

**Federal
Tax Return**

WEST TEXAS FOOD BANK

**For the fiscal year ending
September 30, 2017**

RANDY SILHAN, CPA, CFE
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March 26, 2018

WEST TEXAS FOOD BANK
411 S. PAGEDWOOD
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

2016

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 2016 calendar year, or tax year beginning <u>10/1/2016</u> , and ending <u>9/30/2017</u>																
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>WEST TEXAS FOOD BANK</u></td> <td>D Employer identification number <u>75-2057692</u></td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number <u>(432) 580-6333</u></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address) <u>411 S. PAGEDWOOD</u></td> <td>Room/suite</td> <td></td> </tr> <tr> <td>City or town <u>ODESSA</u></td> <td>State <u>TX</u></td> <td>ZIP code <u>79761</u></td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/county</td> <td>Foreign postal code</td> </tr> </table>	C Name of organization <u>WEST TEXAS FOOD BANK</u>		D Employer identification number <u>75-2057692</u>	Doing business as		E Telephone number <u>(432) 580-6333</u>	Number and street (or P.O. box if mail is not delivered to street address) <u>411 S. PAGEDWOOD</u>	Room/suite		City or town <u>ODESSA</u>	State <u>TX</u>	ZIP code <u>79761</u>	Foreign country name	Foreign province/state/county	Foreign postal code
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City or town <u>ODESSA</u>	State <u>TX</u>	ZIP code <u>79761</u>														
Foreign country name	Foreign province/state/county	Foreign postal code														
F Name and address of principal officer: <u>LIBBY CAMPBELL 411 S. PAGEDWOOD, ODESSA, TX 79761</u>		G Gross receipts \$ <u>12,944,245</u> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)														
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶														
J Website: ▶ <u>www.wtxfoodbank.org</u>																
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1985</u> M State of legal domicile: <u>TX</u>														

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The Food Bank is a 501 c3 nonprofit, hunger relief organization that distributes donated and purchased food to children, families, and seniors through a network of 65 partner agencies in 19 counties in West TX.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	37
	6 Total number of volunteers (estimate if necessary)	6	2,500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 12,595,842	Current Year 11,942,570
	9 Program service revenue (Part VIII, line 2g)	1,023,606	798,637
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	199	66,650
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	99,529	81,355
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,719,176	12,889,212
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,659,424	8,941,890
	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)	1,746,277	1,811,784
	16a Professional fundraising fees (Part IX, column (A), line 11e)	143,175	163,453
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>329,122</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,625,898	1,501,421
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	15,174,774	12,418,548
19 Revenue less expenses. Subtract line 18 from line 12	-1,455,598	470,664	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 18,462,105	End of Year 18,484,578
	21 Total liabilities (Part X, line 26)	4,971,317	4,440,279
	22 Net assets or fund balances. Subtract line 21 from line 20	13,490,788	14,044,299

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

Sign Here	Signature of officer <u>LIBBY CAMPBELL</u>	Date <u>EXECUTIVE DIRECTOR</u>			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <u>RANDY SILHAN</u>	Preparer's signature <u>RANDY SILHAN</u>	Date <u>3/26/2018</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>P00107901</u>
	Firm's name ▶ <u>RANDY SILHAN, CPA, CFE</u>	Firm's EIN ▶ <u>26-2515308</u>			
	Firm's address ▶ <u>P.O. BOX 1341, WOLFFORTH, TX 79382</u>	Phone no. <u>(432) 580-0204</u>			

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 11,483,855 including grants of \$) (Revenue \$ 798,637)
The Food Bank distributed 5.9 million pounds of food to agencies and individuals throughout 19 counties in West Texas. This is done through programs and strategic partnerships with over 65 community partner agencies including food pantries, community kitchens, churches, emergency organizations, shelters, residential centers, senior centers and youth centers. The Food Bank also provides education and community awareness on issues of hunger and nutrition.

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

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

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

4e Total program service expenses ▶ 11,483,855

Part IV Checklist of Required Schedules

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ TX
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

 JOEY RUIZ (432) 580-6333

 411 S. PAGEWOOD, ODESSA, TX 79761

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) Mark Lowe ----- President	5.00 ----- 0.00	X		X			0	0	0
(2) Lee Stringham ----- Vice President	5.00 ----- 0.00	X		X			0	0	0
(3) Jefferson Cox ----- Treasurer	5.00 ----- 0.00	X		X			0	0	0
(4) Alex Hester ----- Secretary	2.00 ----- 0.00	X		X			0	0	0
(5) Mona Ables ----- Director	2.00 ----- 0.00	X					0	0	0
(6) Mariann Bagley ----- Director	2.00 ----- 0.00	X					0	0	0
(7) Sandra Blaydes ----- Director	2.00 ----- 0.00	X					0	0	0
(8) Greg Clark ----- Director	2.00 ----- 0.00	X					0	0	0
(9) Tammy Clements ----- Director	2.00 ----- 0.00	X					0	0	0
(10) David Dowd ----- Director	2.00 ----- 0.00	X					0	0	0
(11) Rodney Hall ----- Director	2.00 ----- 0.00	X					0	0	0
(12) Melanie Hollmann ----- Director	2.00 ----- 0.00	X					0	0	0
(13) Sally Kvasnicka ----- Director	2.00 ----- 0.00	X					0	0	0
(14) Shelby Landgraf ----- Director	2.00 ----- 0.00	X					0	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) R.J. Lopez Director	2.00 0.00	X						0	0	0
(16) Mike Morgan Director	2.00 0.00	X						0	0	0
(17) Minka Sibert Director	2.00 0.00	X						0	0	0
(18) Michael Tasker Director	2.00 0.00	X						0	0	0
(19) Brian Whytlaw Director	2.00 0.00	X						0	0	0
(20) Dianne Williams Director	2.00 0.00	X						0	0	0
(21) Amy Ward Director	2.00 0.00	X						0	0	0
(22) Libby Campbell Executive director	40.00 10.00			X		X		108,695	0	7,038
(23) Joey Ruiz CFO, COO	40.00 10.00			X				94,069	0	9,528
(24)										
(25)										
1b Sub-total								202,764	0	16,566
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								202,764	0	16,566

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**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Brad Cecil & Associates 2115 Arlington Downs Rd Arlington, TX 76011	Fundraising	138,660
Cooper Construction P.O. Box 52737 Midland, TX 79710	Construction	100,723
Value Added Food (formerly F&AI) 965 Reno Drive Wayland, MI 49348	Purchased food	443,255
Ryder Transportation Services PO Box 96723 Chicago, IL 60693	Food freight	146,555
Ben E. Keith - Amarillo P.O. Box 868 Ft Worth, TX 76101	Purchased food	158,663

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 Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	526,820				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,415,750				
	g	Noncash contributions included in lines 1a-1f:		\$ 8,333,919				
	h	Total. Add lines 1a-1f		11,942,570				
	Program Service Revenue				Business Code			
		2a	Shared maintenance fees		624210	223,880	223,880	
b		Purchased product revenue		624210	567,378	567,378		
c		F2K Administration fees		624210	7,379	7,379		
d				0			
e				0			
f		All other program service revenue			0			
g		Total. Add lines 2a-2f			798,637			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			59,600		59,600	
	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	7,050		
	b	Less: cost or other basis and sales expenses	0	0				
	c	Gain or (loss)	0	7,050				
	d	Net gain or (loss)			7,050			
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a		89,895			
b			Less: direct expenses		55,033			
c			Net income or (loss) from fundraising events			34,862		
9a	Gross income from gaming activities. See Part IV, line 19	a		0				
		b	Less: direct expenses		0			
		c	Net income or (loss) from gaming activities			0		
10a	Gross sales of inventory, less returns and allowances	a		0				
		b	Less: cost of goods sold		0			
		c	Net income or (loss) from sales of inventory			0		
Miscellaneous Revenue			Business Code					
11a	Insurance refunds, reimbursements, discount		900099	46,493	46,493			
		b			0			
		c			0			
		d	All other revenue			0		
		e	Total. Add lines 11a-11d			46,493		
12	Total revenue. See instructions			12,889,212	845,130	0	59,600	

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	8,941,890	8,941,890		
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	210,686	40,806	148,811	21,069
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	1,195,273	1,045,867	79,688	69,718
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,003	11,610	2,438	955
9	Other employee benefits	283,934	219,440	46,146	18,348
10	Payroll taxes	106,888	82,517	17,423	6,948
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	15,000		15,000	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	163,453			163,453
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.)	16,340		16,340	
12	Advertising and promotion	48,031			48,031
13	Office expenses	216,175	172,939	43,236	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	198,945	159,156	39,789	
17	Travel	340,245	272,196	68,049	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	7,553	6,042	1,511	
20	Interest	113,634	90,907	22,727	
21	Payments to affiliates	11,718	11,718		
22	Depreciation, depletion, and amortization	420,984	336,787	84,197	0
23	Insurance	65,176	52,141	13,035	
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	BAD DEBT	2,974		2,374	600
b	SPECIAL FOOD EDUCATION & PROGRAM COSTS	32,329	32,329		
c	OTHER DUES & SUBSCRIPTIONS	12,317	7,510	4,807	
d		0			
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	12,418,548	11,483,855	605,571	329,122
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	337,287	1	629,370
	2 Savings and temporary cash investments	253,832	2	523,174
	3 Pledges and grants receivable, net	862,883	3	398,578
	4 Accounts receivable, net	83,373	4	55,720
	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	4,061,000	7	4,061,000
	8 Inventories for sale or use	807,072	8	1,045,651
	9 Prepaid expenses and deferred charges	4,978	9	15,805
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,077,476		
	b Less: accumulated depreciation	10b 1,989,038	11,423,563	10c 11,088,438
	11 Investments—publicly traded securities	616,482	11	666,842
	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	11,635	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,462,105	16	18,484,578	
Liabilities	17 Accounts payable and accrued expenses	229,182	17	152,527
	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	4,742,135	23	4,287,752
	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	4,971,317	26	4,440,279
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	11,975,635	27	12,933,822
	28 Temporarily restricted net assets	1,315,153	28	910,477
	29 Permanently restricted net assets	200,000	29	200,000
	Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	13,490,788	33	14,044,299	
34 Total liabilities and net assets/fund balances	18,462,105	34	18,484,578	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,889,212
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,418,548
3	Revenue less expenses. Subtract line 2 from line 1	3	470,664
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,490,788
5	Net unrealized gains (losses) on investments	5	82,847
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,044,299

Part XII Financial Statements and Reporting

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

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

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

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

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

Attachment
Sequence No. **27**

Name(s) shown on return WEST TEXAS FOOD BANK	Identifying number 75-2057692
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1 Enter the gross proceeds from sales or exchanges reported to you for 2016 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions **1**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
							0
							0
							0

3 Gain, if any, from Form 4684, line 39 **3**

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 **4**

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 **5**

6 Gain, if any, from line 32, from other than casualty or theft **6**

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: **7** 0

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

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

8 Nonrecaptured net section 1231 losses from prior years. See instructions **8**

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions **9** 0

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

							0
							0
							0

11 Loss, if any, from line 7 **11** ()

12 Gain, if any, from line 7 or amount from line 8, if applicable **12**

13 Gain, if any, from line 31 **13** 7,050

14 Net gain or (loss) from Form 4684, lines 31 and 38a **14**

15 Ordinary gain from installment sales from Form 6252, line 25 or 36 **15**

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 **16**

17 Combine lines 10 through 16 **17** 7,050

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

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

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 **18b** 0

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

19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A	2007 GREAT DANE REFRIG TRAILER-ODESSA	6/22/2006	10/12/2016
B			
C			
D			

These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20	7,050		
21	Cost or other basis plus expense of sale	21	54,779		
22	Depreciation (or depletion) allowed or allowable	22	54,779		
23	Adjusted basis. Subtract line 22 from line 21	23	0	0	0
24	Total gain. Subtract line 23 from line 20	24	7,050	0	0
25	If section 1245 property:				
a	Depreciation allowed or allowable from line 22	25a	54,779		
b	Enter the smaller of line 24 or 25a	25b	7,050	0	0
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.				
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	0	0	0
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e	0	0	0
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g	0	0	0
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).				
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage. See instructions	27b	0	0	0
c	Enter the smaller of line 24 or 27b	27c	0	0	0
28	If section 1254 property:				
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b	0	0	0
29	If section 1255 property:				
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b	0	0	0

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

30	Total gains for all properties. Add property columns A through D, line 24	30	7,050
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	7,050
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	0

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

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

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

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

Attachment Sequence No. 179

Table with 3 columns: Name(s) shown on return (WEST TEXAS FOOD BANK), Business or activity to which this form relates (990), and Identifying number (75-2057692).

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.

Table with 5 columns: Line number, Description, and Amount. Includes lines 1-13 for Section 179 election details.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

Table with 2 columns: Line number and Amount. Includes lines 14-16 for special depreciation allowance.

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

Table with 2 columns: Line number and Amount. Includes lines 17-18 for MACRS deductions.

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes lines 19a-i.

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Line number, Class life, and Amount. Includes lines 20a-c.

Part IV Summary (See instructions.)

Table with 2 columns: Line number and Amount. Includes lines 21-23 for summary totals.

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

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

Section B—Information on Use of Vehicles

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

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

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

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

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

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

Part VI Amortization

42 Amortization of costs that begins during your 2016 tax year (see instructions): 43 Amortization of costs that began before your 2016 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,816,970	19,849,111	12,593,903	12,595,842	11,942,570	69,798,396
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	12,816,970	19,849,111	12,593,903	12,595,842	11,942,570	69,798,396
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.						69,798,396

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	12,816,970	19,849,111	12,593,903	12,595,842	11,942,570	69,798,396
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	476	2,421	40,638	199	66,650	110,384
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.)	72,188	58,137	18,717	64,885	46,493	260,420
11 Total support. Add lines 7 through 10						70,169,200
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 2016 (line 6, column (f) divided by line 11, column (f))	14	99.47%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.61%
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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"/>

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

▶ **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
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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: _____	\$ 812,745	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: _____	\$ 526,820	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HEB Reclamantion Center 5401 Business Park Dr. San Antonio TX 78218 Foreign State or Province: _____ Foreign Country: _____	\$ 1,200,720	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	HEB Store 382 3325 W. Wadley Ave. Midland TX 79707 Foreign State or Province: _____ Foreign Country: _____	\$ 296,405	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	Kellogg Company - 2nd Harvest Donor One Kellogg Square Battle Creek MI 49017 Foreign State or Province: _____ Foreign Country: _____	\$ 296,339	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	Market Street Store 674 4706 Midkiff Rd. Midland TX 79705 Foreign State or Province: _____ Foreign Country: _____	\$ 255,969	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 2560 E. Philadelphia St Ontario CA 91761 Foreign State or Province: _____ Foreign Country: _____	\$ 408,048	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	Robinson Fresh, Inc. 901 W. Owassa Rd. Edinburg TX 78540 Foreign State or Province: _____ Foreign Country: _____	\$ 242,338	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	Sam's Wholesale Club Store 8288 1500 Tradewinds Midland TX 79705 Foreign State or Province: _____ Foreign Country: _____	\$ 324,245	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	Sam's Wholesale Club Store 6439 4230 JBS Parkway Odessa TX 79762 Foreign State or Province: _____ Foreign Country: _____	\$ 307,834	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	Scharbauer Foundation 300 N. Marienfeld, Ste. 850 Midland TX 79701 Foreign State or Province: _____ Foreign Country: _____	\$ 350,000	Person <input checked="" 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 product costs received throughout the year. Total of 1,267,710 lbs per USDA.	\$	
3	694,058 lbs of food received throughout the year. FMV determined using Feeding America valuation of \$1.73/lb.	\$	
4	171,159 lbs of food received throughout the year. FMV determined using Feeding America valuation of \$1.73/lb.	\$	
5	171,294 lbs of food received throughout the year. FMV determined using Feeding America valuation of \$1.73/lb.	\$	
6	147,959 lbs of food received throughout the year. FMV determined using Feeding America valuation of \$1.73/lb.	\$	
7	235,866 lbs of food received throughout the year. FMV determined using Feeding America valuation of \$1.73/lb.	\$	

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
8	140,080 lbs of food received throughout the year. FMV determined using Feeding America valuation of \$1.73/lb.	\$
9	187,425 lbs of food received throughout the year. FMV determined using Feeding America valuation of \$1.73/lb.	\$
10	177,939 lbs of food received throughout the year. FMV determined using Feeding America valuation of \$1.73/lb.	\$
.....	\$
.....	\$
.....	\$

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

Employer identification number

WEST TEXAS FOOD BANK

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 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. 1b 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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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 | 0 |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | 0 |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	616,482	589,462	694,560	648,315	592,485
b Contributions					50
c Net investment earnings, gains, and losses	95,463	71,736	-11,804	59,737	67,921
d Grants or scholarships					
e Other expenditures for facilities and programs	32,487	32,723	80,171		
f Administrative expenses	12,616	11,993	13,123	13,492	12,141
g End of year balance	666,842	616,482	589,462	694,560	648,315

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 70%
 - b Permanent endowment ▶ 30%
 - 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 | X | |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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	11,343,815	0	11,343,815
c Leasehold improvements	0	237,468	0	237,468
d Equipment	0	1,373,618	0	1,373,618
e Other	0	0	1,989,038	-1,989,038

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 11,088,438

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 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Golf tournament (event type)	Empty Bowls (event type)	1 (total number)	(add col. (a) through col. (c))
1	Gross receipts	87,860	2,035	0	89,895
2	Less: Contributions			0	0
3	Gross income (line 1 minus line 2)	87,860	2,035	0	89,895
Direct Expenses	4	Cash prizes			0
	5	Noncash prizes			0
	6	Rent/facility costs	30,755		0
	7	Food and beverages	6,440		0
	8	Entertainment			0
	9	Other direct expenses	172	710	16,956
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				34,862

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

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) 65 nonprofit organizations and numerous people in West Texas Odes		501(c)(3)		8,941,890	FMV	Food	To feed hungry people
(2) -----							
(3) -----							
(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 ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶ **1**

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

Schedule I (Form 990) (2016)

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization WEST TEXAS FOOD BANK	Employer identification number 75-2057692
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Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	5,722,771	8,333,919	See part II
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			0
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		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization didn't 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 \$1.73/lb based on cost study done by Feeding
American for 2017. USDA commodities are valued based on actual amounts provided from the
USDA commodity report. A total of 4,347,499 lbs of donated food products were received
from various donors and a total of 1,375,272 lbs was received from USDA commodities.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

WEST TEXAS FOOD BANK

Employer identification number

75-2057692

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

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

prior to filing.

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, to be completed by the September board meeting. The Board Chair leads the

evaluation process by calling a meeting of the Executive Committee, which includes the

Immediate Past Chair. The committee will perform the evaluation as a group using personnel

evaluation forms and will use data from Feeding America concerning compensation of other Food

Bank executives based on region, size of operation, as a base in setting the compensation

level for the Executive Director. The Board Chair and committee will present and discuss the

evaluation of the Executive Director to the full board for approval.

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)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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.

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) WTFB 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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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	d	5,900,000	Loan carrying value
(2) WTFB Mid County	k	70,000	Lease agreement
(3) WTFB Mid County	q	25,332	Actual expenses paid
(4)			
(5)			
(6)			

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 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 (2) The amount represents the total annual lease payments made based on the

premises and equipment lease agreement between WTFB Mid County (the lessor) and West Texas

Food Bank (the lessee).

Part V Line 2 (3) The amount represents construction and equipment costs and operating

expenses paid by West Texas Food Bank that were reimbursed by WTFB Mid County.

Multiple horizontal dashed lines for providing additional information.

Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2017)

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

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

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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. WEST TEXAS FOOD BANK	Employer identification number (EIN) or 75-2057692
	Number, street, and room or suite no. If a P.O. box, see instructions. 411 S. PAGEDWOOD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ODESSA, TX 79761	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

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 6-month extension of time until 8/15, 20 18, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or

▶ tax year beginning 10/1, 20 16, and ending 9/30, 20 17.

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 4562 Statement - 990

9/30/2017

WEST TEXAS FOOD BANK 75-2057692

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	2016 Deprec.	2016 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	212,613	5,452	218,065
13	BLDG RENOVATIONS-ODES	3/1/1989	R-5	100.00%	127,399	0	0	0	0	127,399	30.0	SL/GDS	FM	117,137	4,247	121,384
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	6,812	375	7,187
10	BLDG-ALPINE	9/1/1998	R-5	100.00%	129,043	0	0	0	0	129,043	30.0	SL/GDS	FM	77,780	4,301	82,081
29	LOADING DOCK RENOVATIC	9/1/1998	R-5	100.00%	4,900	0	0	0	0	4,900	20.0	SL/GDS	FM	4,431	245	4,676
30	WATER CONNECTIONS REN	9/1/1998	R-5	100.00%	5,330	0	0	0	0	5,330	20.0	SL/GDS	FM	4,824	266	5,091
91	FREEZER/COOLER-ALPINE	9/1/1998	R-7	100.00%	580	0	0	0	0	580	20.0	SL/GDS	FM	532	29	561
23	WALL PROTECTORS-ODESS	3/2/1999	R-5	100.00%	1,189	0	0	0	0	1,189	30.0	SL/GDS	FM	701	40	741
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	831	47	878
33	SHOP HTR VENTS-ALPINE	3/19/1999	R-5	100.00%	679	0	0	0	0	679	30.0	SL/GDS	FM	400	23	423
34	WALL PROTECTORS-ALPINE	3/23/1999	R-5	100.00%	1,765	0	0	0	0	1,765	30.0	SL/GDS	FM	1,033	59	1,092
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	1,050	60	1,110
36	ELECTRICAL-ALPINE	5/20/1999	R-5	100.00%	1,545	0	0	0	0	1,545	30.0	SL/GDS	FM	891	51	942
92	FREEZER-ALPINE	10/8/1999	R-7	100.00%	98,733	0	0	0	0	98,733	20.0	SL/GDS	FM	83,841	4,937	88,778
93	ELECTRICAL WORK-ALPINE	1/6/2000	R-7	100.00%	8,169	0	0	0	0	8,169	20.0	SL/GDS	FM	6,633	408	7,041
94	ELECTRICAL RENOVATIONS	5/1/2000	R-7	100.00%	627	0	0	0	0	627	20.0	SL/GDS	FM	507	31	538
95	FREEZER IMPROV-ALPINE	10/8/2000	R-7	100.00%	40,383	0	0	0	0	40,383	20.0	SL/GDS	FM	32,809	2,019	34,828
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	4,252	279	4,531
87	FREEZER/COOLER REPAIRS	6/28/2002	R-7	100.00%	4,242	0	0	0	0	4,242	20.0	SL/GDS	FM	3,024	212	3,236
88	FREEZER/COOLER REPAIRS	6/30/2002	R-7	100.00%	2,395	0	0	0	0	2,395	20.0	SL/GDS	FM	1,710	120	1,830
96	COMPRESSOR-ALPINE	6/30/2002	R-7	100.00%	7,853	0	0	0	0	7,853	20.0	SL/GDS	FM	5,601	393	5,994
170	KC - Freezer	1/28/2010	F-10	100.00%	549	0	0	0	0	549	7.0	SL/GDS	HY	520	29	549
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	3,673	278	3,951
171	Battery Charger-Zamboni	4/26/2010	F-10	100.00%	595	0	0	0	0	595	7.0	SL/GDS	HY	547	42	589
168	Conveyor Steel Skate	5/27/2010	F-10	100.00%	4,155	0	0	0	0	4,155	7.0	SL/GDS	HY	3,776	297	4,073
169	KC - Refrigerator & Freezer	6/22/2010	F-10	100.00%	1,997	0	0	0	0	1,997	7.0	SL/GDS	HY	1,793	143	1,936
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	3,342	697	4,039
196	Bldg railing - Alpine	6/2/2014	R-7	100.00%	2,544	0	0	0	0	2,544	15.0	SL/GDS	FM	397	170	567
203	Odessa Computer website	2/26/2015	F-5	100.00%	19,550	0	0	0	0	19,550	5.0	SL/GDS	FM	6,517	3,910	10,427
202	Big Orange Truck	6/24/2015	V-4	100.00%	148,125	0	0	0	0	148,125	5.0	SL/GDS	FM	39,500	29,625	69,125
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	553	553	1,106
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	526	573	1,099
204	Odessa Facility 411 S. Pagewc	1/1/2016	R-5	100.00%	10,941,996	0	0	0	0	10,941,996	39.0	SL/GDS	MM	199,035	280,553	479,588
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	23,768	31,691	55,459
216	Odessa Facility - window shad	2/22/2016	F-11	100.00%	2,860	0	0	0	0	2,860	7.0	SL/GDS	FM	272	409	681
212	Odessa - Website creation	5/4/2016	F-5	100.00%	28,528	0	0	0	0	28,528	5.0	SL/GDS	FM	2,377	5,706	8,083
213	Odessa - scanner/pistol	5/18/2016	F-5	100.00%	2,234	0	0	0	0	2,234	5.0	SL/GDS	FM	186	447	633
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	456	1,093	1,549

Total MACRS deductions for prior years (Line 17)

12,065,748 0 0 0 0 12,065,748

854,650 379,810 1,234,461

GDS nonresidential real property (Line 19i)

217	Odessa Facility 411 S. Pagewc	5/30/2017	R-12	100.00%	52,166	0	0	0	0	52,166	39.0	SL/GDS	MM	0	502	502
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Total GDS nonresidential real property (Line 19i)

52,166 0 0 0 0 52,166

0 502 502

Subtotal Depreciation

12,117,914 0 0 0 0 12,117,914

854,650 380,312 1,234,963

Form 4562 Statement - 990

9/30/2017

WEST TEXAS FOOD BANK 75-2057692

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	2016 Deprec.	2016 Accum. Deprec.
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	28,333	0	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	15,573	4,346	19,919
187	Dell Computer - Alpine	6/19/2012	F-15	100.00%	1,002	0	0	0	0	1,002	5.0	SL/GDS	MM	860	101	961
186	Dell Computer - Odessa	6/19/2012	F-15	100.00%	1,002	0	0	0	0	1,002	5.0	SL/GDS	MM	860	101	961
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	1,359	121	1,480
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	3,224	806	4,030
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	3,500	0	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	13,700	8,220	21,920
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	4,015	1,460	5,475
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	9/11/1998	F-15	100.00%	300	0	0	0	0	300	5.0	SL/GDS	MM	300	0	300
50	LG FLOOR CIRC FAN-ODESS	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	548	3,285	3,833
219	Odessa - Dell Poweredged serv	2/11/2017	F-15	100.00%	5,556	0	0	0	0	5,556	5.0	SL/GDS	FM	0	741	741
220	Odessa - Freezer, TVs, Refrig	1/29/2017	F-15	100.00%	3,859	0	0	0	0	3,859	5.0	SL/GDS	FM	0	579	579
218	Odessa 2017 Ford Transit Car	3/14/2017	V-6	100.00%	24,278	0	0	0	0	24,278	5.0	SL/GDS	FM	0	2,832	2,832
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	2,438	2,438	4,876
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	255	1,019	1,274
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	463	617	1,080
207	Odessa WH - Televisions	1/28/2016	F-15	100.00%	5,375	0	0	0	0	5,375	5.0	SL/GDS	FM	806	1,075	1,881
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	4,572	1,247	5,819
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	34,089	7,235	41,324
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
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

Form 4562 Statement - 990

9/30/2017

WEST TEXAS FOOD BANK 75-2057692

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	2016 Deprec.	2016 Accum. Deprec.
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	4,950	0	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	4,249	0	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					430,753	0	0	0	0	430,753				312,368	36,223	348,591
Subtotal Listed Property					430,753	0	0	0	0	430,753				312,368	36,223	348,591
Total Depreciation and Amortization					12,548,667	0	0	0	0	12,548,667				1,167,018	416,535	1,583,554

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9/30/2017

WEST TEXAS FOOD BANK 75-2057692

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	2016 Current Deprec.	2016 Accum. Deprec.	2017 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	212,613	5,452	218,065	0
10	BLDG-ALPINE	9/1/1998	100.00%	129,043	129,043	30.0	SL/GDS	FM	77,780	4,301	82,081	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	117,137	4,247	121,384	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	701	40	741	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	4,431	245	4,676	224
30	WATER CONNECTIONS REN	9/1/1998	100.00%	5,330	5,330	20.0	SL/GDS	FM	4,824	266	5,091	240
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	831	47	878	47
33	SHOP HTR VENTS-ALPINE	3/19/1999	100.00%	679	679	30.0	SL/GDS	FM	400	23	423	23
34	WALL PROTECTORS-ALPINII	3/23/1999	100.00%	1,765	1,765	30.0	SL/GDS	FM	1,033	59	1,092	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	891	51	942	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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WEST TEXAS FOOD BANK 75-2057692

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	2016 Current Deprec.	2016 Accum. Deprec.	2017 Next Year Deprec.
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	8,307	0	8,307	0
87	FREEZER/COOLER REPAIRS	6/28/2002	100.00%	4,242	4,242	20.0	SL/GDS	FM	3,024	212	3,236	212
88	FREEZER/COOLER REPAIRS	6/30/2002	100.00%	2,395	2,395	20.0	SL/GDS	FM	1,710	120	1,830	120
91	FREEZER/COOLER-ALPINE	9/1/1998	100.00%	580	580	20.0	SL/GDS	FM	532	29	561	19
92	FREEZER-ALPINE	10/8/1999	100.00%	98,733	98,733	20.0	SL/GDS	FM	83,841	4,937	88,778	4,937
93	ELECTRICAL WORK-ALPINE	1/6/2000	100.00%	8,169	8,169	20.0	SL/GDS	FM	6,633	408	7,041	408
94	ELECTRICAL RENOVATIONS	5/1/2000	100.00%	627	627	20.0	SL/GDS	FM	507	31	538	31
95	FREEZER IMPROV-ALPINE	10/8/2000	100.00%	40,383	40,383	20.0	SL/GDS	FM	32,809	2,019	34,828	2,019
96	COMPRESSOR-ALPINE	6/30/2002	100.00%	7,853	7,853	20.0	SL/GDS	FM	5,601	393	5,994	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	6,812	375	7,187	312
99	FREEZER IMPROV-BIG SPRI	3/31/1999	100.00%	1,200	1,200	20.0	SL/GDS	FM	1,050	60	1,110	60
100	WALK IN FREEZER-BIG SPRI	10/19/2000	100.00%	710	710	5.0	SL/GDS	HY	710	0	710	0
101	WALK IN COOLER-BIG SPRI	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	4,252	279	4,531	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-ALPI	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 - OC	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	3,673	278	3,951	0
168	Conveyor Steel Skate	5/27/2010	100.00%	4,155	4,155	7.0	SL/GDS	HY	3,776	297	4,073	0
169	KC - Refrigerator & Freezer	6/22/2010	100.00%	1,997	1,997	7.0	SL/GDS	HY	1,793	143	1,936	0
170	KC - Freezer	1/28/2010	100.00%	549	549	7.0	SL/GDS	HY	520	29	549	0
171	Battery Charger-Zamboni	4/26/2010	100.00%	595	595	7.0	SL/GDS	HY	547	42	589	0
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	830	0	830	0
174	2010 Ford Truck Transit Van-C	4/12/2011	100.00%	28,333	28,333	5.0	SL/GDS	FM	28,333	0	28,333	0
175	Walk-in cooler condensor-Ode	8/16/2011	100.00%	4,950	4,950	5.0	SL/GDS	FM	4,950	0	4,950	0
176	Walk-in freezer condensor-Ode	8/30/2011	100.00%	4,250	4,250	5.0	SL/GDS	FM	4,249	0	4,249	0
177	Donated forklift - BS	4/30/2011	100.00%	3,500	3,500	5.0	SL/GDS	FM	3,500	0	3,500	0
185	Dell Latitude Laptop - Alpine	5/21/2012	100.00%	1,553	1,553	5.0	SL/GDS	MM	1,359	121	1,480	0
186	Dell Computer - Odessa	6/19/2012	100.00%	1,002	1,002	5.0	SL/GDS	MM	860	101	961	0
187	Dell Computer - Alpine	6/19/2012	100.00%	1,002	1,002	5.0	SL/GDS	MM	860	101	961	0
188	Telecom Toshiba Phone Syste	12/27/2011	100.00%	4,882	4,882	7.0	SL/GDS	MM	3,342	697	4,039	697
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	34,089	7,235	41,324	0
192	Computer Hardware Configura	3/11/2013	100.00%	21,732	21,732	5.0	SL/GDS	FM	15,573	4,346	19,919	1,811
193	Phone system - Odessa & Alpi	2/20/2013	100.00%	6,236	6,236	5.0	SL/GDS	FM	4,572	1,247	5,819	416
194	Dell PT 320 Edge Server	10/22/2012	100.00%	4,030	4,030	5.0	SL/GDS	FM	3,224	806	4,030	0
195	Freezer condensor - Alpine	1/24/2014	100.00%	7,300	7,300	5.0	SL/GDS	FM	4,015	1,460	5,475	1,460
196	Bldg railing - Alpine	6/2/2014	100.00%	2,544	2,544	15.0	SL/GDS	FM	397	170	567	170
201	Ford F250 Pickup Truck	2/18/2015	100.00%	41,102	41,102	5.0	SL/GDS	FM	13,700	8,220	21,920	8,220
202	Big Orange Truck	6/24/2015	100.00%	148,125	148,125	5.0	SL/GDS	FM	39,500	29,625	69,125	29,625
203	Odessa Computer website	2/26/2015	100.00%	19,550	19,550	5.0	SL/GDS	FM	6,517	3,910	10,427	3,910

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204	Odessa Facility 411 S. Pagewc	1/1/2016	100.00%	10,941,996	10,941,996	39.0	SL/GDS	MM	199,035	280,553	479,588	280,553
205	Odessa WH shelving and merc	10/28/2015	100.00%	3,871	3,871	7.0	SL/GDS	FM	553	553	1,106	553
206	Odessa WH - 50 drums	11/30/2015	100.00%	4,014	4,014	7.0	SL/GDS	FM	526	573	1,099	573
207	Odessa WH - Televisions	1/28/2016	100.00%	5,375	5,375	5.0	SL/GDS	FM	806	1,075	1,881	1,075
208	Odessa WH - Kitchen Equipme	1/28/2016	100.00%	3,084	3,084	5.0	SL/GDS	FM	463	617	1,080	617
209	Odessa Wal-Mart Truck - Com	7/13/2016	100.00%	5,096	5,096	5.0	SL/GDS	FM	255	1,019	1,274	1,019
210	Odessa - 2015 Ford Transit Va	8/23/2016	100.00%	16,426	16,426	5.0	SL/GDS	FM	548	3,285	3,833	3,285
211	Odessa Freezer - SNAP Ed	10/28/2015	100.00%	12,189	12,189	5.0	SL/GDS	FM	2,438	2,438	4,876	2,438
212	Odessa - Website creation	5/4/2016	100.00%	28,528	28,528	5.0	SL/GDS	FM	2,377	5,706	8,083	5,706
213	Odessa - scanner/pistol	5/18/2016	100.00%	2,234	2,234	5.0	SL/GDS	FM	186	447	633	447
214	Odessa - computer access sys	5/27/2016	100.00%	5,467	5,467	5.0	SL/GDS	FM	456	1,093	1,549	1,093
215	Odessa Facility - Office furnitur	1/1/2016	100.00%	221,836	221,836	7.0	SL/GDS	FM	23,768	31,691	55,459	31,691
216	Odessa Facility - window shad	2/22/2016	100.00%	2,860	2,860	7.0	SL/GDS	FM	272	409	681	409
217	Odessa Facility 411 S. Pagewc	5/30/2017	100.00%	52,166	52,166	39.0	SL/GDS	MM	0	502	502	1,338
218	Odessa 2017 Ford Transit Car	3/14/2017	100.00%	24,278	24,278	5.0	SL/GDS	FM	0	2,832	2,832	4,856
219	Odessa - Dell Poweredge serv	2/11/2017	100.00%	5,556	5,556	5.0	SL/GDS	FM	0	741	741	1,111
220	Odessa - Freezer, TVs, Refrig	1/29/2017	100.00%	3,859	3,859	5.0	SL/GDS	FM	0	579	579	772
SubTotals				13,136,698	13,136,698				1,627,281	416,535	2,043,817	
Less: Disposed Assets				(59,227)	(59,227)				(54,779)	(0)	(54,779)	
Ending Totals				<u>13,077,471</u>	<u>13,077,471</u>				<u>1,572,502</u>	<u>416,535</u>	<u>1,989,038</u>	<u>401,867</u>