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### EXTENDED TO NOVEMBER 15, 2017

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

8   8   Contributions and grants (Part VIII, Inne 1g)   9   Program service revenue (Part VIII, Inne 2g)   0   0   0   0   0   0   0   0   0	A F	or the	2016 calendar year, or tax year beginning and e	ending		
Po Box 2007   Power and street (or P.O. box of mail is not delivered to street address)   Po Box 2007   Po Box 2007   City or town, state or province, country, and ZIP or foreign postal code   Hospital Section   Po Box 2007   Fower and street (or P.O. box of mail is not delivered to street address)   Po Box 2007   City or town, state or province, country, and ZIP or foreign postal code   Hospital Section	B C	heck if oplicable	C Name of organization		D Employer identifi	cation number
Dong Dushness as   Dong Dushness as   Dong Dushness as   Dong Dushness as   PO BOX 2007   PO BOX 2			BIG SPRING AREA COMMUNITY FOUNDATION	INC		
Summary   Number and street (et p. 100   1 most ship (believed to Sister adverse)   1   2432-263-7676   2   336.   120   336.   120   336.   120   336.   120   336.   120   336.   120   120   336.   120   120   336.   120   120   336.   120   120   336.   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120   120	<u>_</u>	_change				
City or town, state or province, country, and ZP or foreign postal code  BIG SPRING, TX 79721-2007    SAME AS C ABOVE   FName and address of principal officer DREW MOUTON   SAME AS C ABOVE   Take exempt state   XI 501(6)(3)   501(6)   4 (insert no.)   4947(a)(1) or   5527   He) is the a group return for subordinates?   Yes   XI No He   The exempt state   XI 501(6)(3)   501(6)   4 (insert no.)   4947(a)(1) or   5527   He) is the a group return for subordinates?   Yes   XI No He	$\sqsubseteq$	ireturn	,	Room/suite	,	
By Common   Section   Se		⊐return/			432-	
Part   Street   Str		ated			G Gross receipts \$	<u>1,120,936.</u>
Tax-exempt status   X   501(c)(3)   501(c)   4947(a)(1) or   527   11 No, "tatach a list (see instructions)   1 Tax-exempt status   X   501(c)(3)   501(c)   4947(a)(1) or   527   11 No, "tatach a list (see instructions)   1 No   14947(a)(1) or   527   11 No, "tatach a list (see instructions)   1 No   14947(a)(1) or   527   11 No, "tatach a list (see instructions)   1 No   14947(a)(1) or   527   11 No, "tatach a list (see instructions)   1 No   14947(a)(1) or   527   11 No, "tatach a list (see instructions)   1 No   14947(a)(1) or   527   11 No, "tatach a list (see instructions)   1 No   14947(a)(1) or   527   11 No, "tatach a list (see instructions)   1 No   14947(a)(1) or   527   11 No, "tatach a list (see instructions)   1 No   14947(a)(1) or   14947(a)(1)		_Ireturn	BIG SPRING, IA 79721-2007		H(a) Is this a group r	
Tax-exampt status		_Itiòn	TF Name and address of principal officer DREW MOOTON		for subordinates	s? Yes X No
J Webster: ▶ BSACF. ORG    Form of congregation:   X Corporation   Trust   Association   Other   Lyear of formation: 20 01 M State of legal domicite: TX			SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No
Form	17	ax-exe	mpt status X 501(c)(3) 501(c)( ) ( (Insert no.) 4947(a)(1) c	or 527	If "No," attach a	a list (see instructions)
Brefly describe the organization's mission or most significant activities. RECEIVE GIFTS, BEQUESTS AND DOMATIONS TO BE HELD AS ENDOWMENTS THAT WILL PROVIDE CHARTTABLE.    Check this box   I					<del> </del>	
1 Bnofly describe the organization's mission or most significant activities   RECEIVE GIFTS   BEQUESTS   AND	K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2001  i	M State of legal domicile: TX
DONATIONS TO BE HELD AS ENDOWMENTS THAT WILL PROVIDE CHARTTABLE,  Check this box	Pa					
Total number of individuals employed in calendar year 2016 [Part V, line 2a]  5 Total number of volunteers (estimate if necessary)  7a Total number of volunteers (estimate if necessary)  7b 0.  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1p)  9 Program service revenue (Part VIII, line 1p)  9 Program service revenue (Part VIII, column (A), lines 3, 4] and 7d)  10 Investment income (Part VIII, column (A), lines 3, 4] and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4] and 7d)  12 Total revenue (Part VIII, column (A), lines 3, 4] and 7d)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaines, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Total revenue (Part VIII, column (A), lines 1-13)  17 Column (A), lines 1-14)  18 Total expenses (Part IX, column (A), lines 1-14)  19 Revenue less expenses (Part IX, column (A), lines 1-14)  19 Revenue less expenses (Part IX, column (A), lines 1-14)  10 Total insibilities (Part X, line 16)  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Total assets (Part X, line 26)  23 Total assets (Part X, line 26)  24 Total assets (Part X, line 26)  25 Signalur (Part Block  26 Total number of volument (Part IX) expenses (Par	a)	1 1	Briefly describe the organization's mission or most significant activities $\overline{ t RECE}$	IVE GI	FTS, BEQUES	STS AND
Total number of individuals employed in calendar year 2016 [Part V, line 2a]  5 Total number of volunteers (estimate if necessary)  7a Total number of volunteers (estimate if necessary)  7b 0.  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1p)  9 Program service revenue (Part VIII, line 1p)  9 Program service revenue (Part VIII, column (A), lines 3, 4] and 7d)  10 Investment income (Part VIII, column (A), lines 3, 4] and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4] and 7d)  12 Total revenue (Part VIII, column (A), lines 3, 4] and 7d)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaines, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Total revenue (Part VIII, column (A), lines 1-13)  17 Column (A), lines 1-14)  18 Total expenses (Part IX, column (A), lines 1-14)  19 Revenue less expenses (Part IX, column (A), lines 1-14)  19 Revenue less expenses (Part IX, column (A), lines 1-14)  10 Total insibilities (Part X, line 16)  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Total assets (Part X, line 26)  23 Total assets (Part X, line 26)  24 Total assets (Part X, line 26)  25 Signalur (Part Block  26 Total number of volument (Part IX) expenses (Par	ຶ່ດ		<u>DONATIONS TO BE HELD AS ENDOWMENTS THAT I</u>	WILL E	PROVIDE CHAP	RITABLE,
Total number of individuals employed in calendar year 2016 [Part V, line 2a]  5 Total number of volunteers (estimate if necessary)  7a Total number of volunteers (estimate if necessary)  7b 0.  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1p)  9 Program service revenue (Part VIII, line 1p)  9 Program service revenue (Part VIII, column (A), lines 3, 4] and 7d)  10 Investment income (Part VIII, column (A), lines 3, 4] and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4] and 7d)  12 Total revenue (Part VIII, column (A), lines 3, 4] and 7d)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaines, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Total revenue (Part VIII, column (A), lines 1-13)  17 Column (A), lines 1-14)  18 Total expenses (Part IX, column (A), lines 1-14)  19 Revenue less expenses (Part IX, column (A), lines 1-14)  19 Revenue less expenses (Part IX, column (A), lines 1-14)  10 Total insibilities (Part X, line 16)  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Total assets (Part X, line 26)  23 Total assets (Part X, line 26)  24 Total assets (Part X, line 26)  25 Signalur (Part Block  26 Total number of volument (Part IX) expenses (Par	ີ ຊື່	2 (	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net a	ssets
Total number of individuals employed in calendar year 2016 [Part V, line 2a]  5 Total number of volunteers (estimate if necessary)  7a Total number of volunteers (estimate if necessary)  7b 0.  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1p)  9 Program service revenue (Part VIII, line 1p)  9 Program service revenue (Part VIII, column (A), lines 3, 4] and 7d)  10 Investment income (Part VIII, column (A), lines 3, 4] and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4] and 7d)  12 Total revenue (Part VIII, column (A), lines 3, 4] and 7d)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaines, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Total revenue (Part VIII, column (A), lines 1-13)  17 Column (A), lines 1-14)  18 Total expenses (Part IX, column (A), lines 1-14)  19 Revenue less expenses (Part IX, column (A), lines 1-14)  19 Revenue less expenses (Part IX, column (A), lines 1-14)  10 Total insibilities (Part X, line 16)  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Total assets (Part X, line 26)  23 Total assets (Part X, line 26)  24 Total assets (Part X, line 26)  25 Signalur (Part Block  26 Total number of volument (Part IX) expenses (Par	0 6 0	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	
Source   S	-2005 -2015	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	11
Source   S	S	5	Total number-of individuals employed in calendar year 2016 (Part V, line 2a)		5	
Source   S	Į į	6	Total number of volunteers (estimate if necessary)		6	0
Source   S	<u>5</u>	7 a -	Total unrelated business revenue from Part VIII, column (C), line 12	3	7a	
8   8   Contributions and grants (Part VIII, Inne 1g)   9   Program service revenue (Part VIII, Inne 2g)   0   0   0   0   0   0   0   0   0	ū	b	Net unrelated business taxable income from Form 990-T-line 34_ N / E- )	1	7b	0.
8   8   Contributions and grants (Part VIII, Inne 1g)   9   Program service revenue (Part VIII, Inne 2g)   0   0   0   0   0   0   0   0   0	<u></u>		( )		Prior Year	Current Year
10   Investment income (Part VIII, column (A), lines 3   and 7d)   146, 110 .   176, 426 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   12   Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 9c, 10c, and 10c   1   1, 690, 231 .   1, 120, 936 .   13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   83, 334 .   126, 847 .   14   Benefits paid to or for members (Part IX, column (A), line 4)   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .	_	8	Contributions and grants (Part VIII, line 1h)	.]	1,544,121.	944,510.
10   Investment income (Part VIII, column (A), lines 3   and 7d)   146, 110 .   176, 426 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   12   Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 9c, 10c, and 10c   1   1, 690, 231 .   1, 120, 936 .   13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   83, 334 .   126, 847 .   14   Benefits paid to or for members (Part IX, column (A), line 4)   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .   0 .		9	Program service revenue (Part VIII, line 2g) 18 NOV 17 2017		0.	0.
1		10			146,110.	176,426.
12 Total revenue - add lines 8 through 11 (must equal Part Viti Column (A), lines 1-2)   1,690,231. 1,120,936.     13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   83,334. 126,847.     14 Benefits paid to or for members (Part IX, column (A), lines 4)   0.	Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 83,334. 126,847.  14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.  17 Other expenses (Part IX, column (A), line 25) 0.  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 94, 383. 178, 023.  19 Revenue less expenses Subtract line 18 from line 12 1, 595, 848. 942, 913.  10 Total lassets (Part X, line 16) 94, 383. 178, 023.  11 Total lassets (Part X, line 16) 94, 383. 178, 023.  12 Total lassets (Part X, line 26) 99, 843. 942, 913.  13 Grants and similar amounts paid (Part IX, column (A), line 4) 0. 0.  14 Benefits paid to or for members (Part IX, column (A), lines 5-10)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising ees (Part IX, column (A), line 25) 0.  17 Other expenses (Part IX, column (A), line 25) 0.  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 11, 049. 51, 176.  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11, 049. 51, 176.  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11, 049. 51, 176.  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), lines 25) 11, 1049. 51, 176.  18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11, 176.  19 Part IX asserts (Part X, line 26) 11, 1049. 51, 176.  10 Part IX asserts (Part X, line 26) 11, 1049. 51, 176.  11 July 49. 51, 176.  12 July 49. 51, 176.  12 July 49. 51, 176.  13 July 49. 51, 176.  14 July 49. 51, 176.  15 July 49. 51, 176.  16 July 49. 51, 176.  17 July 49. 51, 176.  18 July 49. 51, 176.  18 July 49. 51, 176.  18 July 49. 51, 176.  19 July 49. 51, 176.  10 July 49. 51, 176.  10 July 49. 51, 176.  10 July 49. 51, 176.  11 Ju				_ لہ	1,690,231.	1,120,936.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0.					83,334.	126,847.
16a Professional fundraising fees (Part IX, column (A), line 11e)   0 .		14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
17 Office expenses (art IX, local line S113-17 (must equal Part IX, column (A), line 25)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  23 Reginning of Current Year  5,120,042. 6,258,463.  24 Total liabilities (Part X, line 26)  25 Net assets or fund balances Subtract line 21 from line 20  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  3,815,591. 4,900,261.  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 inclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature bits  Date  Print/Type or print name and title  Print/Type preparer's name  Date  Print/Type preparer's name  Print/Type preparer's name  Date  Print/Type preparer's name  Pri	ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
17 Office expenses (art IX, local line S113-17 (must equal Part IX, column (A), line 25)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  23 Reginning of Current Year  5,120,042. 6,258,463.  24 Total liabilities (Part X, line 26)  25 Net assets or fund balances Subtract line 21 from line 20  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  3,815,591. 4,900,261.  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 inclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature bits  Date  Print/Type or print name and title  Print/Type preparer's name  Date  Print/Type preparer's name  Print/Type preparer's name  Date  Print/Type preparer's name  Pri	nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
17 Office expenses (art IX, local line S113-17 (must equal Part IX, column (A), line 25)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  23 Reginning of Current Year  5,120,042. 6,258,463.  24 Total liabilities (Part X, line 26)  25 Net assets or fund balances Subtract line 21 from line 20  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  3,815,591. 4,900,261.  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 inclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature bits  Date  Print/Type or print name and title  Print/Type preparer's name  Date  Print/Type preparer's name  Print/Type preparer's name  Date  Print/Type preparer's name  Pri	g	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		
19   Revenue less expenses Subtract line 18 from line 12   1,595,848   942,913	û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,049	51,176.
Beginning of Current Year End of Year  20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20  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. Acclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature Date  Print/Type or print name and title  Print/Type preparer's name  JAMES A. WELCH  Preparer  Firm's name LEE, REYNOLDS, WELCH & CO., P.C.  Firm's address 417 MAIN ST.  BIG SPRING, TX 79720  Phone no. 432-267-5293		18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		94,383	178,023.
Beginning of Current Year   End of Year		19	Revenue less expenses Subtract line 18 from line 12		1,595,848	942,913.
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. Accordance of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  DREW MOUTON, PRESIDENT Type or print name and title  Print/Type preparer's name Print/Type preparer's name  Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Typ	20.5			В	eginning of Current Year	End of Year
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. Accordance of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  DREW MOUTON, PRESIDENT Type or print name and title  Print/Type preparer's name Print/Type preparer's name  Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Typ	sets	20	Total assets (Part X, line 16)			
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. Accordance of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  DREW MOUTON, PRESIDENT Type or print name and title  Print/Type preparer's name Print/Type preparer's name  Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Typ	ASS.	21				
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. Accordance of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  DREW MOUTON, PRESIDENT Type or print name and title  Print/Type preparer's name Print/Type preparer's name  Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Type preparer's name Date  Print/Type preparer's name Print/Typ	Set	22	·		3,815,591	
true, correct, and complete. Acclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature by Signat			Signature Block			
true, correct, and complete. Acclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature by Signat	Und	der pena	lities of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of r	my knowledge and belief, it is
Sign Here  DREW MOUTON, PRESIDENT Type or print name and title  Print/Type preparer's name  JAMES A. WELCH  Preparer Use Only  BIG SPRING, TX 79720  Plate  Date  Print/Type preparer's signature    Date   Check   PTIN						
DREW MOUTON, PRESIDENT Type or print name and title  Print/Type preparer's name  JAMES A. WELCH  Preparer  Use Only  Date  Print/Type preparer's name  JEE, REYNOLDS, WELCH & CO., P.C.  Firm's address 417 MAIN ST.  BIG SPRING, TX 79720  Phone no.432-267-5293					//-/	0-17
Print/Type preparer's name    DREW MOUTON, PRESIDENT   Type or print name and title	Sic	ın	Signature of bridges		Date	
Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  Preparer  Print/Type preparer's name  Date    PTIN	_		DREW MOUTON, PRESIDENT			
Paid  JAMES A. WELCH  Preparer  Use Only  BIG SPRING, TX 79720  Paid  JAMES A. WELCH  Cumula Welc  II/7/17  sett-employed P00039560  Firm's EIN 75-1567288  Phone no. 432-267-5293						
Paid         JAMES A. WELCH         Cumus Welc         II/II/J         sett-employed         P00039560           Preparer         Firm's name         LEE, REYNOLDS, WELCH & CO., P.C.         Firm's EIN         75-1567288           Use Only         Firm's address         417 MAIN ST.         Phone no.432-267-5293	_		Print/Type preparer's name Preparer's signature		Date, Check	PTIN
Preparer Use Only         Firm's address         LEE, REYNOLDS, WELCH & CO., P.C.         Firm's EIN         75-1567288           BIG SPRING, TX 79720         Phone no.432-267-5293	Pai	id		-	11/7/17 sett-empl	oyed P00039560
Use Only   Firm's address   417   MAIN ST.				•		
BIG SPRING, TX 79720 Phone no.432-267-5293		•				
					Phone no. 4	32-267-5293
May the IRS discuss this return with the preparer shown above? (see instructions)	Ma	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

orm 9	990 (2016) BIG SPRING AREA COMMUNITY FOUNDATION INC 75-2970373 Page 2
Part	III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission
	RECEIVE GIFTS, BEQUESTS AND DONATIONS TO BE HELD AS ENDOWMENTS THAT
	WILL PROVIDE CHARITABLE, CULTURAL AND EDUCATIONAL BENEFITS TO THE BIG
	SPRING AND HOWARD COUNTY AREAS.
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X No
	If "Yes," describe these changes on Schedule O
	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 \$54,475. including grants of \$54,475. ) (Revenue \$)
	SCHOLARSHIPS AND GRANTS TO EDUCATIONAL INSTITUTIONS:
	HOWARD COLLEGE \$23,128
	BIG SPRING ISD 11,000
	HOPE FOUNDATION, INC. 7.500
	TEXAS A&M UNIVERSITY 4,250
	ANGELO STATE UNIVERSITY 2,500
	SOUTH PLAINS COLLEGE 2,347
	SOUTHWESTERN UNIVERSITY 1,000
	WEST TEXAS A&M UNIVERSITY 1,000
	STRAKE JESUIT COLLEGE PREP 750
4b	(Code) (Expenses \$
40	(Code) (Expenses \$
	HANGAR 25 MUSEUM \$16,772
	KEEP BIG SPRING BEAUTIFUL 10,500
	BIG SPRING SYMPHONY 10,000
	RAPE CRISIS/VICTIMS SERVICES OF BIG SPRING 10,000
	HERITAGE MUSEUM 8,500
	BOY SCOUT TROOP 1 5,000
	FIRST UNITED METHODIST CHURCH 2,500
	GRACE BAPTIST FELLOWSHIP 2,000
	UNITED WAY OF HOWARD COUNTY 1,500
	CROSSROADS YOUNG MARINES 600
40	(Code) (Expenses \$
	(Code
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ▶ 126,847.
	Form <b>990</b> (2016

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X	
_	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			<u></u>
3	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	i		
	If "Yes," complete Schedule D, Part IV	9	х	ŀ
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	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•	as applicable————————————————————————————————————			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X_
b	Did the organization report an amount for 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	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	İ		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	l		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a	<del> </del>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	<del> </del>	X
13	·			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	<u> </u>	
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	1.2	İ	T
.5	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
. •	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	L	Х
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
		Form	1990	(2016

20a Dit the organization operate one or more hospital facilities of "I "Yes," complete Schedule H bit "Yes" to 19 ce 20a, did the organization attains a copy of its audied familiaria to this return? 21 Did the organization propriation than 5.000 of grants or other assistance to any domestic organization or domestic government on Part IX, Column (A), in 17 "I "Piss," complete Schedule I. Part I and II 22 Did the organization propriation than 5.000 of grants or other assistance to or for domestic individuals on Part IX, Column (A), in 17 "I "Piss," complete Schedule I. Part I and II 23 Did the organization answer "Yes" to Part IVI, Section A, Inia 3, 4, or 5 about compensation of the organization Schedule I. Part I will and the organization is answer "Yes" to Part IVI, Section A, Inia 3, 4, or 5 about compensation of the organization is a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the sist day of the year, that was assed after December 31, 2002? If "Yes," answer imas 24th through 24d and complete Schedule I. Part I will be 10 the organization martian an escrive account of their than a refunding escrive at any time during the year to defease any tax exempt bonds?  If the organization animal martian an escrive account of their than a refunding escrive at any time during the year?  If the organization animal martian an escrive account of their than a refunding escrive at any time during the year?  If the organization animal martian an escrive account of their than a refunding escrive at any time during the year?  If the organization animal martian an escrive account of their than a refunding escrive at any time during the year?  If the organization animal martial an escrive account of their than a refunding escrive at any time during the year?  If the organization animal martial and escriptions are accounted to the organization and escriptions are accounted to the organization and escrive as a series of the organization and escriptions are accounted to the organization ani				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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? If "Yes," complete Schedule I, Parts I and III 22 Did the organization arisewin "Yes" to Part IVI, Section A, Iiii a, 34, or 5 shoult compensation of the organization's current and former officers, cirectors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule III and IVI and I	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 1º If 1º Se, "complete Schedule I, Parts I and II"  20 Did the organization report mere than 55,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2º If 1º Se, "complete Schedule I, Parts I and III"  21 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 shout compensation of the organization's current and former officers, directors, inustees, key employees, and highest compensated employees? If 1º Se, "complete Schedule I, Part II and III"  22 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If 1º Se, "camplete Schedule II" "No", go to mee 25e  b Did the organization nare and an escorio account other than a refunding escrive at any time during the year to defease any tax-exempt bonds?  c Did the organization are as an "on behalf of "issuer for bonds outstanding at any time during the year? of defease any tax-exempt bonds?  24d	b		20b		
22	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III  2 Did the organization assert "Yes* to Part IVI), 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? If "Yes," complete Schedule I, Part IV is at 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? If "Yes," answer lines 24 through 24d and complete Schedule II" In the 25e  b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Dd the organization invest any proceeds of tax-exempt bonds outstanding strong through 24d and complete Schedule I and the second of the comparation of the second of the second of the comparation on vest and an orbital of "Issay for bonds outstanding at any time during the year of the decase any tax-exempt bonds?  d Dd the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Dd the organization aware that engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization engage 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 engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction reported on any of the organization approach of the organization organization in prior transfer and the			21	X	
23 De 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, furstees, key employees, and highest compensated employees? If "Yes," complete Schedule U and 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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a b. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  Did the organization axis as "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  Did the organization axis as "on behalf of" issuer for bonds outstanding at any time during the year? 124b 125a Section 501(x)(3), 501(x)(4), and 501(x)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of many and the time association with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization with a disqualified person in a prior year, and that the transaction as not been reported on any of the organization or post. Ez? If "Yes," complete Schedule L, Part II 12b did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former offerer, director, trustee, repolyces, nighest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 2b did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 2b did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 2b did the organization parties of the pa	22				
and former offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  24 Dkd 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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a  5 Did the organization invest any proceeds of tax exempt bonds beyond a temporary peniod exception?  5 Did the organization invest any proceeds of tax exempt bonds beyond a temporary peniod exception?  5 Did the organization invest any proceeds of tax exempt bonds beyond a temporary peniod exception?  5 Did the organization invest any proceeds of tax exempt bonds beyond a temporary peniod exception?  5 Did the organization invest any proceeds of tax exempt bonds beyond a temporary peniod exception?  5 Did the organization invest any proceeds of tax exempt bonds beyond a temporary peniod exception?  5 Did the organization invest any proceeds of tax exempt bonds custanding genome at any time during the year?  5 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?  6 Did the organization has not been reported on any of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the fransaction has not been reported on any of the organization propriete. Schedule L, Part II  7 Did the organization part and the organization or propriete schedule L, Part II  8 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV  9 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, agrant selection committee member, or to a 3% controlled entity or family member of a current or former officer, director, trustee, or key e			22		_X_
Schedule J  24a Dd 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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a  5 D dit the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  6 D dit the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  7 D dit the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  8 D dit the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  9 D dit the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  10 D dit the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  11 D dit the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  12 D b the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt any tax-exempt any tax-exempt any to be organization in year that the activity of the complete Schedule L, Part II  12 D dit the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, threster, expenditure emmber, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV  12 D dit the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV  13 A exempt of which a current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, P	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Dd 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? If "Yes," anawer lines 24b through 24d and complete Schedule K. I with "ye to line 25a Dd the organization maintain an escrive and proceeds of tax-exempt bonds beyond a temporary peniod exception?  Dd the organization maintain an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds?  Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 25d 3cd 5cd 5cd 5cd 5cd 5cd 5cd 5cd 5cd 5cd 5		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to him 25e  b. Did the organization invest any proceeds of tax exempt bonds beyond a temporary peniod exception?  c. Did the organization maintain an escrive account other than a refunding escrive at any time during the year? defease any tax-exempt bonds?  d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d. Did the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part II  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 with or former officer and any of the organization with or former officers, directors, fusitees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part III  A nemity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A nemity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A nemity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes			23		_X_
Schedule K. If *No*, go to line 25a b	24a				
b Dd the organization invest any proceeds of tax exempt bonds beyond a temporary penod exception?  c Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Dd the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule I., Part i  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 aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have not been reported on any of the organization profits profit forms 990 or 990 E27 if "Yes," complete Schedule L, Part ii  D dd the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustees, key employees, and supply the supply of the organization and provide a grant or other assistance to an officer, director, trustee, key employees, be substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employees? if "Yes," complete Schedule L, Part IV  a Kaster of former officer, director, trustee, or key employee? if "Yes," complete Schedule L, Part IV  bd the organization receive more than \$25,000 in non-cash contributions? if "Yes," complete Schedule L, Part IV  bd the organization higuidate, terminate, or dissolve and cease operations?  if "Yes," complete Schedule M. Part I, iii.  bd the organization higuidate, t					
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b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Y 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, Part VI 37 X	_	·			v
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		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Note. All Form 990 filers are required to complete Schedule O	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	X	

Form 990 (2016) BIG SPRING AREA COMMUNITY FOUNDATION INC

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			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	l		
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u> _
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u> _
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
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).	_		3.5
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		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		v
_		7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
g h	If the organization received a contribution of qualified intellectual property, and the organization file 1 offin 6035 as required.	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			l
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		ļ	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
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			
С	Enter the amount of reserves on hand		<u> </u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	<u> </u>
		_	$\alpha \alpha \alpha$	(0046)

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

	Check if Schedule O contains a response or note to any line in this Part VI			$\mathbf{X}$
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	If there are material differences in voting rights among members of the governing body, or if the governing	ļ	-	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	1	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		_	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII,-Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cıal	
	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			
	SANDRA WAGGONER - 940-271-0177			
	9901 ORANGEWOOD TRAIL, DENTON, TX 76207			

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### BIG SPRING AREA COMMUNITY FOUNDATION INC

75-2970373

Page 7

# 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization		Jige	A1 114C			iipei	ısaı			(F)
(A)	(B)			Pos	C) ition	1		(D)	(E)	(F)
Name and Title	Average		not c	heck	k more than one			Reportable	Reportable	Estimated
	hours per week					ıs bot or/trus		compensation	compensation	amount of
	(list any	Ę						from the	from related organizations	other compensation
	hours for	direc				-		organization	(W-2/1099-MISC)	from the
	related	99	stee			nsate		(W-2/1099-MISC)	(** = , , , , , , , , , , , , , , , , , ,	organization
	organizations	Individual trustee or director	Institutional trustee		) se	ошо		,		and related
	below	wigna	tuttor	<u>ة</u>	Key employee	est c	Je			organizations
	line)	횰	Insti	Officer	Key	Highest compensated employee	Former			
(1) DREW MOUTON	2.00									
PRESIDENT		X		X	_			0.	0.	0.
(2) TOMMY CHURCHWELL	0.00									
VICE PRESIDENT		X		X	<u> </u>	<u> </u>		0.	0.	0.
(3) RANDY HILLMAN	0.00								-	
SEC/TREAS		X		X				0.		0.
(4) JAN FORESYTH	0.00				1					
		X	<u> </u>					0.	0.	0.
(5) BOBBY MCDONALD	0.00									
		X						0.	0.	0.
(6) MAUREEN HADDAD	0.00					İ				
		X				L		0.	0.	0.
(7) ROBERT L CROWNOVER	0.00								_	
		X						0.	0.	0.
(8) JERRY WORTHY	0.00									
		X			ļ			0.	0.	0.
(9) JOHN FERGUSON	0.00									
		X						0.	0.	0.
(10) DIANE WOOD	0.00									
		X		_	<u> </u>			0.	0.	0.
(11) JIM LITTLE	0.00									
		X				L		0.	0.	0.
			ļ							
			<u> </u>							
			<u> </u>							
			L		ļ	_				
				<u> </u>	<u> </u>	<u> </u>			<del>,</del>	
					1					
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BIG SPRING AREA COMMUNITY FOUNDATION INC

75-2970373

Form 990 (2016)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue 1 a Federated campaigns 1a 2,110. 1b Membership dues 1c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 942,400. Q Noncash contributions included in lines 1a-1f \$ 944,510. h Total, Add lines 1a-1f **Business Code** Program Service f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 176,426. 176,426. other-similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (ı) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (ı) Securities 7 a Gross amount from sales of (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 120,936. 0 176,426. Total revenue See instructions.

JECH	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		this Part IX	mpieto odianni py	
	ot include amounts reported on lines 6b, lb, 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	126,847.	126,847.	****	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages Pension plan accruals and contributions (include				
8	section 401(k) and 403(b) employer contributions)				
n	Other employee benefits				
9 10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
b	Legal	29,834.		29,834.	
С	Accounting	16,700.		16,700.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion		-	22.1	
13	Office expenses	984.		984.	<del> </del>
14	Information technology	<del> </del>			
15	Royalties				<del></del> - <del></del>
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,658.		3,658.	
20	Interest	3,030.		2,030.	
21	Payments to affiliates		- · -		
22	Depreciation, depletion, and amortization				
23	Insurance				
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)	-			
а				-	
b					
C					
d	All other eveness				
	All other expenses  Total functional expenses Add lines 1 through 24e	178,023.	126,847.	51,176.	0.
25 26	Joint costs Complete this line only if the organization	110,043.	140,047.	31,110.	<u>U.</u>
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

6,258,463. Form 990 (2016)

4,900,261.

30

31

32

33

3,815,591.

5,120,042.

30

31

32

33

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

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

Retained earnings, endowment, accumulated income, or other funds

<u>Form</u>	990 (2016) BIG SPRING AREA COMMUNITY FOUNDATION INC	75-2	97037 <u>3</u>	P <u>ag</u>	e 12
Par	t 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	1,120	93	36.
2	Total expenses (must equal Part IX, column (A), line 25)	2	178	3,02	23.
3	Revenue less expenses Subtract line 2 from line 1	3	942	2,9:	13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,81	5,59	91.
5	Net unrealized gains (losses) on investments	5	14:	1,7	57.
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	4,900	),26	51.
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII				
			F	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a			_2a	}	<u> X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both			1	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		_2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,	1		
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,	1 1		
	review, or compilation of its financial statements and selection of an independent accountant?		_2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		_3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<del></del>	3b		
			Form	990 (	2016)

# SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

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

OMB No 1545-0047

2016

Open to Public Inspection

**Employer identification number** 

BIG SPRING AREA COMMUNITY FOUNDATION INC 75-2970373 Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support-from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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 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. \_\_ 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (iii) Type of organization (i) Name of supported (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1 10 organization support (see instructions) support (see instructions) No Yes above (see instructions)) Total

# Schedule A (Form 990 or 990-EZ) 2016 BIG SPRING AREA COMMUNITY FOUNDATION INC75-2970373 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support			_		<del>-</del>	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		Ì	}			
	ınclude any "unusual grants ")	24,225.	62,800.	18,325.	18,870.	34,486.	158,706.
2	Tax revenues levied for the organ-						
	ization'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	24,225.	62,800.	18,325.	18,870.	34,486.	158,706.
5	The portion of total contributions	<b>,</b>					
	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)						74,860.
6	Public support. Subtract line 5 from line 4						83,846.
	ction B. Total Support	<u> </u>				-	03,040.
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	24,225.	62,800.	18,325.	18,870.	34,486.	158,706.
8	Gross income from interest,	21,223.		10,525.	10,070.	34,400.	130,700.
0	dividends, payments received on						
	securities loans, rents, royalties	4,517.	12,252.	36,303.	53,330.	75 307	181,799.
_	and income from similar sources	4, 51 / ·	14,434.	30,303.		13,331.	101,799.
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)						240 505
	Total support. Add lines 7 through 10	L					340,505.
12	·					12	
13	First five years. If the Form 990 is for	=	first, second, third	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
80	organization, check this box and stor ction C. Computation of Publ	o here lic Support Per	rcentage				
				-1 (0)	<del></del>	<u> </u>	24 62 %
	Public support percentage for 2016 (		•	olumn (f))		14	24.62 %
	Public support percentage from 2015					15	<u>26.92 %</u>
16	a 33 1/3% support test - 2016. If the	_			14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies		_				. •
ı	33 1/3% support test - 2015. If the	•			line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua						
17	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	•	rt VI how the organ	
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a j	publicly supported	dorganization		$\triangleright$ [X]
1	10% -facts-and-circumstances tes	-					
	more, and if the organization meets t	he "facts-and-circu	mstances" test, ch	eck this box and	<b>stop here.</b> Explair	in Part VI how the	e
	organization meets the "facts-and-cire	cumstances" test	The organization o	jualifies as a public	cly supported orga	anızatıon	▶□
<u>18</u>	Private foundation. If the organization	on did not check a	<u>box on line 13, 16a</u>	a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	ıs 🕨
					Soho	dula A /Earm 000	or 990-F7) 2016

# Schedule A (Form 990 or 990-EZ) 2016 BIG SPRING AREA COMMUNITY FOUNDATION INC75-2970373 Page 3 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.)

ection A. Public Support		<del></del>		·		
llendar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Gifts, grants, contributions, and membership fees received (Do not						
ınclude any "unusual grants ")			<u> </u>		<u> </u>	
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 bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization'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		ļ	1	1		
6 Total. Add lines 1 through 5	<del></del>		<del>                                     </del>		<del> </del>	
7a Amounts included on lines 1, 2, and	· · · · · · · · · · · · · · · · · · ·				<del> </del>	
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					ļ	
8 Public support. (Subtract line 7c from line 6) ection B. Total Support				<u> </u>		
alendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income		1				
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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)		<u> </u>			<u> </u>	L
14 First five years. If the Form 990 is for	the organization	s first, second, thii	d, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiz	zation,
check this box and stop here						
ection C. Computation of Publ					- <del>,</del>	
5 Public support percentage for 2016 (I	ine 8, column (f) o	livided by line 13,	column (f))		15	
6 Public support percentage from 2015					16	
ection D. Computation of Inves						
7 Investment income percentage for 20	<b>16</b> (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	
8 Investment income percentage from 2	2015 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2016. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box as	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	►□
b 33 1/3% support tests - 2015. If the	-					
line 18 is not more than 33 1/3%, che						

### Schedule A (Form 990 or 990-EZ) 2016 BIG SPRING AREA COMMUNITY FOUNDATION INC75-2970373 Page 4

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
[	1		
	2		
ļ	<del>-</del> -		
-	3a		
ļ	3b_		
į	3с		
	<u>4a</u>		
	4b		
	4.		
	<u>4c</u>		
İ			
	5a_		
	<u>5b</u>		
Ì	5c		
	e		
	6_		
	_		
	7		
	8		
	9a	<u> </u>	
	9b_		
	9c_	-	
	10a		
	10b		

	dule A (Form 990 or 990-EZ) 2016 BIG SPRING AREA COMMUNITY FOUNDATION INC75-29	7037	<u>3 Pa</u>	ıge <b>5</b>
Par	t IV   Supporting Organizations (continued)			
			Yes	_No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	İ		
	below, the governing body of a supported organization?	11a		-
-	A family member of a person described in (a) above?	11b		<u></u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	LI	
Sec	tion B. Type I Supporting Organizations		T T	
		F	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	<u> </u>		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	}		l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			ĺ
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			ĺ
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			ĺ
	supervised, or controlled the supporting organization	2_		
Sec	tion 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			ļ
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	İ		ĺ
	or management of the supporting organization was vested in the same persons that controlled or managed		-	
	the supported organization(s)	1		L
Sec	tion D. All Type III Supporting Organizations			r
			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	1	\	l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ĺ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
	the organization maintained a close and continuous working relationship with the supported organization(s)	2_		ļ
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? If "Yes," describe in Part VI the role the organization's	İ		
	supported organizations played in this regard	3_		L
Sec	tion 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 yea(see instructions).			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructions	). 	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined	1		1
	that these activities constituted substantially all of its activities	2a	ļ	
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? 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	2b	<b> </b>	
3	Parent of Supported Organizations. Answer (a) and (b) below.	1		1
а				1
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	
b				l
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	}	1

	dule A (Form 990 or 990-EZ) 2016 BIG SPRING AREA COMMUNI	TY FO	UNDATION INCT	75-2970373 Page 6
Pai	. )   -   -   -   -   -   -   -   -   -			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970 (explain in	Part VI ) <b>See instructions.</b> All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Sect	ion 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		
Sect	oon B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	tion 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		<u> </u>
7	Chack here if the current year is the organization's first as a non-functional	lly intograti	od Type III supporting ore	ianization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions)

Schedule A (Form 990 or 990-EZ) 2016 BIG\_SPRING AREA COMMUNITY FOUNDATION INC75-2970373 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 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) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2016 а b c From 2013d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount Carryover from 2011 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2017. Add lines 3) and 4c 8 Breakdown of line 7. b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 BIG SPRING AREA COMMUNITY FOUNDATION INC75-2970373 Page 8  Part VI  Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:
SINGLE ENTITY COMMUNITY TRUST
SUPPORT CHARITABLE CULTURAL AND EDUCATIONAL ACTIVITIES IN COMMUNITY
ALL FUNDS SUBJECT TO GOVERNING BY-LAWS
GOVERNING BODY REPRESENTS BROAD INTEREST OF COMMUNITY AND IS SELECTED BY
VOTING MEMBERS. A VOTING MEMBER "ASSOCIATE" IS ANYONE GIVING \$100 OR MORE
TO THE FOUNDATION
ANNUAL FINANCIAL REPORT INCLUDES ALL FUNDS OF THE ORGANIZATION
SUBSTANTIALLY MORE THAN 10% OF TOTAL SUPPORT QUALIFIES AS "PUBLIC SUPPORT"
THEREBY MAKING ENTITY ELIGIBLE FOR CONSIDERATION UNDER FACTS AND
CIRCUMSTANCE TEST
PUBLIC SUPPORT HAS NEVER BEEN BELOW 20%
SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:
DESCRIPTION: UNUSUAL GRANT RULING ATTACHED
DATE: 09/08/16 AMOUNT: 910024.

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

Name of the organization

Employer identification number

_		MUNITY FOUNDATION INC	
Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line (		
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	4	19
2	Aggregate value of contributions to (during year)	0.	935,877.
3	Aggregate value of grants from (during year)	5,429.	121,418.
4	Aggregate value at end of year	138,083.	4,776,580.
5	Did the organization inform all donors and donor advisors in wr		
	are the organization's property, subject to the organization's ex		X Yes No
6	Did the organization inform all grantees, donors, and donor adv	-	•
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose co	<u> </u>
	impermissible private benefit?		X Yes No
Pai			t IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu		
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of	
	day of the tax-year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	, ,	2c
d	Number of conservation easements included in (c) acquired aff	ter 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	rganization during the tax
	year	_	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the perio		
	violations, and enforcement of the conservation easements it h		└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conser	vation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	n easements during the year
_		and 5. Mar and 5. Mar at 20%	(4)(D)()
8	Does each conservation easement reported on line 2(d) above	salisty the requirements of section 170(n)	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	'	
	include, if applicable, the text of the footnote to the organization	m s imancial statements that describes the	e organization's accounting for
Pa	conservation easements rt III   Organizations Maintaining Collections of	Art Historical Treasures or Oth	er Similar Assets
	Complete if the organization answered "Yes" on Form 9		or online Associa.
	If the organization elected, as permitted under SFAS 116 (ASC		nt and halance shoot works of art
10	historical treasures, or other similar assets held for public exhibit		
	the text of the footnote to its financial statements that describe		e of public service, provide, in Fart Am,
h	Miles		nd halance sheet works of art, historical
Þ	treasures, or other similar assets held for public exhibition, edu		
	relating to these items	reation, of research in furtherance of public	c service, provide the following amounts
	· ·		▶ ¢
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treas	sures or other similar assets for financial o	
2	the following amounts required to be reported under SFAS 116		ani, provide
_	Revenue included on Form 990, Part VIII, line 1	v 200 300) relating to these items	<b>&gt;</b> \$
a	Assets included in Form 990, Part X		•
D	rasers included in Form 330, falt A		- Ψ

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

				OUNDATION		2970373 Page <b>2</b>
Par						
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a s	significant use of i	ts collection items
	(check all that apply)					
а	Public exhibition	d	Loan or exc	hange programs		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	•	•	•		'art XIII
5	During the year, did the organization solicit o				ar assets	
	to be sold to raise funds rather than to be ma					Yes No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the organizatio	n answered "Yes" or	n Form 990, Part I	V, line 9, or
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	s or other assets no	t included	
	on Form 990, Part X?				[	X Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table			
						Amount
С	Beginning balance				1c	1,304,450.
d	Additions during the year				1d	108,150.
е	Distributions during the year				1e	74,393.
f	Ending balance				1f	1,338,207.
<b>2</b> a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or co	ustodial account liab	ulity?	X Yes No
	If "Yes," explain the arrangement in Part XIII					X
Pai	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line	10	
	•	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ck (e) Four years back
- 1a	Beginning of year balance	3,806,482-	2-409,355.	2 <u>,389</u> ,588,	378,08	8. 326,542.
b	Contributions	935,877.	1,541,951.	16,250.	1,907,50	3. 24,075.
С	Net investment earnings, gains, and losses	318,184.	<61,489.	73,221.	113,83	1. 39,821.
d	Grants or scholarships	126,847.	83,335.	69,704.	9,83	4. 12,300.
е	Other expenditures for facilities					
	and programs			<u> </u>		
f	Administrative expenses	19,033.				50.
g	End of year balance	4,914,663.	3,806,482.	2,409,355.	2,389,58	8. 378,088.
2	Provide the estimated percentage of the cur	•	ce (line 1g, column (a	a)) held as		
а	Board designated or quasi-endowment	1.85	_%			
b	Permanent endowment ► 95.10	%				
С		3.05 %				
	The percentages on lines 2a, 2b, and 2c sho	·				
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	ind administered for	the organization	
	by					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" on line 3a(ii), are the related organiza	•				3b
Bo	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipn		owment funds			
ra			O Dort IV line 44 c. C	Soo Form OOC Dest \	/ line 10	
	Complete if the organization answere		1		<del></del>	/ // Dealers for
	Description of property	(a) Cost or o	1 7 7		Accumulated epreciation	(d) Book value
	I and	Dasis (IIIVesti	nont) Uasis	(Origi) de	api eciation	
	Land					
	Buildings			<del></del>		
C	Leasehold improvements			<del></del>		
d	• •					
	Other	augl Form 000 Part	Y column (D) has a	1001		0.
<u>ı ota</u>	<ol> <li>Add lines 1a through 1e (Column (d) must e</li> </ol>	quai ruiiii 990, Part	∧, coluttiti (b), line	<u> </u>		

Schedule D (Form 990) 2016

	(Form 990) 2016	BIG SPRING Other Securities.	AREA COMMU	NITY	FOUNDATIO	N INC	75-2970373 Page <b>3</b>
i dit vii		anization answered "Yes"	on Form 990, Part I\	V, line 11b	See Form 990, P	art X, line 12	
(a) Descrip		OTY (including name of security)	(b) Book value				end-of-year market value
(1) Financi	al derivatives						
(2) Closely	held equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E) (F)		<del></del>			<del></del>	<del></del>	
(G)		<del></del>		-			
(H)							<del></del>
	b) must equal Form 990	), Part X, col. (B) line 12.)					
		Program Related.					
		anization answered "Yes"	on Form 990, Part IV	V, line 11c			
_	(a) Description of	investment	(b) Book value	·	(c) Method of val	luation Cost or	r end-of-year market value
(1)							
(2)							······································
(3)							
(4)		<u> </u>			<del></del> ,	·	
(5)				_	<u> </u>		
(6)							
(7)							
(8)							<del></del>
(9)	(h) must squal Form 000	0, Part X, col. (B) line 13.)					
Part IX		5, 1 att X, col. (b) lille 10.7					
L:	J	janization answered "Yes"	on Form 990, Part I	V. line 11d	d See Form 990. F	art X. line 15	
			Description				(b) Book value
(1)							
(2)							
(3)				.=			
(4)							
(5)							
(6)							
(7)		<del></del>				<del> </del>	
(8)							
(9)							
Total. (Col	other Liabilitie	orm 990, Part X, col_(B) lin	e 15)				<u> </u>
PartA	•	ganization answered "Yes"	on Form 000 Port II	\/ line 11	o or 11f Soo Form	000 Bart V III	0.25
		escription of liability	On Form 990, Fart 1		Book value	990, Part A, III	<u> </u>
1. (1) Fe	deral income taxes	over, priori or nasinty		(0)	Doon value		
(2)	derai income taxes			<del>                                     </del>			
(3)				<del>                                     </del>			
(4)							
(5)		<del></del>		<del>                                     </del>			
(6)				<u> </u>			
(7)							
(8)							
(9)							
	umn (b) must equal F	orm 990, Part X, col (B) lin	ne 25)				
		sitions In Part XIII, provide		note to th	ne organization's fir	nancial stateme	ents that reports the
	-	certain tax positions unde			-		
		_ <del></del>	-				Schedule D (Form 990) 2016

	dule D (Form 990) 2016 BIG SPRING AREA COMMUNITY		<u>75-2970373 Pag</u>	e <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains (losses) on investments	2a	-	
ь	Donated services and use of facilities	2b	- 1	
C	Recoveries of prior year grants	2c	4	
d	Other (Describe in Part XIII )	2d	┥	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	45		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4a	-	
b	Add lines 4a and 4b	4b	<b>┤</b>	
c	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c   5	
Pai	t XII Reconciliation of Expenses per Audited Financial State	ments With Expenses per	<del></del>	
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	•	i riotarri.	
1	Total expenses and losses per audited financial statements	.a	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	7	
c	Other losses	2c	-	
d	Other (Describe in Part XIII )	2d	-	
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b	7	
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	_
Pa	t XIII Supplemental Information.			
Prov	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art 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 a	dditional information		
		•		
PA	RT IV, LINE 2B:			
TH:	E FOUNDATION HAS ADOPTED SFAS 136 WHICH E	STABLISHES STANDA	ARDS FOR	
RE	PORTING BY A COMMUNITY FOUNDATION THAT AC	CEPTS DONATIONS I	FOR A	
NO'	r-for-profit organization. THE FOUNDATION	MUST ACCOUNT FOR	R THE TRANSFER	·
AS	A LIABILITY. AT DECEMBER 31, 2016, THE F	OUNDATION WAS OWN	NER OF	
<u>-</u>	,331,685 OF SUCH FUNDS.			
<del>7.</del> =	, 002, 300 02 2000 2000 2000			
PA	RT V, LINE 4:			
	NDING OF CHARITABLE, CULTURAL AND EDUCATI		ROUGH	
	TABLISHED PUBLIC CHARITIES AND GOVERNMENT			
	WARD COUNTY, TEXAS.			
110	MAD COUNTY THAMS			

Schedule D (Form 990) 2016	BIG SPRING	AREA	COMMUNITY	FOUNDATION	<u>INC75-2970373</u>	Page 5
Schedule D (Form 990) 2016 Part XIII   Supplemental Info	rmation (continued)					
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				J		
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	•					
	-			-		·
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

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

OMB No 1545-0047

orm 990)	Governments, and Individuals in the United States  Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	2016	•
epartment of the Treasury ternal Revenue Service	► Attach to Form 990.  • Information about Schadule I (Form 990) and its instructions is at www its poulform 990.	Open to Public Inspection	
ame of the organization		Employer identification number	
•	BIG SPRING AREA COMMUNITY FOUNDATION INC	75-2970373	-
Part   General I	Part I General Information on Grants and Assistance		
1 Does the organı.	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	[	
criteria used to	criteria used to award the grants or assistance?	Yes X No	_

Part II Grants and Other Assistance to Domestic Organizations and I	ocedures for moni	toring the use of grant	of grant funds in the United States	States omplete if the orda	Y" balawered "Y	of grant tunds in the United States.  Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV. line 21, for any
7	\$5,000 Part II can		ional space is need	ed			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
				assistance	other)		
HOWARD COUNTY JR COLLEGE							
1001 BIRDWELL LANE	76 6001827		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				OUCO A DOUT D
DIG SERING IA (3/20	/201009-C/		4				THEOREM
HANGAR 25 AIR MUSEUM				-			
1911 APRON DR							
BIG SPRING TX 79720	75-2790454	501 (C) (3)	16,772.	0			OPERATIONS
KEEP BIG SPRING BEAUTIFUL							
215 w 3RD				*			
BIG SPRING TX 79720	20-5311499	501 (C) (3)	10,500.	0			OPERATIONS
						•	
HERITAGE MUSEUM							
510 SCURRY ST							
BIG SPRING, TX 79720	75-1333435	501 (C) (3)	8,500.	0			OPERATIONS
BIG SPRING SYMPHONY							
P.O. BOX 682							
BIG SPRING, TX 79721	75-2162301	501 (C) (3)	10,000.	0			OPERATIONS
Curado ota ao saotigaas stotas aaka							
KAFE CRISIS SERVICES OF BIG SFRING							
P.O. BOX 2137							
BIG SPRING, TX 79721	75-1980183	501 (C) (3)	10,000,	0			OPERATIONS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in th	e line 1 table				
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table		1			<b>^</b>
LHA For Paperwork Reduction Act Notice, see the Instructions for Form	, see the Instructi	ions for Form 990.					Schedule I (Form 990) (2016)

Schedule   (Form 990) BIG SPRING AREA COMMUNITY   Part II   Continuation of Grants and Other Assistance to Governments and	G AREA CO	MMUNITY FOU	FOUNDATION INC	NC nited States (Sche	FOUNDATION INC Organizations in the United States (Schedule I (Form 990), Part II )		75-2970373 Page 1
(a) Name and address of organization or government	( <b>p</b> )	(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 SPRING ISD 705 E, 11TH PL BIG SPRING, TX 79720	75-6000188		11,000.	.0			SCHOLARSHIP
HOPE FOUNDATION. INC 102 WASHINGTON BLVD BIG SPRING, TX 79720	47-2498431	501 (C) (3)	7,500.	0			SCHOLARSHIP

Schedule I (Form 990)

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) THE RECIPIENT GRANTS AND PRIOR TO Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information 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 THE FOUNDATION THE RIGHT TO AUDIT THE RECIPIENT'S BOOKS RELATIVE TO THE (d) Amount of non-cash assistance TO PROVIDE PROGRESS REPORTS ON GRANT MONIES NOT LESS THAN EVERY SIX MONTHS, BY REQUESTING A GRANT, (c) Amount of cash grant (b) Number of recipients GRANT RECIPIENTS ARE REQUIRED ANY SUCCEEDING GRANT REQUEST. APPROVED GRANT APPLICATION. (a) Type of grant or assistance LINE 2: EXPENDITURE OF PART I,

Schedule I (Form 990) (2016)

32

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Page 2

75-2970373

BIG SPRING AREA COMMUNITY FOUNDATION INC

Schedule I (Form 990) (2016)

Part III

### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization

Employer identification number

Schedule O (Form 990 or 990-EZ) (2016)

BIG SPRING AREA COMMUNITY FOUNDATION INC   75-2970373
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CULTURAL AND EDUCATIONAL BENEFITS TO THE BIG SPRING AND HOWARD COUNTY
AREAS.
FORM 990, PART VI, SECTION A, LINE 6:
MEMBERS OF THE FOUNDATION INCLUDE THOSE THAT PAY A \$100 ANNUAL FEE AND
THOSE ESTABLISHING A FUND WITH A MINIMUM BALANCE OF \$10,000.
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS ELECT THE DIRECTORS AS THEIR TERMS EXPIRE. OFFICERS ARE ELECTED BY
THE DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7B:
ONLY AMENDMENT OF THE BYLAWS REQUIRES APPROVAL OF THE MEMBERS. ALL OTHER
GOVERNING DECISIONS ARE MADE BY THE DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FOUNDATION PRESIDENT REVIEWS FORM 990 WITH THE PREPARER. AFTER THEIR
REVIEW, A COPY IS DISTRIBUTED TO EACH MEMBER OF THE GOVERNING BODY FOR
REVIEW AND ACCEPTANCE BEFORE FILING.
FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION'S MONTHLY FINANCIAL STATEMENTS, ANNUAL FINANCIALS, GOVERNING
DOCUMENTS AND FORM 990 ARE AVAILABLE TO THE PUBLIC THROUGHOUT THE YEAR ON A
REQUEST BASIS. THE FOUNDATION HOLDS AN ANNUAL MEETING OPEN TO THE PUBLIC TO
PRESENT THE FINANCIAL STATEMENTS, MANAGEMENT'S ANNUAL REPORT AND DISCUSS

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

Name of the organization  BIG SPRING AREA COMMUNITY FOUNDATION INC	Employe	Employer identification number 75 – 2970373		
OTHER ITEMS AS NECESSARY INCLUDING FOUNDATION GOVERNANCE	. FORM	990	AND	MOST
RECENT AUDIT REPORT ARE AVAILABLE FOR INSPECTION ON THE	FOUNDAT	NOIT	WEBS	SITE.
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