVER STAR BOARD PO BOX 65195 LUBBOCK, TX 79464 | 26-4547583 | 501C(3) | 10,724 | | | | HEATERS AND AIR CONDITIONERS FOR THE ELDERLY |
| LOUISE HOPKINS UNDERWOOD CENTER FOR THE ARTS 511 AVENUE K LUBBOCK, TX 79401 | 75-2732616 | 501C(3) | 20,017 | | | | GENERAL SUPPORT. |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LUBBOCK AQUARIUM INC PO BOX 65751 LUBBOCK, TX 79464 | 81-1242431 | 501C(3) | 5,344 | | | | 2019 GIVING TUESDAY |
| LUBBOCK AREA UNITED WAY 1655 MAIN ST STE 101 LUBBOCK, TX 79401 | 75-0961812 | 501C(3) | 27,534 | | | | GENERAL SUPPORT AND ENDOWMENT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LUBBOCK ARTS ALLIANCE PO BOX 5092 LUBBOCK, TX 79408 | 23-7015858 | 501C(3) | 55,500 | | | | ARTS FESTIVAL - CHILDREN'S AREA. |
| LUBBOCK CHILDREN'S HEALTH CLINIC 302 N UNIVERSITY LUBBOCK, TX 79415 | 75-0968315 | 501C(3) | 5,000 | | | | VACCINATION/LAB/PHARMACY ASSISTANCE |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LUBBOCK CHRISTIAN SCHOOLS 2604 DOVER AVENUE LUBBOCK, TX 79407 | 26-4232425 | 501C(3) | 18,452 | | | | FENCE PROJECT |
| LUBBOCK COMMUNITY THEATRE 4232 BOSTON AVE SUITE B LUBBOCK, TX 794133258 | 75-2278970 | 501C(3) | 5,000 | | | | LUBBOCK COMMUNITY THEATRE YOUTH PROGRAM AND FALL SEASON |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LUBBOCK DREAM CENTER 1111 30TH STREET LUBBOCK, TX 79411 | 45-3991946 | 501C(3) | 48,274 | | | | ACTION FAMILY PROGRAM AND 2019 GIVING TUESDAY |
| LUBBOCK ENTERTAINMENT AND PERFORMING ARTS ASSOCIATION 1500 BROADWAY STE 902 LUBBOCK, TX 79401 | 46-1912406 | 501C(3) | 11,626 | | | | BUDDY HOLLY HALL |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LUBBOCK EXPERIENCE INCORPORATED 1500 BROADWAY 6TH FLOOR LUBBOCK, TX 794013117 | 20-8957025 | 501C(3) | 1,593,715 | | | | GATEWAY/TORNADO MEMORIAL PARK |
| LUBBOCK HABITAT FOR HUMANITY 8004 INDIANA AVENUE SUITE B-8 LUBBOCK, TX 794112432 | 75-2408749 | 501C(3) | 5,370 | | | | GENERAL SUPPORT AND 2019 GIVING TUESDAY |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| LUBBOCK HERITAGE SOCIETY PO BOX 5443 LUBBOCK, TX 79408 | 75-1656664 | 501C(3) | 5,705 | | | | UNDERWOOD PULLMAN CAR RESTORATION AND INTERPRETIVE EXHIBITS |
| LUBBOCK IMPACT 2707 34TH STREET LUBBOCK, TX 79410 | 26-1607120 | 501C(3) | 30,492 | | | | GENERAL SUPPORT AND SOUP KITCHEN |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LUBBOCK MEALS ON WHEELS INC 2304 34TH STREET LUBBOCK, TX 79411 | 75-1333736 | 501C(3) | 18,669 | | | | GENERAL SUPPORT AND FOOD DRIVE |
| LUBBOCK SYMPHONY ORCHESTRA 601 AVENUE K LUBBOCK, TX 79401 | 75-6001993 | 501C(3) | 7,654 | | | | GENERAL SUPPORT AND FAMILY CONCERT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MEADOWS MENTAL HEALTH POLICY INSTITUTE FOR TEXAS 2800 SWISS AVE DALLAS, TX 75204 | 46-3992618 | 501C(3) | 95,000 | | | | COMPREHENSIVE MENTAL HEALTH NEEDS ASSESSMENT - LUBBOCK, TEXAS AREA |
| MORRIS SAFE HOUSE 3240 NIGHTINGALE ROAD LUBBOCK, TX 79407 | 26-2804005 | 501C(3) | 15,031 | | | | GENERAL SUPPORT AND MEDICAL SUPPORT FOR ANIMALS |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NCF CHARITABLE TRUST 11625 RAINWATER DRIVE SUITE 500 ALPHARETTA, GA 30009 | 20-4326440 | 501C(3) | 10,000 | | | | CHARITABLE FUND |
| NEW WEST CONTEMPORARY ART MUSEUM PLAINVIEW (CAMP) 219 E 6TH STREET PLAINVIEW, TX 79072 | 81-4896903 | 501C(3) | 15,000 | | | | PROGRAMMING 2019 |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ONE ACCORD FELLOWSHIP 6002 AVENUE U LUBBOCK, TX 79412 | 000000000 | CHURCH/RELIGIOUS ORG | 60,000 | | | | GENERAL SUPPORT |
| OPEN DOOR 1918 13TH ST LUBBOCK, TX 79401 | 51-0687541 | 501C(3) | 32,213 | | | | GENERAL SUPPORT |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| OUTPOST REPERTORY THEATRE 3613 46TH STREET LUBBOCK, TX 794133426 | 82-2670726 | 501C(3) | 5,000 | | | | OUTPOST REP INAUGURAL SEASON START UP EXPENSES |
| PARENTING COTTAGE 3818 50TH STREET LUBBOCK, TX 79413 | 75-1806027 | 501C(3) | 7,935 | | | | GENERAL SUPPORT AND CAR SEAT EDUCATION AND ASSISTANCE PROGRAM |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| PAUL'S PROJECT PO BOX 53891 LUBBOCK, TX 79424 | 47-2366074 | 501C(3) | 20,000 | | | | GENERAL SUPPORT |
| PAWS PET ADOPTION OF PLAINVIEW PO BOX 1605 PLAINVIEW, TX 79073 | 47-1313229 | 501C(3) | 8,890 | | | | OPERATING SUPPORT FOR PERSONNEL AND VET CARE |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PHI BETA KAPPA 1600 NEW HAMPSHIRE AVE NW WASHINGTON, DC 20009 | 75-2585121 | 501C(7) | 7,810 | | | | 2019 HIGH SCHOOL EXCELLENCE AWARDS, COLLATERAL MATERIALS |
| PLAINVIEW CIVIC MUSIC ASSOCIATION 2317 W 5TH ST 111 PLAINVIEW, TX 79072 | 75-1741822 | 501C(3) | 10,000 | | | | PLAINVIEW SYMPHONY ORCHESTRA PILLAR CONCERT EVENTS FOR COMMUNITY CHORAL ORGANIZATIONS |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| PLAINVIEW COMMUNITY CONCERT ASSOCIATION 1207 FLOYDADA STREET PLAINVIEW, TX 79072 | 75-1904485 | 501C(3) | 15,000 | | | | FIVE STELLAR CONCERTS BY WORLD-RENOWNED PERFORMERS |
| POST ANIMAL REFUGE CENTER PO BOX 13 POST, TX 79356 | 27-1920764 | 501C(3) | 10,400 | | | | VETERINARY EXPENSES AND KENNEL PEN DIVIDERS |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PRESBYTERIAN CHILDREN'S HOMES AND SERVICES 5920 W WILLIAM CANNON DR AUSTIN, TX 78749 | 75-0818172 | 501C(3) | 6,000 | | | | LUBBOCK CHILD & FAMILY PROGRAM |
| RACE TRACK CHAPLAINCY RUIDOSO DOWNS PO BOX 449 RUIDOSO DOWNS, NM 88346 | 23-7181877 | 501C(3) | 5,000 | | | | GENERAL OPERATING SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| REFUGE SERVICES INC PO BOX 53684 LUBBOCK, TX 794533684 | 75-2827710 | 501C(3) | 17,664 | | | | VETERAN PROGRAM, SCHOLARSHIPS, AND GENERAL SUPPORT |
| RESCUED ANIMALS - SECOND CHANCE INC 4802 17TH ST LUBBOCK, TX 79416 | 46-1869439 | 501C(3) | 5,548 | | | | HORSE REHABILITATION |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RESTORATION MINISTRIES OF WEST TEXAS 4414 82ND ST 212-332 LUBBOCK, TX 79424 | 81-5322932 | 501C(3) | 20,000 | | | | GENERAL SUPPORT AND BUILDING SUPPLIES FOR FREE HOME REPAIR PROJECTS |
| RONALD MCDONALD HOUSE 3413 10TH STREET LUBBOCK, TX 79415 | 75-1915179 | 501C(3) | 18,096 | | | | GENERAL SUPPORT AND APPLIANCES |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SALVATION ARMY - SOUTHERN TERRITORY 1424 NORTHEAST EXPRESSWAY NE BROOKHAVEN, GA 30329 | 58-0660607 | 501C(3) | 13,002 | | | | GENERAL SUPPORT |
| SCIENCE SPECTRUM 2579 S LOOP 289 SUITE 250 LUBBOCK, TX 79423 | 75-2184555 | 501C(3) | 10,159 | | | | GENERAL SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SHRINERS HOSPITAL FOR CRIPPLED CHILDREN PO BOX 31356 TAMPA, FL 33631 | 36-2193608 | 501C(3) | 10,972 | | | | GENERAL SUPPORT AND GALVESTON BURN INSTITUTE |
| SLATON RAILROAD HERITAGE ASSOCIATION 400 RAILROAD AVENUE SLATON, TX 793640053 | 75-2439515 | 501C(3) | 9,612 | | | | HARVEY HOUSE RESTORATION, ROOFING, CHAIRS AND GENERAL SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SOUTH PLAINS FOOD BANK 5605 MLK BLVD LUBBOCK, TX 79404 | 75-1904829 | 501C(3) | 24,914 | | | | GENERAL SUPPORT |
| SPRING CREEK MINISTRIES 5109 82ND ST STE 7-1211 LUBBOCK, TX 79424 | 46-2186193 | 501C(3) | 17,959 | | | | GENERAL 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST BENEDICT'S CHAPEL 1615 28TH STREET LUBBOCK, TX 79408 | 27-2070010 | 501C(3) | 7,986 | | | | MISSION SUPPLIES TO FEED BODY AND SOUL |
| ST ELIZABETH UNIVERSITY PARISH 2305 MAIN STREET LUBBOCK, TX 79401 | 75-1699865 | 501C(3) | 41,781 | | | | GENERAL 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST JOHN NEUMANN CATHOLIC CHURCH 5802 22ND STREET LUBBOCK, TX 79407 | 000000000 | 501C(3) | 40,241 | | | | MORTGAGE RETIREMENT |
| TEAM LUKE HOPE FOR MINDS 10708 JUSTICE LUBBOCK, TX 79424 | 32-0351208 | 501C(3) | 5,000 | | | | ADVOCACY RESOURCES FOR GUARDIANS |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TEXAS ARCHITECTURAL FOUNDATION 500 CHICON STREET AUSTIN, TX 78702 | 74-6050437 | 501C(3) | 7,000 | | | | PSC BUILDING COMMUNITY SCHOLARSHIPS |
| TEXAS BOYS RANCH PO BOX 5665 LUBBOCK, TX 79408 | 23-7292527 | 501C(3) | 26,729 | | | | GENERAL SUPPORT, STAFF TRAINING AND SUMMER CAMP |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TEXAS MASONIC RETIREMENT CENTER 1501 W DIVISION ARLINGTON, TX 76012 | 75-1612433 | 501C(3) | 5,125 | | | | GENERAL SUPPORT |
| TEXAS SCOTTISH RITE HOSPITAL FOR CRIPPLED CHILDREN 2222 WELBORN STREET DALLAS, TX 75219 | 75-0818178 | 501C(3) | 9,769 | | | | GENERAL 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TEXAS TECH UNIVERSITY FOUNDATION PO BOX 41102 LUBBOCK, TX 79409 | 75-6043842 | 501C(3) | 10,547 | | | | BURKHART CENTER, CENTER FOR STUDY OF ADDICTION AND RECOVERY, INSTITUTE FOR STUDY OF WESTERN CIVILIZATION, FRIENDS OF MUSIC, KTTZ AND UNIVERSITY THERAPEUTIC RIDING CENTER |
| THE INSIDE OUT FOUNDATION 4630 50TH STREET SUITE 500 LUBBOCK, TX 79414 | 45-5597137 | 501C(3) | 17,046 | | | | GENERAL 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| W J MANGOLD MEMORIAL HOSPITAL FOUNDATION PO BOX 37 LOCKNEY, TX 79241 | 20-5642351 | 501C(3) | 10,000 | | | | EQUIPMENT PURCHASE-VIDEO PROCESSOR FOR ENDOSCOPIC PROCEDURES |
| WOMEN'S PROTECTIVE SERVICES PO BOX 54089 LUBBOCK, TX 79453 | 75-1633066 | 501C(3) | 31,366 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| YOUTH ORCHESTRAS OF LUBBOCK PO BOX 64036 LUBBOCK, TX 794644036 | 27-3569833 | 501C(3) | 12,001 | | | | 2019-2020 SEASON AND GENERAL SUPPORT |
| YWCA OF LUBBOCK 3101 35TH STREET LUBBOCK, TX 79413 | 75-0939427 | 501C(3) | 61,853 | | | | GENERAL SUPPORT |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF WEST TEXAS

Employer identification number
75-1709180

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 2 | 311,384 | FAIR MARKET VALUE |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

| | |
|-----------|--|
| 29 | |
|-----------|--|

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

| | Yes | No |
|------------|-----|----|
| 30a | | No |
| 31 | Yes | |
| 32a | | No |

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

COMMUNITY FOUNDATION OF WEST TEXAS

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 A, LINE 4 | CHANGES TO THE BYLAWS INCLUDED: UPDATE OF THE ORGANIZATION NAME TO COMMUNITY FOUNDATION OF WEST TEXAS; SPECIFIED COUNTIES SERVED RATHER THAN A REGION; UPDATED BUSINESS ADDRESS; CHANGED ANNUAL MEETING TO DECEMBER INSTEAD OF JANUARY; CHANGED QUORUM TO HALF PLUS 1 OF THE NUMBER OF DIRECTORS IN OFFICE RATHER THAN 1/3; REMOVED OPTION OF VOTING BY PROXY; ESTABLISHED AN AUDIT COMMITTEE AND DESIGNATED THE BOARD CHAIR-ELECT AS CHAIR OF THE AUDIT COMMITTEE ; CLARIFIED DUTY TO AVOID IMPROPER DISTRIBUTIONS; ADDED DEFENSE TO THE INDEMNIFICATION SECTION, SPECIFIED THAT DEFENSE AND INDEMNIFICATION APPLIES TO A DIRECTOR, OFFICER, COMMITTEE MEMBER, EMPLOYEE OR AGENT OF THE FOUNDATION WHO WAS, IS, OR MAY BE NAMED AS A RESPONSIBLE PARTY AND SPECIFIED RELATED INSURANCE REQUIREMENTS; ADDED EMAIL AND REMOVED TELECOPIER AS A MEANS OF WRITTEN NOTICE; AND SPECIFIED CONDITIONS UNDER WHICH A BOARD DECISION IS PERMITTED TO BE MADE WITHOUT A FORMAL MEETING. |

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 PRESIDENT. THE PRESIDENT 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. |