For Paperwork Reduction Act Notice, see the separate instructions.

Form **990**

Department of the Treasury

DLN: 93493158002009 OMB No 1545-0047

2017

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Cat No 11282Y

Form **990** (2017)

Open to Public

mem	ii ite veirus							Inspection			
A F	or the 2	2017 ca	endar year, or tax year beginning 10)-01-2017 , and ending 09-	30-2018						
_	eck if appl		C Name of organization WEST TEXAS FOOD BANK			D Employ	er identif	ication number			
	ldress cha ame chan	-				75-205	7692				
	ıtıal returi		Doing business as								
	al return/te		Number and atmost (an D.O. have formally mate	d-1		E Telephon	e number	-			
	nended re oplication		Number and street (or P O box if mail is not 411 S PAGEWOOD	delivered to street address) Room/	suite	(432) 5	80-6333				
	. p ou c. o	, on an i	City or town, state or province, country, and	ZIP or foreign postal code		(432) 3	00 0555	<u>'</u>			
			ODESSA, TX 79761			G Gross re	ceipts \$ 1	3,197,685			
		ľ	F Name and address of principal officer		H(a) Is	this a group re	turn for				
			LIBBY CAMPBELL 411 S PAGEWOOD			ubordinates?		□Yes ☑No			
			ODESSA, TX 79761		_ H(b) A	re all subordinat icluded?	es	☐ Yes ☐No			
I Ta	x-exempt	status	☑ 501(c)(3) ☐ 501(c)() ◄ (insert no)	I	"No," attach a l	ıst (see	instructions)			
J W	ebsite:	► www	wtxfoodbank org		⊣ н(с) _G	roup exemption	number	>			
					1. 1. 6.		Maria				
K For	m of orga	nızatıon	Corporation Trust Association	☐ Other ►	L rear or i	formation 1985	M State	of legal domicile TX			
Pa	rt I	Sumn	nary								
	1 Brie		ribe the organization's mission or most s								
e			ank is a 501 c3 nonprofit, hunger relief c ough a network of 80 partner agencies in		nated and pu	irchased food to	childrer	n, families, and			
E C											
Ĕ											
δ.) 2 CH	neck this	box ▶ ☐ If the organization discontinue	ed its operations or disposed of	more than	25% of its net a	ssets				
ූ න්			voting members of the governing body				3	30			
Activities & Governance	4 Nu	umber o	independent voting members of the gov	erning body (Part VI, line 1b)			4	30			
ξ		5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)									
Act			per of volunteers (estimate if necessary)				6	2,500			
•	1		ated business revenue from Part VIII, co	• • •			7a	0			
	b Ne	et unrela	ted business taxable income from Form	990-1, line 34	· · ·		7b	C			
		antributi	ons and grants (Part VIII, line 1h)			Prior Year 11,942,5	570	11,834,329			
Ę			ervice revenue (Part VIII, line 2g)		798,6	-+	674,259				
Ravenue		-	t income (Part VIII, column (A), lines 3,		66,6	_	45,570				
α			nue (Part VIII, column (A), lines 5, 6d, 8		81,3	_	369,606				
			nue—add lines 8 through 11 (must equal		12,889,2	212	12,923,764				
	13 Gr	rants an	l sımılar amounts paıd (Part IX, column (A), lines 1–3)		8,941,8	390	8,995,872			
	14 Be	enefits p	aid to or for members (Part IX, column (A), line 4)				C			
&	15 Sa	alaries, d	ther compensation, employee benefits (F	Part IX, column (A), lines 5–10)	1,811,7	784	2,009,258			
SUE	16 a Pr	rofessior	al fundraising fees (Part IX, column (A),	line 11e)		163,4	153	163,379			
Expenses			ising expenses (Part IX, column (D), line 25) >								
ш		•	enses (Part IX, column (A), lines 11a-11	•		1,501,4	_	1,660,058			
		•	nses Add lines 13–17 (must equal Part l			12,418,5		12,828,567			
<u></u>	19 K6	evenue i	ess expenses Subtract line 18 from line	12	Regina	470,6 ning of Current Y	_	95,197 End of Year			
Net Assets or Fund Balances					Degilli	y or carrent t					
SS 9	20 To	tal asse	rs (Part X, line 16)			18,484,5	578	18,114,600			
절절	21 To	tal liabil	ties (Part X, line 26)			4,440,2	279	3,898,801			
		et assets	or fund balances Subtract line 21 from	line 20		14,044,2	299	14,215,799			
	rt II		ture Block					*h = h = * = *			
			gury, I declare that I have examined this it is true, correct, and complete Declar.								
any k	nowledg	ge									
		*****				2019-06-02					
Sign		Sıgnatuı	e of officer			Date					
Here			AMPBELL EXECUTIVE DIRECTOR								
			print name and title								
<u>.</u>				er's signature ⁄ SILHAN	Date 2019-06-02	Check 🗹 ıf	PTIN				
Pai		F.,	m's name ► RANDY SILHAN CPA CFE			self-employed Firm's EIN ▶					
	parer		m's address ▶ PO BOX 1341			Phone no (432)	580-0204				
USE	Only		WOLFFORTH, TX 79382								
May 1	the IRS	discuss t	his return with the preparer shown above	e? (see instructions)			▽ √	res 🗆 No			

Form	n 990 (2017)					Page 2
Par	t III Statement of Progra	m Service Accomplis	hments			
	Check if Schedule O conta	ins a response or note to a	any line in this Part III			. \square
1	Briefly describe the organization's	s mission				
Colle	ct, purchase, distribute food to hun	ngry children, families, and	seniors in 19 counties a	across West Texas		
2	Did the organization undertake ar		ส			
	the prior Form 990 or 990-EZ?				☐ Yes 🔽	No
_	If "Yes," describe these new servi					
3	Did the organization cease condu	□yes				
	services?	⊔ Yes	⊻ No			
	If "Yes," describe these changes of					
4		organizations are required	to report the amount of	largest program services, as measur f grants and allocations to others, th		S
4a	(Code) (Exper	nses \$ 11,838,028	ıncludıng grants of \$	8,995,872) (Revenue \$	674,259)	
	See Additional Data					
4b	(Code) (Exper	nses \$	including grants of \$) (Revenue \$)	
	-					
	_					
4c	(Code) (Exper	nses \$	including grants of \$) (Revenue \$)	
	, (, (,	
	-					
4d	Other program comuses (Describe	o un Schodulo O \				
+u	Other program services (Describe (Expenses \$	in Schedule O) including grants of	\$) (Revenue \$)	
4e	Total program service expens			, (,	

or X as applicable

17

Part IV

Checklist of Required Schedules

Page 3

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

No

No

Nο

No

Nο

Nο

Form **990** (2017)

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization receive or hold a conservation easement, including easements to preserve open space,

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets?

Yes

Yes

6

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

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Yes

Yes

Yes

Yes

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Nο

Nο

No

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No

No

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No

Nο

No

Nο

No

No

Nο

Nο

Nο

Nο

Yes

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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33

34

35a

35b

36

37

Yes

Yes

Yes

Yes

Form 990 (2017)

Page 4

Part IV	Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,	22	

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic
government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II
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
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

orm	990 (2017)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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			
		2b	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	103	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? 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		No
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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
C	If les, to line 3a or 5b, did the organization line rottli 6000-17	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
	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)			
_				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

OHII	990 (2	.017)					Page o
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 to 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched			o" respo	nse to li	ines
		Check if Schedule O contains a response or note to any line in this Part VI					✓
Se	ction	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	1a	3	0		
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O					
b	Enter	the number of voting members included in line 1a, above, who are independent	1b	3	0		
2		ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee?	ss rela	ationship with any other	2		No
3		ne organization delegate control over management duties customarily performed by cers, directors or trustees, or key employees to a management company or other			on 3		No
4	Did th	e organization make any significant changes to its governing documents since the	prior F	Form 990 was filed?	4		No
5	Did th	e organization become aware during the year of a significant diversion of the orga	nızatıo	n's assets?	5		No
6		ne organization have members or stockholders?			6		No
		e organization have members, stockholders, or other persons who had the power	to elec	t or appoint one or more			
		pers of the governing body?	•		7a		No
b		ny governance decisions of the organization reserved to (or subject to approval by ns other than the governing body?) mem • •	bers, stockholders, or	7b		No
8		ne organization contemporaneously document the meetings held or written actions illowing	underl	taken during the year by	,		
а	The g	overning body?			8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?			8 b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who ization's mailing address? If "Yes," provide the names and addresses in Schedule C		t be reached at the	9		No
Se	ction	B. Policies (This Section B requests information about policies not requ	ured b	y the Internal Reven	ue Code	≘.)	
						Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?			10a	Yes	
b		s," did the organization have written policies and procedures governing the activiti ranches to ensure their operations are consistent with the organization's exempt p			10b	Yes	
11a	Has tl form?	ne organization provided a complete copy of this Form 990 to all members of its go	vernin •	ng body before filing the	11a	Yes	
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes	
b	Were conflic	officers, directors, or trustees, and key employees required to disclose annually int	terests • •	that could give rise to	12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with the	policy •	? If "Yes," describe in	12c	Yes	
13	Did th	ne organization have a written whistleblower policy?			13	Yes	
14	Did th	ne organization have a written document retention and destruction policy?			14	Yes	
15		ne process for determining compensation of the following persons include a review ns, comparability data, and contemporaneous substantiation of the deliberation an					
а	The o	rganization's CEO, Executive Director, or top management official			15a	Yes	
Ь	Other	officers or key employees of the organization			15b		No
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		ne organization invest in, contribute assets to, or participate in a joint venture or si le entity during the year?	mılar a	arrangement with a	16a		No
b		s," did the organization follow a written policy or procedure requiring the organizat it venture arrangements under applicable federal tax law, and take steps to safegu					
		s with respect to such arrangements?		. Januarian D exemple	16b		
Se	ction	C. Disclosure					
17	List th	ne States with which a copy of this Form 990 is required to be filed► TX					
18		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 99 ble for public inspection Indicate how you made these available. Check all that ap		990-T (501(c)(3)s only)		
		Own website 🗹 Another's website 🗹 Upon request 🔲 Other (explain in Sc		•			
19	Descr						
	policy	ibe in Schedule O whether (and if so, how) the organization made its governing do, and financial statements available to the public during the tax year the name, address, and telephone number of the person who possesses the organ					

orm 990 (2	2017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es, I	Key	En	ploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	hıs l	Part VI	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees,	, an	d H	lighe	st C	Compensated En	nployees	
L a Complet rear	e this table for all persons require	ed to be listed	Report o	omp	ensa	tion	for th	e ca	lendar year ending	with or within the o	rganızatıon's tax
	of the organization's current off ation Enter -0- in columns (D), (als o	or organizations), re	gardless of amount	
	of the organization's current key		•								
vho receive	organization's five current high d reportable compensation (Box n and any related organizations										
	of the organization's former office e compensation from the organiz						pensat	ed e	employees who rece	ived more than \$10	0,000
 List all e organization 	of the organization's former dire n, more than \$10,000 of reportab	ectors or trusto le compensation	ees tha n from t	t rece he or	gan	l, in izati	the ca	paci any	ity as a former direc y related organizatio	tor or trustee of the ons	•
	in the following order individua d employees, and former such p		ectors,	ınstıtı	utior	nal ti	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	this box if neither the organizatio	n nor any relate	d orgar	nzatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related	ne bo	ox, ι n of or/t	t che inles ficer ruste		on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,2000 (1200)	MISC)	related organizations
See Addıtıon	al Data Table										
				l	l		l	ı			

Form 990 (2017)												Page 8
Part VIII Section A. Officers, Dir	rectors, Trustees	s, Key	Emp			, and	Higl		ed Employees	(con		
(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo	oox, u an off tor/tr	ot che unles fficer truste		son a	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (\) 2/1099-MISC	on amount of a d compensa (W- from th		ated of other isation the
	organizations below dotted line)		Institutional Trust ee	Officei	Key employee	Highest compensated employee	Former	2/1055 1122,	2/10/5			ted
See Additional Data Table	7						\Box			\Box		
		†		\vdash	\Box	 	\top		1	\top		
		†	+	\vdash	\vdash	+	+			+		
		+	+	\vdash	—		+		+	+		
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		Γ		[_!	[_'		['		Γ			
	,									\Box		
1b Sub-Total					_	 	_			工		
c Total from continuation sheets to d Total (add lines 1b and 1c)	•				•	>		237,705		+		22,003
Total number of individuals (included of reportable compensation from the compensat	uding but not limited	d to thos					rec		.00,000		,	
 I					—						Yes	No
3 Did the organization list any form line 1a? If "Yes," complete Schedu	•		tee, ke	ey er •	mplo •	oyee,	or hi	ghest compensated	employee on	3		No
For any individual listed on line 1a organization and related organization individual	a, is the sum of repositions greater than ?	ortable (\$150,00	comp)0? <i>If</i>	ensa "Yes	ition 5," c	1 and c :omple	other te Sc	r compensation fron chedule J for such	n the			
	· · · · · · ·		"an f	• •m		· nral	 'ad	· · · · · ·	· · · · ·	4	+	No
5 Did any person listed on line 1a re services rendered to the organizat									ividual for	5		No
Section B. Independent Contra	ractors			—						<u> </u>		
1 Complete this table for your five h	highest compensate									mper	nsation	
from the organization Report com	(A)		УЕаг	_enu	ing .	With G	r wit		(B)	—	(C	
Nar Brad Cecil & Associates	ame and business addre	ess						Desc Fundraising	cription of services		Compen	
2115 Arlington Downs Rd								=		1		1/2/-
Arlington, TX 76011 Cruising Kitchens								Mobile panti	tru trailer		 	106,050
14732 Bulverde Rd								1100110	y traner	ļ		100,022
San Antonio, TX 78247 Value Added Food Sales								Durch seed (- ı		<u> </u>	-22 206
								Purchased fo	ood	ļ		522,396
965 Reno Drive Wayland, MI 49348								= 1.5				
Ryder Transportation Services								Food freight	i	ļ		149,864
PO Box 96723 Chicago, IL 60693												
Ben E Keith - Amarillo			_	_	_		_	Purchased fo	ood			187,390
PO Box 868 Ft Worth, TX 76101												
Total number of independent contract		t I		+0 +4		Justod	<u> </u>	va) who received m	ore than \$100.00	00 of		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 5

		(2017)											Page 9
Part '	VII												
		Check if Schedul	e O contains	a respo	onse or n	ote to any	Ine in this F (A) Total reve		Relati exer func reve	ed or mpt tion	(C) Unrelat busine reveni	ted ss	(D) Revenue excluded from tax under sections 512-514
6 S	1 a	Federated campaig	ns	1 a				•					
unt	ŀ	• Membership dues		1 b									
Gra mo	6	Fundraising events		1c									
ţş. P. A.	,	d Related organizatio	ns	1d									
<u>:</u>	6	Government grants (co	ontributions)	1e		583,161							
ions, Gifts, Grants r Similar Amounts	f	All other contributions and similar amounts n	, gıfts, grants, ot ıncluded	1f	1	1,251,168							
Contributions, Gifts, Grants and Other Similar Amounts	g	above Noncash contribution In lines 1a-1f \$	ons included		91,377	<u>, , , , , , , , , , , , , , , , , , , </u>							
Contained and	 h	Total.Add lines 1a-1				•							
						Business	11,834 Code	,329					T
Service Revenue	2a	Shared maintenance fee	ne.			Business	624210	1.2	21,181	121	.181		
4	_	Purchased product revel					624210		53,078		,078		
e F					•								
ž.	c d												
Š	e			_									
Program	_	All other program se	rvice revenue										
δ	a.	Total. Add lines 2a-2i	f		>	6	74,259						
		Investment income (i				and other	1		Ι				
	S	ımılar amounts) .				•		62,678					62,678
		Income from investm				eeds 🕨	· [
	5 F	Royalties				•	· [
	63	Gross rents	(ı) Rea	l	(II) P	ersonal	-						
	Va	Gross rents											
	b	Less rental expenses]						
	c	Rental income or (loss)											
	d	Net rental income o	r (loss)			•	1						
			(ı) Securit	ies	(11)	Other							
	7a	Gross amount from sales of				73,37	3						
		assets other than inventory											
	b	Less cost or other basis and				90,48	5						
	С	sales expenses Gain or (loss)				-17,10	3						
		Net gain or (loss)				•	1	-17,108					
	8a	Gross income from f	undraising ev	ents									
Other Revenue		contributions reporte	ed on line 1c)]								
e ve		See Part IV, line 18				507,180	-						
ď		Less direct expense		ь		183,435		323,745					
hei		Net income or (loss) Gross income from g			ents .	• •	1	323,743					
ŏ	Ja	See Part IV, line 19		e5									
				а									
		Less direct expense		b									
		Net income or (loss)		activit	ies	•	7						
	104	Gross sales of invent returns and allowand]								
	b	Less cost of goods s	sold	a b			-						
		Net income or (loss)		invent	torv .	. •	_						
		Miscellaneous				ess Code							
	11	a Insurance refunds, discounts	reımbursemei	nts,		90009	9	45,861		45,861			
	b	,											
	C	_											
	_	All II											
		All other revenue . Total. Add lines 11a					1		-				
								45,861					
	12	Total revenue. See	Instructions	•		· •	12	,923,764		720,120			62,678
													Form 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns	lumns All other orga	nızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			\square
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	8,995,872	8,995,872	· ·	
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	233,894	45,493	165,012	23,389
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,327,349	1,179,657	98,034	49,658
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	22,276	17,481	3,753	1,042
9 Other employee benefits	307,286	241,136	51,773	14,377
10 Payroll taxes	118,453	92,953	19,958	5,542
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	15,000		15,000	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	163,379			163,379
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	37,882		37,882	
12 Advertising and promotion	34,200			34,200
13 Office expenses	304,003	243,201	60,802	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	223,970	179,176	44,794	
17 Travel	374,391	299,513	74,878	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	12,287	9,830	2,457	
20 Interest	116,049	92,839	23,210	
21 Payments to affiliates	8,913	8,913		
22 Depreciation, depletion, and amortization	404,538	323,630	80,908	
23 Insurance	84,838	67,871	16,967	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a OTHER DUES SUBSCRIPTIONS	8,709	5,185	3,524	
b SPECIAL FOOD EDUCATION PROGRAM COSTS	35,278	35,278		
c				
d				
e All other expenses	0			
25 Total functional expenses. Add lines 1 through 24e	12,828,567	11,838,028	698,952	291,587
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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Liabilities 22

Fund Balances

Assets or 30

Net

Inventories for sale or use .

b Less accumulated depreciation

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Intangible assets

Accounts payable and accrued expenses

Investments—other securities See Part IV, line 11 . . .

Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

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

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Retained earnings, endowment, accumulated income, or other funds

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

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

basis Complete Part VI of Schedule D

11,994,983

1,153,463

1.045.651

11,088,438

18,484,578

152,527

4.287.752

4,440,279

12.933.822

910.477

200.000

14,044,299

18.484.578

666.842

15.805

8

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11 12

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33

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Page **11**

1,166,353

10,841,520

18.114.600

156,140

3.742.661

3,898,801

13,523,026

492,773

200.000

14,215,799

18.114.600

Form **990** (2017)

717,719

19.965

	check if Schedule o contains a response of note to any line in this part ix	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
				Ве	eginr	(A) ning	of ye	ar					En	(B) d of y	/ear	
1	Cash-non-interest-bearing						-	329,	370	1						329,3
			$\overline{}$													

ı	<u>-</u>			
2	Savings and temporary cash investments	523,174	2	596,742
3	Pledges and grants receivable, net	398,578	3	270,088
4	Accounts receivable, net	55,720	4	111,894
5	Loans and other receivables from current and former officers, directors,			

trustees, key employees, and highest compensated employees. Complete Part 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and

10a

10b

contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Assets Notes and loans receivable, net . . 4.061.000 4.061.000

Page **12**

Nο

2a

2b

2c

3a

3b

Yes

Yes

Yes

Yes Form 990 (2017)

Form 990 (2017)

Schedule O

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,044,299
5	Net unrealized gains (losses) on investments	5	76,303
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	

		l	· ·
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	
40	Net assets on find belongs at and of year Combine lines 2 through 0 (myset arrival Boot V line 22 column (B))	10	14 215 700

Par	XII Financial Statements and Reporting		_
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,215,799
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
8	Prior period adjustments	8	
7	Investment expenses	7	
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		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,	215,799
Par	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		 	
			Yes	No

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☑ Both consolidated and separate basis

Additional Data

Software ID: 17005317

Software Version: 18.2.0.0

partnerships with approximately 80 community partner agencies including food pantries, community kitchens, churches, emergency organizations, shelters, residential

EIN: 75-2057692

Name: WEST TEXAS FOOD BANK

Form 990 (2017)

Form 990, Part III, Line 4a: The Food Bank distributed 5.74 million pounds of food to agencies and individuals throughout 19 counties in West Texas. This is done through programs and strategic

centers, senior centers and youth centers. The Food Bank also provides education and community awareness on issues of hunger and nutrition

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) from the

organization

0

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organizations

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

and Independent Contractors

Brian Whytlaw

Treasurer

Mona Ables

Mariann Bagley

Eleazar Cano

Tammy Clements

Arturo Carrasco

Director

Director

Director

Director

Director

Director

David Dowd

	ally floats	""	u un	CCLC	,,, с.	usice,	,	(14, 2,4,000	(14, 5/4,000	I TOTAL CITE
	for related organizations below dotted line)		Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Lee Stringham President	2 00	×		x				0	0	0
Jefferson Cox Vice President	2 00	×		х				0	0	0
Alex Hester Secretary	2 00	х		х				0	0	0
	2.00									

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation from related person is both an officer week (list from the compensation

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

	any hours				ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
Rodney Hall Director	1 00	×					0	0	0
Ricky Holman Director	1 00	×					0	0	0
Melanie Hollman Director	1 00	×					0	0	0
Billy Johnson Director	1 00	×					0	0	0
Elizabeth Jones	1 00								

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Director
Billy Johnson
Director
Elizabeth Jones

Director

Director

Director

Director

RJ Lopez

Director

Director

Mark Lowe

Marc Kondrup

Sally Kvasnicka

Shelby Landgraf

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

	ally flours	and a director/trustee/						Organization	organizations	mom the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Mınka Sıbert	1 00	х						0	0	0	
Director											
Bernie Spears Director	1 00	×						0	0	0	
Amy Ward Director	1 00	х						0	0	0	
Dianne Williams	1 00	х						0	0	0	
Director		1 '			1						

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Director
Dianne Williams
Director
Leah Williams
Director

Ezra Yacob

Sandra Blaydes

Director

Director

Director

Director

Director

Greg Clark

Mike Morgan

Michael Tasker

and Independent Contractors

and Independent Contractors (A) Name and Title

Libby Campbell

Joey Ruiz

CFO, COO

Executive director

week (list any hours for related organizations below dotted line)
 40 00
10 00

40 00

10 00

(B)

Average hours per

washi dinas

Institutional

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

(C)

Position (do not check more than one box, unless person is both an officer and a director/trustee) employee

Former

Reportable compensation from the organization (W-2/1099-MISC) 136,045 101,660

(D)

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related organizations

11,017

10,986

efile GRAPHIC print - DO NOT P			<u>1t - DO NO</u>	OT PROCESS As Filed Data -				DLN: 9	3493158002009
	HED m 990	OULE A	Con		Charity Statu			ort	2017
990I	EZ)		00.1	ipiete ii tiie o	4947(a)(1) nonexe	empt charitable	trust.	u section	201 /
		f the Treasury	▶ Infe	ormation abou	► Attach to Form ut Schedule A (Form <u>www.irs.g</u>			ictions is at	Open to Public Inspection
Nam	e of th	he organiza FOOD BANK	tion					Employer identific	ation number
.,,								75-2057692	
	rt I				us (All organization : it is (For lines 1 thro			See instructions.	
1 1	rganiz		•		`	3 ,	,	/A\/:\	
_		•			sociation of churches				
2	Ш				1)(A)(ii). (Attach Sch	•	• •		
3		·	·	•	vice organization desc			•	
4		name, city,	and state _		ed in conjunction with				
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				oed in section 170
6	Ш	·	·	-	governmental unit de				
7	✓	section 17	0(b)(1)(A)	(vi). (Complete		• •	-	init or from the gener	al public described in
8		A communi	ty trust desci	ribed in sectior	170(b)(1)(A)(vi)	(Complete Part I	Ι)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10		from activit	ies related to income and	its exempt fur unrelated busin	(1) more than 331/39 octions—subject to cer ess taxable income (leading properties of the part III)	taın exceptions, a	and (2) no more	than 331/3% of its su	
11		An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	i09(a)(1) or se d	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting on t of the sup	rganızatıon sup porting organiza	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally i		supporting organizatio				ted with, its
d		Type III n	on-function	ally integrate	ions) You must com d. A supporting organ n generally must satis	zation operated	ın connection wi	th its supported orgar	` '
e		Check this	box if the org	anızatıon recei	t IV, Sections A and ved a written determin	nation from the II		pe I, Type II, Type II	I functionally
f	Entor			on-functionally Lorganizations	integrated supporting	organization			
g g				-	ipported organization((e)			
		Name of support organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? (vi) Amount of monetary support (see instructions) instructions			(vi) Amount of other support (see instructions)
						Yes	No		
Tota	l				nstructions for	Cat No 11285		 Schedule A (Form 9	

instructions

	(b)(1)(A)(ix) (Complete only if you ch						y under Part
_	III. If the organization for	alis to quality un	ider the tests list	ed below, pleas	e complete Part	111.)	
	ection A. Public Support Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	19,849,111	12,593,903	12,595,842	11,942,570	11,834,329	68,815,755
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on	19,849,111	12,593,903	12,595,842	11,942,570	11,834,329	68,815,755
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						68,815,755
<u></u> S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d) 2016	(e)2017	(f)Total
7	Amounts from line 4	19,849,111	12,593,903	12,595,842	11,942,570	11,834,329	68,815,755
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,421	40,638	199	59,600	62,678	165,536
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)	58,137	18,717	64,885	46,493	45,861	234,093
11	Total support. Add lines 7 through 10						69,215,384
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	-				· · · · · · · · · · · · · · ·	nızatıon,
	check this box and stop here					▶ ⊔	
S	ection C. Computation of Publi						
14	Public support percentage for 2017 (li			olumn (f))		14	99 420 %
	Public support percentage for 2016 Sc					15	99 470 %
16a	33 1/3% support test—2017. If the				e 14 is 33 1/3% or	more, check this b	
b	and stop here. The organization qual 33 1/3% support test—2016. If the	ne organization did	not check a box or	n line 13 or 16a, a	nd line 15 is 33 1/	3% or more, check	
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization Part VI how the organization meets	t— 2017. If the order meets the "facts	ganization did not o s-and-circumstance	check a box on line s" test, check this	box and stop her	r e. Explain	▶⊔
b	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the organization Explain in Part VI how the organization	zation meets the "i	facts-and-circumst	ances" test, check	this box and stop	here.	▶□
18	supported organization Private foundation. If the organizati	on did not check a	ı box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see	▶ □

Р	art III Support Schedule fo						
	(Complete only if you o						der Part II. If
	the organization fails to	o qualify under	the tests listed l	pelow, please co	omplete Part II.)	
Se	ection A. Public Support Calendar year	T	1		I		_
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b							
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6) ection B. Total Support						
	Calendar year	F		I	I		T.
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
С							
11							
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
13	(Explain in Part VI) Total support. (Add lines 9, 10c,						
15	11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	n's first, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3)	organization,
	check this box and stop here						▶ □
Se	ection C. Computation of Public	Support Perce	entage				
15	Public support percentage for 2017 (li	ne 8, column (f) d	ivided by line 13,	column (f))		15	0 0
16	Public support percentage from 2016	Schedule A, Part I	II, line 15			16	
	ection D. Computation of Invest					1 1	
17	Investment income percentage for 20			line 13, column (f	·))	17	0 0
18	Investment income percentage from 2	•	• • • • • • • • • • • • • • • • • • • •	,(1	••	18	0
	331/3% support tests—2017. If the		•	on line 14, and lin	ne 15 is more than		ne 17 is not
	l aarta to anbhorr reara—zorti ii die	organization ulu i	TOUR CHIECK THE DOX	on mie 17, and m	IC TO 19 INDIE CITAL	1/2/0, and III	1C 1/ 13 110t
	more than 33 1/3%, check this box and	stan harra The -	ranniantion are life	المناطنية ممم	innorted	hon	ightharpoons

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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Page 4

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

6

7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509			

	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	

	(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
_	Did the examination ensure that all cumpert to such examinations was used evaluately for costion 170(a)(2)(B) numbers?		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		
С	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			

	ton.			
	determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın 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	4b		
c	Did the organization support any foreign supported organizations 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	40		

	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the		

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	4b	
с	supervised by or in connection with its supported organizations 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	70	
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by		
	amendment to the organizing document)	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		
	organization's organizing document?	5b	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

than (1) its supported organizations. (11) 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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Pa	rt IV Supporting Organizations (continued)		<u>'</u>	uge D
			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) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	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		
S	ection B. Type I Supporting Organizations		1	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 organization(s) that			
_	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	_		
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
S	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	res	NO
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
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 supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	-		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described 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		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	36		

Page 6

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations									
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E									
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)						
1	Net short-term capital gain	1								
2	Recoveries of prior-year distributions	2								
3	Other gross income (see instructions)	3								
4	Add lines 1 through 3	4								
5	Depreciation and depletion	5								
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6								
7	Other expenses (see instructions)	7								
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8								
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)						
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1								
a	Average monthly value of securities	1a								
b	Average monthly cash balances	1 b								
С	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								
	Section C - Distributable Amount			Current Year						
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1								
2	Enter 85% of line 1	2								
	Management and the second of the Control Bullion Control A	_								

3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
	occion o Distributable Amount		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
1		1 2	
1 2 3	Adjusted net income for prior year (from Section A, line 8, Column A)	- -	
	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2	
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2	

7

instructions)

	, ,			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to who			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(ii) Underdistributions	(iii) Distributable	

Distributions to attentive supported organizations to whe details in Part VI) See instructions	sive (provide		
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
6 Takal addison 2a khararah			

e From 2016	
f Total of lines 3a through e	
g Applied to underdistributions of prior years	
h Applied to 2017 distributable amount	
i Carryover from 2012 not applied (see instructions)	
j Remainder Subtract lines 3g, 3h, and 3i from 3f	
Distributions for 2017 from Section D, line 7	
\$	
Applied to underdistributions of prior years	
b Applied to 2017 distributable amount	
c Remainder Subtract lines 4a and 4b from 4	
Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI	

\$		
a Applied to underdistributions of prior years		
b Applied to 2017 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		

2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3j and 4c		
8 Breakdown of line 7		
a Excess from 2013		
b Excess from 2014		

Schedule A (Form 990 or 990-EZ) (2017)

c Excess from 2015. d Excess from 2016. . . e Excess from 2017.

Additional Data

instructions)

Software ID: 17005317 Software Version: 18.2.0.0

EIN: 75-2057692

Name: WEST TEXAS FOOD BANK

Page 8

Schedule A (Form 990 or 990-EZ) 2017 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI 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

Facts And Circumstances Test

Part II Section B Line 10 Other income includes insurance reimbursements, refunds, and other miscellaneous rebates

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

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.

DLN: 93493158002009 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

	TEXAS FOOD BANK				Em	Joyei Ide	entification	number
						2057692		
Pa	rt I Organizations Maintaining Donor Adv				or Ac	counts.		
	Complete if the organization answered "Ye	(a) Dono			1	(b)Fund	s and other a	accounts
	Total number at end of year	(4) 50110	uuvi	Jea ranas		(D) and	o and other t	100001110
· !	Aggregate value of contributions to (during year)							
-	Aggregate value of grants from (during year)							
	Aggregate value at end of year				1			
;	,	are in writing that the		ste held in donor -	duesd	funda ara	th a	
, ,	Did the organization inform all donors and donor advisorganization's property, subject to the organization's e: Did the organization inform all grantees, donors, and d	xclusive legal contro	7					Yes 🗌 No
	charitable purposes and not for the benefit of the dono private benefit?						missible	Yes 🗌 No
Pai	t III Conservation Easements. Complete if t	he organization a	ารwe	red "Yes" on For	m 990	, Part IV	, line 7.	
L	Purpose(s) of conservation easements held by the orga	anızatıon (check all t	hat ap	pply)				
	\square Preservation of land for public use (e g , recreation	on or education)		Preservation of a	n histoi	cally imp	ortant land a	irea
	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 easement on the last day of the tax year	a qualified conservat	on co	ntribution in the fo	orm of a		ation It the End o	f the Veer
а	Total number of conservation easements				2a	neiu a	it the End o	i tile Teal
b	Total acreage restricted by conservation easements				2b			
c	Number of conservation easements on a certified histor	ric structure included	lın (a)	2c			
d	Number of conservation easements included in (c) acquistructure listed in the National Register		•	•	2d			
3	Number of conservation easements modified, transferred tax year ▶	ed, released, exting	uished	, or terminated by	the or	ganızatıor	during the	
Ļ	Number of states where property subject to conservation	on easement is local	ed ▶					
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold	the periodic monitori	-	spection, handling	of viol	— ations,	☐ Yes	□ No
,	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of vi	olatio	ns, and enforcing	conserv	ation ease		
,	Amount of expenses incurred in monitoring, inspecting.	, handling of violatio	ns, ar	nd enforcing conse	rvation	easemen	ts during the	year
	'				. 70/1 \	4)(D)()		
3	Does each conservation easement reported on line 2(d and section $170(h)(4)(B)(II)$?) above satisfy the r	equire	ements of section	1/U(n)(4)(B)(I)	☐ Yes	□ No
)	In Part XIII, describe how the organization reports con- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	e footnote to the org						
ar	Complete if the organization answered "Ye				her Si	milar As	sets.	
.a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	r public exhibition, e	ducat	on, or research in				
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for put following amounts relating to these items	16 (ASC 958), to rep	ort ir	ıts revenue state				•
(i) Revenue included on Form 990, Part VIII, line 1					▶ \$		
(i	i)Assets included in Form 990, Part X					► \$		
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS				ancıal g	· —	de the	
а	Revenue included on Form 990, Part VIII, line 1	,,a.	٠٠ و			▶ \$		
						T —		
b	Assets included in Form 990, Part X			<u> </u>	F0.0.0	<u> </u>	1157	005) 55

Par	t III	Organizations Maintaining (Collections of Art,	Histor	ical T	reas	ures, or	Other	Similar As	sets (continued)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)										
а		Public exhibition		d		Loar	n or excha	nge prog	ırams		
b		Scholarly research		e		Othe	≘r				
c		Preservation for future generations									
4	Provi Part	de a description of the organization's XIII	collections and explain	how th	ey furtl	her th	ne organiz	ation's ex	kempt purpo	se in	
5		ng the year, did the organization solici ts to be sold to raise funds rather thar							ular	☐ Ye	s 🗆 No
Pa	rt IV	Escrow and Custodial Arran Complete if the organization ar X, line 21.		rm 990), Part	:IV,	ine 9, or	reporte	ed an amou	int on F	Form 990, Part
1a		e organization an agent, trustee, cust ded on Form 990, Part X?	odian or other intermed	diary for	r contri	bution	ns or othe	r assets i	not	☐ Ye	s 🗌 No
b	If "Ye	es," explain the arrangement in Part >	(III and complete the f	ollowing	table		[Α	mount	
c	Begır	nning balance					[1c			
d	Addıt	tions during the year						1d			
е	Dıstr	butions during the year						1e			
f	Endır	ng balance					L	1f			
2 a	Dıd t	he organization include an amount on	Form 990, Part X, line	21, for	escrov	v or c	ustodial a	ccount lia	bility?	☐ Ye	s 🗹 No
b	If "Ye	es," explain the arrangement in Part X	III Check here if the e	explanat	ion has	s beer	n provided	l in Part)	KIII		. \square
Pa	rt V	Endowment Funds. Complete									
		·	(a)Current year		rior yea		(c)Two ye		(d)Three yea		(e)Four years back
1 a	Beginr	ning of year balance	666,842		616	5,482		589,462		694,560	648,31
b	Contril	butions									
С	Net in	vestment earnings, gains, and losses	90,034		9:	5,463		71,736		-11,804	59,73
d	Grants	s or scholarships									
е		expenditures for facilities rograms	25,426		32	2,487		32,723		80,171	
f	Admın	ıstratıve expenses	13,731		17	2,616		11,993		13,123	13,49
g	End of	year balance	717,719		666	5,842		616,482		589,462	694,56
2 a		de the estimated percentage of the co d designated or quasi-endowment ▶	urrent year end balance 72 000 %	e (line 1	g, colu	mn (a	a)) held as	5			
b	Perm	anent endowment ► 28 000 %									
c		porarily restricted endowment >									
		percentages on lines 2a, 2b, and 2c sh	•								
3a		here endowment funds not in the pos nization by	session of the organiza	tion tha	it are h	eld ar	nd admini	stered for	r the		Yes No
	-	nrelated organizations								3	a(i) Yes
		related organizations									n(ii) No
b		es" on $3a(II)$, are the related organizat	ions listed as required	on Sche	edule R	?.					3b
4	Desc	ribe in Part XIII the intended uses of t	the organization's endo	wment	funds						
Pa	rt VI	Land, Buildings, and Equipn						_			_
	D	Complete if the organization ar							m 990, Pa lepreciation		
	Descr		tother basis (b) Cos tment)	t or other	r basis (otner)	(c) Acci	imulated d	lepreciation	(d) Book value
1 a	Land				1	14,375	5				114,3
b	Buildir	ngs			10,9	32,233	3				10,932,2
c	Leasel	nold improvements				43,226	5				43,2
d	Equipr	ment			89	92,704	1				892,7
е	Other					12,445	5		1,153,463		-1,141,0
Tota	I. Add	lines 1a through 1e (Column (d) mus	t equal Form 990, Part	X, colu	mn (B)	, line	10(c)).		>		10,841,5

	See Form 990, Part X, line 12. (a) Description of security or category	(b) Book value	(c) Method of valuation
1) Financia	(including name of security) I derivatives		Cost or end-of-year market value
3) Other	held equity interests		
	derivatives and other financial products		
3) Closely-h C)	neld equity interests		
))			
≣)			
=)			
3)			
⊣)			
	n (b) must equal Form 990, Part X, col (B) line 12)	•	
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on	Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1)			,
2)			
3)			
4)			
5)			
5)			
7)			
B)			
9)			
_	n (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX	Other Assets. Complete if the organization answere (a) Description		(b) Book va
1)			
2)			
3)			
1)			
5)			
5)			
")			
3)			
9)			
otal. (Colu. Part X	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization is		
	See Form 990, Part X, line 25. (a) Description of liability		ok value
	ncome taxes	(5, 50)	
ederal incor 2)	me taxes		
3)			
ł)			
5)			
5)			
7)			
8)			
9)			
	n (b) must equal Form 990, Part X, col (B) line 25)	•	
	or uncertain tax positions In Part XIII, provide the text of 's liability for uncertain tax positions under FIN 48 (ASC		

Part XI

2

3

4

b

C

Part XII

5

1

2

3

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2017

Page 4

76,303

12,923,764

12,923,764

12,828,567

12,828,567

12.828.567

Schedule D (Form 990) 2017

C	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	
_	Add lines 3a through 3d	

а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	_

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on line 1 but not on Form 990, Part IX, line 25

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Donated services and use of facilities . . .

Add lines 2a through 2d . .

Return Reference

Other (Describe in Part XIII)

Supplemental Information

Subtract line **2e** from line **1**

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

2c

2a

2b

2a

2b 2c 2d

4a 4b

Explanation

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2d 2e

Add lines Za till odgil Zd		•		•	
Subtract line 2e from line 1					
Amounts included on Form 990, Part VIII, line 12, but not on line 1					
Investment expenses not included on Form 990, Part VIII, line 7b .	4a				
Other (Describe in Part XIII)	4b				
Add lines 4a and 4b					
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)					

s included on Form 990, Part VIII, line 12, but not on line 1								Ī
nent expenses not included on Form 990, Part VIII, line 7b .	4a							
Describe in Part XIII)	4b							
es 4a and 4b							4c	l
venue Add lines ${f 3}$ and ${f 4c.}$ (This must equal Form 990, Part I, line 12)							5	Ī
Reconciliation of Expenses per Audited Financial Statem	ents	With	ı Ex	per	ıses	per l	Retur	n
Complete if the organization answered 'Yes' on Form 990, Part	: IV, li	ne 1.	2a.					

1

2e

3

4c

5

3

76.303

Page 5		ıle D (Form 990) 2017	Schedule D (Fo
	ormation (continued)	XIII Supplemental Info	Part XIII
	Explanation	Return Reference	Ret

Schedule D (Form 990) 2017

Additional Data

Software ID: 17005317
Software Version: 18.2.0.0

EIN: 75-2057692

Name: WEST TEXAS FOOD BANK

Supplemental Informati

supplemental information	
Return Reference	Explanation
V 4	The purpose of the endowment is to hold the corpus in perpetuity while the principal is in vested through an agreement with the Permian Basin Area Foundation. Earnings may be distributed annually in accordance with the terms of the agreement which is 5 of the endowment fund value at the end of the annual valuation period. Distributed funds are used for operations of the Food Bank, including food purchases and acquisition of capital assets needed to fulfill the mission of the Food Bank.

SCHEDULE G

Supplemental Information Regarding

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

Inspection

Employer identification number

DLN: 93493158002009 OMB No 1545-0047

2017

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 **Open to Public**

				75-2057692	
Form 990-EZ filers are not	-				7.
Indicate whether the organization rai				all that apply	
a 🗹 Mail solicitations		e	Solicitation of non-	government grants	
b 🗹 Internet and email solicitations		f	Solicitation of gove	ernment grants	
c Phone solicitations		g	Special fundraising	g events	
d In-person solicitations					
2a Did the organization have a written o or key employees listed in Form 990,	Part VII) or entity i	n connection	on with professional fundr	alsing services?	es 🗆 No
b If "Yes," list the ten highest paid indi- to be compensated at least \$5,000 b		undraisers)) pursuant to agreements	under which the fundrais	er is
(i) Name and address of individual or entity (fundraiser)	fundr cus co	ii) Did aiser have stody or ntrol of ributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
DIRECT	Yes Yes	No			
BRAD CECIL & ASSOCIATES 2115 Arlington Downs Rd	FIALL	No	719,990	163,379	556,611
Arlıngton, TX 76011					
l Total			719,990	163,379	556,611

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events Forever Full Fiesta Clayshoot (add col (a) through (total number) (event type) (event type) col (c)) Revenue 1 Gross receipts. 242,848 154,473 109,859 507,180 2 Less Contributions. 3 Gross income (line 1 minus 242,848 154,473 109,859 507,180 line 2) 4 Cash prizes 5 Noncash prizes 11,375 11,375 Direct Expenses Rent/facility costs 25,317 35,520 8,090 68,927 7 Food and beverages 36,017 4,288 8,090 48,395 8 Entertainment 7,880 8,550 8,090 24,520 Other direct expenses 30,179 39 30,218 **10** Direct expense summary Add lines 4 through 9 in column (d) 183,435 11 Net income summary Subtract line 10 from line 3, column (d) 323,745 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes____ Yes Yes % 6 Volunteer labor No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain .

sche	dule G (Form 990 or 990-EZ) 2017					F	Page 3
L1	Does the organization conduct gaming	activities with nonmember	s?		☐ Yes	Пио	
L2	Is the organization a grantor, benefici formed to administer charitable gamin		a member of a partnership or other entity		□Yes		
L3	Indicate the percentage of gaming act	ivity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and r	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming amount of gaming revenue retained b		<u> </u>	ne			
c	If "Yes," enter name and address of the	ne third party					
	Name •						
	Address ►						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under sta retain the state gaming license?	te law to make charitable d	istributions from the gaming proceeds to		Yes	Пио	
b	Enter the amount of distributions required in the organization's own exempt activ		uted to other exempt organizations or spent				
Pai		<u> </u>	→ tions required by Part I, line 2b, column	s (III) a	ind (v); a	nd Part	
			licable. Also provide any additional info				3).
	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO N	OT PROCESS	As Filed Data -					DLN	N: 9349315800	2009
Schedule I (Form 990) Department of the Treasury Internal Revenue Service	Coi	Sovernments and the organization of the organi	Other Assistance and Individual tion answered "Yes," o Attach to Form I (Form 990) and its	S in the Unite on Form 990, Part IV 1 990.	d States , line 21 or 22.			MB No 1545-0047 2017 Open to Public Inspection	
Name of the organization WEST TEXAS FOOD BANK								ntion number	
Part I General Informa						75-2057	692		
	o award the grants on nization's procedure ssistance to Dome	or assistance? es for monitoring the use	e of grant funds in the Uind Domestic Governme	nited States		·	rt IV, line	✓ Yes 21, for any recipie	□ No
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descripti noncash assis		(h) Purpose of g or assistance	grant
(1) 80 nonprofit organizations and numerous individuals in West Texas Multiple cities in Wes, TX 79761		501c3		8,873,988	FMV	5,744,578 lbs of f	ood	Hunger relief	
(2) Food Banks affected by Hurricane Harvey Multiple cities in Tex, TX 79761		501c3		121,884	Book	Food for Hurricand victims	e Harvey	Disaster relief	-
2 Enter total number of sectio3 Enter total number of other	. , , ,	-					>		81
For Paperwork Reduction Act Notice	, see the Instruction	s for Form 990.		Cat No 50055	5P		Sche	dule I (Form 990)	2017

Schedule I (Form 990) 2017						Page 2
Part IIII Grants and Other As Part III can be duplica			als. Complete if the org	janization answered "Yes"	on Form 990, Part IV, line 22	
(a) Type of grant or assist:	ance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Supplemental 3	Informatic	on. Provide the inf	ormation required in	Part I, line 2; Part III	I, column (b); and any other ad	dditional information.
Return Reference	Explanatio	on				
Part I Line 2			naintains an inventory of directors on a regular bas		tributed through their inventory ma	nanagement software system and reports to

Schedule I (Form 990) 2017

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	9349315	8002	2009
	EDULE M			loncash Contri	hutione		OMB No 1	.545-0	047
(For	m 990)		1	Monicasii Contin	Dutions		20	1 -	7
		▶Complete if the	organizati	20	1/				
		► Attach to Form	990.						
•	ment of the Treasury	▶Information abo	ut Schedu	lle M (Form 990) and its in	nstructions is at <u>www.ir</u>	s.gov/form990	Open to		
Name	of the organizat	ı ıon				Employer identif			
WEST	TEXAS FOOD BANK					75 2057602			
Рa	rt I Types	of Property				75-2057692			
Га	Types (or Property	(2)	(h)	(c)		(d)		
			(a) Check if applicable	(b) Number of contributions or items contributed	Method on noncash con		ts		
1	Art—Works of art	t			1g				
	Art—Historical tr								
3	Art—Fractional in	nterests							
4	Books and public	ations							
5	Clothing and hou								
e	goods								
6 7	Cars and other v Boats and planes								
	Intellectual prope								
	Securities—Public								
11	1 Securities—Partnership, LLC,								
	or trust interests								
	12 Securities—Miscellaneous								
13	Qualified conserve contribution—Hi structures .	istoric							
14	Qualified conserv								
4-	contribution—Of								
		al estate—Residential .							
16 17	Real estate—Cor								
18	Collectibles .								
19	Food inventory		X	5,489,074	7.991.37	7 See part II			
20	Drugs and medical supplies .					'			
21	Taxidermy .								
22	Historical artifact	ts							
23	Scientific specim	ens							
	Archeological art								
	Other ▶ (
	Other ▶ (
	Other • (
	•	•	he organiza	ation during the tax year for	contributions	 			
23				3, Part IV, Donee Acknowled		29			
								Yes	No
30a				y contribution any property r					
				e of the initial contribution, a			9t 30a		l I No
b	If "Yes," describ	e the arrangement I	n Part II						
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the reviev	v of any nonstandard contr	ibutions?	31	Yes	<u> </u>
32a		zation hire or use th		or related organizations to so	olicit, process, or sell nonc	ash · · · ·	32a		No_
b	If "Yes," describ	e ın Part II							
33	-		amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
	describe in Part	II							<u> </u>
For D	anerwork Peductic	on Act Notice, see the	Instruction	s for Form 990	Cat No. 512271	Schadu	le M (Form	1000	(2017)

Schedule M (Form 990) (2017) Page 2									
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.									
Return Reference	Explanation								
	Conated food is valued at 1 68/lb based on cost study done by Feeding American for 2018 USDA commodities are valued based on actual amounts provided from the USDA commodity report. A total of 1,198,608 lbs of donated food products were received from various donors and a total of 1,290,466 lbs was eccived from USDA commodities.								
	Schedule M (Form 990) (2017)								

efile GRAPH	DLI	DLN: 93493158002009							
SCHEDUL (Form 990 or EZ)	· 990-	Complete to pro Form 990 o	ovide information for re or 990-EZ or to provide Attach to Form 990 t Schedule O (Form 990	Information to Form 990 or 990-EZ information for responses to specific questions on 0-EZ or to provide any additional information. • Attach to Form 990 or 990-EZ. edule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.					
Name of the org WEST TEXAS FOOI	D BANK	plemental Informatio	on		Employer ider 75-2057692	ntification number			
Return Reference			Ex	planation					
Form 990, Part VI, Section B, Line 11b	The 990 is presented along with the audited financial statements to the board of directors and executive management for their review and approval prior to filing								

Return Reference
Form 990, Board members complete a conflict of interest policy upon election to the board to disclos

990 Schedule O, Supplemental Information

Part VI,
Section B,
Line 12c

le any personal or business interests Management and the executive committee monitor actio

ns taken at board meetings and other business transactions to identify any potential conflict
icts of interest. Board members must abstain from any votes for which a potential conflict
may exist. Vendor transactions are monitored for any potential conflicts by the finance d
irector through accounts payable controls

Return Reference

The Food Banks policy is to evaluate the executive director annually to be completed by t

990 Schedule O, Supplemental Information

	The results pend for the standard and excessive amounts, to be sempled by t
Part VI,	he September board meeting. The Board Chair leads the evaluation process by calling a meet
Section B,	ing of the Executive Committee, which includes the Immediate Past Chair. The committee wil
Line 15a	I perform the evaluation as a group using personnel evaluation forms and will use data fro
	m Feeding America concerning compensation of other Food Bank executives based on region, s
	ize of operation, as a base in setting the compensation level for the Executive Director
	The Board Chair and committee will present and discuss the evaluation of the Executive Dir
	ector to the full board for approval

Return Explanation
Reference

990 Schedule O, Supplemental Information

Line 19

Form 990,	All documents are available for public inspection at the Food Banks administrative offices
Part VI,	at 411 S Pagewood, Odessa, TX 79761 The 990 and audited financial statements are publis
Section C	hed on their website and the 990 is also on www.guidestar.org

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493158002009 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2017 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** WEST TEXAS FOOD BANK 75-2057692 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (b) (c) (d) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income End-of-year assets Primary activity or foreign country) entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (c) (d) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)WTFB Mid County Leasing of facility TX 501c3 509a3 Type I West TX Food Bank 411 S Pagewood Odessa, TX 79761 81-3011126

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomina income(rela unrelate excluded fi tax unde sections 5 514)	ated, to d, rom er	(f) Share of tal income	(g) Share of end-of-year assets	(† Dispropi allocai	rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	parti	ral or iging ner?	(k) Percent owners
									Yes	No		Yes	No	
													_	
													\dashv	
													_	
Identification of Related Organiz							ion answ	ered "Yes	" on Fo	orm 99	90, Part IV,	line	34	
because it had one or more related of	(b)		on or tru	st during tr	(d)	r. (e	<u>) </u>	(f)		(g)	(1	1)		<u>(1)</u>
Name, address, and EIN of related organization	Primary activity	l do (state	_egal omicile or foreign		t controlling	Type of (C corp, or tru	entity S S corp,	Share of total income	Share	of end- year assets		ntage	(1	(ı) ection 5 3) con entit
		Со	untry)											Yes
									1					
	1										1			- 1

(1)WTFB Mid County

(2)WTFB Mid County

(3)WTFB Mid County

Schedule R (Form 990) 2017			Pa	ige 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 3	36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		1a		No
b Gift, grant, or capital contribution to related organization(s)		1 b		No
c Gift, grant, or capital contribution from related organization(s)		1c		No
d Loans or loan guarantees to or for related organization(s)		1d	Yes	
e Loans or loan guarantees by related organization(s)		1e		No
f Dividends from related organization(s)		1f		No
g Sale of assets to related organization(s)		1 g		No
h Purchase of assets from related organization(s)		1h		No
i Exchange of assets with related organization(s)		1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)		1j		No
k Lease of facilities, equipment, or other assets from related organization(s)		1k	Yes	
I Performance of services or membership or fundraising solicitations for related organization(s)		11		No
m Performance of services or membership or fundraising solicitations by related organization(s)		1m		No

(b)

Transaction

type (a-s)

d

q

(c)

Amount involved

5,900,000

70,000

15,666

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

No

No

No

No

No

1n 1o

1q Yes

1r

1s

Schedule R (Form 990) 2017

(d)

Method of determining amount involved

Loan carrying value

Actual expenses paid

Lease agreement

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

vas not a related organization. See instructions regarding execusion for certain investment partitionings.													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	sections 512-		ganizations?	(f) Share of total Income	(g) Share of end-of-year assets			(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
	·		514)	Yes	No	<u> </u>		Yes	No		Yes	No	1
			_										
									Ĺ				
				_						Schedul	e R (Form	1 99	0) 2017

Schedule R (Form 990) 2017							
Part VII Supplemental Information							
Provide additional information for responses to questions on Schedule R (see instructions)							
Return Reference	Explanation						
	The Food Bank is the guarantor of the loans executed by WTFB Mid County on the total borrowings of 5,900,000 payable to the Community Development Entities for purposes of generating New Market Tax Credits under Section 45D of the IRC						

Schedule R (Form 990) 2017