**Return of Private Foundation** 

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶Do not enter social security numbers on this form as it may be made public. ▶Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

FOR	calend	iar year 2019 or tax year beginning ,	and ending	<u> </u>			
Na	ne of fou	indation		•	A Empl	oyer identification number	
TaT	TAB				. 04	-3805865	
		street (or P O box number if mail is not delivered to street address)		pom/suite		- 3803863 hone number (see instruction:	<u> </u>
		Slide Road, #37A	'``	bonisane		6-791-4402	•,
		, state or province, country, and ZIP or foreign postal code			, ,		
L	ubb	ock TX 79424			C, if exe	mption application is pending,	check here
G	heck a	all that apply Initial return Initial retu	rn of a former public c	harity	D 1 Fc	oreign organizations, check he	ere 🕨 🔲
		Final return Amended	return		2 Fc	oreign organizations meeting t	he
		Address change Name cha	ange		85	% test, check here and attach	computation •
H C	heck t	ype of organization $X$ Section 501(c)(3) exempt private	e foundation	<u>, , Λ</u>	E If priv	ate foundation status was tem	ninated under
		<u> </u>	le private foundation	V4	section	n 507(b)(1)(A), check here	▶ ∐
		ket value of all assets at J Accounting method	X Cash Acc	rual	F If the	foundation is in a 60-month te	mination
er	nd of ye	ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check h	nere 🕨 🛄
_ lin	e 16) l	▶ \$ 438,766 (Part I, column (d), mus	t be on cash basis)				
EP.	int l	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements for charitable
<u> </u>		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	inco		income	purposes
Ž	4		147,150	CONTRACTOR			(cash basis only)
2/	1 2	Contributions, gifts, grants, etc , received (attach schedule)  Check ▶ ☐ if the foundation is <b>not</b> required to attach Sch B		THE PERSON		THE PERSON STREET, STR	
	3	Interest on savings and temporary cash investments	153	あんみ品では食む。	153	Laro Lette as date of Aspet Application of the Second	Transfer by the transfer in 1822
	4	Dividends and interest from securities	1,242	<del> </del>	1,242		
,	5a	Gross rents	1,212	<b></b>	1,212		
•	b	Net rental income or (loss)		AT 19 300	da de la		AND THE SHOP OF THE SHOP
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	I would be some it the treatment and	70.00	January H		
Ver	. b	Gross sales price for all assets on line 6a		No.	提出的	A Tribe of A Children	
Se S	7	Capital gain net income (from Part IV, line 2)	THE PERSON		. 0	COMPANIE OF THE	WHEN IN ALLE
	8	Net short-term capital gain	等呼吸到阿里尔克斯	T. WY TAN	<b>建筑的</b>	0	
	9 _	_Income modifications	NUMBER OF STREET	<b>小脑部</b>			<b>WINDSHIP</b>
	10a	Gross sales less returns and allowances		為開始開發	<b>福昭</b> 縣	<b>的现在分词</b>	<b>强烈制制制制制</b>
	ь	Less Cost of goods sold	取得最大的個群域學	[20] 建建筑	湖麓地	是明明的	<b>阿斯斯斯斯斯斯斯</b>
	С	Gross profit or (loss) (attach schedule)		PERMI	的政治學教		
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	148,545		1,395	0	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T
Ø	13	Compensation of officers, directors, trustees, etc	0				·
benses	14	Other employee salaries and wages					
ĕ	15	Pension plans, employee benefits					
×	16a	Legal fees (attach schedule)		<b> </b>			
ē	b	Accounting fees (attach schedule EIVED					
i i	С	Other professional fees (attach schedule)		<del> </del> -			
Ţ	17	Interest S NOV 2 0 2020  Taxes (attach schedule) (see instructions)		<b> </b>			
Ë	18						
Ē	19	Depreciation (attach schedule) and depte lon. UT	<del></del>	-	· · · · · ·		<b>小瓜 供给你的交替的。"</b>
and Administrative E	20 21	Occupancy Travel, conferences, and meetings	<u> </u>	<del> </del>	<del></del>		
5	22	Printing and publications		<del> </del>			
ā	23	Other expenses (att sch)  Stmt 1	31	<del>                                     </del>	<del>.::</del>		
ij	24	Total operating and administrative expenses.	3.1		<del></del>		,
rat		Add lines 13 through 23	31		0 جائ	n	·
Operating	25	Contributions, gifts, grants paid	227,520	<b>35 190 189</b>	e le mar		227,520
0	26	Total expenses and disbursements. Add lines 24 and 25	227,551		0	0	227,520
	27	Subtract line 26 from line 12			OF ALLEST		
	a	Excess of revenue over expenses and disbursements	-79,006				
	ь	Net investment income (if negative, enter -0-)		P. DANSENSON STATE	1,395	447	
	С	Adjusted net income (if negative, enter -0-)	A STATE OF THE			0	海海海岸海河

Page 2

<b>*</b>	art l	Balance Sheets Attached schedules and amounts in the description column		Beginning of year	End o	f year
	<u>'art</u> :	should be for end-of-year amounts only (See instructions )		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing		300,906	254 <b>,</b> 789	254,789
	2	Savings and temporary cash investments		120,020	87,249	87,249
	3	Accounts receivable ▶		many many different of		
ļ		Less allowance for doubtful accounts ▶		118		
	4	Pledges receivable ▶		P. C. Wallet	小き 真 子を	一年 一日本 一日本
		Less allowance for doubtful accounts ▶				
i	5	Grants receivable				
1	6	Receivables due from officers, directors, trustees, and other				
- 1		disqualified persons (attach schedule) (see				
		instructions)				
	7	Other notes and loans receivable (att. schedule)				***
		Less allowance for doubtful accounts ▶	0			
र	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
¥	10a	Investments – U S and state government obligations (attach schedule)				
	b	Investments – corporate stock (attach schedule) See Stmt 2		55,949	55,949	96,728
-	C	Investments – corporate bonds (attach schedule)				
1	11	Investments – land, buildings, and equipment, basis		THE STATE OF THE S		
		Less accumulated depreciation (attach sch ) ▶				
	12	Investments – mortgage loans				
	13	Investments – other (attach schedule)		and the second second		COLOR SEC OF TOWNS
	14	¿Land, buildings, and equipment basis		THE PARTY OF	19.30 - 20.20	THE A PLANT
	•	Less accumulated depreciation (attach sch.)				
	15	Other assets (describe	)			
	16 ,	Total assets (to be completed by all filers – see the				
4		instructions. Also, see page 1, item I)		476,993	397,987	438,766
	17	Accounts payable and accrued expenses				
ဖ	18	Grants payable				
흹	19	Deferred revenue				· · · · · · · · · · · · · · · · · · ·
園	20	Loans from officers, directors, trustees, and other disqualified persons				the state of the s
Liabilities	21 -	Mortgages and other notes payable (attach schedule)			<u> </u>	THE STATE OF THE S
	22	Other liabilities (describe	)		0	
+	23	Total liabilities (add lines 17 through 22)	П	0	0	man and a second
ွှ		Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.	Ш			
ces	24					
Net Assets or Fund Balanc	24 25	Net assets without donor restrictions  Net assets with donor restrictions				The state of the s
B	25		X			The state of the s
믿		and complete lines 26 through 30.	[2]	:		
리	26	Capital stock, trust principal, or current funds				
6	27	Paid-in or capital surplus, or land, bldg , and equipment fund				A = 24.24
इ	28	Retained earnings, accumulated income, endowment, or other funds		476,993	397,987	The state of the state of
SS	29	Total net assets or fund balances (see instructions)		476,993	397,987	المراجع الراجع المراجع المراجع المراجع
¥	30	Total liabilities and net assets/fund balances (see			, , , , , , , , , , , , , , , , , , , ,	Era + zer Sarri Era
쀨		instructions)		476,993	397,987	
	art l		 ;			<u></u>
		net assets or fund balances at beginning of year Part II, column (a), line 29		st agree with		
•		of-year figure reported on prior year's return)	,	<b>.</b>	1	476,993
2		amount from Part I, line 27a			2	-79,006
		r increases not included in line 2 (itemize) ▶			3	
		ines 1, 2, and 3			4	397,987
5		eases not included in line 2 (itemize)			5	
6		net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	ımn (	b), line 29	6	397,987
						5 000 PE (0040)

#Part V. Capital Gains ar	d Losses for Tax on Investme	ent Income			
	ne kınd(s) of property sold (for example, real estate, rehouse, or common stock, 200 shs MLC Co)		(b) How acquired P – Purchase D – Donation	(c) Date acqu (mo , day, )	· · · · · · · · · · · · · · · · · · ·
1a N/A					
_b					
С.					
d					
_ е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	l	r other basis ense of sale	((	(h) Gain or (loss) e) plus (f) minus (g))
а					
b					
С					
d					
е					
Complete only for assets showing	gain in column (h) and owned by the fo	oundation on 12/31/6	69	(I) Ga	ains (Col. (h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	1	ss of col (I) (j), if any	col (k)	), but not less than -0-) or osses (from col (h))
а					
b					
C					
d					
е					
If gain, also enter in Part I, line 8, Part I, line 8	If (loss), enter -0- in s) as defined in sections 1222(5) and (6 column (c) See instructions If (loss), enter -0- in s) as defined in sections 1222(5) and (6 column (c) See instructions If (loss), enter -0- in s) as defined in section 4940(e) for Reduction 4940(e)	enter -0- in	Investment Incon	3 ne	
	is part trank ion 4942 tax on the distributable amoun under section 4940(e) Do not complet		base period?		Yes X No
1 Enter the appropriate amount in e	ach column for each year, see the instr	uctions before maki	ng any entries		
(a)  Base period years  Calendar year (or tax year beginning in)	(b)		(c) e of noncharitable-use assets		(d) Distribution ratio (col (b) divided by col (c))
2018		, 368	507,7		0.333583
2017	194	,665	445,1		0.437273
2016		,537	358,9		0.528099
2015		, 969	364,2		0.422735
2014		,035	337,7		0.236954
2 Total of line 1, column (d)	1	<del> </del>		2	1.958644
_	5-year base period – divide the total on l on has been in existence if less than 5 y			3	0.391729
4 Enter the net value of noncharital	ole-use assets for 2019 from Part X, line	: 5		4	457,469
5 Multiply line 4 by line 3	, , , , , , , , , , , , , , , , , , , ,			5	179,204
	400 (D. 111 OZI)				
6 Enter 1% of net investment incom	ne (1% οτ Ραπ I, line 2/b)			6	170 210
7 Add lines 5 and 6				7	179,218
8 Enter qualifying distributions from If line 8 is equal to or greater than Part VI instructions	Part XII, line 4 line 7, check the box in Part VI, line 1b	, and complete that	part using a 1% tax rat	8 te See the	227,520

_	990-PF (2019) WTAB 04-3805865				D	.a. 1
		2 _ 6	ee inst	ructi		age 4
		, - 3.	\$ 5. 3.26	- Jo - 27	C. 154	35° 5
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1  Date of ruling or determination letter: 02/15/06 (attach copy of letter if necessary—see instructions)	14 M	Cont.			
		<del>ننگند</del> 4				1 4
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	څمنۍ ۲	12 - 17	36.14	10 10 10	974
_	here X and enter 1% of Part I, line 27b	9 mg , 1	1			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of			S C - F-31	flating.	
•	Part I, line 12, col (b)  Tay under cartier 511 (demostra section 4047(a)(1) trusts and tayable foundations only others, enter (0.)	2	İ			Ω
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	3	<b>—</b>			14
3	Add lines 1 and 2  Subtitle At (greens) toy (demonts control 4047(c)/1) trusts and toyable foundations only others, ontar (1)	4				
4	Subtitle A' (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	5	<del>                                     </del>			14
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	ో చిక్కు	35 E. 15	ter data	LA TAZ	i de m
6	Credits/Payments	7	3	14		
a	2019 estimated tax payments and 2018 overpayment credited to 2019  6a			Y		
b	Exempt foreign organizations – tax withheld at source  Tax paid with application for extension of time to file (Form 8868)  6c 25	100		م کی		
С.	( )		A	علماً الأوروبي. معاد مساولين	1	
d _	Backup withholding erroneously withheld 6d 6d	ree.	2 26 10 201		400	25
7	Total credits and payments Add lines 6a through 6d	7	-		-	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8_	<del> </del>			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				11
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<del></del>			$\frac{11}{11}$
11 E-22	Enter the amount of line 10 to be Credited to 2020 estimated tax   On the second of th	11	<u> </u>			11
	REVIPAT Statements Regarding Activities			5.344		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		-	37.	Yes	No
	participate or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the					3.7
	instructions for the definition		ļ	1b	कर्रकार व	X as man
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities			L'Ser		
C	Did the foundation file Form 1120-POL for this year?			1c		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			<b>T</b>		77.76
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	_			44	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			3137		
	on foundation managers  \$			117.5		لكتناذ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	سا یا ځی ده ۲	X Moreoverite
	If "Yes," attach a detailed description of the activities			1 1 1 m	1	437
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				7	
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3_		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		/.	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	2. 2	X
	If "Yes," attach the statement required by General Instruction T				7	1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				4	1
	By language in the governing instrument, or		ļ	44	1	4.3
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				12.1	
	conflict with the state law remain in the governing instrument?			6	_X_	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Pa	rt XV		7	X	<del></del>
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.		l	4.净	9	
	TX					40.
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			*****	U P	1
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	Χ	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			-	1	1
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV If "Yes,"			.		
	complete Part XIV			9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		ĺ	, <sup></sup> -T		
	names and addresses			10		X
			F	om 99	0-PF	(2019)

Part VII-A Statements Regarding Activities (continued) Yes No At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the 11 meaning of section 512(b)(13)? If "Yes." attach schedule. See instructions Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified 12 person had advisory privileges? If "Yes," attach statement. See instructions 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ▶ None Telephone no  $\triangleright$  806-791-4402 Steve Patterson 14 The books are in care of 8008 Slide Road ZIP+4 ▶ 79424 Located at ▶ Lubbock TX 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here 15 and enter the amount of tax-exempt interest received or accrued during the year Yes At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority 16 over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Mean VIII Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes During the year, did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a X disqualified person? Yes No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? No X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for X No the benefit or use of a disqualified person)? Yes (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after X No termination of government service, if terminating within 90 days ) If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in N/A Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions 1b Organizations relying on a current notice regarding disaster assistance, check here Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that N/A were not corrected before the first day of the tax year beginning in 2019? Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines X No 6d and 6e) for tax year(s) beginning before 2019? , 20 , 20 If "Yes," list the years ▶ 20 , 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to N/A all years listed, answer "No" and attach statement - see instructions ) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise X No Yes at any time during the year? If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or beguest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the N/A foundation had excess business holdings in 2019.) Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019? 4b Form 990-PF (2019)

P	Statements Regarding Activities for Which Form	4720 May Be R	equired (cont	tinued)	
5a	During the year did the foundation pay or incur any amount to				Yes No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	1945(e))?		Yes 🛛 No	
	(2) Influence the outcome of any specific public election (see section 4955), or t				
	directly or indirectly, any voter registration drive?			Yes X No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes $\overline{f X}$ No	
	(4) Provide a grant to an organization other than a chantable, etc., organization	described in		-	
	section 4945(d)(4)(A)? See instructions		,	Yes 🗓 No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or	educational			
	purposes, or for the prevention of cruelty to children or animals?			Yes 🛚 X No	
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	er the exceptions d	escribed		
	in Regulations section 53 4945 or in a current notice regarding disaster assistan	ce? See instruction	ıs	N/A	5b
	Organizations relying on a current notice regarding disaster assistance, check hi	еге		▶ 🗌	
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	m the tax			
	because it maintained expenditure responsibility for the grant?		N/A 🗌	Yes 🗌 No	
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	ay premiums			
	on a personal benefit contract?			Yes 🛚 No	
þ	Did the foundation, during the year, pay premiums, directly or indirectly, on a per	rsonal benefit contr	act?		6b X
	If "Yes" to 6b, file Form 8870				
7a	At any time during the tax year, was the foundation a party to a prohibited tax sh	elter transaction?		Yes X No	
b	If "Yes," did the foundation receive any proceeds or have any net income attribute	table to the transac	tion?	N/A	7b
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,	,000,000 in		E	
	remuneration or excess parachute payment(s) during the year?			Yes X No	
***	Information About Officers, Directors, Trustees, Fo	undation Mana	agers, Highly	Paid Employe	ees,
	and Contractors		<u></u> .		
1 1	List all officers, directors, trustees, and foundation managers and their comp	pensation. See ins	structions.		
		T		T	1
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Expense account.
	(a) Name and address	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Expense account, other allowances
	(a) Name and address	(b) Title, and average	(c) Compensation (If not paid,	employee benefit	
		(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit plans and deferred	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit plans and deferred	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit plans and deferred	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit plans and deferred	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit plans and deferred	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit plans and deferred	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit plans and deferred	
Se	(a) Name and address see Statement 3	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	
Se	(a) Name and address see Statement 3 Compensation of five highest-paid employees (other than those included o	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation  e, enter  (d) Contributions to	other allowances
Se	(a) Name and address see Statement 3 Compensation of five highest-paid employees (other than those included o	(b) Title, and average hours per week devoted to position  on line 1 — see inst  (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation  e.e., enter  (d) Contributions to employee benefit	other allowances
Se	(a) Name and address see Statement 3 Compensation of five highest-paid employees (other than those included of "NONE."	(b) Title, and average hours per week devoted to position  on line 1 — see inst	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation  e, enter  (d) Contributions to	other allowances
2	(a) Name and address see Statement 3 Compensation of five highest-paid employees (other than those included of "NONE."	(b) Title, and average hours per week devoted to position  on line 1 — see inst  (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation  ee, enter  (d) Contributions to employee benefit plans and deferred	other allowances
2	(a) Name and address  ee Statement 3  Compensation of five highest-paid employees (other than those included of "NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  on line 1 — see inst  (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation  ee, enter  (d) Contributions to employee benefit plans and deferred	other allowances
2	(a) Name and address  ee Statement 3  Compensation of five highest-paid employees (other than those included of "NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  on line 1 — see inst  (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation  ee, enter  (d) Contributions to employee benefit plans and deferred	other allowances
2	(a) Name and address  ee Statement 3  Compensation of five highest-paid employees (other than those included of "NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  on line 1 — see inst  (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation  ee, enter  (d) Contributions to employee benefit plans and deferred	other allowances
2	(a) Name and address  ee Statement 3  Compensation of five highest-paid employees (other than those included of "NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  on line 1 — see inst  (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation  ee, enter  (d) Contributions to employee benefit plans and deferred	other allowances
2	(a) Name and address  ee Statement 3  Compensation of five highest-paid employees (other than those included of "NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  on line 1 — see inst  (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation  ee, enter  (d) Contributions to employee benefit plans and deferred	other allowances
2	(a) Name and address  ee Statement 3  Compensation of five highest-paid employees (other than those included of "NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  on line 1 — see inst  (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation  ee, enter  (d) Contributions to employee benefit plans and deferred	other allowances
2	(a) Name and address  ee Statement 3  Compensation of five highest-paid employees (other than those included of "NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  on line 1 — see inst  (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation  ee, enter  (d) Contributions to employee benefit plans and deferred	other allowances
2	(a) Name and address  ee Statement 3  Compensation of five highest-paid employees (other than those included of "NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  on line 1 — see inst  (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation  ee, enter  (d) Contributions to employee benefit plans and deferred	other allowances
2 NO	(a) Name and address  ee Statement 3  Compensation of five highest-paid employees (other than those included of "NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  on line 1 — see inst  (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation  ee, enter  (d) Contributions to employee benefit plans and deferred	other allowances

om 990-PF (2019) WTAB	04-3805865	Page
Fart VIII Information About Officers, Directors,	Trustees, Foundation Managers, Highly Paid	Employees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional		
(a) Name and address of each person paid more than \$	\$50,000 (b) Type of service	(c) Compensation
NONE		
otal number of others receiving over \$50,000 for professional service		<b>▶</b> 0
Part IX A Summary of Direct Charitable Activiti	ies	<del></del>
List the foundation's four largest direct charitable activities during the tax year. Include released organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the conferen		Expenses
1 N/A		
2		
. 7		<del></del>
3 4		
4 7		
Ranti X: Summary of Program-Related Investi	ments (see instructions)	
Describe the two largest program-related investments made by the foundation during the	tax year on lines 1 and 2	Amount
1 N/A +		
		1

Form **990-PF** (2019)

2

3

All other program-related investments. See instructions

Total. Add lines 1 through 3

Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, FanX. see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., Average monthly fair market value of securities Average of monthly cash balances 1c Fair market value of all other assets (see instructions) 436 1d Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 1e 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see instructions) 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 6 Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here | | | | and do not complete this part ) 22.873 1 Minimum investment return from Part X, line 6 14 Tax on investment income for 2019 from Part VI, line 5 2a 2b Income tax for 2019 (This does not include the tax from Part VI) C Add lines 2a and 2b 3 3 Distributable amount before adjustments Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 5 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, 7 22,859 line 1 Dog M Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 227,520 Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a 1b Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 purposes Amounts set aside for specific charitable projects that satisfy the За Suitability test (prior IRS approval required) 3b Cash distribution test (attach the required schedule) 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form 990-PF (2019)

5

Enter 1% of Part I, line 27b See instructions

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

	mail Undistributed Income	(see instructions)				
			(a)	(b)	, (c)	(d)
1	Distributable amount for 2019 from Part 2	XI,	Corpus	Years prior to 2018	2018	2019
•	line 7		THEFT	<b>新罗斯斯斯</b> 巴巴		22,859
2	Undistributed income, if any, as of the en	nd of 2019				
а	Enter amount for 2018 only			P-P-1-P-1-1-2-1	Patricular A. C. Symbol Philip L. M. at. D45-17	
b	Total for prior years 20, 20	, 20		E. Herri Germanika e hadi Januari da		
3	Excess distributions carryover, if any, to					
а	From 2014	63,148				
b	From 2015	135,760	A LACK TO A CONTRACT OF A LACK AND A CONTRACT OF A CONTRAC			
	From 2016 /	171,598				
	From 2017	172,426				
	From 2018	144,008				
f	Total of lines 3a through e	1	686,940		<b>经验证证证证证证</b>	
4	Qualifying distributions for 2019 from Par	rt XII,				
	line 4 ▶ \$ 227,520	1			!	
	Applied to 2018, but not more than line 2		The state of the s	<b>阿里斯罗斯尼斯</b>	in account sun kitting berefalten.	Mark Strategy Strategy
þ	Applied to undistributed income of prior y	<i>y</i> ears				
	(Election required – see instructions)		THE SHOW SHOW	Land the state of the same	THE RESERVE AND ADDRESS OF THE PARTY OF THE	THE THE PERSON NAMED IN TH
C	Treated as distributions out of corpus (El	lection	1			
	required – see instructions)	1	A construction of the cons	The second second second second		
d	Applied to 2019 distributable amount	1				22,859
е	Remaining) amount distributed out of corp	·	204,661	ALEXANDER PRINT THE COM		
5	Excess distributions carryover applied to		1			
•	(if an amount appears in column (d), the	same	'			
_	amount must be shown in column (a) )	1		SPANNER OF THE PROPERTY OF THE	THE STATE OF THE S	President Company
6	Enter the net total of each column as	1	!			
	indicated below:	<u>-</u>	001 601			
a	Corpus Add lines 3f, 4c, and 4e Subtrac		891,601		CHARLES TO THE	
D	Prior years undistributed income Subtra	ict				
٠,	line 4b from line 2b		ACTION OF THE STATE OF	,	也是是是一种的人的。 在一种中的一种的一种的一种的	<b>上来,这个人们的一个人们的一个人们的一个人们的一个人们的一个人们的一个人们的一个人们的一</b>
C	Enter the amount of prior years' undistrib			,		
,	income for which a notice of deficiency h			!		
	been issued, or on which the section 494	12(a)		!		
4	tax has been previously assessed Subtract line 6c from line 6b Taxable	l	A CHARLES AND A COURSE OF		はあいだけのではまれる品格を含む。  現代の世界の表現の場合のでは、12	
u		. !		<u> </u>		
4	amount – see instructions Undistributed income for 2018 Subtract	lino			SECTION AND ASSESSMENT OF THE PROPERTY OF	
t	4a from line 2a Taxable amount – see	ine				
	instructions	1			ļ	
f	Undistributed income for 2019 Subtract	lines				Age graves and the property to account
•	4d and 5 from line 1. This amount must be					,
	distributed in 2020					0
7	Amounts treated as distributions out of co	orous	Section Billians Comments			
	to satisfy requirements imposed by section	•	'			
	170(b)(1)(F) or 4942(g)(3) (Election may		1			
	required—see instructions)		1			
8	Excess distributions carryover from 2014	l not				
	applied on line 5 or line 7 (see instruction		63,148			
9 '	Excess distributions carryover to 2020					
	Subtract lines 7 and 8 from line 6a	1	828,453			
10	Analysis of line 9	Ţ				
а	Excess from 2015	135,760				
b	Excess from 2016	171,598	THE REPORT OF THE PERSON OF TH			
C	Excess from 2017	172,426				
d	Excess from 2018	144,008				
е.	Excess from 2019	204,661				

8700 11/14/2020 6 12 PM 04-3805865 Form 990-PF (2019) WTAB Private Operating Foundations (see instructions and Part VII-A, question 9) Mark XIV-1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling 4942(j)(3) or 4942(1)(5) Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years Enter the lesser of the adjusted net Tax year (e) Total (d) 2016 (b) 2018 (c) 2017 (a) 2019 income from Part I or the minimum investment return from Part X for each year listed 85% of line 2a Qualifying distributions from Part XII, line 4, for each year listed Amounts included in line 2c not used directly for active conduct of exempt activities Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed "Support" alternative test - enter (1) Total support other than gross investment income (interest dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from án exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.) Information Regarding Foundation Managers: List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions The name, address, and telephone number or email address of the person to whom applications should be addressed N/A The form in which applications should be submitted and information and materials they should include Any submission deadlines Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

N/A

Form 990-PF (2019) WTAB

Supplementary Information (continued)

3 Grants and Contributions Paid During	If recipient is an individual,		T	
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	·
a Paid during the year College Avenue Baptist Chu: 213 North College Avenue Levelland TX 79336	None	PC pagation of Chr	istianity	25,200
Faith Free Will Baptist Ch 1200 West Grantham Street Goldboro NC 27530	None	PC pagation of Chr	istianity	21,000
Free Will Baptist Home Mis P.O. Box 5002 Antioch TN 37011	None	PC pagation of Chr	istianity	2,500
First Baptist Church PO Box 548 Whiteface TX 79379-0548	None Pro	PC pagation of Chr	istianity	41,620
Baylor Baptist Church PO Box 1304 Ennis TX 75120	None Pro	PC pagation of Chr	istianity	15,100
Bible, Baptist Fellowship PO Box 191 Springfield MO 65801	None Pro	PC pagation of Chr	istianity	13,000
Education Research Analyst PO Box 7518 Longview TX 75607	None	PC School Textboo	k Reviews	6,500
Maranatha Baptist Church 1111 Outer West Broadway Madisonville KY 42431	None Pro	PC pagation of Chr	istianity	65,150
Missions for Asians PO Box 912 Marietta OH 45750	None Pro	PC pagation of Chr	istianity	3,250
Pueblo West Free Will Bapt 36 S Rolling Prairie Dr Pueblo West CO 81007	None	PC pagation of Chr	istianity  3a	6,250 227,520
b Approved for future payment N/A				
Total			<b>▶</b> 3b	

Form 990-PF (2019) WTAB

Part XVA Supplementary Information (continued)

3 Grants and Contributions Paid During	the Year or Approve			
Recipient	If recipient is an individual show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	3311113311311	
a Paid duning the year Stratford FWB Church 101 East Church Street Stratford OK 74872	None Pro	PC opagation of Ch	nristianity	1,500
Heartland Free Will Baptis 17601 South Santa Fe Ave Oklahoma City OK 73170	None	PC opagation of Ch	nristianity	1,000
Family Talk 540 Elkton Drive Colorado Springs CO 80907	None Pro	PC opagation of Ch	nristianity	1,000
Gideons International PO Box 140800 Nashville TN 37214	None Pi	PC copagation of C	Christianty	1,150
Focus on the Family 8685 Explorer Drive Colorado Springs CO 80920	None Pro	PC opagation of Ch	nristianity	2,500
Parkridge 5203~79th Street Lubboc k TX 79424	None Pro	PC ppagation of Ch	nristianity	1,000
Faith Comes By Hearing 2421 Aztec Road NE Albuquerque NM 87107	None Pro	PC opagation of Ch	nristianity	10,000
P.O. Box 3000 Fort Collins CO 80522	None Pro	PC opagation of Ch	nristianity	3,000
VCY America 3434 West Kilbourn Avenue Milwaukee WI 53208		PC opagation of Ch	nristianity	1,000
Oakman Cemetary Associatio 18878 CR 1505 Ada OK 74820	n None	PC Cemetary	Care Fund	200
Total b Approved for future payment			<b>&gt;</b> 3a	
N/A				
Total	<u> </u>		<b>▶</b> 3b	

Part XVI Supplementary Information (co. 3 Grants and Contributions Paid During	ontinued)			
3 Grants and Contributions Paid During	the Year or Approved for	Future Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		·
Name and address (home or business)  a Paid dunng the year  The Strengthening Project 3115 Ocean Drive Corpus Christi TX 78404	None	PC pation of Chr	istianity	5,600
Tatal	<u> </u>	l	▶ 3a	
b Approved for future payment			<b>▶</b> 3a	
N/A				
Total			<b>▶</b> 3b	

	2019) WTAB		04-	38058	65	Page <b>12</b>	
PERMIT		ctivities	tivities				
	nounts unless otherwise indicated		ed business income (b) Amount	Exclude (c) Exclusion	d by section 512, 513, or 514  (d)  Amount	(e) Related or exempt function income	
a	ervice revenue	Business code	Amount	code	Allouit	(See instructions )	
c d		1					
f g Feesa	and contracts from government agencies						
<ul><li>3 Interest on</li><li>4 Dividends</li></ul>	ip dues and assessments savings and temporary cash investments and interest from securities					153 1,242	
a Debt-fi b Not de	income or (loss) from real estate inanced property bt-financed property					1	
7 Other inve 8 Gain or (lo	income or (loss) from personal property stment income ss) from sales of assets other than inventory						
<ul><li>10 Gross prof</li><li>11 Other reve</li></ul>	e or (loss) from special events fit or (loss) from sales of inventory nue a	_					
	1						
e	Add columns (b), (d), and (e)			4. Fa 0	0	1,395	
	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations )				13	1,395	
Line No.		ne is reported in c	column (e) of Part XV	I-A contrib	outed importantly to the		
N/A	accomplishment of the foundation o exempt por	pooco (outer uta	, by providing funds				

Form 990-PF (2019) WTAB 04-3805865 Page Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt

		Organizations								
	d the orga					other organization described			Yes	No
	ganization		)	organizations, or i	1 3000011 327, 10	lating to political				
		om the reporting found	ation to a no	onchantable exemp	ot organization o	f				
•	) Cash							1a(1)	1	<u>X</u> X
•	) Other as ther transa							1a(2)		
		f assets to a noncharita	able exempt	organization				1b(1)	1 1	X
		ses of assets from a no			on	•		1b(2)	$\overline{}$	Χ
(3)	) Rental o	of facilities, equipment,	or other ass	sets				1b(3)	4	X
		rsement arrangements	;					1b(4)		X
		r loan guarantees		- £ d	-4			1b(5)		X
		ance of services or me acilities, equipment, m						1b(6) 1c	+ +	X
	-		_			mn (b) should always show the fa	ur market		J	
				-		the foundation received less than				
va	lue in any	transaction or sharing	arrangemer	nt, show in column	(d) the value of	the goods, other assets, or servi	ces received			
	ine no	(b) Amount involved	(c) Name	e of noncharitable exemp	ot organization	(d) Description of transfers, tra	insactions, and s	haring arrangeme	ents	
1/A										
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		ation directly or indired section 501(c) (other	-			-exempt organizations		□ v	es X	No
		nplete the following so		301(0)(0)) 01 111 30	otton ozn			٠ ب	ت ت	, ,,,
		a) Name of organization		(b) Type of o	rganization	(c) Descrip	tion of relationshi	ıp		
N/	A									
		· · ·								
-						edules and statements, and to the best of	my knowledge a	nd belief, it is tru	<del></del> е,	
	соттест, аг	nd complete Declaration of p	reparer (other t	nan (axpayer) is based	on all information of	which preparer has any knowledge		IRS discuss this r		
Sign			<b>/</b> .	}				preparer shown b tructions	yes	No
lere			- []	11.1	. /	/ - //L. 20\ D				
	Surffi	atule of officer or trustee	101	Mon	Date	/-/4-20 Pres	ident			
1		pe preparer's name	-		Preparer's signatur		T	Date	T	_
	Fillioty	ро ріорагої з паше			i reparer a signatur	•		5010	Check self-emp	if ployed
aid									<u> </u>	
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Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

**Schedule of Contributors** 

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

Name of the organization		Employer identification number
WTAB		04-3805865
Organization type (check one	e)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt chantable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Instructions General Rule	), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	
X For an organization fil	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5 property) from any one contributor. Complete Parts I and II. See instructions for determine	
contributor's total con	tributions	
Special Rules · -		
regulations under sec 13, 16a, or 16b, and t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% support test tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pathat received from any one contributor, during the year, total contributions of the greater the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts	art II, line of (1)
contributor, during the literary, or educationa	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an eyear, total contributions of more than \$1,000 exclusively for religious, charitable, scient I purposes, or for the prevention of cruelty to children or animals. Complete Parts I (enterstead of the contributor name and address), II, and III	ıfic,
contributor, during the contributions totaled ruduring the year for an	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an eyear, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the tothis organization because it received nonexclusively religious, charitable, etc., contribute during the year.	erved the
990-EZ, or 990-PF), but it mu	s isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For st answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form ocertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or	990-EZ or on its

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

Page 1 of 1

Page 2

Name of organization

Employer identification number 04-3805865

WTAB Parall Contributors (see instructions) Use duplicate copies of Part I if additional space is needed. (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 1 Various Related Persons Person 8008 Slide Road Payroll 147,150 Noncash TX 79424 Lubbock (Complete Part II for noncash contributions) (b) (c) (d) (a) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll \$ Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) ্য (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash S (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash \$ (Complete Part II for noncash contributions) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for noncash contributions)

WTAB

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Page 1 of 1 Page 3

Employer identification number 04-3805865

(a) No.	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions)	Date received
1	Cotton on Various Dates		
		<b>\$</b> 147,150	12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  . Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  7. Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
		\$	

8700 WTAB 04-3805865 FYE: 12/31/2019	Federal Statements	tatement	φ.		11/14/2020 6:12 PM	Σ
Statement 1	- Form	art I, Line 23	990-PF, Part I, Line 23 - Other Expenses	ses Ses		, i
Description	Total	Net Investment	ent	Adjusted Net	Charitable Purpose	<del></del>
Expenses Bank Charges Excise Tax	15	v,	ጭ		· ·	
Total		w		0	&	
Statement 2 - Form	- Form 990-PF, Part II, Li	ne 10b - Cor	Part II, Line 10b - Corporate Stock Investments	vestments		
Description	Beginning of Year		End of Year	Basis of Valuation	Fair Market Value	
Hilltop Holdings, Inc. Total	\$ 55,949		55,949	Cost	\$ 96,728 \$ 96,728	
Statement 3 - Form 990-PF	Part	1 - List of Of	VIII, Line 1 - List of Officers, Directors, Trustees,	, Trustees, Etc.	i	1
Name and Address	Title	Average Hours	Compensation	Benefits	S	
Steve Patterson 8008 Slide Road Lubbock TX 79424	President	0.50	0		0	0
Dan Patterson 4040 Monaco Road Levelland TX 79336	Treasurer	0.08	0		0	0
Mike Patterson 1455 West FM 2306 Levelland TX 79336	Secretary	0.08	0		0	0
Brent Patterson 1455 Denmark Road Levelland TX 79336	VP	0.08	0		0	0
					1-3	

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## Federal Statements

Federal

8700 WTAB 04-3805865 FYE: 12/31/2019

Statement 3 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Jason Patterson 3918 Monaco Road Levelland TX 79336	VP	0.08	0	0	0
Matt Patterson PO Box 303 Whiteface TX 79379	VP	0.08	0	0	0
Jeremy Patterson 10068 Beckham Street Peyton CO 80831	VP	0.00	0	0	0
Daniel Patterson 103 Capitol Avenue Levelland TX 79336	VP	0.08	0	0	0