

**Federal
Tax Return**

WEST TEXAS FOOD BANK

**For the fiscal year
2015-16**

**RANDY SILHAN, CPA, CFE
P.O. BOX 1341
WOLFFORTH, TX 79382
Phone: (432) 580-0204
rsilhan@grandecom.net**

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March 27, 2017

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

Dear Joey,

I have prepared the Food Bank's Form 990 based on the audited financial statements and other information you provided . 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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2015 calendar year, or tax year beginning 10/1/2015, and ending 9/30/2016	
B Check if applicable: <input 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	C Name of organization WEST TEXAS FOOD BANK Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 411 S. PAGEWOOD City or town State ZIP code ODESSA TX 79761 Foreign country name Foreign province/state/county Foreign postal code
D Employer identification number 75-2057692	
E Telephone number (432) 580-6333	
G Gross receipts \$ 13,775,339	
F Name and address of principal officer: LIBBY CAMPBELL 411 S. PAGEWOOD, ODESSA, TX 79761	
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: ▶ www.wtxfoodbank.org	
H(c) Group exemption number ▶	
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: 1985
M State of legal domicile: TX	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: 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.
	2	Check this box <input checked="" 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 22
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 22
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 35
	6	Total number of volunteers (estimate if necessary) 6 2,400
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
	7b	Net unrelated business taxable income from Form 990-T, line 34 7b 0
Revenue	8	Contributions and grants (Part VIII, line 1h) 12,593,903 12,595,842
	9	Program service revenue (Part VIII, line 2g) 1,296,951 1,023,606
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) -305,959 199
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 184,918 99,529
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13,769,813 13,719,176
	Expenses	13
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) 1,600,744 1,746,277
16a		Professional fundraising fees (Part IX, column (A), line 11e) 177,957 143,175
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 330,347
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 10,278,725 1,625,898
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 12,057,426 15,174,774
19		Revenue less expenses. Subtract line 18 from line 12 1,712,387 -1,455,598
Net Assets or Fund Balances		20
	21	Total liabilities (Part X, line 26) 2,419,138 4,971,317
	22	Net assets or fund balances. Subtract line 21 from line 20 14,886,644 13,490,788

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 LIBBY CAMPBELL	Date EXECUTIVE DIRECTOR			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name RANDY SILHAN	Preparer's signature RANDY SILHAN	Date 3/27/2017	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00107901
	Firm's name ▶ RANDY SILHAN, CPA, CFE	Firm's EIN ▶ 26-2515308			
	Firm's address ▶ P.O. BOX 1341, WOLFFORTH, TX 79382	Phone no. (432) 580-0204			

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.	
<hr/>		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.	
<hr/>		
4a	(Code:) (Expenses \$ 14,306,810 including grants of \$) (Revenue \$ 1,023,606) The Food Bank distributed 5.8 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 2.7 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.	
<hr/>		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
<hr/>		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
<hr/>		
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
<hr/>		
4e	Total program service expenses ▶ 14,306,810	

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7	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>	8	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>	9	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>	10 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>	11a X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	11b	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>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	11d	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>	11e	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>	11f	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>	12a 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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	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 (see instructions).</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18 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>	19	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
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>	X	
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. ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	35
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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	1a 22		
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.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 22		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		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?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	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.	9		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?	10a X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official.	15a X	
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a X	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b X	

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

411 S. PAGEWOOD, ODESSA, TX 79761

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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	Former			
(1) Amy Ward President	5.00 0.00	X		X				0	0	
(2) Tammy Clements Vice President	5.00 0.00	X		X				0	0	
(3) Mark Lowe Treasurer	5.00 0.00	X		X				0	0	
(4) Nancy Wells Secretary	2.00 0.00	X		X				0	0	
(5) Mona Ables Director	2.00 0.00	X						0	0	
(6) Mariann Bagley Director	2.00 0.00	X						0	0	
(7) Sandra Blaydes Director	2.00 0.00	X						0	0	
(8) Greg Clark Director	2.00 0.00	X						0	0	
(9) Jefferson Cox Director	2.00 0.00	X						0	0	
(10) David Dowd Director	2.00 0.00	X						0	0	
(11) Rodney Hall Director	2.00 0.00	X						0	0	
(12) Alex Hester Director	2.00 0.00	X						0	0	
(13) Melanie Hollmann Director	2.00 0.00	X						0	0	
(14) Sally Kvasnicka 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) Shelby Landgraf Director	2.00 0.00	X						0	0	
(16) R.J. Lopez Director	2.00 0.00	X						0	0	
(17) Mike Morgan Director	2.00 0.00	X						0	0	
(18) Minka Sibert Director	2.00 0.00	X						0	0	
(19) Lee Stringham Director	2.00 0.00	X						0	0	
(20) Michael Tasker Director	2.00 0.00	X						0	0	
(21) Brian Whytlaw Director	2.00 0.00	X								
(22) Dianne Williams Director	2.00 0.00	X								
(23) Libby Campbell Executive director	40.00 10.00			X		X		103,950	0	11,410
(24) Joey Ruiz Chief Financial Officer	40.00 10.00			X				94,069	0	11,114
(25)										
1b Sub-total								198,019	0	22,524
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								198,019	0	22,524

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 **2**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual.*

	Yes	No
3		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? *If "Yes," complete Schedule J for such individual.*

4		X
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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person.*

5		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	161,896
Cooper Construction P.O. Box 52737 Midland, TX 79710	Construction	6,078,597
Value Added Food (formerly F&AI) 965 Reno Drive Wayland, MI 49348	Purchased food	427,746
Ryder Transportation Services PO Box 96723 Chicago, IL 60693	Food transportation	161,263
Wells Group 2323 W. Sam Houston Parkway Houston, TX 77043	Furnishings for facilities	221,836
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	5	

Part VIII Statement of RevenueCheck 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 753,439					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 11,842,403					
	g	Noncash contributions included in lines 1a-1f: \$ 9,878,708						
	h	Total. Add lines 1a-1f		12,595,842				
Program Service Revenue				Business Code				
	2a	Shared maintenance fees	624210	197,448	197,448			
	b	Purchased product revenue	624210	763,760	763,760			
	c	F2K Administration fees	624210	62,398	62,398			
	d		0				
	e		0				
	f	All other program service revenue		0				
	g	Total. Add lines 2a-2f		1,023,606				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		199			199	
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss)		0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
					0	0		
					0	0		
					0	0		
	b	Less: cost or other basis and sales expenses		0				
	c	Gain or (loss)		0				
	d	Net gain or (loss)		0				
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a 90,807					
	b	Less: direct expenses	b 56,163					
	c	Net income or (loss) from fundraising events		34,644				
9a	Gross income from gaming activities. See Part IV, line 19	a 0						
b	Less: direct expenses	b 0						
c	Net income or (loss) from gaming activities		0					
10a	Gross sales of inventory, less returns and allowances	a 0						
		b 0						
		c 0						
Miscellaneous Revenue			Business Code					
11a	Insurance refunds, produce income	900099	64,885	64,885				
b		0					
c		0					
d	All other revenue		0					
e	Total. Add lines 11a-11d		64,885					
12	Total revenue. See instructions.		13,719,176	1,088,491	0	199		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	11,659,424	11,659,424		
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	179,808	35,337	126,490	17,981
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	1,168,972	985,701	81,657	101,614
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,175	12,244	2,496	1,435
9	Other employee benefits	275,151	208,292	42,462	24,397
10	Payroll taxes	106,171	80,372	16,350	9,449
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	9,300		9,300	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	143,175			143,175
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.)	19,069		19,069	
12	Advertising and promotion	31,916			31,916
13	Office expenses	245,085	196,070	49,015	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	128,559	102,848	25,711	
17	Travel	332,354	265,883	66,471	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	11,554	9,243	2,311	
20	Interest	92,255	73,804	18,451	
21	Payments to affiliates	15,942	15,942		
22	Depreciation, depletion, and amortization	312,770	250,216	62,554	0
23	Insurance	31,476	25,181	6,295	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	USDA admin costs to El Parsons Fighting Hunger	279,885	279,885		
b	SPECIAL FOOD EDUCATION & PROGRAM COSTS	97,301	97,301		
c	OTHER DUES & SUBSCRIPTIONS	15,319	9,067	6,252	
d	BAD DEBT	3,113		2,733	380
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	15,174,774	14,306,810	537,617	330,347
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	4,581,188	1	337,287
	2 Savings and temporary cash investments	253,633	2	253,832
	3 Pledges and grants receivable, net	2,239,536	3	862,883
	4 Accounts receivable, net	94,727	4	83,373
	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	4,061,000
	8 Inventories for sale or use	640,113	8	807,072
	9 Prepaid expenses and deferred charges	6,545	9	4,978
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,050,844		
	b Less: accumulated depreciation	10b 1,627,281		
		8,900,578	10c	11,423,563
	11 Investments—publicly traded securities	589,462	11	616,482
	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	11,635	
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,305,782	16	18,462,105	
Liabilities	17 Accounts payable and accrued expenses	298,560	17	229,182
	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	2,120,578	23	4,742,135
	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	2,419,138	26	4,971,317
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	8,281,205	27	11,975,635
	28 Temporarily restricted net assets	6,405,439	28	1,315,153
	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	14,886,644	33	13,490,788
34 Total liabilities and net assets/fund balances	17,305,782	34	18,462,105	

Part XI Reconciliation of Net AssetsCheck 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	13,719,176
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,174,774
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,455,598
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,886,644
5	Net unrealized gains (losses) on investments	5	59,742
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	13,490,788

Part XII Financial Statements and ReportingCheck 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	2a	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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	2b	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.	2c	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?	3a	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	3b	X

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2015

Attachment
Sequence No. 179Department 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.

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	310,980
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 2014 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 2016. 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 2015	17	68,499
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		

Section B - Assets Placed in Service During 2015 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		36,229	5	FM	S/L	3,019
c 7-year property		232,581	7	FM	S/L	25,119
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	1/1/2016	10,941,996	39 yrs.	MM	S/L	199,035
				MM	S/L	

Section C - Assets Placed in Service During 2015 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	34,282
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	329,954
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.

Form 4562 (2015)

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? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
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)							25		
26 Property used more than 50% in a qualified business use:									
		%							
		%							
See statement		%					34,282		
27 Property used 50% or less in a qualified business use:									
		%				S/L –			
		%				S/L –			
		%				S/L –			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	34,282	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	0	

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.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)	See Stmt											
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?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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).

	Yes	No
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

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2015 tax year (see instructions):					
43 Amortization of costs that began before your 2015 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

WEST TEXAS FOOD BANK

Employer identification number

75-2057692

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 (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An 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 0
- 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 (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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,596,520	12,816,970	19,849,111	12,593,903	12,595,842	72,452,346
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	14,596,520	12,816,970	19,849,111	12,593,903	12,595,842	72,452,346
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.						72,452,346

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	14,596,520	12,816,970	19,849,111	12,593,903	12,595,842	72,452,346
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	250	476	2,421	40,638	199	43,984
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.)	28,517	72,188	58,137	18,717	64,885	242,444
11 Total support. Add lines 7 through 10						72,738,774
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 2015 (line 6, column (f) divided by line 11, column (f))	14	99.61%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.69%
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2014. 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—2015. 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—2014. 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; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II Section B Line 10 Other income consists of insurance refunds and reimbursement of

miscellaneous costs accounted for as miscellaneous income.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

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

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: _____	\$ 3,012,997	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: _____	\$ 650,856	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 ODESSA TX 79761 Foreign State or Province: _____ Foreign Country: _____	\$ 1,533,621	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 ODESSA TX 79761 Foreign State or Province: _____ Foreign Country: _____	\$ 1,202,054	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	Albertson's/Market Street C/O West Texas Food Bank ODESSA TX 79761 Foreign State or Province: _____ Foreign Country: _____	\$ 562,838	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	Family Dollar Distribution 3101 E. Interstate 20 ODESSA TX 79766 Foreign State or Province: _____ Foreign Country: _____	\$ 272,587	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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	Niagara Bottling Company C/O West Texas Food Bank ODESSA TX 79761 Foreign State or Province: _____ Foreign Country: _____	\$ 381,042	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	Sams Wholesale Club C/O West Texas Food Bank ODESSA TX 79761 Foreign State or Province: _____ Foreign Country: _____	\$ 310,344	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.)
	_____ _____ _____ 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. \$827,146 received directly for WTFB and \$2,185,851 received and passed through to subrecipient EPFH	\$ 3,012,997	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	918,336 lbs of donated food received throughout the entire year. FMV based on Feeding America valuation of \$1.67/lb.	\$ 1,533,621	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	719,793 lbs of donated food received throughout the entire year. FMV based on Feeding America valuation of \$1.67/lb.	\$ 1,202,054	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	337,029 lbs of donated food received throughout the entire year. FMV based on Feeding America valuation of \$1.67/lb.	\$ 562,838	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	163,226 lbs of donated food received throughout the entire year. FMV based on Feeding America valuation of \$1.67/lb.	\$ 272,587	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	228,169 lbs of donated food received throughout the entire year. FMV based on Feeding America valuation of \$1.67/lb.	\$ 381,042	

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

▶ **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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c 0
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f 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 on Part XIII ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	589,462	694,560	648,315	592,485	502,727
b Contributions				50	30,500
c Net investment earnings, gains, and losses	71,736	-11,804	59,737	67,921	81,101
d Grants or scholarships					
e Other expenditures for facilities and programs	32,723	80,171			11,000
f Administrative expenses	11,993	13,123	13,492	12,141	10,843
g End of year balance	616,482	589,462	694,560	648,315	592,485

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ☐ 68%
b Permanent endowment ☐ 32%
c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i) X	
(ii) related organizations	3a(ii)	X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b**

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	122,575		122,575
b Buildings	0	11,291,649	0	11,291,649
c Leasehold improvements	0	237,468	0	237,468
d Equipment	0	1,399,152	0	1,399,152
e Other	0	0	1,627,281	-1,627,281

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **11,423,563**

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	13,778,918
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	59,742
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	59,742
3	Subtract line 2e from line 1	3	13,719,176
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	13,719,176

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

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

1	Total expenses and losses per audited financial statements	1	15,174,774
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	15,174,774
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	15,174,774

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)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

WEST TEXAS FOOD BANK

Employer identification number

75-2057692

Part I

Fundraising Activities. Complete if the organization answered "Yes" on 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 76010	DIRECT MAIL		X	606,261	143,175	463,086
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 ▶				606,261	143,175	463,086

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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Golf Tournament (event type)	Other special events (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	85,530	5,277	0	90,807
	2 Less: Contributions			0	0
	3 Gross income (line 1 minus line 2)	85,530	5,277	0	90,807
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs	31,299		0	31,299
	7 Food and beverages			0	0
	8 Entertainment			0	0
	9 Other direct expenses	2,597	22,267	0	24,864
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(56,163)
	11 Net income summary. Subtract line 10 from line 3, column (d)				34,644

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

	(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				0
Direct Expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(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).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

WEST TEXAS FOOD BANK

Employer identification number

75-2057692

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WTFB Mid County 411 S. Pagewood Odessa, TX 79761	81-3011126	501(c)(3)	0	885,000	Appraisal	Land and building	Develop property for Midland facility
(2) 75 nonprofit organizations and numerous individuals in West Texas, T		501(c)(3)	0	8,588,573	FMV	Food	To feed hungry people
(3) El Pasoans Fighting Hunger 9541 Plaza Circle El Paso, TX 79927	45-2893839	501(c)(3)	0	2,185,851	FMV	USDA food commodities	Pass thru grant to subrecipient
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 77

3 Enter total number of other organizations listed in the line 1 table 0

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

Schedule I (Form 990) (2015)

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part II Line 1 West Texas Food Bank granted property located at 1601 Westcliff Dr. in Midland, Texas to their supporting organization,

WTFB Mid County effective July 20, 2016 by special warranty deed. This donation was done in connection with the organizations'

participation in the New Market Tax Credit Program. The property was developed and is being leased by the supporting organization to

the West Texas Food Bank. A premises lease is in place. All property documents have been executed in connection with this grant and are

in compliance with applicable restrictions. Controls are monitored by the WTFB financial and executive management personnel in the

regular course of business as the organizations are under common control for purposes of internal control over financial reporting.

Part II Line 2 West Texas Food Bank tracks all food distributed to agencies and individuals through their inventory tracking system.

Primarius.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ 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.

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Name of the organization

WEST TEXAS FOOD BANK

Employer identification number

75-2057692

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				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	7,875,889	9,878,708	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

	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?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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 19 Donated food is valued at \$1.67/lb based on cost study done by Feeding

American for 2016. USDA commodities are valued based on amounts provided from the USDA

commodity report. A total of 4,111,204 lbs of donated food products were received from

various donors and a total of 1,048,387 was received from USDA commodities. In addition,

the Food Bank received and redistributed 2,716,298 lbs of USDA commodities for their

subrecipient El Pasoans Fighting Hunger.

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.
- ▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

WEST TEXAS FOOD BANK

Employer identification number	
--------------------------------	--

75-2057692

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

[illegible]

2 Did or will any officer, director, trustee, or key employee of the organization:

- a** Become a director or trustee of a successor or transferee organization?
- b** Become an employee of, or independent contractor for, a successor or transferee organization?
- c** Become a direct or indirect owner of a successor or transferee organization?
- d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
- e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ►

	Yes	No
2a		
2b		
2c		
2d		

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

Schedule N (Form 990 or 990-EZ) (2015)

HTA

Part I Liquidation, Termination, or Dissolution *(continued)*

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3		Yes	No
4 a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a			
b	If "Yes," did the organization provide such notice?	4b			
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	5			
6 a	Did the organization have any tax-exempt bonds outstanding during the year?	6a			
b	If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	6b			
c	If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.				

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	Construction on Midland facility	7/20/2016	2,869,939	Actual costs paid	81-3011126	WTFB Mid County 411 S. Pagewood Odessa, TX 797	501(c)(3)
	Land and building	7/20/2016	885,000	Appraisal	81-3011126	WTFB Mid County 411 S. Pagewood Odessa, TX 797	501(c)(3)

2 Did or will any officer, director, trustee, or key employee of the organization:

a	Become a director or trustee of a successor or transferee organization?	2a	X	Yes	No
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b			X
c	Become a direct or indirect owner of a successor or transferee organization?	2c			X
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d			X
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ► see part III				

Part III **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e.
Also complete this part to provide any additional information.

Part II Line 2a Joey Ruiz, CFO and COO of West Texas Food Bank is a director of WTFB Mid

County.

Part II Line 1 Total costs of \$2,869,939 were repaid to the West Texas Food Bank from WTFB

Mid County upon the transfer of the assets. Proceeds used by WTFB Mid County for repayment

were from New Market Tax Credit borrowings.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2015

**Open to Public
Inspection**

Name of the organization

WEST TEXAS FOOD BANK

Employer identification number

75-2057692

Form 990, Part VI, Section B, Line 11b: The 990 is presented along with the audited financial

statements to the board of directors and executive management for their review and approval.

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 and

audited financial statements are published on their website and the 990 is also on

www.guidestar.org.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

WEST TEXAS FOOD BANK

Employer identification number

75-2057692

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WFTB Mid County 81-3011126 411 S. Pagewood Odessa, TX 79761	Leasing of facility	TX	501(c)(3)	509a3 Type I	West TX Food Bank	X	
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) WTFB Mid County	b	885,000	Appraisal
(2) WTFB Mid County	d	5,900,000	Loan carrying value
(3) WTFB Mid County	k	17,500	Lease agreement
(4) WTFB Mid County	q	223,055	Actual expenses paid
(5) WTFB Mid County	r	2,869,939	Construction costs paid
(6) WTFB Mid County	q	2,869,939	Reimbursed construction costs

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Part V Line 2 (1) The amount represents the appraised value of the land and building

originally donated to West Texas Food Bank. The physical property is located at 1601 Westcliff

Dr. Midland, TX 79703

Part V Line 2 (2) The amount represents the carrying value of the loans for which West Texas

Food Bank is a guarantor. The borrower is WTFB Mid County. The lender is USB CDE SUB-CDE 157,

LLC and MBS-UI SUB-CDE XXIX, LLC, collectively the Community Development Entities (CDEs).

These loans are in connection with the New Market Tax Credits program.

Part V Line 2(3) The amount represents the monthly lease payment from the premises lease

agreement between WTFB Mid County (the lessor) and West Texas Food Bank (the lessee).

Part V Line 2(4) The amount represents construction costs paid by West Texas Food Bank after

July 20, 2016 that were reimbursed by WTFB Mid County.

Part V Line 2(5) The amount represents construction costs paid by West Texas Food Bank up

until the date that the property was transferred to WTFB Mid County on July 20, 2016.

Part V Line 2(6) The amount represents the construction costs repaid to West Texas Food Bank

from the borrowings of the New Market Tax Credits lent to WTFB Mid County.

Form **8868**

(Rev. January 2014)

Department of the Treasury
Internal Revenue Service**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 File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	WEST TEXAS FOOD BANK	75-2057692
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	411 S. PAGEWOOD	
	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 5/15/2017, 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 10/1/2015, and ending 9/30/2016

- 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.**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2014)

HTA

Form 4562 Statement - 990

9/30/2016

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	2015 Deprec.	2015 Accum. Deprec.
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Depreciation Detail**MACRS deductions for prior years (Line 17)**

8	BLDG-ODESSA - 2nd Street	7/1/1987	R-5	100.00%	218,065	0	0	0	0	218,065	30.0	SL/GDS	FM	205,344	7,269	212,613
13	BLDG RENOVATIONS-ODES	3/1/1989	R-5	100.00%	127,399	0	0	0	0	127,399	30.0	SL/GDS	FM	112,890	4,247	117,137
86	FREEZER/COOLER REPAIRS	4/30/1996	R-7	100.00%	8,341	0	0	0	0	8,341	20.0	SL/GDS	FM	8,098	209	8,307
98	FREEZER/COOLER-BIG SPR	8/1/1998	R-7	100.00%	7,500	0	0	0	0	7,500	20.0	SL/GDS	FM	6,437	375	6,812
10	BLDG-ALPINE	9/1/1998	R-5	100.00%	129,043	0	0	0	0	129,043	30.0	SL/GDS	FM	73,479	4,301	77,780
29	LOADING DOCK RENOVATIC	9/1/1998	R-5	100.00%	4,900	0	0	0	0	4,900	20.0	SL/GDS	FM	4,186	245	4,431
30	WATER CONNECTIONS REN	9/1/1998	R-5	100.00%	5,330	0	0	0	0	5,330	20.0	SL/GDS	FM	4,557	266	4,824
91	FREEZER/COOLER-ALPINE	9/1/1998	R-7	100.00%	580	0	0	0	0	580	20.0	SL/GDS	FM	503	29	532
23	WALL PROTECTORS-ODESS	3/2/1999	R-5	100.00%	1,189	0	0	0	0	1,189	30.0	SL/GDS	FM	661	40	701
32	WATER/SEWER LINE-ALPINE	3/12/1999	R-5	100.00%	1,425	0	0	0	0	1,425	30.0	SL/GDS	FM	784	47	831
33	SHOP HTR VENTS-ALPINE	3/19/1999	R-5	100.00%	679	0	0	0	0	679	30.0	SL/GDS	FM	377	23	400
34	WALL PROTECTORS-ALPINII	3/23/1999	R-5	100.00%	1,765	0	0	0	0	1,765	30.0	SL/GDS	FM	974	59	1,033
99	FREEZER IMPROV-BIG SPRI	3/31/1999	R-7	100.00%	1,200	0	0	0	0	1,200	20.0	SL/GDS	FM	990	60	1,050
36	ELECTRICAL-ALPINE	5/20/1999	R-5	100.00%	1,545	0	0	0	0	1,545	30.0	SL/GDS	FM	840	51	891
92	FREEZER-ALPINE	10/8/1999	R-7	100.00%	98,733	0	0	0	0	98,733	20.0	SL/GDS	FM	78,904	4,937	83,841
93	ELECTRICAL WORK-ALPINE	1/6/2000	R-7	100.00%	8,169	0	0	0	0	8,169	20.0	SL/GDS	FM	6,225	408	6,633
94	ELECTRICAL RENOVATIONS	5/1/2000	R-7	100.00%	627	0	0	0	0	627	20.0	SL/GDS	FM	476	31	507
95	FREEZER IMPROV-ALPINE	10/8/2000	R-7	100.00%	40,383	0	0	0	0	40,383	20.0	SL/GDS	FM	30,790	2,019	32,809
103	FREEZER NWL THERMA KIN	3/22/2001	R-7	100.00%	5,572	0	0	0	0	5,572	20.0	SL/GDS	FM	3,973	279	4,252
87	FREEZER/COOLER REPAIRS	6/28/2002	R-7	100.00%	4,242	0	0	0	0	4,242	20.0	SL/GDS	FM	2,812	212	3,024
88	FREEZER/COOLER REPAIRS	6/30/2002	R-7	100.00%	2,395	0	0	0	0	2,395	20.0	SL/GDS	FM	1,590	120	1,710
96	COMPRESSOR-ALPINE	6/30/2002	R-7	100.00%	7,853	0	0	0	0	7,853	20.0	SL/GDS	FM	5,208	393	5,601
170	KC - Freezer	1/28/2010	F-10	100.00%	549	0	0	0	0	549	7.0	SL/GDS	HY	442	78	520
167	A/C Unit - Alpine	3/25/2010	F-10	100.00%	3,951	0	0	0	0	3,951	7.0	SL/GDS	HY	3,108	565	3,673
171	Battery Charger-Zamboni	4/26/2010	F-10	100.00%	595	0	0	0	0	595	7.0	SL/GDS	HY	462	85	547
168	Conveyor Steel Skate	5/27/2010	F-10	100.00%	4,155	0	0	0	0	4,155	7.0	SL/GDS	HY	3,182	594	3,776
169	KC - Refrigerator & Freezer	6/22/2010	F-10	100.00%	1,997	0	0	0	0	1,997	7.0	SL/GDS	HY	1,508	285	1,793
173	Tilt Truck - Odessa	3/30/2011	V-4	100.00%	830	0	0	0	0	830	5.0	SL/GDS	FM	761	69	830
188	Telecom Toshiba Phone Syste	12/27/2011	F-11	100.00%	4,882	0	0	0	0	4,882	7.0	SL/GDS	MM	2,644	698	3,342
196	Bldg railing - Alpine	6/2/2014	R-7	100.00%	2,544	0	0	0	0	2,544	15.0	SL/GDS	FM	227	170	397
197	Donated Midland bldg - Andrev	7/18/2014	R-5	100.00%	335,000	0	0	0	0	335,000	39.0	SL/GDS	MM	10,381	6,800	17,181
203	Odessa Computer website	2/26/2015	F-5	100.00%	19,550	0	0	0	0	19,550	5.0	SL/GDS	FM	2,607	3,910	6,517
202	Big Orange Truck	6/24/2015	V-4	100.00%	148,125	0	0	0	0	148,125	5.0	SL/GDS	FM	9,875	29,625	39,500

Total MACRS deductions for prior years (Line 17)

1,199,113 0 0 0 0 1,199,113

585,295 68,499 653,795

GDS 5-year property (Line 19b)

212	Odessa - Website creation	5/4/2016	F-5	100.00%	28,528	0	0	0	0	28,528	5.0	SL/GDS	FM	0	2,377	2,377
213	Odessa - scanner/pistol	5/18/2016	F-5	100.00%	2,234	0	0	0	0	2,234	5.0	SL/GDS	FM	0	186	186
214	Odessa - computer access sys	5/27/2016	F-5	100.00%	5,467	0	0	0	0	5,467	5.0	SL/GDS	FM	0	456	456

Total GDS 5-year property (Line 19b)

36,229 0 0 0 0 36,229

0 3,019 3,019

GDS 7-year property (Line 19c)

205	Odessa WH shelving and merc	10/28/2015	F-10	100.00%	3,871	0	0	0	0	3,871	7.0	SL/GDS	FM	0	553	553
206	Odessa WH - 50 drums	11/30/2015	F-10	100.00%	4,014	0	0	0	0	4,014	7.0	SL/GDS	FM	0	526	526
215	Odessa Facility - Office furnitur	1/1/2016	F-11	100.00%	221,836	0	0	0	0	221,836	7.0	SL/GDS	FM	0	23,768	23,768
216	Odessa Facility - window shadi	2/22/2016	F-11	100.00%	2,860	0	0	0	0	2,860	7.0	SL/GDS	FM	0	272	272

Total GDS 7-year property (Line 19c)

232,581 0 0 0 0 232,581

0 25,119 25,119

Form 4562 Statement - 990

9/30/2016

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	2015 Deprec.	2015 Accum. Deprec.
204	Odessa Facility 411 S. Pagew	1/1/2016	R-5	100.00%	10,941,996	0	0	0	0	10,941,996	39.0	SL/GDS	MM	0	199,035	199,035
Total GDS nonresidential real property (Line 19i)					10,941,996	0	0	0	0	10,941,996				0	199,035	199,035
Subtotal Depreciation					12,409,919	0	0	0	0	12,409,919				585,295	295,672	880,968

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	5.0	SL/GDS	MM	2,250	0	2,250
53	2 STORAGE UNITS-ODESSA	5/22/2006	F-15	100.00%	1,110	0	0	0	0	1,110	5.0	SL/GDS	FM	1,110	0	1,110
174	2010 Ford Truck Transit Van-C	4/12/2011	V-6	100.00%	28,333	0	0	0	0	28,333	5.0	SL/GDS	FM	25,501	2,832	28,333
49	5 PALLET JACKS-ODESSA	3/29/2000	F-15	100.00%	1,700	0	0	0	0	1,700	5.0	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	5.0	SL/GDS	FM	11,227	4,346	15,573
187	Dell Computer - Alpine	6/19/2012	F-15	100.00%	1,002	0	0	0	0	1,002	5.0	SL/GDS	MM	659	201	860
186	Dell Computer - Odessa	6/19/2012	F-15	100.00%	1,002	0	0	0	0	1,002	5.0	SL/GDS	MM	659	201	860
185	Dell Latitude Laptop - Alpine	5/21/2012	F-15	100.00%	1,553	0	0	0	0	1,553	5.0	SL/GDS	MM	1,048	311	1,359
158	DELL PC - ALPINE	9/11/2009	F-15	100.00%	1,161	0	0	0	0	1,161	5.0	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	5.0	SL/GDS	FM	2,418	806	3,224
46	DONATED FORK LIFT-ODES	7/31/1997	F-15	100.00%	15,000	0	0	0	0	15,000	5.0	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	5.0	SL/GDS	FM	3,150	350	3,500
52	DONATED FORKLIFT-ODESS	2/28/2002	F-15	100.00%	5,000	0	0	0	0	5,000	5.0	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	5.0	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	5.0	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	5.0	SL/GDS	FM	5,480	8,220	13,700
1	FORKLIFT BATTERY	5/8/2007	F-15	100.00%	5,039	0	0	0	0	5,039	5.0	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	5.0	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	5.0	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	5.0	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	5.0	SL/GDS	FM	2,555	1,460	4,015
157	FREEZER CONDENSOR - OC	6/10/2009	F-15	100.00%	3,094	0	0	0	0	3,094	5.0	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	5.0	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	5.0	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	5.0	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	5.0	SL/GDS	FM	10,300	0	10,300
47	LADDER-ODESSA	9/1/1998	F-15	100.00%	300	0	0	0	0	300	5.0	SL/GDS	MM	300	0	300
50	LG FLOOR CIRC FAN-ODES	7/17/2001	F-15	100.00%	735	0	0	0	0	735	5.0	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	5.0	SL/GDS	MM	9,500	0	9,500
210	Odessa - 2015 Ford Transit Va	8/23/2016	V-6	100.00%	16,426	0	0	0	0	16,426	5.0	SL/GDS	FM	0	548	548
211	Odessa Freezer - SNAP Ed	10/28/2015	F-15	100.00%	12,189	0	0	0	0	12,189	5.0	SL/GDS	FM	0	2,438	2,438
209	Odessa Wal-Mart Truck - Com	7/13/2016	F-15	100.00%	5,096	0	0	0	0	5,096	5.0	SL/GDS	FM	0	255	255
208	Odessa WH - Kitchen Equipme	1/28/2016	F-15	100.00%	3,084	0	0	0	0	3,084	5.0	SL/GDS	FM	0	463	463
207	Odessa WH - Televisions	1/28/2016	F-15	100.00%	5,375	0	0	0	0	5,375	5.0	SL/GDS	FM	0	806	806
148	OFFICE FURNITURE	11/14/2008	F-15	100.00%	550	0	0	0	0	550	5.0	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	5.0	SL/GDS	FM	3,325	1,247	4,572
154	PORTABLE FLEX CONVEYOI	3/27/2009	F-15	100.00%	1,561	0	0	0	0	1,561	5.0	SL/GDS	FM	1,560	0	1,560
191	Primarius Software	10/4/2012	F-15	100.00%	41,324	0	0	0	0	41,324	5.0	SL/GDS	FM	25,824	8,265	34,089
54	SCALE-ODESSA	10/5/2006	F-15	100.00%	2,155	0	0	0	0	2,155	5.0	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	5.0	SL/GDS	FM	551	0	551
44	ST STEEL SINK-ODESSA	9/15/1995	F-15	100.00%	500	0	0	0	0	500	5.0	SL/GDS	MM	500	0	500

Form 4562 Statement - 990

9/30/2016

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	2015 Deprec.	2015 Accum. Deprec.
59	STORAGE UNIT-BIG SPRING	3/17/1999	F-15	100.00%	1,185	0	0	0	0	1,185	5.0	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	5.0	SL/GDS	MM	1,305	0	1,305
43	SUMP PUMP	6/1/1994	F-15	100.00%	367	0	0	0	0	367	5.0	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	5.0	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	5.0	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	5.0	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	5.0	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	5.0	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	5.0	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	5.0	SL/GDS	FM	4,125	825	4,950
176	Walk-in freezer condensor-Ode	8/30/2011	F-15	100.00%	4,250	0	0	0	0	4,250	5.0	SL/GDS	FM	3,541	708	4,249
155	WHISPER LOADER-ODESSA	8/14/2009	F-15	100.00%	18,500	0	0	0	0	18,500	5.0	SL/GDS	FM	18,500	0	18,500
Total listed prop with > 50% business use					397,060	0	0	0	0	397,060				278,086	34,282	312,368
Subtotal Listed Property					397,060	0	0	0	0	397,060				278,086	34,282	312,368
Total Depreciation and Amortization					12,806,979	0	0	0	0	12,806,979				863,381	329,954	1,193,336

Detail Report - 990

9/30/2016

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	2015 Current Deprec.	2015 Accum. Deprec.	2016 Next Year Deprec.
1	FORKLIFT BATTERY	5/8/2007	100.00%	5,039	5,039	5.0	SL/GDS	FM	5,039	0	5,039	0
2	VARIOUS PALLETS	3/28/2007	100.00%	10,506	10,506	5.0	SL/GDS	FM	10,506	0	10,506	0
3	FRZR CMPSR/COND	7/27/2007	100.00%	4,052	4,052	5.0	SL/GDS	FM	4,052	0	4,052	0
4	DELL COMPUTERS (13)	7/2/2007	100.00%	10,443	10,443	5.0	SL/GDS	FM	10,443	0	10,443	0
5	FREIGHT COSTS	3/28/2007	100.00%	4,290	4,290	5.0	SL/GDS	FM	4,290	0	4,290	0
6	DELL COMPUTERS (10)	9/12/2007	100.00%	7,925	7,925	5.0	SL/GDS	FM	7,925	0	7,925	0
8	BLDG-ODESSA - 2nd Street	7/1/1987	100.00%	218,065	218,065	30.0	SL/GDS	FM	205,344	7,269	212,613	5,452
10	BLDG-ALPINE	9/1/1998	100.00%	129,043	129,043	30.0	SL/GDS	FM	73,479	4,301	77,780	4,301
12	BLDG RENOVATIONS-ODES	5/1/1988	100.00%	4,954	4,954	10.0	SL/GDS	FM	4,954	0	4,954	0
13	BLDG RENOVATIONS-ODES	3/1/1989	100.00%	127,399	127,399	30.0	SL/GDS	FM	112,890	4,247	117,137	4,247
14	BLDG RENOVATIONS-ODES	6/30/1989	100.00%	3,095	3,095	10.0	SL/GDS	FM	3,095	0	3,095	0
15	BLDG RENOVATIONS-ODES	6/30/1989	100.00%	4,500	4,500	20.0	SL/GDS	MM	4,500	0	4,500	0
16	BLDG RENOVATIONS-ODES	5/31/1991	100.00%	4,445	4,445	10.0	SL/GDS	MM	4,445	0	4,445	0
17	BLDG RENOVATIONS-ODES	6/30/1997	100.00%	18,684	18,684	10.0	SL/GDS	MM	18,606	0	18,606	0
18	SIGNS RENOVATIONS-ODES	6/1/1998	100.00%	380	380	10.0	SL/GDS	MM	380	0	380	0
19	COOLERS/FANS RENOVATIC	6/1/1998	100.00%	1,438	1,438	10.0	SL/GDS	MM	1,438	0	1,438	0
20	PAINTING RENOVATIONS-OI	6/1/1998	100.00%	1,655	1,655	10.0	SL/GDS	MM	1,655	0	1,655	0
21	COOLERS RENOVATIONS-O	7/1/1998	100.00%	396	396	10.0	SL/GDS	MM	396	0	396	0
22	4T A/C UNIT-ODESSA	2/2/1999	100.00%	1,350	1,350	10.0	SL/GDS	MM	1,350	0	1,350	0
23	WALL PROTECTORS-ODESS	3/2/1999	100.00%	1,189	1,189	30.0	SL/GDS	FM	661	40	701	40
24	COOLER RENOVATIONS	8/1/2000	100.00%	1,782	1,782	5.0	SL/GDS	MM	1,782	0	1,782	0
25	WATER HEATER	10/1/2000	100.00%	648	648	5.0	SL/GDS	MM	648	0	648	0
26	DOCK LEVELER	4/8/2005	100.00%	1,300	1,300	7.0	SL/GDS	FM	1,300	0	1,300	0
29	LOADING DOCK RENOVATIC	9/1/1998	100.00%	4,900	4,900	20.0	SL/GDS	FM	4,186	245	4,431	245
30	WATER CONNECTIONS REN	9/1/1998	100.00%	5,330	5,330	20.0	SL/GDS	FM	4,557	266	4,824	267
31	ELECTRICAL RENOV-ALPINE	10/1/1998	100.00%	555	555	10.0	SL/GDS	MM	555	0	555	0
32	WATER/SEWER LINE-ALPINE	3/12/1999	100.00%	1,425	1,425	30.0	SL/GDS	FM	784	47	831	47
33	SHOP HTR VENTS-ALPINE	3/19/1999	100.00%	679	679	30.0	SL/GDS	FM	377	23	400	23
34	WALL PROTECTORS-ALPINII	3/23/1999	100.00%	1,765	1,765	30.0	SL/GDS	FM	974	59	1,033	59
35	EVAP COOLERS-ALPINE	5/12/1999	100.00%	1,260	1,260	5.0	SL/GDS	FM	1,260	0	1,260	0
36	ELECTRICAL-ALPINE	5/20/1999	100.00%	1,545	1,545	30.0	SL/GDS	FM	840	51	891	51
41	W/H EQUIPMENT-ODESSA	12/31/1992	100.00%	39,598	39,598	5.0	SL/GDS	MM	39,598	0	39,598	0
42	14 PALLETS/2 DOLLIES-ODE	10/9/1993	100.00%	2,250	2,250	5.0	SL/GDS	MM	2,250	0	2,250	0
43	SUMP PUMP	6/1/1994	100.00%	367	367	5.0	SL/GDS	MM	367	0	367	0
44	ST STEEL SINK-ODESSA	9/15/1995	100.00%	500	500	5.0	SL/GDS	MM	500	0	500	0
45	W/H EQUIPMENT-ODESSA	6/1/1996	100.00%	6,137	6,137	5.0	SL/GDS	MM	6,137	0	6,137	0
46	DONATED FORK LIFT-ODES	7/31/1997	100.00%	15,000	15,000	5.0	SL/GDS	MM	15,000	0	15,000	0
47	LADDER-ODESSA	9/1/1998	100.00%	300	300	5.0	SL/GDS	MM	300	0	300	0
48	STORAGE UNIT-ODESSA	3/13/1999	100.00%	1,305	1,305	5.0	SL/GDS	MM	1,305	0	1,305	0
49	5 PALLET JACKS-ODESSA	3/29/2000	100.00%	1,700	1,700	5.0	SL/GDS	HY	1,700	0	1,700	0
50	LG FLOOR CIRC FAN-ODES	7/17/2001	100.00%	735	735	5.0	SL/GDS	MM	735	0	735	0
51	NYK ELECTRIC FORKLIFT-O	12/14/2001	100.00%	9,500	9,500	5.0	SL/GDS	MM	9,500	0	9,500	0
52	DONATED FORKLIFT-ODES	2/28/2002	100.00%	5,000	5,000	5.0	SL/GDS	HY	5,000	0	5,000	0
53	2 STORAGE UNITS-ODESSA	5/22/2006	100.00%	1,110	1,110	5.0	SL/GDS	FM	1,110	0	1,110	0
54	SCALE-ODESSA	10/5/2006	100.00%	2,155	2,155	5.0	SL/GDS	FM	2,155	0	2,155	0
55	W/H EQUIPMENT-ALPINE	6/1/1996	100.00%	435	435	5.0	SL/GDS	HY	435	0	435	0
56	FORKLIFT-ALPINE	8/2/1999	100.00%	4,495	4,495	5.0	SL/GDS	HY	4,495	0	4,495	0
57	W/H EQUIPMENT-BIG SPRIN	6/1/1996	100.00%	400	400	5.0	SL/GDS	HY	400	0	400	0
58	FORKLIFT-BIG SPRING	2/10/1999	100.00%	5,071	5,071	5.0	SL/GDS	HY	5,071	0	5,071	0
59	STORAGE UNIT-BIG SPRING	3/17/1999	100.00%	1,185	1,185	5.0	SL/GDS	HY	1,185	0	1,185	0
60	1981 FORD 3 TN TRUCK-ODI	6/1/1987	100.00%	4,000	4,000	5.0	SL/GDS	HY	4,000	0	4,000	0

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64	VAN-ODESSA	4/30/1996	100.00%	4,000	4,000	5.0	SL/GDS	HY	4,000	0	4,000	0
65	1991 TRUCK-ODESSA	5/31/1996	100.00%	7,000	7,000	5.0	SL/GDS	HY	7,000	0	7,000	0
66	1985 3.5 TN FORD REEFER-C	12/22/1997	100.00%	10,000	10,000	5.0	SL/GDS	HY	10,000	0	10,000	0
67	TUK-A-WAY LIFT GATE-ODE	8/1/1998	100.00%	1,700	1,700	5.0	SL/GDS	HY	1,700	0	1,700	0
68	1989 INTL 1754 TRUCK-ODE	12/1/1998	100.00%	11,319	11,319	5.0	SL/GDS	HY	11,318	0	11,318	0
69	85 FORD LIFT-ODESSA	1/28/1999	100.00%	2,977	2,977	5.0	SL/GDS	HY	2,977	0	2,977	0
70	89 INTL LIFT-ODESSA	2/9/1999	100.00%	3,379	3,379	5.0	SL/GDS	HY	3,379	0	3,379	0
71	ENGINE-91 FORD P/U-ODES	1/11/2001	100.00%	2,514	2,514	5.0	SL/GDS	HY	2,514	0	2,514	0
72	BOX 85 FORD-ODESSA	1/31/2001	100.00%	2,485	2,485	5.0	SL/GDS	HY	2,485	0	2,485	0
73	REIFER UNIT 89 INTL TRUCK	2/7/2001	100.00%	7,527	7,527	5.0	SL/GDS	HY	7,527	0	7,527	0
74	OVERHEAD DOOR 85 FORD-	5/25/2001	100.00%	2,775	2,775	5.0	SL/GDS	HY	2,775	0	2,775	0
75	89 REFRIG TRAILER-ODESS	10/18/2001	100.00%	8,000	8,000	5.0	SL/GDS	HY	8,000	0	8,000	0
77	1995 FORD WINDSTAR VAN-	1/24/2003	100.00%	6,100	6,100	5.0	SL/GDS	HY	6,100	0	6,100	0
79	ENGINE 91 INTL TRUCK-ODE	6/7/2004	100.00%	9,069	9,069	5.0	SL/GDS	HY	9,069	0	9,069	0
82	2007 GREAT DANE REFRIG	6/22/2006	100.00%	59,227	59,227	7.0	SL/GDS	FM	54,779	0	54,779	0
85	FREEZER/COOLER-ODESSA	4/1/1989	100.00%	93,804	93,804	20.0	SL/GDS	HY	93,804	0	93,804	0
86	FREEZER/COOLER REPAIRS	4/30/1996	100.00%	8,341	8,341	20.0	SL/GDS	FM	8,098	209	8,307	0
87	FREEZER/COOLER REPAIRS	6/28/2002	100.00%	4,242	4,242	20.0	SL/GDS	FM	2,812	212	3,024	212
88	FREEZER/COOLER REPAIRS	6/30/2002	100.00%	2,395	2,395	20.0	SL/GDS	FM	1,590	120	1,710	120
91	FREEZER/COOLER-ALPINE	9/1/1998	100.00%	580	580	20.0	SL/GDS	FM	503	29	532	29
92	FREEZER-ALPINE	10/8/1999	100.00%	98,733	98,733	20.0	SL/GDS	FM	78,904	4,937	83,841	4,937
93	ELECTRICAL WORK-ALPINE	1/6/2000	100.00%	8,169	8,169	20.0	SL/GDS	FM	6,225	408	6,633	408
94	ELECTRICAL RENOVATIONS	5/1/2000	100.00%	627	627	20.0	SL/GDS	FM	476	31	507	31
95	FREEZER IMPROV-ALPINE	10/8/2000	100.00%	40,383	40,383	20.0	SL/GDS	FM	30,790	2,019	32,809	2,019
96	COMPRESSOR-ALPINE	6/30/2002	100.00%	7,853	7,853	20.0	SL/GDS	FM	5,208	393	5,601	393
97	COMPRESSOR-ALPINE	9/16/2004	100.00%	11,256	11,256	5.0	SL/GDS	HY	10,789	0	10,789	0
98	FREEZER/COOLER-BIG SPR	8/1/1998	100.00%	7,500	7,500	20.0	SL/GDS	FM	6,437	375	6,812	375
99	FREEZER IMPROV-BIG SPR	3/31/1999	100.00%	1,200	1,200	20.0	SL/GDS	FM	990	60	1,050	60
100	WALK IN FREEZER-BIG SPR	10/19/2000	100.00%	710	710	5.0	SL/GDS	HY	710	0	710	0
101	WALK IN COOLER-BIG SPR	10/19/2000	100.00%	751	751	5.0	SL/GDS	HY	751	0	751	0
102	FREEZER-BIG SPRING	10/19/2000	100.00%	3,115	3,115	5.0	SL/GDS	HY	3,115	0	3,115	0
103	FREEZER NWL THERMA KIN	3/22/2001	100.00%	5,572	5,572	20.0	SL/GDS	FM	3,973	279	4,252	279
104	LASER PRINTER-ODESSA	12/1/1992	100.00%	1,540	1,540	5.0	SL/GDS	HY	1,540	0	1,540	0
105	HP LASER PRINTER	10/11/1993	100.00%	749	749	5.0	SL/GDS	HY	749	0	749	0
106	HP PRINTER-ODESSA	3/17/1999	100.00%	568	568	5.0	SL/GDS	HY	568	0	568	0
107	COMPUTER UPGRADE-ODE	7/20/2000	100.00%	3,125	3,125	3.0	SL/GDS	HY	3,125	0	3,125	0
108	2 COMPUTERS-ODESSA	7/10/2001	100.00%	1,520	1,520	3.0	SL/GDS	HY	1,520	0	1,520	0
109	COMPUTER-ODESSA	2/21/2002	100.00%	1,508	1,508	3.0	SL/GDS	HY	1,508	0	1,508	0
110	5 COMPUTERS & PRINTER-C	7/8/2002	100.00%	4,601	4,601	5.0	SL/GDS	HY	4,587	0	4,587	0
111	SOFTWARE-CERES	5/19/2003	100.00%	7,927	7,927	5.0	SL/GDS	HY	7,927	0	7,927	0
112	HP NOTEBOOK ROBERT-OD	7/14/2003	100.00%	1,720	1,720	5.0	SL/GDS	HY	1,720	0	1,720	0
113	SERVER TRIPLE C-ODESSA	12/30/2003	100.00%	1,840	1,840	5.0	SL/GDS	HY	1,840	0	1,840	0
114	SOFTWARE UPGRADE-ODE	1/21/2004	100.00%	804	804	5.0	SL/GDS	HY	804	0	804	0
115	2 LAPTOP COMPUTERS-ODE	12/10/2004	100.00%	1,716	1,716	5.0	SL/GDS	HY	1,567	0	1,567	0
118	COMPUTER UP GRADE-ALP	7/20/2000	100.00%	3,125	3,125	3.0	SL/GDS	HY	3,125	0	3,125	0
119	COMPUTER UPGRADE-BIG S	7/20/2000	100.00%	3,125	3,125	3.0	SL/GDS	HY	3,125	0	3,125	0
120	LAND	1/1/1999	100.00%	7,700	7,700	0			0	0	0	0
121	OFFICE EQUIPMENT-ODESS	12/31/1992	100.00%	9,155	9,155	5.0	SL/GDS	HY	9,155	0	9,155	0
122	ITEMS-1996-ODESSA	6/1/1996	100.00%	2,981	2,981	5.0	SL/GDS	HY	2,981	0	2,981	0
123	RISO GR1700 COPIER-ODES	1/1/1998	100.00%	5,267	5,267	5.0	SL/GDS	HY	5,267	0	5,267	0
124	TAHOE BOTTLED WATER CC	7/1/1998	100.00%	250	250	5.0	SL/GDS	HY	250	0	250	0

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125	TIME CLOCK	8/1/1998	100.00%	330	330	5.0	SL/GDS	HY	330	0	330	0
126	COMPUTER PRINTERS-ODE	9/1/1998	100.00%	350	350	5.0	SL/GDS	HY	350	0	350	0
127	FAX MACHINE	1/4/2001	100.00%	600	600	5.0	SL/GDS	HY	600	0	600	0
128	OFFICE FURNITURE	4/30/2002	100.00%	2,814	2,814	5.0	SL/GDS	HY	2,814	0	2,814	0
129	PROJECTOR-ODESSA	6/15/2005	100.00%	750	750	5.0	SL/GDS	HY	750	0	750	0
130	2 TON CONDENSING UNIT	4/14/2006	100.00%	1,121	1,121	5.0	SL/GDS	FM	1,121	0	1,121	0
132	ITEMS 1996-ALPINE	6/1/1996	100.00%	2,109	2,109	5.0	SL/GDS	HY	2,109	0	2,109	0
133	COPIER-BIG SPRING	4/30/2002	100.00%	875	875	5.0	SL/GDS	HY	875	0	875	0
134	FREEZER & COMPRESSOR-I	8/20/2008	100.00%	15,000	15,000	5.0	SL/GDS	FM	15,000	0	15,000	0
135	KITCHEN EQUIPMENT-ODES	8/20/2008	100.00%	10,300	10,300	5.0	SL/GDS	FM	10,300	0	10,300	0
140	HOPPER-ODESSA	2/21/2008	100.00%	10,500	10,500	7.0	SL/GDS	FM	10,500	0	10,500	0
141	UNIT HEATER-ODESSA	3/12/2008	100.00%	1,430	1,430	5.0	SL/GDS	FM	1,430	0	1,430	0
142	EVAP COOLERS (3)-ODESSA	7/16/2008	100.00%	7,470	7,470	5.0	SL/GDS	FM	7,470	0	7,470	0
143	TRANSMISSION-ODESSA	8/20/2008	100.00%	11,924	11,924	5.0	SL/GDS	FM	11,924	0	11,924	0
144	SMALL FREEZER-ODESSA	3/12/2008	100.00%	551	551	5.0	SL/GDS	FM	551	0	551	0
145	DELL LAPTOPS	2/4/2008	100.00%	1,958	1,958	5.0	SL/GDS	FM	1,958	0	1,958	0
146	DELL LAPTOP	5/11/2008	100.00%	1,067	1,067	5.0	SL/GDS	FM	1,065	0	1,065	0
147	DELL LAPTOP	9/1/2008	100.00%	1,019	1,019	5.0	SL/GDS	FM	1,019	0	1,019	0
148	OFFICE FURNITURE	11/14/2008	100.00%	550	550	5.0	SL/GDS	FM	550	0	550	0
151	FURNACE-ODESSA	3/10/2009	100.00%	1,939	1,939	5.0	SL/GDS	FM	1,939	0	1,939	0
152	EVAP COOLERS - ODESSA	8/3/2009	100.00%	5,890	5,890	5.0	SL/GDS	FM	5,890	0	5,890	0
154	PORTABLE FLEX CONVEYOI	3/27/2009	100.00%	1,561	1,561	5.0	SL/GDS	FM	1,560	0	1,560	0
155	WHISPER LOADER-ODESSA	8/14/2009	100.00%	18,500	18,500	5.0	SL/GDS	FM	18,500	0	18,500	0
157	FREEZER CONDENSOR - OE	6/10/2009	100.00%	3,094	3,094	5.0	SL/GDS	FM	3,094	0	3,094	0
158	DELL PC - ALPINE	9/11/2009	100.00%	1,161	1,161	5.0	SL/GDS	FM	1,160	0	1,160	0
162	Land - Community Garden	10/25/2010	100.00%	500	500	0			0	0	0	0
167	A/C Unit - Alpine	3/25/2010	100.00%	3,951	3,951	7.0	SL/GDS	HY	3,108	565	3,673	278
168	Conveyor Steel Skate	5/27/2010	100.00%	4,155	4,155	7.0	SL/GDS	HY	3,182	594	3,776	297
169	KC - Refrigerator & Freezer	6/22/2010	100.00%	1,997	1,997	7.0	SL/GDS	HY	1,508	285	1,793	143
170	KC - Freezer	1/28/2010	100.00%	549	549	7.0	SL/GDS	HY	442	78	520	29
171	Battery Charger-Zamboni	4/26/2010	100.00%	595	595	7.0	SL/GDS	HY	462	85	547	42
172	2011 Walmart Truck	10/1/2010	100.00%	52,829	52,829	5.0	SL/GDS	HY	52,829	0	52,829	0
173	Tilt Truck - Odessa	3/30/2011	100.00%	830	830	5.0	SL/GDS	FM	761	69	830	0
174	2010 Ford Truck Transit Van-C	4/12/2011	100.00%	28,333	28,333	5.0	SL/GDS	FM	25,501	2,832	28,333	0
175	Walk-in cooler condensor-Ode	8/16/2011	100.00%	4,950	4,950	5.0	SL/GDS	FM	4,125	825	4,950	0
176	Walk-in freezer condensor-Ode	8/30/2011	100.00%	4,250	4,250	5.0	SL/GDS	FM	3,541	708	4,249	0
177	Donated forklift - BS	4/30/2011	100.00%	3,500	3,500	5.0	SL/GDS	FM	3,150	350	3,500	0
185	Dell Latitude Laptop - Alpine	5/21/2012	100.00%	1,553	1,553	5.0	SL/GDS	MM	1,048	311	1,359	121
186	Dell Computer - Odessa	6/19/2012	100.00%	1,002	1,002	5.0	SL/GDS	MM	659	201	860	101
187	Dell Computer - Alpine	6/19/2012	100.00%	1,002	1,002	5.0	SL/GDS	MM	659	201	860	101
188	Telecom Toshiba Phone Syste	12/27/2011	100.00%	4,882	4,882	7.0	SL/GDS	MM	2,644	698	3,342	698
189	Land - Parkway Industrial	3/20/2013	100.00%	114,375	114,375	0			0	0	0	0
191	Primarius Software	10/4/2012	100.00%	41,324	41,324	5.0	SL/GDS	FM	25,824	8,265	34,089	7,235
192	Computer Hardware Configura	3/11/2013	100.00%	21,732	21,732	5.0	SL/GDS	FM	11,227	4,346	15,573	4,346
193	Phone system - Odessa & Alpi	2/20/2013	100.00%	6,236	6,236	5.0	SL/GDS	FM	3,325	1,247	4,572	1,247
194	Dell PT 320 Edge Server	10/22/2012	100.00%	4,030	4,030	5.0	SL/GDS	FM	2,418	806	3,224	806
195	Freezer condensor - Alpine	1/24/2014	100.00%	7,300	7,300	5.0	SL/GDS	FM	2,555	1,460	4,015	1,460
196	Bldg railing - Alpine	6/2/2014	100.00%	2,544	2,544	15.0	SL/GDS	FM	227	170	397	170
197	**Donated Midland bldg - Andr	7/18/2014	100.00%	335,000	335,000	39.0	SL/GDS	MM	10,381	6,800	17,181	0
198	**Donated Midland land - Andr	7/18/2014	100.00%	550,000	550,000	0			0	0	0	0
201	Ford F250 Pickup Truck	2/18/2015	100.00%	41,102	41,102	5.0	SL/GDS	FM	5,480	8,220	13,700	8,220

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9/30/2016

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	2015 Current Deprec.	2015 Accum. Deprec.	2016 Next Year Deprec.
202	Big Orange Truck	6/24/2015	100.00%	148,125	148,125	5.0	SL/GDS	FM	9,875	29,625	39,500	29,625
203	Odessa Computer website	2/26/2015	100.00%	19,550	19,550	5.0	SL/GDS	FM	2,607	3,910	6,517	3,910
204	Odessa Facility 411 S. Pagewr	1/1/2016	100.00%	10,941,996	10,941,996	39.0	SL/GDS	MM	0	199,035	199,035	280,553
205	Odessa WH shelving and merc	10/28/2015	100.00%	3,871	3,871	7.0	SL/GDS	FM	0	553	553	553
206	Odessa WH - 50 drums	11/30/2015	100.00%	4,014	4,014	7.0	SL/GDS	FM	0	526	526	573
207	Odessa WH - Televisions	1/28/2016	100.00%	5,375	5,375	5.0	SL/GDS	FM	0	806	806	1,075
208	Odessa WH - Kitchen Equipme	1/28/2016	100.00%	3,084	3,084	5.0	SL/GDS	FM	0	463	463	617
209	Odessa Wal-Mart Truck - Com	7/13/2016	100.00%	5,096	5,096	5.0	SL/GDS	FM	0	255	255	1,019
210	Odessa - 2015 Ford Transit Va	8/23/2016	100.00%	16,426	16,426	5.0	SL/GDS	FM	0	548	548	3,285
211	Odessa Freezer - SNAP Ed	10/28/2015	100.00%	12,189	12,189	5.0	SL/GDS	FM	0	2,438	2,438	2,438
212	Odessa - Website creation	5/4/2016	100.00%	28,528	28,528	5.0	SL/GDS	FM	0	2,377	2,377	5,706
213	Odessa - scanner/pistol	5/18/2016	100.00%	2,234	2,234	5.0	SL/GDS	FM	0	186	186	447
214	Odessa - computer access sys	5/27/2016	100.00%	5,467	5,467	5.0	SL/GDS	FM	0	456	456	1,093
215	Odessa Facility - Office furnitui	1/1/2016	100.00%	221,836	221,836	7.0	SL/GDS	FM	0	23,768	23,768	31,691
216	Odessa Facility - window shad	2/22/2016	100.00%	2,860	2,860	7.0	SL/GDS	FM	0	272	272	409
SubTotals				13,935,839	13,935,839				1,314,507	329,954	1,644,462	
Less: Disposed Assets				(885,000)	(885,000)				(10,381)	(6,800)	(17,181)	
Ending Totals				<u>13,050,839</u>	<u>13,050,839</u>				<u>1,304,126</u>	<u>323,154</u>	<u>1,627,281</u>	<u>411,883</u>