

**Federal
Tax Return**

WEST TEXAS FOOD BANK

2014-15

**RANDY SILHAN, CPA, CFE
P.O. BOX 1341
WOLFFORTH, TX 79382
Phone: (432) 580-0204
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April 19, 2016

WEST TEXAS FOOD BANK
411 S. PAGEWOOD
ODESSA, TX 79761

Dear Joey,

I have prepared the Food Bank's 2014-15 Form 990 based on the information you provided and the audited financial statements. Please review the enclosed copy and contact me if any records need correcting before being e-filed.

There are no taxes or fees due with the return.

If you have any questions about the return(s) or about WEST TEXAS FOOD BANK's tax situation during the year, please do not hesitate to call me at (432) 580-0204. I appreciate this opportunity to serve you.

Sincerely,

RANDY SILHAN
RANDY SILHAN, CPA, CFE

Privacy Notice

As a tax practitioner, I receive and collect nonpublic personal information from various forms and statements that you provide. I do not disclose such information unless you instruct me to do so. I maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Return of Organization Exempt From Income Tax

2014

Open to Public Inspection

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning <u>10/1/2014</u> , and ending <u>9/30/2015</u>																
B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>WEST TEXAS FOOD BANK</u></td> <td>D Employer identification number <u>75-2057692</u></td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number <u>(432) 580-6333</u></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address) <u>411 S. PAGEDWOOD</u></td> <td>Room/suite</td> <td></td> </tr> <tr> <td>City or town <u>ODESSA</u></td> <td>State <u>TX</u></td> <td>ZIP code <u>79761</u></td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/county</td> <td>Foreign postal code</td> </tr> </table>	C Name of organization <u>WEST TEXAS FOOD BANK</u>		D Employer identification number <u>75-2057692</u>	Doing business as		E Telephone number <u>(432) 580-6333</u>	Number and street (or P.O. box if mail is not delivered to street address) <u>411 S. PAGEDWOOD</u>	Room/suite		City or town <u>ODESSA</u>	State <u>TX</u>	ZIP code <u>79761</u>	Foreign country name	Foreign province/state/county	Foreign postal code
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City or town <u>ODESSA</u>	State <u>TX</u>	ZIP code <u>79761</u>														
Foreign country name	Foreign province/state/county	Foreign postal code														
F Name and address of principal officer: <u>LIBBY CAMPBELL 411 S. PAGEDWOOD, ODESSA, TX 79761</u>		G Gross receipts \$ <u>15,067,247</u> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)														
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶ <u>www.wtxfoodbank.org</u>															
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: <u>1985</u>	M State of legal domicile: <u>TX</u>														

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>The Food Bank is a 501 c3 nonprofit, hunger relief organization that distributes donated and purchased food to children, families, and seniors through a network of more than 75 partner agencies in 19 counties in West TX.</u>			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18	
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	33	
	6	Total number of volunteers (estimate if necessary)	6		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9	Program service revenue (Part VIII, line 2g)	19,849,111	12,593,903
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	978,443	1,296,951	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,496	-305,959	
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	251,716	184,918	
12			21,083,766	13,769,813	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,347,268	1,600,744
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	125,940	177,957
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>404,904</u>			
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,149,223	10,278,725	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	11,622,431	12,057,426	
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	9,461,335	1,712,387	
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21	Total liabilities (Part X, line 26)	14,842,853	17,305,782	
	22	Net assets or fund balances. Subtract line 21 from line 20	1,643,669	2,419,138	
			13,199,184	14,886,644	

Part II Signature Block

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

Sign Here	Signature of officer <u>LIBBY CAMPBELL</u>	Date <u>EXECUTIVE DIRECTOR</u>			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <u>RANDY SILHAN</u>	Preparer's signature <u>RANDY SILHAN</u>	Date <u>4/19/2016</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>P00107901</u>
	Firm's name ▶ <u>RANDY SILHAN, CPA, CFE</u>	Firm's EIN ▶ <u>26-2515308</u>			
	Firm's address ▶ <u>P.O. BOX 1341, WOLFFORTH, TX 79382</u>	Phone no. <u>(432) 580-0204</u>			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
Collect, purchase, distribute food to hungry children, families, and seniors in 19 counties across West Texas.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 11,163,305 including grants of \$) (Revenue \$ 1,296,951)
The Food Bank distributed 5.2 million pounds of food to agencies and individuals throughout 19 counties in West Texas. This is done through programs and strategic partnerships with over 75 partner agencies including food pantries, soup kitchens, churches, women's shelters, Kid's Cafe program, Food 2 Kids (Backpack program), and homeless shelters. The Food Bank also distributed an additional 2.3 million pounds of USDA food commodities to their subrecipient partner distribution organization, El Pasoans Fighting Hunger. The Food Bank also provides nutritional education and community awareness programs to the public.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 11,163,305

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and sponsoring organizations.

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

Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official.	X	
15b	Other officers or key employees of the organization		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ TX

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

 JOEY RUIZ (432) 580-6333

 4111 S. PAGEDWOOD, ODESSA, TX 79761

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) David Dowd ----- President	5.00 ----- 0.00	X		X			0	0	
(2) Amy Ward ----- Vice President	5.00 ----- 0.00	X		X			0	0	
(3) Tammy Clements ----- Secretary	2.00 ----- 0.00	X		X			0	0	
(4) Mark Lowe ----- Treasurer	2.00 ----- 0.00	X		X			0	0	
(5) Wade Kuehler ----- Director	5.00 ----- 0.00	X					0	0	
(6) Mariann Bagley ----- Director	2.00 ----- 0.00	X					0	0	
(7) Melanie Patton ----- Director	2.00 ----- 0.00	X					0	0	
(8) Lee Stringham ----- Director	2.00 ----- 0.00	X					0	0	
(9) Raymond Chavez ----- Director	2.00 ----- 0.00	X					0	0	
(10) R.J. Lopez ----- Director	2.00 ----- 0.00	X					0	0	
(11) Nancy Wells ----- Director	2.00 ----- 0.00	X					0	0	
(12) Tony Zuniga ----- Director	2.00 ----- 0.00	X					0	0	
(13) David Chancellor ----- Director	2.00 ----- 0.00	X					0	0	
(14) Barbara Davis ----- Director	2.00 ----- 0.00	X					0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Cindi Wiehle Director	2.00 0.00	X						0	0	
(16) Suzzane Dickerson Director	2.00 0.00	X						0	0	
(17) Mona Ables Director	2.00 0.00	X						0	0	
(18) Shelby Landgraf Director	2.00 0.00	X						0	0	
(19) Libby Campbell Executive director	40.00 0.00			X		X		99,998	0	3,000
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								99,998	0	3,000
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								99,998	0	3,000

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Brad Cecil & Associates 2115 Arlington Downs Rd Arlington, TX 76011	Fundraising	156,858
Cooper Construction P.O. Box 3827 Odessa, TX 79760	Construction	6,277,410
Value Added Food (formerly F&AI) 965 Reno Drive Wayland, MI 49348	Purchased food	526,467
Ryder Transportation Services PO Box 96723 Chicago, IL 60693	Food transportation	163,672
Parkhill, Smith, and Cooper 1700 W. Wall, Ste 100 Midland, TX 79701	Architect & engineer services	331,011

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 **7**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	715,009				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,878,894				
	g	Noncash contributions included in lines 1a-1f:		\$ 8,256,819				
	h	Total. Add lines 1a-1f		12,593,903				
	Program Service Revenue				Business Code			
		2a	Shared maintenance fees		624210	171,988	171,988	
b		Purchased product revenue		624210	1,046,820	1,046,820		
c		F2K Administration fees		624210	78,143	78,143		
d				0			
e				0			
f		All other program service revenue			0			
g		Total. Add lines 2a-2f			1,296,951			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			271		271	
	4	Income from investment of tax-exempt bond proceeds			0			
	5	Royalties			0			
	6a	Gross rents	(i) Real	40,367				
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)	40,367	0		
	d	Net rental income or (loss)			40,367			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	0	757,273			
			(ii) Other					
			b	Less: cost or other basis and sales expenses	0	1,063,503		
			c	Gain or (loss)	0	-306,230		
	d	Net gain or (loss)			-306,230			
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a	359,765				
			b	Less: direct expenses	233,931			
			c	Net income or (loss) from fundraising events			125,834	
	9a	Gross income from gaming activities. See Part IV, line 19	a	0				
			b	Less: direct expenses	0			
c			Net income or (loss) from gaming activities			0		
10a	Gross sales of inventory, less returns and allowances	a	0					
		b	Less: cost of goods sold	0				
		c	Net income or (loss) from sales of inventory			0		
Miscellaneous Revenue			Business Code					
11a	Insurance refunds, produce income		900099	18,717	18,717			
		b		0			
		c		0			
		d	All other revenue		0			
		e	Total. Add lines 11a-11d			18,717		
12	Total revenue. See instructions			13,769,813	1,315,668	0	271	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	0			
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, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	98,653	14,798	73,990	9,865
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	1,158,573	893,693	138,249	126,631
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,678	11,329	2,647	1,702
9	Other employee benefits	231,697	167,428	39,114	25,155
10	Payroll taxes	96,143	69,415	16,248	10,480
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	9,000	0	9,000	0
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	177,957			177,957
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.)	29,357		22,227	7,130
12	Advertising and promotion	45,984	0	0	45,984
13	Office expenses	170,338	136,209	34,129	0
14	Information technology	0			
15	Royalties	0			
16	Occupancy	127,473	85,639	41,834	0
17	Travel	324,809	259,847	64,962	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	10,589	8,471	2,118	0
20	Interest	18,958	15,166	3,792	0
21	Payments to affiliates	16,292	16,292	0	0
22	Depreciation, depletion, and amortization	107,014	85,611	21,403	0
23	Insurance	60,146	48,117	12,029	0
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	COST OF FOOD DISTRIBUTED	9,018,709	9,018,709	0	0
b	SPECIAL FOOD EDUCATION & PROGRAM COSTS	49,127	49,127	0	0
c	OTHER DUES & SUBSCRIPTIONS	21,084	13,609	7,475	0
d	USDA admin costs to El Paso Fighting Hunger	269,845	269,845	0	0
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	12,057,426	11,163,305	489,217	404,904
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	256,464	1	4,581,188
	2 Savings and temporary cash investments	5,631,679	2	253,633
	3 Pledges and grants receivable, net	4,450,626	3	2,239,536
	4 Accounts receivable, net	230,008	4	94,727
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	485,683	8	640,113
	9 Prepaid expenses and deferred charges	10,966	9	6,545
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,215,089		
	b Less: accumulated depreciation	10b 1,314,511	3,082,867	10c 8,900,578
	11 Investments—publicly traded securities	694,560	11	589,462
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,842,853	16	17,305,782	
Liabilities	17 Accounts payable and accrued expenses	630,757	17	298,560
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,012,912	23	2,120,578
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	1,643,669	26	2,419,138
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,629,308	27	8,281,205
	28 Temporarily restricted net assets	10,369,876	28	6,405,439
	29 Permanently restricted net assets	200,000	29	200,000
	Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	13,199,184	33	14,886,644	
34 Total liabilities and net assets/fund balances	14,842,853	34	17,305,782	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,769,813
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,057,426
3	Revenue less expenses. Subtract line 2 from line 1	3	1,712,387
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,199,184
5	Net unrealized gains (losses) on investments	5	-24,927
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	14,886,644

Part XII Financial Statements and Reporting

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

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

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

▶ **Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.**

Attachment
Sequence No. **27**

Name(s) shown on return WEST TEXAS FOOD BANK	Identifying number 75-2057692
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1 Enter the gross proceeds from sales or exchanges reported to you for 2014 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)	1	0
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Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	EL PASO BLDG - Commerce	10/20/2009	4/23/2015	756,000	171,240	1,234,582	-307,342
							0
							0

3 Gain, if any, from Form 4684, line 39	3	
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6 Gain, if any, from line 32, from other than casualty or theft	6	
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	-307,342

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years (see instructions)	8	
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9	0

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):						
						align="right">0
						0
						0

11 Loss, if any, from line 7	11	(307,342)
12 Gain, if any, from line 7 or amount from line 8, if applicable	12	
13 Gain, if any, from line 31	13	1,112
14 Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17 Combine lines 10 through 16	17	-306,230

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	0

For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A	2007 Ford Van	9/29/2010	5/20/2015
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
20	Gross sales price (Note: See line 1 before completing.)	20 1,273	
21	Cost or other basis plus expense of sale	21 2,289	
22	Depreciation (or depletion) allowed or allowable	22 2,128	
23	Adjusted basis. Subtract line 22 from line 21	23 161	0
24	Total gain. Subtract line 23 from line 20	24 1,112	0
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a 2,128	
b	Enter the smaller of line 24 or 25a	25b 1,112	0
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975 (see instructions)	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c 0	0
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e 0	0
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g 0	0
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage (see instructions)	27b 0	0
c	Enter the smaller of line 24 or 27b	27c 0	0
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a	
b	Enter the smaller of line 24 or 28a	28b 0	0
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a	
b	Enter the smaller of line 24 or 29a (see instructions)	29b 0	0

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	1,112
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	1,112
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	0

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation (see instructions)	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35 0

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to your tax return.**

▶ **Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.**

Attachment
Sequence No. **179**

Name(s) shown on return WEST TEXAS FOOD BANK	Business or activity to which this form relates 990	Identifying number 75-2057692
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	208,777
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29		
		7
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		
		8
		0
9 Tentative deduction. Enter the smaller of line 5 or line 8		
		9
		0
10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562		
		10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		
		11
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		
		12
		0
13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12		
		13
		0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2014	17	64,786
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		167,675	5	FM	S/L	12,482
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	31,095
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	108,363
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2014 tax year (see instructions): 43 Amortization of costs that began before your 2014 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization WEST TEXAS FOOD BANK	Employer identification number 75-2057692
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,558,038	15,707,008	13,900,096	20,827,554	13,890,854	75,883,550
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	11,558,038	15,707,008	13,900,096	20,827,554	13,890,854	75,883,550
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						75,883,550

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	11,558,038	15,707,008	13,900,096	20,827,554	13,890,854	75,883,550
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,277	250	476	2,421	40,638	45,062
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	12,055	28,517	72,188	58,137	18,717	189,614
11 Total support. Add lines 7 through 10						76,118,226
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	99.69%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	99.76%
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II Section A Line 10 Other income consists of insurance refunds and reimbursement of
miscellaneous costs accounted for as miscellaneous income.

Part II Section A Line 1 The 2010 (a) tax period is for the short year January 1 -
September 30, 2011. The tax year prior to that is for calendar year 2009. The Food Bank
amended its bylaws in 2011 to change their accounting period from a calendar year to a
fiscal year of October 1 - September 30.

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.

OMB No. 1545-0047

2014

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

Name of the organization WEST TEXAS FOOD BANK	Employer identification number 75-2057692
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization WEST TEXAS FOOD BANK	Employer identification number 75-2057692
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	USDA P.O. BOX 12487 AUSTIN TX 78711 Foreign State or Province: _____ Foreign Country: _____	\$ 1,942,167	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	TEXAS DEPT. OF AGRICULTURE P.O. BOX 12487 AUSTIN TX 78711 Foreign State or Province: _____ Foreign Country: _____	\$ 603,434	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HEB C/O West Texas Food Bank P.O. Box 4242 ODESSA TX 79760 Foreign State or Province: _____ Foreign Country: _____	\$ 1,025,649	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	WAL-MART STORES C/O West Texas Food Bank P.O. Box 4242 ODESSA TX 79760 Foreign State or Province: _____ Foreign Country: _____	\$ 1,452,026	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	Odessa Industrial Development Corp. P.O. Box 3626 ODESSA TX 79760 Foreign State or Province: _____ Foreign Country: _____	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BHP BILLITON 1360 Post Oak Blvd, Ste 150 HOUSTON TX 77056 Foreign State or Province: _____ Foreign Country: _____	\$ 800,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WEST TEXAS FOOD BANK	Employer identification number 75-2057692
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	J.E. & L.E. MABEE FOUNDATION ----- 401 S. Boston Ave, Ste 3001 ----- TULSA OK 74103 Foreign State or Province: _____ Foreign Country: _____	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Parkhill, Smith & Cooper, Inc. ----- 1700 W. Wall St., Ste 100 ----- MIDLAND TX 79701 Foreign State or Province: _____ Foreign Country: _____	\$ 289,552	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	Albertson's ----- C/O West Texas FB P.O. Box 4242 ----- ODESSA TX 79760 Foreign State or Province: _____ Foreign Country: _____	\$ 402,108	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WEST TEXAS FOOD BANK	Employer identification number 75-2057692
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Food commodities - FMV determined by USDA products received throughout the year. \$487,658 received directly for WTFB and \$1,454,509 received and passed through to subrecipient EPFH.	\$ 1,942,167	
3	597,617 lbs of donated food received throughout the entire year. FMV is based on Feeding America valuation of \$1.70/lb.	\$ 1,015,949	
4	854,133 lb of donated food received throughout the entire year. FMV is based on Feeding America valuation of \$1.70/lb.	\$ 1,452,026	
8	Donated architectural and engineering services for new Odessa warehouse and distribution facility.	\$ 239,552	3/20/2015
9	236,534 lbs of donated food received throughout the entire year. FMV is based on Feeding America valuation of \$1.70/lb.	\$ 402,108	
		\$	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization: WEST TEXAS FOOD BANK; Employer identification number: 75-2057692

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, open space, historically important land area, certified historic structure), a table for conservation contributions held at the end of the tax year (2a-2d), and several yes/no questions regarding monitoring and reporting.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and a table for revenue and assets.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|--------|
| c Beginning balance | 0 |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | 0 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	694,560	648,315	592,485	502,727	286,242
b Contributions			50	30,500	349,073
c Net investment earnings, gains, and losses	-11,804	59,737	67,921	81,101	-50,255
d Grants or scholarships					
e Other expenditures for facilities and programs	80,171			11,000	76,314
f Administrative expenses	13,123	13,492	12,141	10,843	6,019
g End of year balance	589,462	694,560	648,315	592,485	502,727

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 66%
 - b** Permanent endowment ▶ 34%
 - c** Temporarily restricted endowment ▶ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	672,575		672,575
b Buildings	0	684,651	-1,205,149	684,651
c Leasehold improvements	0	237,468	0	237,468
d Equipment	0	1,089,889	206,488	1,089,889
e Other	0	7,530,506	8,065,883	6,215,995

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 8,900,578

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	13,744,886
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a -24,927		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-24,927
3	Subtract line 2e from line 1		3	13,769,813
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	13,769,813

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	12,057,426
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	12,057,426
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	12,057,426

Part XIII Supplemental Information.

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

Part V Line 4 The purpose of the endowment is to hold the corpus in perpetuity while the
 principal is invested 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 the
 acquisition of capital assets needed to fulfill the mission of the Food Bank.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the 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.

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

WEST TEXAS FOOD BANK

Employer identification number

75-2057692

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
1 BRAD CECIL & ASSOCIATES 2115 Arlington Downs Rd. Arlington TX 760	DIRECT MAIL	X		690,470	177,957	512,513
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				690,470	177,957	512,513

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

TX

Part II Fundraising Events. Complete if the organization answered "Yes" to 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	
		<u>Best of the West</u> (event type)	<u>Golf Tournament</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	289,575	70,190	0	359,765
	2	Less: Contributions			0	0
	3	Gross income (line 1 minus line 2)	289,575	70,190	0	359,765
Direct Expenses	4	Cash prizes			0	0
	5	Noncash prizes			0	0
	6	Rent/facility costs			0	0
	7	Food and beverages			0	0
	8	Entertainment			0	0
	9	Other direct expenses	199,180	34,751	0	233,931
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				(233,931)
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				125,834

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	1	Gross revenue	
Direct Expenses	2	Cash prizes			0
	3	Noncash prizes			0
	4	Rent/facility costs			0
	5	Other direct expenses			0
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶			(0)
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶			0

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ 0 and the amount of gaming revenue retained by the third party ► \$ 0 .
- c If "Yes," enter name and address of the third party:

Name ►

Address ►

- 16 Gaming manager information:
- Name ►
- Gaming manager compensation ► \$ 0
- Description of services provided ►
- Director/officer Employee Independent contractor

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 0

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

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization WEST TEXAS FOOD BANK	Employer identification number 75-2057692
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	1	239,552	Fair market value of services
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	7,999,653	8,017,267	See part II
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			0
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		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Part I Line 16 The Food Bank received \$239,552 of donated architectural and engineering fees for the construction of their new warehouse and distribution facility in Odessa, Texas.

Part I Line 19 Donated food is valued at \$1.70/lb based on results of Feeding America's 2015 audited financial statements. USDA commodities are valued based on amounts provided from the USDA commodity report. A total of 3,573,588 lbs of donated food products were received from various donors and a total of 1,254,654 was received from USDA commodities. In addition, the Food Bank received and redistributed 2,326,044 lbs of USDA commodities for their subrecipient El Pasoans Fighting Hunger.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

WEST TEXAS FOOD BANK

Employer identification number

75-2057692

Form 990, Part VI, Section B, Line 11b: The 990 is typically presented with the audited financial statements to the board of directors and executive management for their review and approval.

Form 990, Part VI, Section B, Line 12c: Board members complete a conflict of interest policy upon election to the board to disclose any personal or business interests. Management and the executive committee monitor actions taken at board meetings and other business transactions to identify any potential conflicts 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 director through accounts payable controls.

Form 990, Part VI, Section B, Line 15a: The Food Bank's policy is to evaluate the executive director annually. Evaluation forms are compiled and summarized and the evaluation is presented to the executive director in an executive session meeting. Comparable salary data is utilized to the extent possible.

Form 990, Part VI, Section C, Line 19: All documents are available for public inspection at the Food Bank's administrative offices at 411 S. Pagewood, Odessa, TX 79761. The 990 is published on their website and also on www.guidestar.org.

Form 990, Part IX, Line 24a and 24d: The Food Bank distributed a total of 7,525,650 lbs. of food valued at \$9,018,709. Included in this total is the Food Bank's partner distribution organization, El Pasoans Fighting Hunger (EPFH), which is a sub-recipient of the Food Bank for USDA commodities. During the fiscal year 2014-15, the Food Bank received and passed through 2,326,044 lbs of USDA food commodities valued at \$1,454,509 to EPFH. As part of their monitoring responsibilities, the Food Bank also passed through \$269,845 of administrative funds received from USDA to administer the program.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. WEST TEXAS FOOD BANK	Employer identification number (EIN) or 75-2057692
	Number, street, and room or suite no. If a P.O. box, see instructions. 411 S. PAGEDWOOD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ODESSA, TX 79761	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ JOEY RUIZ-----

Telephone No. ▶ (432) 580-6333 Fax No. ▶ -----

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15/2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning 10/1/2014, and ending 9/30/2015

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form 4562 Statement - 990

9/30/2015

Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2014 Deprec.	2014 Accum. Deprec.
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Depreciation Detail

MACRS deductions for prior years (Line 17)

8	BLDG-ODESSA	7/1/1987	R-5	100.00%	218,065	0	0	0	0	218,065	30	SL/GDS	FM	198,075	7,269	205,344
13	BLDG RENOVATIONS-ODES	3/1/1989	R-5	100.00%	127,399	0	0	0	0	127,399	30	SL/GDS	FM	108,643	4,247	112,890
86	FREEZER/COOLER REPAIRS	4/30/1996	R-7	100.00%	8,341	0	0	0	0	8,341	20	SL/GDS	FM	7,681	417	8,098
98	FREEZER/COOLER-BIG SPR	8/1/1998	R-7	100.00%	7,500	0	0	0	0	7,500	20	SL/GDS	FM	6,062	375	6,437
10	BLDG-ALPINE	9/1/1998	R-5	100.00%	129,043	0	0	0	0	129,043	30	SL/GDS	FM	69,178	4,301	73,479
29	LOADING DOCK RENOVATIC	9/1/1998	R-5	100.00%	4,900	0	0	0	0	4,900	20	SL/GDS	FM	3,941	245	4,186
30	WATER CONNECTIONS REN	9/1/1998	R-5	100.00%	5,330	0	0	0	0	5,330	20	SL/GDS	FM	4,290	267	4,557
91	FREEZER/COOLER-ALPINE	9/1/1998	R-7	100.00%	580	0	0	0	0	580	20	SL/GDS	FM	474	29	503
23	WALL PROTECTORS-ODESS	3/2/1999	R-5	100.00%	1,189	0	0	0	0	1,189	30	SL/GDS	FM	621	40	661
32	WATER/SEWER LINE-ALPINE	3/12/1999	R-5	100.00%	1,425	0	0	0	0	1,425	30	SL/GDS	FM	737	47	784
33	SHOP HTR VENTS-ALPINE	3/19/1999	R-5	100.00%	679	0	0	0	0	679	30	SL/GDS	FM	354	23	377
34	WALL PROTECTORS-ALPINII	3/23/1999	R-5	100.00%	1,765	0	0	0	0	1,765	30	SL/GDS	FM	915	59	974
99	FREEZER IMPROV-BIG SPRI	3/31/1999	R-7	100.00%	1,200	0	0	0	0	1,200	20	SL/GDS	FM	930	60	990
36	ELECTRICAL-ALPINE	5/20/1999	R-5	100.00%	1,545	0	0	0	0	1,545	30	SL/GDS	FM	789	51	840
92	FREEZER-ALPINE	10/8/1999	R-7	100.00%	98,733	0	0	0	0	98,733	20	SL/GDS	FM	73,967	4,937	78,904
93	ELECTRICAL WORK-ALPINE	1/6/2000	R-7	100.00%	8,169	0	0	0	0	8,169	20	SL/GDS	FM	5,817	408	6,225
94	ELECTRICAL RENOVATIONS	5/1/2000	R-7	100.00%	627	0	0	0	0	627	20	SL/GDS	FM	445	31	476
95	FREEZER IMPROV-ALPINE	10/8/2000	R-7	100.00%	40,383	0	0	0	0	40,383	20	SL/GDS	FM	28,771	2,019	30,790
103	FREEZER NWL THERMA KIN	3/22/2001	R-7	100.00%	5,572	0	0	0	0	5,572	20	SL/GDS	FM	3,694	279	3,973
87	FREEZER/COOLER REPAIRS	6/28/2002	R-7	100.00%	4,242	0	0	0	0	4,242	20	SL/GDS	FM	2,600	212	2,812
88	FREEZER/COOLER REPAIRS	6/30/2002	R-7	100.00%	2,395	0	0	0	0	2,395	20	SL/GDS	FM	1,470	120	1,590
96	COMPRESSOR-ALPINE	6/30/2002	R-7	100.00%	7,853	0	0	0	0	7,853	20	SL/GDS	FM	4,815	393	5,208
140	HOPPER-ODESSA	2/21/2008	F-10	100.00%	10,500	0	0	0	0	10,500	7	SL/GDS	FM	10,000	500	10,500
149	EL PASO BLDG - Commerce	10/20/2009	R-5	100.00%	1,205,147	0	0	0	0	1,205,147	39	SL/GDS	FM	154,503	16,737	171,240
170	KC - Freezer	1/28/2010	F-10	100.00%	549	0	0	0	0	549	7	SL/GDS	HY	364	78	442
167	A/C Unit - Alpine	3/25/2010	F-10	100.00%	3,951	0	0	0	0	3,951	7	SL/GDS	HY	2,544	564	3,108
171	Battery Charger-Zamboni	4/26/2010	F-10	100.00%	595	0	0	0	0	595	7	SL/GDS	HY	377	85	462
168	Conveyor Steel Skate	5/27/2010	F-10	100.00%	4,155	0	0	0	0	4,155	7	SL/GDS	HY	2,589	593	3,182
169	KC - Refrigerator & Freezer	6/22/2010	F-10	100.00%	1,997	0	0	0	0	1,997	7	SL/GDS	HY	1,223	285	1,508
172	2011 Walmart Truck	10/1/2010	V-4	100.00%	52,829	0	0	0	0	52,829	5	SL/GDS	HY	42,337	10,492	52,829
173	Tilt Truck - Odessa	3/30/2011	V-4	100.00%	830	0	0	0	0	830	5	SL/GDS	FM	595	166	761
188	Telecom Toshiba Phone Syste	12/27/2011	F-11	100.00%	4,882	0	0	0	0	4,882	7	SL/GDS	MM	1,946	698	2,644
196	Bldg railing - Alpine	6/2/2014	R-7	100.00%	2,544	0	0	0	0	2,544	15	SL/GDS	FM	57	170	227
197	Donated Midland bldg - Andrev	7/18/2014	R-5	100.00%	335,000	0	0	0	0	335,000	39	SL/GDS	MM	1,792	8,589	10,381

Total MACRS deductions for prior years (Line 17)

2,299,914 0 0 0 0 2,299,914

742,596 64,786 807,382

GDS 5-year property (Line 19b)

203	Computer website	2/26/2015	F-5	100.00%	19,550	0	0	0	0	19,550	5	SL/GDS	FM	0	2,607	2,607
202	Big Orange Truck	6/24/2015	V-4	100.00%	148,125	0	0	0	0	148,125	5	SL/GDS	FM	0	9,875	9,875

Total GDS 5-year property (Line 19b)

167,675 0 0 0 0 167,675

0 12,482 12,482

Subtotal Depreciation

2,467,589 0 0 0 0 2,467,589

742,596 77,268 819,864

Listed Property

Listed property with more than 50% business use (Line 25 and 26)

42	14 PALLETS/2 DOLLIES-ODE	10/9/1993	F-15	100.00%	2,250	0	0	0	0	2,250	5	SL/GDS	MM	2,250	0	2,250
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Form 4562 Statement - 990

9/30/2015

Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2014 Deprec.	2014 Accum. Deprec.
53	2 STORAGE UNITS-ODESSA	5/22/2006	F-15	100.00%	1,110	0	0	0	0	1,110	5	SL/GDS	FM	1,110	0	1,110
166	2007 Ford Van	9/29/2010	V-6	100.00%	2,289	0	0	0	0	2,289	5	SL/GDS	HY	1,899	229	2,128
174	2010 Ford Truck Transit Van-C	4/12/2011	V-6	100.00%	28,333	0	0	0	0	28,333	5	SL/GDS	FM	19,834	5,667	25,501
49	5 PALLET JACKS-ODESSA	3/29/2000	F-15	100.00%	1,700	0	0	0	0	1,700	5	SL/GDS	HY	1,700	0	1,700
192	Computer Hardware Configura	3/11/2013	F-15	100.00%	21,732	0	0	0	0	21,732	5	SL/GDS	FM	6,881	4,346	11,227
187	Dell Computer - Alpine	6/19/2012	F-15	100.00%	1,002	0	0	0	0	1,002	5	SL/GDS	MM	458	201	659
186	Dell Computer - Odessa	6/19/2012	F-15	100.00%	1,002	0	0	0	0	1,002	5	SL/GDS	MM	458	201	659
185	Dell Latitude Laptop - Alpine	5/21/2012	F-15	100.00%	1,553	0	0	0	0	1,553	5	SL/GDS	MM	738	310	1,048
158	DELL PC - ALPINE	9/11/2009	F-15	100.00%	1,161	0	0	0	0	1,161	5	SL/GDS	FM	1,160	0	1,160
194	Dell PT 320 Edge Server	10/22/2012	F-15	100.00%	4,030	0	0	0	0	4,030	5	SL/GDS	FM	1,612	806	2,418
46	DONATED FORK LIFT-ODES:	7/31/1997	F-15	100.00%	15,000	0	0	0	0	15,000	5	SL/GDS	MM	15,000	0	15,000
177	Donated forklift - BS	4/30/2011	F-15	100.00%	3,500	0	0	0	0	3,500	5	SL/GDS	FM	2,450	700	3,150
52	DONATED FORKLIFT-ODESE	2/28/2002	F-15	100.00%	5,000	0	0	0	0	5,000	5	SL/GDS	HY	5,000	0	5,000
152	EVAP COOLERS - ODESSA	8/3/2009	F-15	100.00%	5,890	0	0	0	0	5,890	5	SL/GDS	FM	5,890	0	5,890
142	EVAP COOLERS (3)-ODESSA	7/16/2008	F-15	100.00%	7,470	0	0	0	0	7,470	5	SL/GDS	FM	7,470	0	7,470
201	Ford F250 Pickup Truck	2/18/2015	V-6	100.00%	41,102	0	0	0	0	41,102	5	SL/GDS	FM	0	5,480	5,480
1	FORKLIFT BATTERY	5/8/2007	F-15	100.00%	5,039	0	0	0	0	5,039	5	SL/GDS	FM	5,039	0	5,039
56	FORKLIFT-ALPINE	8/2/1999	F-15	100.00%	4,495	0	0	0	0	4,495	5	SL/GDS	HY	4,495	0	4,495
58	FORKLIFT-BIG SPRING	2/10/1999	F-15	100.00%	5,071	0	0	0	0	5,071	5	SL/GDS	HY	5,071	0	5,071
134	FREEZER & COMPRESSOR-I	8/20/2008	F-15	100.00%	15,000	0	0	0	0	15,000	5	SL/GDS	FM	15,000	0	15,000
195	Freezer condensor - Alpine	1/24/2014	F-15	100.00%	7,300	0	0	0	0	7,300	5	SL/GDS	FM	1,095	1,460	2,555
157	FREEZER CONDENSOR - OC	6/10/2009	F-15	100.00%	3,094	0	0	0	0	3,094	5	SL/GDS	FM	3,094	0	3,094
5	FREIGHT COSTS	3/28/2007	F-15	100.00%	4,290	0	0	0	0	4,290	5	SL/GDS	FM	4,290	0	4,290
3	FRZR CMPRSR/COND	7/27/2007	F-15	100.00%	4,052	0	0	0	0	4,052	5	SL/GDS	FM	4,052	0	4,052
151	FURNACE-ODESSA	3/10/2009	F-15	100.00%	1,939	0	0	0	0	1,939	5	SL/GDS	FM	1,939	0	1,939
135	KITCHEN EQUIPMENT-ODES	8/20/2008	F-15	100.00%	10,300	0	0	0	0	10,300	5	SL/GDS	FM	10,300	0	10,300
47	LADDER-ODESSA	9/1/1998	F-15	100.00%	300	0	0	0	0	300	5	SL/GDS	MM	300	0	300
50	LG FLOOR CIRC FAN-ODESE	7/17/2001	F-15	100.00%	735	0	0	0	0	735	5	SL/GDS	MM	735	0	735
51	NYK ELECTRIC FORKLIFT-OI	12/14/2001	F-15	100.00%	9,500	0	0	0	0	9,500	5	SL/GDS	MM	9,500	0	9,500
148	OFFICE FURNITURE	11/14/2008	F-15	100.00%	550	0	0	0	0	550	5	SL/GDS	FM	550	0	550
193	Phone system - Odessa & Alpi	2/20/2013	F-15	100.00%	6,236	0	0	0	0	6,236	5	SL/GDS	FM	2,078	1,247	3,325
154	PORTABLE FLEX CONVEYOI	3/27/2009	F-15	100.00%	1,561	0	0	0	0	1,561	5	SL/GDS	FM	1,560	0	1,560
191	Primarius Software	10/4/2012	F-15	100.00%	43,040	0	0	0	0	43,040	5	SL/GDS	FM	17,216	8,608	25,824
54	SCALE-ODESSA	10/5/2006	F-15	100.00%	2,155	0	0	0	0	2,155	5	SL/GDS	FM	2,155	0	2,155
144	SMALL FREEZER-ODESSA	3/12/2008	F-15	100.00%	551	0	0	0	0	551	5	SL/GDS	FM	551	0	551
44	ST STEEL SINK-ODESSA	9/15/1995	F-15	100.00%	500	0	0	0	0	500	5	SL/GDS	MM	500	0	500
59	STORAGE UNIT-BIG SPRING	3/17/1999	F-15	100.00%	1,185	0	0	0	0	1,185	5	SL/GDS	HY	1,185	0	1,185
48	STORAGE UNIT-ODESSA	3/13/1999	F-15	100.00%	1,305	0	0	0	0	1,305	5	SL/GDS	MM	1,305	0	1,305
43	SUMP PUMP	6/1/1994	F-15	100.00%	367	0	0	0	0	367	5	SL/GDS	MM	367	0	367
141	UNIT HEATER-ODESSA	3/12/2008	F-15	100.00%	1,430	0	0	0	0	1,430	5	SL/GDS	FM	1,430	0	1,430
2	VARIOUS PALLETS	3/28/2007	F-15	100.00%	10,506	0	0	0	0	10,506	5	SL/GDS	FM	10,506	0	10,506
55	W/H EQUIPMENT-ALPINE	6/1/1996	F-15	100.00%	435	0	0	0	0	435	5	SL/GDS	HY	435	0	435
57	W/H EQUIPMENT-BIG SPRIN	6/1/1996	F-15	100.00%	400	0	0	0	0	400	5	SL/GDS	HY	400	0	400
41	W/H EQUIPMENT-ODESSA	12/31/1992	F-15	100.00%	39,598	0	0	0	0	39,598	5	SL/GDS	MM	39,598	0	39,598
45	W/H EQUIPMENT-ODESSA	6/1/1996	F-15	100.00%	6,137	0	0	0	0	6,137	5	SL/GDS	MM	6,137	0	6,137
175	Walk-in cooler condensor-Ode	8/16/2011	F-15	100.00%	4,950	0	0	0	0	4,950	5	SL/GDS	FM	3,135	990	4,125
176	Walk-in freezer condensor-Ode	8/30/2011	F-15	100.00%	4,250	0	0	0	0	4,250	5	SL/GDS	FM	2,691	850	3,541
155	WHISPER LOADER-ODESSA	8/14/2009	F-15	100.00%	18,500	0	0	0	0	18,500	5	SL/GDS	FM	18,500	0	18,500
Total listed prop with > 50% business use					358,895	0	0	0	0	358,895				249,119	31,095	280,214

Form 4562 Statement - 990

9/30/2015

Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2014 Deprec.	2014 Accum. Deprec.
Subtotal Listed Property					358,895	0	0	0	0	358,895				249,119	31,095	280,214
Total Depreciation and Amortization					2,826,484	0	0	0	0	2,826,484				991,715	108,363	1,100,078

Detail Report - 990

9/30/2015

Item No.	Description of Property "***" indicates DISPOSED	Date Placed in Service	Business Use %	Cost or Other Basis	Recovery Basis	Rec Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2014 Current Deprec.	2014 Accum. Deprec.
1	FORKLIFT BATTERY	5/8/2007	100.00%	5,039	5,039	5	SL/GDS	FM	5,039	0	5,039
2	VARIOUS PALLETS	3/28/2007	100.00%	10,506	10,506	5	SL/GDS	FM	10,506	0	10,506
3	FRZR CMPRSR/COND	7/27/2007	100.00%	4,052	4,052	5	SL/GDS	FM	4,052	0	4,052
4	DELL COMPUTERS (13)	7/2/2007	100.00%	10,443	10,443	5	SL/GDS	FM	10,443	0	10,443
5	FREIGHT COSTS	3/28/2007	100.00%	4,290	4,290	5	SL/GDS	FM	4,290	0	4,290
6	DELL COMPUTERS (10)	9/12/2007	100.00%	7,925	7,925	5	SL/GDS	FM	7,925	0	7,925
8	BLDG-ODESSA	7/1/1987	100.00%	218,065	218,065	30	SL/GDS	FM	198,075	7,269	205,344
10	BLDG-ALPINE	9/1/1998	100.00%	129,043	129,043	30	SL/GDS	FM	69,178	4,301	73,479
12	BLDG RENOVATIONS-ODES:	5/1/1988	100.00%	4,954	4,954	10	SL/GDS	FM	4,954	0	4,954
13	BLDG RENOVATIONS-ODES:	3/1/1989	100.00%	127,399	127,399	30	SL/GDS	FM	108,643	4,247	112,890
14	BLDG RENOVATIONS-ODES:	6/30/1989	100.00%	3,095	3,095	10	SL/GDS	FM	3,095	0	3,095
15	BLDG RENOVATIONS-ODES:	6/30/1989	100.00%	4,500	4,500	20	SL/GDS	MM	4,500	0	4,500
16	BLDG RENOVATIONS-ODES:	5/31/1991	100.00%	4,445	4,445	10	SL/GDS	MM	4,445	0	4,445
17	BLDG RENOVATIONS-ODES:	6/30/1997	100.00%	18,684	18,684	10	SL/GDS	MM	18,606	0	18,606
18	SIGNS RENOVATIONS-ODES:	6/1/1998	100.00%	380	380	10	SL/GDS	MM	380	0	380
19	COOLERS/FANS RENOVATI	6/1/1998	100.00%	1,438	1,438	10	SL/GDS	MM	1,438	0	1,438
20	PAINTING RENOVATIONS-OI	6/1/1998	100.00%	1,655	1,655	10	SL/GDS	MM	1,655	0	1,655
21	COOLERS RENOVATIONS-O	7/1/1998	100.00%	396	396	10	SL/GDS	MM	396	0	396
22	4T A/C UNIT-ODESSA	2/2/1999	100.00%	1,350	1,350	10	SL/GDS	MM	1,350	0	1,350
23	WALL PROTECTORS-ODESS	3/2/1999	100.00%	1,189	1,189	30	SL/GDS	FM	621	40	661
24	COOLER RENOVATIONS	8/1/2000	100.00%	1,782	1,782	5	SL/GDS	MM	1,782	0	1,782
25	WATER HEATER	10/1/2000	100.00%	648	648	5	SL/GDS	MM	648	0	648
26	DOCK LEVELER	4/8/2005	100.00%	1,300	1,300	7	SL/GDS	FM	1,300	0	1,300
29	LOADING DOCK RENOVATIC	9/1/1998	100.00%	4,900	4,900	20	SL/GDS	FM	3,941	245	4,186
30	WATER CONNECTIONS REN	9/1/1998	100.00%	5,330	5,330	20	SL/GDS	FM	4,290	267	4,557
31	ELECTRICAL RENOV-ALPINE	10/1/1998	100.00%	555	555	10	SL/GDS	MM	555	0	555
32	WATER/SEWER LINE-ALPINE	3/12/1999	100.00%	1,425	1,425	30	SL/GDS	FM	737	47	784
33	SHOP HTR VENTS-ALPINE	3/19/1999	100.00%	679	679	30	SL/GDS	FM	354	23	377
34	WALL PROTECTORS-ALPINI	3/23/1999	100.00%	1,765	1,765	30	SL/GDS	FM	915	59	974
35	EVAP COOLERS-ALPINE	5/12/1999	100.00%	1,260	1,260	5	SL/GDS	FM	1,260	0	1,260
36	ELECTRICAL-ALPINE	5/20/1999	100.00%	1,545	1,545	30	SL/GDS	FM	789	51	840
41	W/H EQUIPMENT-ODESSA	12/31/1992	100.00%	39,598	39,598	5	SL/GDS	MM	39,598	0	39,598
42	14 PALLETS/2 DOLLIES-ODE	10/9/1993	100.00%	2,250	2,250	5	SL/GDS	MM	2,250	0	2,250
43	SUMP PUMP	6/1/1994	100.00%	367	367	5	SL/GDS	MM	367	0	367
44	ST STEEL SINK-ODESSA	9/15/1995	100.00%	500	500	5	SL/GDS	MM	500	0	500
45	W/H EQUIPMENT-ODESSA	6/1/1996	100.00%	6,137	6,137	5	SL/GDS	MM	6,137	0	6,137
46	DONATED FORK LIFT-ODES:	7/31/1997	100.00%	15,000	15,000	5	SL/GDS	MM	15,000	0	15,000
47	LADDER-ODESSA	9/1/1998	100.00%	300	300	5	SL/GDS	MM	300	0	300
48	STORAGE UNIT-ODESSA	3/13/1999	100.00%	1,305	1,305	5	SL/GDS	MM	1,305	0	1,305
49	5 PALLET JACKS-ODESSA	3/29/2000	100.00%	1,700	1,700	5	SL/GDS	HY	1,700	0	1,700
50	LG FLOOR CIRC FAN-ODES	7/17/2001	100.00%	735	735	5	SL/GDS	MM	735	0	735
51	NYK ELECTRIC FORKLIFT-O	12/14/2001	100.00%	9,500	9,500	5	SL/GDS	MM	9,500	0	9,500
52	DONATED FORKLIFT-ODES	2/28/2002	100.00%	5,000	5,000	5	SL/GDS	HY	5,000	0	5,000
53	2 STORAGE UNITS-ODESSA	5/22/2006	100.00%	1,110	1,110	5	SL/GDS	FM	1,110	0	1,110
54	SCALE-ODESSA	10/5/2006	100.00%	2,155	2,155	5	SL/GDS	FM	2,155	0	2,155
55	W/H EQUIPMENT-ALPINE	6/1/1996	100.00%	435	435	5	SL/GDS	HY	435	0	435
56	FORKLIFT-ALPINE	8/2/1999	100.00%	4,495	4,495	5	SL/GDS	HY	4,495	0	4,495
57	W/H EQUIPMENT-BIG SPRIN	6/1/1996	100.00%	400	400	5	SL/GDS	HY	400	0	400
58	FORKLIFT-BIG SPRING	2/10/1999	100.00%	5,071	5,071	5	SL/GDS	HY	5,071	0	5,071
59	STORAGE UNIT-BIG SPRING	3/17/1999	100.00%	1,185	1,185	5	SL/GDS	HY	1,185	0	1,185
60	1981 FORD 3 TN TRUCK-ODI	6/1/1987	100.00%	4,000	4,000	5	SL/GDS	HY	4,000	0	4,000

Detail Report - 990

9/30/2015

Item No.	Description of Property "***" indicates DISPOSED	Date Placed in Service	Business Use %	Cost or Other Basis	Recovery Basis	Rec Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2014 Current Deprec.	2014 Accum. Deprec.
64	VAN-ODESSA	4/30/1996	100.00%	4,000	4,000	5	SL/GDS	HY	4,000	0	4,000
65	1991 TRUCK-ODESSA	5/31/1996	100.00%	7,000	7,000	5	SL/GDS	HY	7,000	0	7,000
66	1985 3.5 TN FORD REEFER-C	12/22/1997	100.00%	10,000	10,000	5	SL/GDS	HY	10,000	0	10,000
67	TUK-A-WAY LIFT GATE-ODE	8/1/1998	100.00%	1,700	1,700	5	SL/GDS	HY	1,700	0	1,700
68	1989 INTL 1754 TRUCK-ODE	12/1/1998	100.00%	11,319	11,319	5	SL/GDS	HY	11,318	0	11,318
69	85 FORD LIFT-ODESSA	1/28/1999	100.00%	2,977	2,977	5	SL/GDS	HY	2,977	0	2,977
70	89 INTL LIFT-ODESSA	2/9/1999	100.00%	3,379	3,379	5	SL/GDS	HY	3,379	0	3,379
71	ENGINE-91 FORD P/U-ODES	1/11/2001	100.00%	2,514	2,514	5	SL/GDS	HY	2,514	0	2,514
72	BOX 85 FORD-ODESSA	1/31/2001	100.00%	2,485	2,485	5	SL/GDS	HY	2,485	0	2,485
73	REIFER UNIT 89 INTL TRUCK	2/7/2001	100.00%	7,527	7,527	5	SL/GDS	HY	7,527	0	7,527
74	OVERHEAD DOOR 85 FORD-	5/25/2001	100.00%	2,775	2,775	5	SL/GDS	HY	2,775	0	2,775
75	89 REFRIG TRAILER-ODESS.	10/18/2001	100.00%	8,000	8,000	5	SL/GDS	HY	8,000	0	8,000
77	1995 FORD WINDSTAR VAN-	1/24/2003	100.00%	6,100	6,100	5	SL/GDS	HY	6,100	0	6,100
79	ENGINE 91 INTL TRUCK-ODE	6/7/2004	100.00%	9,069	9,069	5	SL/GDS	HY	9,069	0	9,069
82	2007 GREAT DANE REFRIG T	6/22/2006	100.00%	59,227	59,227	7	SL/GDS	FM	54,779	0	54,779
85	FREEZER/COOLER-ODESSA	4/1/1989	100.00%	93,804	93,804	20	SL/GDS	HY	93,804	0	93,804
86	FREEZER/COOLER REPAIRS	4/30/1996	100.00%	8,341	8,341	20	SL/GDS	FM	7,681	417	8,098
87	FREEZER/COOLER REPAIRS	6/28/2002	100.00%	4,242	4,242	20	SL/GDS	FM	2,600	212	2,812
88	FREEZER/COOLER REPAIRS	6/30/2002	100.00%	2,395	2,395	20	SL/GDS	FM	1,470	120	1,590
91	FREEZER/COOLER-ALPINE	9/1/1998	100.00%	580	580	20	SL/GDS	FM	474	29	503
92	FREEZER-ALPINE	10/8/1999	100.00%	98,733	98,733	20	SL/GDS	FM	73,967	4,937	78,904
93	ELECTRICAL WORK-ALPINE	1/6/2000	100.00%	8,169	8,169	20	SL/GDS	FM	5,817	408	6,225
94	ELECTRICAL RENOVATIONS	5/1/2000	100.00%	627	627	20	SL/GDS	FM	445	31	476
95	FREEZER IMPROV-ALPINE	10/8/2000	100.00%	40,383	40,383	20	SL/GDS	FM	28,771	2,019	30,790
96	COMPRESSOR-ALPINE	6/30/2002	100.00%	7,853	7,853	20	SL/GDS	FM	4,815	393	5,208
97	COMPRESSOR-ALPINE	9/16/2004	100.00%	11,256	11,256	5	SL/GDS	HY	10,789	0	10,789
98	FREEZER/COOLER-BIG SPR	8/1/1998	100.00%	7,500	7,500	20	SL/GDS	FM	6,062	375	6,437
99	FREEZER IMPROV-BIG SPRI	3/31/1999	100.00%	1,200	1,200	20	SL/GDS	FM	930	60	990
100	WALK IN FREEZER-BIG SPRI	10/19/2000	100.00%	710	710	5	SL/GDS	HY	710	0	710
101	WALK IN COOLER-BIG SPRIN	10/19/2000	100.00%	751	751	5	SL/GDS	HY	751	0	751
102	FREEZER-BIG SPRING	10/19/2000	100.00%	3,115	3,115	5	SL/GDS	HY	3,115	0	3,115
103	FREEZER NWL THERMA KIN	3/22/2001	100.00%	5,572	5,572	20	SL/GDS	FM	3,694	279	3,973
104	LASER PRINTER-ODESSA	12/1/1992	100.00%	1,540	1,540	5	SL/GDS	HY	1,540	0	1,540
105	HP LASER PRINTER	10/11/1993	100.00%	749	749	5	SL/GDS	HY	749	0	749
106	HP PRINTER-ODESSA	3/17/1999	100.00%	568	568	5	SL/GDS	HY	568	0	568
107	COMPUTER UPGRADE-ODE	7/20/2000	100.00%	3,125	3,125	3	SL/GDS	HY	3,125	0	3,125
108	2 COMPUTERS-ODESSA	7/10/2001	100.00%	1,520	1,520	3	SL/GDS	HY	1,520	0	1,520
109	COMPUTER-ODESSA	2/21/2002	100.00%	1,508	1,508	3	SL/GDS	HY	1,508	0	1,508
110	5 COMPUTERS & PRINTER-C	7/8/2002	100.00%	4,601	4,601	5	SL/GDS	HY	4,587	0	4,587
111	SOFTWARE-CERES	5/19/2003	100.00%	7,927	7,927	5	SL/GDS	HY	7,927	0	7,927
112	HP NOTEBOOK ROBERT-OD	7/14/2003	100.00%	1,720	1,720	5	SL/GDS	HY	1,720	0	1,720
113	SERVER TRIPLE C-ODESSA	12/30/2003	100.00%	1,840	1,840	5	SL/GDS	HY	1,840	0	1,840
114	SOFTWARE UPGRADE-ODE	1/21/2004	100.00%	804	804	5	SL/GDS	HY	804	0	804
115	2 LAPTOP COMPUTERS-ODE	12/10/2004	100.00%	1,716	1,716	5	SL/GDS	HY	1,567	0	1,567
118	COMPUTER UP GRADE-ALPI	7/20/2000	100.00%	3,125	3,125	3	SL/GDS	HY	3,125	0	3,125
119	COMPUTER UPGRADE-BIG S	7/20/2000	100.00%	3,125	3,125	3	SL/GDS	HY	3,125	0	3,125
120	LAND	1/1/1999	100.00%	7,700	7,700	0			0	0	0
121	OFFICE EQUIPMENT-ODESS	12/31/1992	100.00%	9,155	9,155	5	SL/GDS	HY	9,155	0	9,155
122	ITEMS-1996-ODESSA	6/1/1996	100.00%	2,981	2,981	5	SL/GDS	HY	2,981	0	2,981
123	RISO GR1700 COPIER-ODES	1/1/1998	100.00%	5,267	5,267	5	SL/GDS	HY	5,267	0	5,267
124	TAHOE BOTTLED WATER CC	7/1/1998	100.00%	250	250	5	SL/GDS	HY	250	0	250

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9/30/2015

Item No.	Description of Property **** indicates DISPOSED	Date Placed in Service	Business Use %	Cost or Other Basis	Recovery Basis	Rec Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2014 Current Deprec.	2014 Accum. Deprec.
125	TIME CLOCK	8/1/1998	100.00%	330	330	5	SL/GDS	HY	330	0	330
126	COMPUTER PRINTERS-ODE	9/1/1998	100.00%	350	350	5	SL/GDS	HY	350	0	350
127	FAX MACHINE	1/4/2001	100.00%	600	600	5	SL/GDS	HY	600	0	600
128	OFFICE FURNITURE	4/30/2002	100.00%	2,814	2,814	5	SL/GDS	HY	2,814	0	2,814
129	PROJECTOR-ODESSA	6/15/2005	100.00%	750	750	5	SL/GDS	HY	750	0	750
130	2 TON CONDENSING UNIT	4/14/2006	100.00%	1,121	1,121	5	SL/GDS	FM	1,121	0	1,121
132	ITEMS 1996-ALPINE	6/1/1996	100.00%	2,109	2,109	5	SL/GDS	HY	2,109	0	2,109
133	COPIER-BIG SPRING	4/30/2002	100.00%	875	875	5	SL/GDS	HY	875	0	875
134	FREEZER & COMPRESSOR-I	8/20/2008	100.00%	15,000	15,000	5	SL/GDS	FM	15,000	0	15,000
135	KITCHEN EQUIPMENT-ODES	8/20/2008	100.00%	10,300	10,300	5	SL/GDS	FM	10,300	0	10,300
140	HOPPER-ODESSA	2/21/2008	100.00%	10,500	10,500	7	SL/GDS	FM	10,000	500	10,500
141	UNIT HEATER-ODESSA	3/12/2008	100.00%	1,430	1,430	5	SL/GDS	FM	1,430	0	1,430
142	EVAP COOLERS (3)-ODESSA	7/16/2008	100.00%	7,470	7,470	5	SL/GDS	FM	7,470	0	7,470
143	TRANSMISSION-ODESSA	8/20/2008	100.00%	11,924	11,924	5	SL/GDS	FM	11,924	0	11,924
144	SMALL FREEZER-ODESSA	3/12/2008	100.00%	551	551	5	SL/GDS	FM	551	0	551
145	DELL LAPTOPS	2/4/2008	100.00%	1,958	1,958	5	SL/GDS	FM	1,958	0	1,958
146	DELL LAPTOP	5/11/2008	100.00%	1,067	1,067	5	SL/GDS	FM	1,065	0	1,065
147	DELL LAPTOP	9/1/2008	100.00%	1,019	1,019	5	SL/GDS	FM	1,019	0	1,019
148	OFFICE FURNITURE	11/14/2008	100.00%	550	550	5	SL/GDS	FM	550	0	550
149	**EL PASO BLDG - Commer	10/20/2009	100.00%	1,205,147	1,205,147	39	SL/GDS	FM	154,503	16,737	171,240
151	FURNACE-ODESSA	3/10/2009	100.00%	1,939	1,939	5	SL/GDS	FM	1,939	0	1,939
152	EVAP COOLERS - ODESSA	8/3/2009	100.00%	5,890	5,890	5	SL/GDS	FM	5,890	0	5,890
154	PORTABLE FLEX CONVEYOI	3/27/2009	100.00%	1,561	1,561	5	SL/GDS	FM	1,560	0	1,560
155	WHISPER LOADER-ODESSA	8/14/2009	100.00%	18,500	18,500	5	SL/GDS	FM	18,500	0	18,500
157	FREEZER CONDENSOR - OC	6/10/2009	100.00%	3,094	3,094	5	SL/GDS	FM	3,094	0	3,094
158	DELL PC - ALPINE	9/11/2009	100.00%	1,161	1,161	5	SL/GDS	FM	1,160	0	1,160
162	Land - Community Garden	10/25/2010	100.00%	500	500	0			0	0	0
166	**2007 Ford Van	9/29/2010	100.00%	2,289	2,289	5	SL/GDS	HY	1,899	229	2,128
167	A/C Unit - Alpine	3/25/2010	100.00%	3,951	3,951	7	SL/GDS	HY	2,544	564	3,108
168	Conveyor Steel Skate	5/27/2010	100.00%	4,155	4,155	7	SL/GDS	HY	2,589	593	3,182
169	KC - Refrigerator & Freezer	6/22/2010	100.00%	1,997	1,997	7	SL/GDS	HY	1,223	285	1,508
170	KC - Freezer	1/28/2010	100.00%	549	549	7	SL/GDS	HY	364	78	442
171	Battery Charger-Zamboni	4/26/2010	100.00%	595	595	7	SL/GDS	HY	377	85	462
172	2011 Walmart Truck	10/1/2010	100.00%	52,829	52,829	5	SL/GDS	HY	42,337	10,492	52,829
173	Tilt Truck - Odessa	3/30/2011	100.00%	830	830	5	SL/GDS	FM	595	166	761
174	2010 Ford Truck Transit Van-C	4/12/2011	100.00%	28,333	28,333	5	SL/GDS	FM	19,834	5,667	25,501
175	Walk-in cooler condensor-Ode	8/16/2011	100.00%	4,950	4,950	5	SL/GDS	FM	3,135	990	4,125
176	Walk-in freezer condensor-Ode	8/30/2011	100.00%	4,250	4,250	5	SL/GDS	FM	2,691	850	3,541
177	Donated forklift - BS	4/30/2011	100.00%	3,500	3,500	5	SL/GDS	FM	2,450	700	3,150
185	Dell Latitude Laptop - Alpine	5/21/2012	100.00%	1,553	1,553	5	SL/GDS	MM	738	310	1,048
186	Dell Computer - Odessa	6/19/2012	100.00%	1,002	1,002	5	SL/GDS	MM	458	201	659
187	Dell Computer - Alpine	6/19/2012	100.00%	1,002	1,002	5	SL/GDS	MM	458	201	659
188	Telecom Toshiba Phone Syste	12/27/2011	100.00%	4,882	4,882	7	SL/GDS	MM	1,946	698	2,644
189	Land - Parkway Industrial	3/20/2013	100.00%	114,375	114,375	0			0	0	0
190	CIP - New Odessa WH facility	9/30/2013	100.00%	19,413	19,413	0			0	0	0
191	Primarius Software	10/4/2012	100.00%	43,040	43,040	5	SL/GDS	FM	17,216	8,608	25,824
192	Computer Hardware Configura	3/11/2013	100.00%	21,732	21,732	5	SL/GDS	FM	6,881	4,346	11,227
193	Phone system - Odessa & Alpi	2/20/2013	100.00%	6,236	6,236	5	SL/GDS	FM	2,078	1,247	3,325
194	Dell PT 320 Edge Server	10/22/2012	100.00%	4,030	4,030	5	SL/GDS	FM	1,612	806	2,418
195	Freezer condensor - Alpine	1/24/2014	100.00%	7,300	7,300	5	SL/GDS	FM	1,095	1,460	2,555
196	Bldg railing - Alpine	6/2/2014	100.00%	2,544	2,544	15	SL/GDS	FM	57	170	227

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9/30/2015

Item No.	Description of Property "***" indicates DISPOSED	Date Placed in Service	Business Use %	Cost or Other Basis	Recovery Basis	Rec Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2014 Current Deprec.	2014 Accum. Deprec.
197	Donated Midland bldg - Andrew	7/18/2014	100.00%	335,000	335,000	39	SL/GDS	MM	1,792	8,589	10,381
198	Donated Midland land - Andrew	7/18/2014	100.00%	550,000	550,000	0			0	0	0
199	CIP - New Odessa WH facility	9/30/2014	100.00%	759,721	759,721	0			0	0	0
200	CIP - New Odessa WH facility	9/30/2015	100.00%	6,751,372	6,751,372	0			0	0	0
201	Ford F250 Pickup Truck	2/18/2015	100.00%	41,102	41,102	5	SL/GDS	FM	0	5,480	5,480
202	Big Orange Truck	6/24/2015	100.00%	148,125	148,125	5	SL/GDS	FM	0	9,875	9,875
203	Computer website	2/26/2015	100.00%	19,550	19,550	5	SL/GDS	FM	0	2,607	2,607
SubTotals				11,422,521	11,422,521				1,379,512	108,363	1,487,875
Less: Disposed Assets				(1,207,436)	(1,207,436)				(156,402)	(16,966)	(173,368)
Ending Totals				<u>10,215,085</u>	<u>10,215,085</u>				<u>1,223,110</u>	<u>91,397</u>	<u>1,314,507</u>