

**Federal
Tax Return**

WEST TEXAS FOOD BANK

**For the fiscal year ending
September 30, 2019**

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

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April 24, 2020

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

Dear Joey,

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

There are no taxes or fees due with the return.

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

Sincerely,

RANDY SILHAN
RANDY SILHAN, CPA, CFE

Privacy Notice

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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning 10/1/2018, and ending 9/30/2019																																		
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 WEST TEXAS FOOD BANK</td> <td>D Employer identification number</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2">75-2057692</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">411 S. PAGEWOOD</td> <td>E Telephone number</td> </tr> <tr> <td>City or town</td> <td>State</td> <td rowspan="2">(432) 580-6333</td> </tr> <tr> <td>ODESSA</td> <td>TX</td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/county</td> <td rowspan="2">Foreign postal code</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td colspan="2">F Name and address of principal officer: LIBBY CAMPBELL 411 S. PAGEWOOD, ODESSA, TX 79761</td> <td> G Gross receipts \$ 15,667,151 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) H(c) Group exemption number </td> </tr> <tr> <td colspan="3"> 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 </td> </tr> <tr> <td colspan="3">J Website: ▶ www.wtxfoodbank.org</td> </tr> <tr> <td colspan="2"> K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ </td> <td> L Year of formation: 1985 M State of legal domicile: TX </td> </tr> </table>	C Name of organization WEST TEXAS FOOD BANK		D Employer identification number	Doing business as		75-2057692	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	411 S. PAGEWOOD		E Telephone number	City or town	State	(432) 580-6333	ODESSA	TX	Foreign country name	Foreign province/state/county	Foreign postal code			F Name and address of principal officer: LIBBY CAMPBELL 411 S. PAGEWOOD, ODESSA, TX 79761		G Gross receipts \$ 15,667,151 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) H(c) Group exemption number	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: ▶ www.wtxfoodbank.org			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1985 M State of legal domicile: TX
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: The Food Bank is a 501 (c)(3) nonprofit, hunger relief organization that distributes donated and purchased food to children, families, and seniors through a network of 80 partner agencies in 19 counties in West Texas		
	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	26
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	54
	6	Total number of volunteers (estimate if necessary)	6	2,500
Revenue	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 38	7b	0
	8	Contributions and grants (Part VIII, line 1h)	8	11,834,329
	9	Program service revenue (Part VIII, line 2g)	9	14,215,822
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	674,259
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	45,570
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	369,606
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13	12,923,764
	14	Benefits paid to or for members (Part IX, column (A), line 4)	14	15,386,710
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15	8,995,872
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	8,915,559
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 501,446	b	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	17	2,009,258
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	18	2,512,973
	19	Revenue less expenses. Subtract line 18 from line 12	19	163,379
	20	Total assets (Part X, line 16)	20	195,309
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	21	1,660,058
	22	Net assets or fund balances. Subtract line 21 from line 20	22	12,828,567
	23		23	95,197

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	Date			
	LIBBY CAMPBELL	EXECUTIVE DIRECTOR			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	RANDY SILHAN	RANDY SILHAN	4/24/2020		P00107901
	Firm's name ▶ RANDY SILHAN, CPA, CFE	Firm's EIN ▶ 26-2515308			
	Firm's address ▶ P.O. BOX 1341, WOLFFORTH, TX 79382	Phone no. (432) 580-0204			

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

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:
 The WTFB exists to collect, purchase, and distribute food to feed the hungry in 19 counties in West Texas in partnership with volunteers and community organizations and to educate these partners and the public at large about the real face of hunger.

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 \$ 12,379,722 including grants of \$ 8,915,559) (Revenue \$ 730,910)
 The Food Bank distributed 6.39 million pounds of food to agencies and individuals throughout 19 counties in West Texas. This is done through programs and strategic partnerships with approximately 80 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 ► 12,379,722

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)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>	22	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>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	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>	25b	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>	26	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>	27	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>	28a	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>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	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>	36	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>	37	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.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	8
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	54
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year	15	X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			

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. ☒ X

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 26		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 26		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		X

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

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

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 (1024 or 1024-A 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	Former			
(1) Jefferson Cox President	2.00 0.00	X		X						
(2) Brian Whytlaw Vice President	2.00 0.00	X		X						
(3) R. J. Lopez Secretary	2.00 0.00	X		X						
(4) Alex Hester Treasurer	2.00 0.00	X								
(5) Mariann Bagley Director	1.00 0.00	X								
(6) Lewis Busbee Director	1.00 0.00	X								
(7) Eleazar Cano Director	1.00 0.00	X								
(8) Gary Carlisle Director	1.00 0.00	X								
(9) Arturo Carrasco Director	1.00 0.00	X								
(10) David Dowd Director	1.00 0.00	X								
(11) Alex Gibson Director	1.00 0.00	X								
(12) Ricky Holman Director	1.00 0.00	X								
(13) Melanie Hollmann Director	1.00 0.00	X								
(14) Elizabeth Jones Director	1.00 0.00	X								

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) Marc Kondrup Director	1.00 0.00	X								
(16) Sally Kvasnicka Director	1.00 0.00	X								
(17) Shelby Landgraf Director	1.00 0.00	X								
(18) Mark Lowe Director	1.00 0.00	X								
(19) Maryann Martin Director	1.00 0.00	X								
(20) Bernie Spears Director	1.00 0.00	X								
(21) Courtney Wardlaw Director	1.00 0.00	X								
(22) Chad Wheeler Director	1.00 0.00	X								
(23) Eric Whitaker Director	1.00 0.00	X								
(24) Dianne Williams Director	1.00 0.00	X								
(25) Leah Williams Director	1.00 0.00	X								
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								270,888	0	23,172
d Total (add lines 1b and 1c)								270,888	0	23,172

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	209,699
Jakes P.O. Box 1852 Midland, TX 79702	Clayshoot fundraiser	142,445
Value Added Food Sales 965 Reno Drive Wayland, MI 49348	Purchased food	447,378
McLane Hunger Solutions 1902 Cypress Station Dr. Ste 200 Houston, TX 7709	Purchased food	127,845
Ben E. Keith - Amarillo P.O. Box 868 Ft Worth, TX 76101	Purchased food	260,442
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0	14,215,822				
	b	Membership dues	1b 0					
	c	Fundraising events	1c 0					
	d	Related organizations	1d 0					
	e	Government grants (contributions)	1e 896,868					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 13,318,954					
	g	Noncash contributions included in lines 1a-1f: \$ 8,230,076						
	h	Total. Add lines 1a-1f						
Program Service Revenue			Business Code					
	2a	Shared maintenance fees	624210	154,329	154,329			
	b	Purchased product revenue	624210	576,581	576,581			
	c	. . . . .		0			
	d	. . . . .		0			
	e	. . . . .		0			
	f	All other program service revenue		0				
	g	Total. Add lines 2a-2f		730,910				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		65,561			65,561	
	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				
	b	Less: cost or other basis and sales expenses	0	0				
	c	Gain or (loss)	0	0				
	d	Net gain or (loss)		0				
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a 613,851	333,410				
	b	Less: direct expenses	b 280,441					
	c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19	a 0	0					
b	Less: direct expenses	b 0						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	a 0	0					
		b					Less: cost of goods sold	b 0
		c					Net income or (loss) from sales of inventory	
Miscellaneous Revenue			Business Code					
11a	Insurance refunds, reimbursements, discoun	900099	41,007	41,007				
b	. . . . .		0				
c	. . . . .		0				
d	All other revenue		0					
e	Total. Add lines 11a-11d		41,007					
12	Total revenue. See instructions.		15,386,710	771,917	0	65,561		

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	8,915,559	8,915,559		
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	313,608	98,443	156,804	58,361
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	1,634,896	1,442,239	149,111	43,546
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,790	20,392	4,049	1,349
9	Other employee benefits	391,700	309,717	61,497	20,486
10	Payroll taxes	146,979	116,216	23,076	7,687
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	195,309			195,309
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.)	48,917	38,678	7,680	2,559
12	Advertising and promotion	77,003			77,003
13	Office expenses	347,635	273,546	55,995	18,094
14	Information technology	0			
15	Royalties	0			
16	Occupancy	243,182	192,284	38,180	12,718
17	Travel	511,967	404,812	80,379	26,776
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	19,069	15,078	2,994	997
20	Interest	97,228	76,878	15,265	5,085
21	Payments to affiliates	8,613	8,613		
22	Depreciation, depletion, and amortization	432,817	342,229	67,952	22,636
23	Insurance	95,477	75,494	14,990	4,993
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	OTHER DUES & SUBSCRIPTIONS	7,718	4,300	2,564	854
b	SPECIAL FOOD EDUCATION & PROGRAM COSTS	57,221	45,244	8,984	2,993
c		0			
d		0			
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	13,570,688	12,379,722	689,520	501,446
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	329,319	1	1,981,389
	2 Savings and temporary cash investments	596,742	2	533,303
	3 Pledges and grants receivable, net	270,088	3	333,173
	4 Accounts receivable, net	111,894	4	62,145
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	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	0	6	
	7 Notes and loans receivable, net	4,061,000	7	4,061,000
	8 Inventories for sale or use	1,166,353	8	1,542,740
	9 Prepaid expenses and deferred charges	19,965	9	32,852
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,224,052		
	b Less: accumulated depreciation	10b 1,586,280		
		10,841,520	10c	10,637,772
	11 Investments—publicly traded securities	717,719	11	671,317
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	0	15	0	
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,114,600	16	19,855,691	
Liabilities	17 Accounts payable and accrued expenses	156,140	17	214,136
	18 Grants payable	0	18	
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	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	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	3,742,661	23	3,361,274
	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	3,898,801	26	3,575,410
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	13,523,026	27	14,153,665
	28 Temporarily restricted net assets	492,773	28	1,926,616
	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	0	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	
	33 Total net assets or fund balances	14,215,799	33	16,280,281
34 Total liabilities and net assets/fund balances	18,114,600	34	19,855,691	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,386,710
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,570,688
3	Revenue less expenses. Subtract line 2 from line 1	3	1,816,022
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,215,799
5	Net unrealized gains (losses) on investments	5	-19,772
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	268,232
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,280,281

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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	

Page 1 of 1

Employer identification number

75-2057692

Part VII Section A

[illegible]

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.**2018**Attachment
Sequence No. **179**Name(s) shown on return
WEST TEXAS FOOD BANKBusiness or activity to which this form relates
990Identifying 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.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	101,510
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,000,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	0

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.)**

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	383,912
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		68,241	5	FM	S/L	7,040
c 7-year property		33,269	7	FM	S/L	2,116
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	39,749
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	432,817
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

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

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

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

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25		
26 Property used more than 50% in a qualified business use:									
		%							
		%							
See statement		%					39,749		
27 Property used 50% or less in a qualified business use:									
		%				S/L –			
		%				S/L –			
		%				S/L –			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	39,749	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	0	

Section B—Information on Use of Vehicles

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

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)	See Stmt					
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
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.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI**Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2018 tax year (see instructions):					
43 Amortization of costs that began before your 2018 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.**

► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

WEST TEXAS FOOD BANK

Employer identification number

75-2057692

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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 0
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,593,903	12,595,842	11,942,570	11,834,329	14,215,822	63,182,466
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	12,593,903	12,595,842	11,942,570	11,834,329	14,215,822	63,182,466
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						63,182,466

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	12,593,903	12,595,842	11,942,570	11,834,329	14,215,822	63,182,466
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	40,638	199	59,600	62,678	65,561	228,676
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.)	18,717	64,885	46,493	45,861	41,007	216,963
11 Total support. Add lines 7 through 10						63,628,105
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 2018 (line 6, column (f) divided by line 11, column (f))	14	99.30%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.42%
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2017. 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—2018. 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—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

rebates.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

Name of the organization

WEST TEXAS FOOD BANK

Employer identification number

75-2057692

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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 - passed through TX Dept. of Agriculture P.O. Box 12487 Austin TX 78711 Foreign State or Province: _____ Foreign Country: _____	\$ 2,356,551	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	USDA - passed through Feeding Texas P.O. Box 12487 Austin TX 78711 Foreign State or Province: _____ Foreign Country: _____	\$ 896,868	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HEB Reclamation Center 5401 Business Park Dr. San Antonio TX 78218 Foreign State or Province: _____ Foreign Country: _____	\$ 1,179,601	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	Collaborative for Fresh Produce 101 W. Renner Rd, Ste 160 Richardson TX 75082 Foreign State or Province: _____ Foreign Country: _____	\$ 440,285	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	Sam's Wholesale Club Store 8288 1500 Tradewinds Midland TX 79705 Foreign State or Province: _____ Foreign Country: _____	\$ 440,235	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	Sam's Wholesale Club Store 6439 4230 JBS Parkway Odessa TX 79762 Foreign State or Province: _____ Foreign Country: _____	\$ 332,588	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	Occidental Petroleum Corporation P.O. Box 2647 Houston TX 77252 Foreign State or Province: _____ Foreign Country: _____	\$ 460,000	Person <input checked="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.)
	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ 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	2,848,008 lbs of food commodities received during the fiscal year FMV determined by USDA net product value	\$ 2,356,551	
3	728,149 lbs of food donated throughout the fiscal year. FMV determined from Feeding America valuation of \$1.62/lb	\$ 1,179,601	
4	271,781 lbs of food donated throughout the fiscal year. FMV determined from Feeding America valuation of \$1.62/lb	\$ 440,285	
5	271,750 lbs of food donated throughout the fiscal year. FMV determined from Feeding America valuation of \$1.62/lb	\$ 440,235	
6	205,301 lbs of food donated throughout the fiscal year. FMV determined from Feeding America valuation of \$1.62/lb	\$ 332,588	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
c Beginning balance	1c 0
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f 0

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	717,719	666,842	616,482	589,462	694,560
b Contributions					
c Net investment earnings, gains, and losses	-19,772	90,034	95,463	71,736	-11,804
d Grants or scholarships					
e Other expenditures for facilities and programs	26,630	25,426	32,487	32,723	80,171
f Administrative expenses		13,731	12,616	11,993	13,123
g End of year balance	671,317	717,719	666,842	616,482	589,462

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:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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	233,385		233,385
b Buildings	0	10,941,996	1,040,694	9,901,302
c Leasehold improvements	0	59,416	3,264	56,152
d Equipment	0	607,969	312,813	295,156
e Other	0	381,286	229,509	151,777

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ☐ 10,637,772

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	15,366,938
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-19,772
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-19,772
3	Subtract line 2e from line 1	3	15,386,710
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	15,386,710

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

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

1	Total expenses and losses per audited financial statements	1	13,570,688
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	13,570,688
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,570,688

Part XIII Supplemental Information.

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

Part V Line 4 The purpose of the endowment is to hold the corpus in perpetuity while the

principal is invested through an agreement with the Permian Basin Area Foundation.

Earnings may be distributed annually in accordance with the terms of the agreement which

is 5% of the endowment fund value at the end of the annual valuation period. Distributed

funds are used for operations of the Food Bank, including food purchases and acquisition

of capital assets needed to fulfill the mission of the Food Bank.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

WEST TEXAS FOOD BANK

Employer identification number

75-2057692

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 BRAD CECIL & ASSOCIATES 2115 Arlington Downs Rd. Arlington TX 76010	DIRECT MAIL		X	724,837	195,309	529,528
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				724,837	195,309	529,528

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

TX

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

		(a) Event #1 <u>Forever Full Fiesta</u> (event type)	(b) Event #2 <u>Clay Shoot</u> (event type)	(c) Other events <u>2</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	207,428	270,310	136,113	613,851
	2 Less: Contributions			0	0
	3 Gross income (line 1 minus line 2)	207,428	270,310	136,113	613,851
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs	20,298	71,467	30,847	122,612
	7 Food and beverages	29,150		11,811	40,961
	8 Entertainment	9,243	71,466	0	80,709
	9 Other direct expenses	32,403		3,756	36,159
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(280,441)
	11 Net income summary. Subtract line 10 from line 3, column (d)				333,410

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- | | | | | | |
|------------|--|--|------------|--|---|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 13 | Indicate the percentage of gaming activity conducted in: | | | | |
| a | The organization's facility | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">13a</td> <td style="width: 100px; height: 20px;"></td> <td style="padding: 2px 10px; text-align: right;">%</td> </tr> </table> | 13a | | % |
| 13a | | % | | | |
| b | An outside facility | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">13b</td> <td style="width: 100px; height: 20px;"></td> <td style="padding: 2px 10px; text-align: right;">%</td> </tr> </table> | 13b | | % |
| 13b | | % | | | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | | |

Name _____

Address

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

Name ► _____

Address ►

- 16** Gaming manager information:

Name _____

Gaming manager compensation ▶ \$ _____ 0

Description of services provided

☐ Director/officer

Employee

☐ Independent contractor

- 17** Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

WEST TEXAS FOOD BANK

Employer identification number

75-2057692

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Over 80 nonprofit agencies and numerous individuals in West Texas, T		501(c)(3)		8,915,559	FMV	6,398,709 lbs of food	Hunger relief
(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 81

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

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

Schedule I (Form 990) (2018)

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

Part III can be duplicated if additional space is needed.

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

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

Part I Line 2 The Food Bank processes and maintains an inventory of all food received and distributed through their

inventorymanagement software system and reports to management and the board of directors on a regular basis.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

WEST TEXAS FOOD BANK

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

75-2057692

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

	Yes	No
1b		X

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

2	X	
----------	---	--

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

4a		X
4b		X
4c		X

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

5a		X
5b		X

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

6a		X
6b		X

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

7		X
----------	--	---

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8		X
----------	--	---

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9		
----------	--	--

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Libby Campbell 1 Executive director	(i)	143,077	10,000			10,890	163,967	
	(ii)						0	
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

WEST TEXAS FOOD BANK

Employer identification number

75-2057692

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	1	119,010	MCAD tax value
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	6,400,178	8,111,066	See supplemental info
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization 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 \$1.62/lb based on cost study done by Feeding

American for 2019. USDA commodities are valued based on actual amounts provided from the

USDA commodity report. A total of 3,552,170 lbs of donated food products were received

from various donors and a total of 2,848,008 lbs was received from USDA commodities.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

WEST TEXAS FOOD BANK

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.

Form 990, Part XI, Line 9: The supporting entity transferred the residual funds remaining from

the capital project budget to the supported entity, the West Texas Food Bank in the amount of

\$268,232.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

WEST TEXAS FOOD BANK

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) WTFB Mid County	d	5,900,000	Loan carrying value
(2) WTFB Mid County	j	70,000	Lease agreement
(3) WTFB Mid County	q	5,750	Actual expense reimbursed from invoice
(4) WTFB Mid County	s	268,232	Actual fund balance transfer received
(5)			
(6)			

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

OMB No. 1545-1709

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/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. PAGEWOOD	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 8/17, 20 20, 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 18, and ending 9/30, 20 19.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8868** (Rev. 1-2019)

Form 4562 Statement - 990

9/30/2019

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	2018 Deprec.	2018 Accum. Deprec.
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Depreciation Detail**MACRS deductions for prior years (Line 17)**

188	Telecom Toshiba Phone Syste	12/27/2011	F-11	100.00%	4,882	0	0	0	0	4,882	7	SL/GDS	MM	4,737	30	4,767
203	Odessa Computer website	2/26/2015	F-5	100.00%	19,550	0	0	0	0	19,550	5	SL/GDS	FM	14,337	3,910	18,247
202	Big Orange Truck	6/24/2015	V-4	100.00%	148,125	0	0	0	0	148,125	5	SL/GDS	FM	98,750	29,625	128,375
205	Odessa WH shelving and merc	10/28/2015	F-10	100.00%	3,871	0	0	0	0	3,871	7	SL/GDS	FM	1,659	553	2,212
206	Odessa WH - 50 drums	11/30/2015	F-10	100.00%	4,014	0	0	0	0	4,014	7	SL/GDS	FM	1,672	573	2,245
204	Odessa Facility 411 S. Pagew	1/1/2016	R-5	100.00%	10,941,996	0	0	0	0	10,941,996	39	SL/GDS	MM	760,141	280,553	1,040,694
215	Odessa Facility - Office furnitur	1/1/2016	F-11	100.00%	221,836	0	0	0	0	221,836	7	SL/GDS	FM	87,150	31,691	118,841
216	Odessa Facility - window shad	2/22/2016	F-11	100.00%	2,860	0	0	0	0	2,860	7	SL/GDS	FM	1,090	409	1,499
212	Odessa - Website creation	5/4/2016	F-5	100.00%	28,528	0	0	0	0	28,528	5	SL/GDS	FM	13,789	5,706	19,495
213	Odessa - scanner/pistol	5/18/2016	F-5	100.00%	2,234	0	0	0	0	2,234	5	SL/GDS	FM	1,080	447	1,527
214	Odessa - computer access sys	5/27/2016	F-5	100.00%	5,467	0	0	0	0	5,467	5	SL/GDS	FM	2,642	1,093	3,735
217	Odessa Facility 411 S. Pagew	5/30/2017	R-12	100.00%	52,166	0	0	0	0	52,166	39	SL/GDS	MM	1,840	1,338	3,178
224	Odessa - Mobile Food Pantry 1	2/27/2018	V-4	100.00%	105,000	0	0	0	0	105,000	5	SL/GDS	FM	14,000	21,000	35,000
222	Odessa - Mobile Radios	4/29/2018	F-10	100.00%	5,530	0	0	0	0	5,530	7	SL/GDS	FM	395	790	1,185
227	Odessa - Freezer SW Compre:	5/15/2018	F-10	100.00%	4,411	0	0	0	0	4,411	7	SL/GDS	FM	263	630	893
223	Odessa - Evaporative cooler	6/12/2018	F-10	100.00%	12,268	0	0	0	0	12,268	7	SL/GDS	FM	584	1,753	2,337
221	Odessa -Port-a-coolers	6/28/2018	F-10	100.00%	8,000	0	0	0	0	8,000	7	SL/GDS	FM	381	1,143	1,524
229	Odessa - Breakroom furniture	7/27/2018	F-11	100.00%	12,423	0	0	0	0	12,423	7	SL/GDS	FM	444	1,775	2,219
228	Odessa - Phone soundstation	9/30/2018	F-11	100.00%	6,249	0	0	0	0	6,249	7	SL/GDS	FM	74	893	967

Total MACRS deductions for prior years (Line 17)

11,589,410 0 0 0 0 11,589,410

1,005,028 383,912 1,388,940

GDS 5-year property (Line 19b)

234	Odessa 2013 Utility Truck, Trai	1/18/2019	V-4	100.00%	44,271	0	0	0	0	44,271	5	SL/GDS	FM	0	6,641	6,641
235	Odessa Wraps for trucks	9/27/2019	V-4	100.00%	23,970	0	0	0	0	23,970	5	SL/GDS	FM	0	399	399

Total GDS 5-year property (Line 19b)

68,241 0 0 0 0 68,241

0 7,040 7,040

GDS 7-year property (Line 19c)

232	Odessa WH racks	10/23/2018	F-10	100.00%	9,908	0	0	0	0	9,908	7	SL/GDS	FM	0	1,415	1,415
237	Odessa TV for comm room	5/31/2019	F-10	100.00%	1,680	0	0	0	0	1,680	7	SL/GDS	FM	0	100	100
233	Odessa 3 pallet trucks	7/8/2019	F-10	100.00%	14,431	0	0	0	0	14,431	7	SL/GDS	FM	0	515	515
231	Odessa 250g water softn,filtr s	9/29/2019	R-13	100.00%	7,250	0	0	0	0	7,250	7	SL/GDS	FM	0	86	86

Total GDS 7-year property (Line 19c)

33,269 0 0 0 0 33,269

0 2,116 2,116

Subtotal Depreciation

11,690,920 0 0 0 0 11,690,920

1,005,028 393,068 1,398,096

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

192	Computer Hardware Configura	3/11/2013	F-15	100.00%	21,732	0	0	0	0	21,732	5	SL/GDS	FM	21,730	0	21,730
187	Dell Computer - Alpine	6/19/2012	F-15	100.00%	1,002	0	0	0	0	1,002	5	SL/GDS	MM	961	0	961
186	Dell Computer - Odessa	6/19/2012	F-15	100.00%	1,002	0	0	0	0	1,002	5	SL/GDS	MM	961	0	961
185	Dell Latitude Laptop - Alpine	5/21/2012	F-15	100.00%	1,553	0	0	0	0	1,553	5	SL/GDS	MM	1,480	0	1,480
194	Dell PT 320 Edge Server	10/22/2012	F-15	100.00%	4,030	0	0	0	0	4,030	5	SL/GDS	FM	4,030	0	4,030
201	Ford F250 Pickup Truck	2/18/2015	V-6	100.00%	41,102	0	0	0	0	41,102	5	SL/GDS	FM	30,140	8,220	38,360
210	Odessa - 2015 Ford Transit Va	8/23/2016	V-6	100.00%	16,426	0	0	0	0	16,426	5	SL/GDS	FM	7,118	3,285	10,403
225	Odessa - 2017 Nissan Van	2/27/2018	V-6	100.00%	25,095	0	0	0	0	25,095	5	SL/GDS	FM	3,346	5,019	8,365

Form 4562 Statement - 990

9/30/2019

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	2018 Deprec.	2018 Accum. Deprec.
226	Odessa - 2018 Chevy Silverad	7/31/2018	V-6	100.00%	56,685	0	0	0	0	56,685	5	SL/GDS	FM	2,834	11,337	14,171
219	Odessa - Dell Poweredge serv	2/11/2017	F-15	100.00%	5,556	0	0	0	0	5,556	5	SL/GDS	FM	1,852	1,111	2,963
220	Odessa - Freezer, TVs, Refrig	1/29/2017	F-15	100.00%	3,859	0	0	0	0	3,859	5	SL/GDS	FM	1,351	772	2,123
218	Odessa 2017 Ford Transit Car	3/14/2017	V-6	100.00%	24,278	0	0	0	0	24,278	5	SL/GDS	FM	7,688	4,856	12,544
211	Odessa Freezer - SNAP Ed	10/28/2015	F-15	100.00%	12,189	0	0	0	0	12,189	5	SL/GDS	FM	7,314	2,438	9,752
209	Odessa Wal-Mart Truck - Com	7/13/2016	F-15	100.00%	5,096	0	0	0	0	5,096	5	SL/GDS	FM	2,293	1,019	3,312
208	Odessa WH - Kitchen Equipme	1/28/2016	F-15	100.00%	3,084	0	0	0	0	3,084	5	SL/GDS	FM	1,697	617	2,314
207	Odessa WH - Televisions	1/28/2016	F-15	100.00%	5,375	0	0	0	0	5,375	5	SL/GDS	FM	2,956	1,075	4,031
193	Phone system - Odessa & Alpi	2/20/2013	F-15	100.00%	6,236	0	0	0	0	6,236	5	SL/GDS	FM	6,235	0	6,235
191	Primarius Software	10/4/2012	F-15	100.00%	41,324	0	0	0	0	41,324	5	SL/GDS	FM	41,324	0	41,324
Total listed prop with > 50% business use					275,624	0	0	0	0	275,624				145,310	39,749	185,059
Subtotal Listed Property					275,624	0	0	0	0	275,624				145,310	39,749	185,059
Total Depreciation and Amortization					11,966,544	0	0	0	0	11,966,544				1,150,338	432,817	1,583,155

Elections

Election to NOT claim first-year special depreciation - 3 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 3-Year depreciable property placed in service during the current tax year.

Election to NOT claim first-year special depreciation - 5 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 5-Year depreciable property placed in service during the current tax year.

Election to NOT claim first-year special depreciation - 7 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 7-Year depreciable property placed in service during the current tax year.

Election to NOT claim first-year special depreciation - 10 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 10-Year depreciable property placed in service during the current tax year.

Election to NOT claim first-year special depreciation - 15 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 15-Year depreciable property placed in service during the current tax year.

Election to NOT claim first-year special depreciation - 20 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 20-Year depreciable property placed in service during the current tax year.

Assets by Classification - 990

9/30/2019

WEST TEXAS FOOD BANK 75-2057692

Item No.	Description of Property **** indicates DISPOSED	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2018 Deprec.	2018 Accum. Deprec.
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5-yr Computers and peripherals (not listed property)

119	COMPUTER UPGRADE-BIG \$	7/20/2000	F-5	100.00%	3,125	0	0	0	0	3,125	3	SL/GDS	HY	3,125	0	3,125
203	Odessa Computer website	2/26/2015	F-5	100.00%	19,550	0	0	0	0	19,550	5	SL/GDS	FM	14,337	3,910	18,247
212	Odessa - Website creation	5/4/2016	F-5	100.00%	28,528	0	0	0	0	28,528	5	SL/GDS	FM	13,789	5,706	19,495
213	Odessa - scanner/pistol	5/18/2016	F-5	100.00%	2,234	0	0	0	0	2,234	5	SL/GDS	FM	1,080	447	1,527
214	Odessa - computer access sys	5/27/2016	F-5	100.00%	5,467	0	0	0	0	5,467	5	SL/GDS	FM	2,642	1,093	3,735
Total: 5-yr Computers (not listed)					58,904	0	0	0	0	58,904				34,973	11,156	46,129

5-yr Other (listed property)

185	Dell Latitude Laptop - Alpine	5/21/2012	F-15	100.00%	1,553	0	0	0	0	1,553	5	SL/GDS	MM	1,480	0	1,480
186	Dell Computer - Odessa	6/19/2012	F-15	100.00%	1,002	0	0	0	0	1,002	5	SL/GDS	MM	961	0	961
187	Dell Computer - Alpine	6/19/2012	F-15	100.00%	1,002	0	0	0	0	1,002	5	SL/GDS	MM	961	0	961
191	Primarius Software	10/4/2012	F-15	100.00%	41,324	0	0	0	0	41,324	5	SL/GDS	FM	41,324	0	41,324
194	Dell PT 320 Edge Server	10/22/2012	F-15	100.00%	4,030	0	0	0	0	4,030	5	SL/GDS	FM	4,030	0	4,030
193	Phone system - Odessa & Alpi	2/20/2013	F-15	100.00%	6,236	0	0	0	0	6,236	5	SL/GDS	FM	6,235	0	6,235
192	Computer Hardware Configura	3/11/2013	F-15	100.00%	21,732	0	0	0	0	21,732	5	SL/GDS	FM	21,730	0	21,730
211	Odessa Freezer - SNAP Ed	10/28/2015	F-15	100.00%	12,189	0	0	0	0	12,189	5	SL/GDS	FM	7,314	2,438	9,752
207	Odessa WH - Televisions	1/28/2016	F-15	100.00%	5,375	0	0	0	0	5,375	5	SL/GDS	FM	2,956	1,075	4,031
208	Odessa WH - Kitchen Equipme	1/28/2016	F-15	100.00%	3,084	0	0	0	0	3,084	5	SL/GDS	FM	1,697	617	2,314
209	Odessa Wal-Mart Truck - Com	7/13/2016	F-15	100.00%	5,096	0	0	0	0	5,096	5	SL/GDS	FM	2,293	1,019	3,312
220	Odessa - Freezer, TVs, Refrig	1/29/2017	F-15	100.00%	3,859	0	0	0	0	3,859	5	SL/GDS	FM	1,351	772	2,123
219	Odessa - Dell Powerededge serv	2/11/2017	F-15	100.00%	5,556	0	0	0	0	5,556	5	SL/GDS	FM	1,852	1,111	2,963
Total: 5-yr Other (listed)					112,038	0	0	0	0	112,038				94,184	7,032	101,216

7-yr General purpose tools, machinery, and equipment

205	Odessa WH shelving and merc	10/28/2015	F-10	100.00%	3,871	0	0	0	0	3,871	7	SL/GDS	FM	1,659	553	2,212
206	Odessa WH - 50 drums	11/30/2015	F-10	100.00%	4,014	0	0	0	0	4,014	7	SL/GDS	FM	1,672	573	2,245
222	Odessa - Mobile Radios	4/29/2018	F-10	100.00%	5,530	0	0	0	0	5,530	7	SL/GDS	FM	395	790	1,185
227	Odessa - Freezer SW Compre	5/15/2018	F-10	100.00%	4,411	0	0	0	0	4,411	7	SL/GDS	FM	263	630	893
223	Odessa - Evaporative cooler	6/12/2018	F-10	100.00%	12,268	0	0	0	0	12,268	7	SL/GDS	FM	584	1,753	2,337
221	Odessa -Port-a-coolers	6/28/2018	F-10	100.00%	8,000	0	0	0	0	8,000	7	SL/GDS	FM	381	1,143	1,524
232	Odessa WH racks	10/23/2018	F-10	100.00%	9,908	0	0	0	0	9,908	7	SL/GDS	FM	0	1,415	1,415
237	Odessa TV for comm room	5/31/2019	F-10	100.00%	1,680	0	0	0	0	1,680	7	SL/GDS	FM	0	100	100
233	Odessa 3 pallet trucks	7/8/2019	F-10	100.00%	14,431	0	0	0	0	14,431	7	SL/GDS	FM	0	515	515
Total: 7-yr Genl purp tools, mach, equip					64,113	0	0	0	0	64,113				4,954	7,472	12,426

7-yr Office furniture, fixtures and equipment

188	Telecom Toshiba Phone Syste	12/27/2011	F-11	100.00%	4,882	0	0	0	0	4,882	7	SL/GDS	MM	4,737	30	4,767
215	Odessa Facility - Office furnit	1/1/2016	F-11	100.00%	221,836	0	0	0	0	221,836	7	SL/GDS	FM	87,150	31,691	118,841
216	Odessa Facility - window shad	2/22/2016	F-11	100.00%	2,860	0	0	0	0	2,860	7	SL/GDS	FM	1,090	409	1,499
229	Odessa - Breakroom furniture	7/27/2018	F-11	100.00%	12,423	0	0	0	0	12,423	7	SL/GDS	FM	444	1,775	2,219
228	Odessa - Phone soundstation	9/30/2018	F-11	100.00%	6,249	0	0	0	0	6,249	7	SL/GDS	FM	74	893	967
Total: 7-yr Office furn, fixtures, equip					248,250	0	0	0	0	248,250				93,495	34,798	128,293

Land

189	Land - Parkway Industrial	3/20/2013	N-1	100.00%	114,375	0	0	0	0	114,375	0			0	0	0
236	Midland - Donated Pinon Land	9/3/2019	N-1	100.00%	119,010	0	0	0	0	119,010	0			0	0	0
Total: Land					233,385	0	0	0	0	233,385				0	0	0

Assets by Classification - 990

9/30/2019

WEST TEXAS FOOD BANK 75-2057692

Item No.	Description of Property **** indicates DISPOSED	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2018 Deprec.	2018 Accum. Deprec.
Other nondepreciable																
230	WIP - Midland prkg lot (cumula	9/30/2019	N-2	100.00%	20,998	0	0	0	0	20,998	0			0	0	0
	Total: Other nondepreciable				20,998	0	0	0	0	20,998				0	0	0
39-yr Qualified improvement property																
217	Odessa Facility 411 S. Pagewc	5/30/2017	R-12	100.00%	52,166	0	0	0	0	52,166	39	SL/GDS	MM	1,840	1,338	3,178
	Total: 39-yr Qual improvement prop				52,166	0	0	0	0	52,166				1,840	1,338	3,178
15-yr Qualified improvement property																
231	Odessa 250g water softn,fiiltr s	9/29/2019	R-13	100.00%	7,250	0	0	0	0	7,250	7	SL/GDS	FM	0	86	86
	Total: 15-yr Qual improvement prop				7,250	0	0	0	0	7,250				0	86	86
39-yr Nonresidential and commercial real estate																
204	Odessa Facility 411 S. Pagewc	1/1/2016	R-5	100.00%	10,941,996	0	0	0	0	10,941,996	39	SL/GDS	MM	760,141	280,553	1,040,694
	Total: 39-yr Nonresidential real estate				10,941,996	0	0	0	0	10,941,996				760,141	280,553	1,040,694
5-yr General purpose heavy-duty trucks and over-the-road trailers																
202	Big Orange Truck	6/24/2015	V-4	100.00%	148,125	0	0	0	0	148,125	5	SL/GDS	FM	98,750	29,625	128,375
224	Odessa - Mobile Food Pantry 1	2/27/2018	V-4	100.00%	105,000	0	0	0	0	105,000	5	SL/GDS	FM	14,000	21,000	35,000
234	Odessa 2013 Utility Truck, Trai	1/18/2019	V-4	100.00%	44,271	0	0	0	0	44,271	5	SL/GDS	FM	0	6,641	6,641
235	Odessa Wraps for trucks	9/27/2019	V-4	100.00%	23,970	0	0	0	0	23,970	5	SL/GDS	FM	0	399	399
	Total: 5-yr Heavy duty truck or OTR trailer				321,366	0	0	0	0	321,366				112,750	57,665	170,415
5-yr SUV and certain trucks and vans > 6,000 pounds																
201	Ford F250 Pickup Truck	2/18/2015	V-6	100.00%	41,102	0	0	0	0	41,102	5	SL/GDS	FM	30,140	8,220	38,360
210	Odessa - 2015 Ford Transit Va	8/23/2016	V-6	100.00%	16,426	0	0	0	0	16,426	5	SL/GDS	FM	7,118	3,285	10,403
218	Odessa 2017 Ford Transit Car	3/14/2017	V-6	100.00%	24,278	0	0	0	0	24,278	5	SL/GDS	FM	7,688	4,856	12,544
225	Odessa - 2017 Nissan Van	2/27/2018	V-6	100.00%	25,095	0	0	0	0	25,095	5	SL/GDS	FM	3,346	5,019	8,365
226	Odessa - 2018 Chevy Silvarad	7/31/2018	V-6	100.00%	56,685	0	0	0	0	56,685	5	SL/GDS	FM	2,834	11,337	14,171
	Total: 5-yr SUV/truck/van > 6,000 lbs				163,586	0	0	0	0	163,586				51,126	32,717	83,843
	SubTotals				12,224,052	0	0	0	0	12,224,052				1,153,463	432,817	1,586,280
	Less: Disposed Assets				(0)	(0)	(0)	(0)	(0)	(0)				(0)	(0)	(0)
	Ending Totals				12,224,052	0	0	0	0	12,224,052				1,153,463	432,817	1,586,280

Detail Report - 990

9/30/2019

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	2018 Current Deprec.	2018 Accum. Deprec.	2019 Next Year Deprec.
119	COMPUTER UPGRADE-BIG S	7/20/2000	100.00%	3,125	3,125	3	SL/GDS	HY	3,125	0	3,125	0
185	Dell Latitude Laptop - Alpine	5/21/2012	100.00%	1,553	1,553	5	SL/GDS	MM	1,480	0	1,480	0
186	Dell Computer - Odessa	6/19/2012	100.00%	1,002	1,002	5	SL/GDS	MM	961	0	961	0
187	Dell Computer - Alpine	6/19/2012	100.00%	1,002	1,002	5	SL/GDS	MM	961	0	961	0
188	Telecom Toshiba Phone Syste	12/27/2011	100.00%	4,882	4,882	7	SL/GDS	MM	4,737	30	4,767	0
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	SL/GDS	FM	41,324	0	41,324	0
192	Computer Hardware Configura	3/11/2013	100.00%	21,732	21,732	5	SL/GDS	FM	21,730	0	21,730	0
193	Phone system - Odessa & Alpi	2/20/2013	100.00%	6,236	6,236	5	SL/GDS	FM	6,235	0	6,235	0
194	Dell PT 320 Edge Server	10/22/2012	100.00%	4,030	4,030	5	SL/GDS	FM	4,030	0	4,030	0
201	Ford F250 Pickup Truck	2/18/2015	100.00%	41,102	41,102	5	SL/GDS	FM	30,140	8,220	38,360	2,740
202	Big Orange Truck	6/24/2015	100.00%	148,125	148,125	5	SL/GDS	FM	98,750	29,625	128,375	19,750
203	Odessa Computer website	2/26/2015	100.00%	19,550	19,550	5	SL/GDS	FM	14,337	3,910	18,247	1,303
204	Odessa Facility 411 S. Pagew	1/1/2016	100.00%	10,941,996	10,941,996	39	SL/GDS	MM	760,141	280,553	1,040,694	280,553
205	Odessa WH shelving and merc	10/28/2015	100.00%	3,871	3,871	7	SL/GDS	FM	1,659	553	2,212	553
206	Odessa WH - 50 drums	11/30/2015	100.00%	4,014	4,014	7	SL/GDS	FM	1,672	573	2,245	573
207	Odessa WH - Televisions	1/28/2016	100.00%	5,375	5,375	5	SL/GDS	FM	2,956	1,075	4,031	1,075
208	Odessa WH - Kitchen Equipme	1/28/2016	100.00%	3,084	3,084	5	SL/GDS	FM	1,697	617	2,314	617
209	Odessa Wal-Mart Truck - Com	7/13/2016	100.00%	5,096	5,096	5	SL/GDS	FM	2,293	1,019	3,312	1,019
210	Odessa - 2015 Ford Transit Va	8/23/2016	100.00%	16,426	16,426	5	SL/GDS	FM	7,118	3,285	10,403	3,285
211	Odessa Freezer - SNAP Ed	10/28/2015	100.00%	12,189	12,189	5	SL/GDS	FM	7,314	2,438	9,752	2,437
212	Odessa - Website creation	5/4/2016	100.00%	28,528	28,528	5	SL/GDS	FM	13,789	5,706	19,495	5,706
213	Odessa - scanner/pistol	5/18/2016	100.00%	2,234	2,234	5	SL/GDS	FM	1,080	447	1,527	447
214	Odessa - computer access sys	5/27/2016	100.00%	5,467	5,467	5	SL/GDS	FM	2,642	1,093	3,735	1,093
215	Odessa Facility - Office furnit	1/1/2016	100.00%	221,836	221,836	7	SL/GDS	FM	87,150	31,691	118,841	31,691
216	Odessa Facility - window shad	2/22/2016	100.00%	2,860	2,860	7	SL/GDS	FM	1,090	409	1,499	409
217	Odessa Facility 411 S. Pagew	5/30/2017	100.00%	52,166	52,166	39	SL/GDS	MM	1,840	1,338	3,178	1,338
218	Odessa 2017 Ford Transit Car	3/14/2017	100.00%	24,278	24,278	5	SL/GDS	FM	7,688	4,856	12,544	4,856
219	Odessa - Dell Poweredge serv	2/11/2017	100.00%	5,556	5,556	5	SL/GDS	FM	1,852	1,111	2,963	1,111
220	Odessa - Freezer, TVs, Refrig	1/29/2017	100.00%	3,859	3,859	5	SL/GDS	FM	1,351	772	2,123	772
221	Odessa -Port-a-coolers	6/28/2018	100.00%	8,000	8,000	7	SL/GDS	FM	381	1,143	1,524	1,143
222	Odessa - Mobile Radios	4/29/2018	100.00%	5,530	5,530	7	SL/GDS	FM	395	790	1,185	790
223	Odessa - Evaporative cooler	6/12/2018	100.00%	12,268	12,268	7	SL/GDS	FM	584	1,753	2,337	1,753
224	Odessa - Mobile Food Pantry 1	2/27/2018	100.00%	105,000	105,000	5	SL/GDS	FM	14,000	21,000	35,000	21,000
225	Odessa - 2017 Nissan Van	2/27/2018	100.00%	25,095	25,095	5	SL/GDS	FM	3,346	5,019	8,365	5,019
226	Odessa - 2018 Chevy Silvarad	7/31/2018	100.00%	56,685	56,685	5	SL/GDS	FM	2,834	11,337	14,171	11,337
227	Odessa - Freezer SW Compre	5/15/2018	100.00%	4,411	4,411	7	SL/GDS	FM	263	630	893	630
228	Odessa - Phone soundstation	9/30/2018	100.00%	6,249	6,249	7	SL/GDS	FM	74	893	967	893
229	Odessa - Breakroom furniture	7/27/2018	100.00%	12,423	12,423	7	SL/GDS	FM	444	1,775	2,219	1,775
230	WIP - Midland prkg lot (cumula	9/30/2019	100.00%	20,998	20,998	0			0	0	0	0
231	Odessa 250g water softn,filtr s	9/29/2019	100.00%	7,250	7,250	7	SL/GDS	FM	0	86	86	1,036
232	Odessa WH racks	10/23/2018	100.00%	9,908	9,908	7	SL/GDS	FM	0	1,415	1,415	1,415
233	Odessa 3 pallet trucks	7/8/2019	100.00%	14,431	14,431	7	SL/GDS	FM	0	515	515	2,062
234	Odessa 2013 Utility Truck, Tra	1/18/2019	100.00%	44,271	44,271	5	SL/GDS	FM	0	6,641	6,641	8,854
235	Odessa Wraps for trucks	9/27/2019	100.00%	23,970	23,970	5	SL/GDS	FM	0	399	399	4,794
236	Midland - Donated Pinon Land	9/3/2019	100.00%	119,010	119,010	0			0	0	0	0
237	Odessa TV for comm room	5/31/2019	100.00%	1,680	1,680	7	SL/GDS	FM	0	100	100	240
SubTotals				12,224,052	12,224,052				1,153,463	432,817	1,586,280	
Less: Disposed Assets				(0)	(0)				(0)	(0)	(0)	
Ending Totals				12,224,052	12,224,052				1,153,463	432,817	1,586,280	424,069