

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2022**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning and ending

<b>B</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	<b>C</b> Name of organization <b>COMMUNITY FOUNDATION OF WEST TEXAS</b>		<b>D</b> Employer identification number <b>** - ***9180</b>
	Doing business as		<b>E</b> Telephone number <b>(806) 762-8061</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>6102 82ND STREET</b>		<b>G</b> Gross receipts \$ <b>20,256,105.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>LUBBOCK, TX 79424</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>STEPHEN WARREN</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> 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		If "No," attach a list. See instructions	
<b>J</b> Website: <b>WWW.CFWTX.ORG</b>		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1981</b>	<b>M</b> State of legal domicile: <b>TX</b>

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE COMMUNITY FOUNDATION OF WEST TEXAS ENHANCES THE LIVES OF ALL RESIDENTS OF THE TEXAS SOUTH PLAINS</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>25</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>25</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>7</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>100</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>2,875,798.</b>	<b>4,540,939.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>12,365.</b>	<b>6,911.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>5,489,282.</b>	<b>3,330,333.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>8,377,445.</b>	<b>7,878,183.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,517,948.</b>	<b>3,110,953.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>565,382.</b>	<b>627,895.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>260,102.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>593,945.</b>	<b>602,099.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,677,275.</b>	<b>4,340,947.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>3,700,170.</b>	<b>3,537,236.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>69,554,926.</b>	<b>End of Year</b> <b>61,358,908.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>3,241,564.</b>	<b>2,931,033.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>66,313,362.</b>	<b>58,427,875.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>STEPHEN WARREN, PRESIDENT</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ERIN DIPPREY</b>	Preparer's signature <b>ERIN DIPPREY</b>	Date <b>10/23/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01419700</b>
	Firm's name <b>BOLINGER, SEGARS, GILBERT AND MOSS LLP</b>	Firm's EIN <b>** - ***2037</b>	Phone no. <b>(806) 747-3806</b>		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE COMMUNITY FOUNDATION OF WEST TEXAS ENHANCES THE LIVES OF ALL RESIDENTS OF THE TEXAS SOUTH PLAINS REGION, NOW AND FOR GENERATIONS TO COME, BY WORKING TOGETHER WITH OUR DONORS TO BUILD COMMUNITY ENDOWMENT, ADDRESS NEEDS THROUGH GRANTMAKING, AND PROVIDE LEADERSHIP

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 [X] 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 [X] 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 \$ 3,776,502. including grants of \$ 3,110,953. ) (Revenue \$ 6,911. ) THE ORGANIZATION'S LARGEST PROGRAM IS GRANTMAKING. APPROXIMATELY 22% OF GRANTS IN 2022 WERE DIRECTED BY THE BOARD OF DIRECTORS THROUGH FIELD OF INTEREST AND DISCRETIONARY FUNDS THAT ADDRESS VITAL COMMUNITY NEEDS IN THE SOUTH PLAINS REGION AND RESPOND TO EMERGING OPPORTUNITIES IN A WIDE RANGE OF CHARITABLE ORGANIZATIONS. FOCUS AREAS INCLUDE BASIC NEEDS AND SELF SUFFICIENCY, EDUCATION AND YOUTH, CIVIC, SOCIAL AND ECONOMIC DEVELOPMENT, AND ARTS AND CULTURE. 9% OF FUNDS DISTRIBUTED IN 2022 WERE FROM SCHOLARSHIP FUNDS. THE REMAINING 69% OF GRANTS AUTHORIZED BY THE BOARD OF DIRECTORS IN 2022 WERE FROM ENDOWED AND LIMITED-TERM DESIGNATED AND DONOR-ADVISED FUNDS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) THE ORGANIZATION IS COMMITTED TO COMMUNITY BETTERMENT AND GROWING REGIONAL PHILANTHROPY. IN 2022, GRANTS AWARDED BY THE COMMUNITY FOUNDATION AND ITS AFFILIATES IN PLAINVIEW/HALE COUNTY, POST/GARZA COUNTY, LEVELLAND/HOCKLEY COUNTY AND SLATON INCLUDED MULTIPLE COLLABORATIVE COMMUNITY PROJECTS.

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

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

4e Total program service expenses 3,776,502.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b> X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b> X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and their compliance status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c detailing IRS filing and tax compliance information.

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee reporting (2a-2b), unrelated business income (3a-3b), foreign accounts (4a-4b), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), section 501(c)(7) organizations (10), section 501(c)(12) organizations (11), section 4947(a)(1) trusts (12a-12b), section 501(c)(29) health insurance issuers (13a-13c), indoor tanning services (14a-14b), section 4960 tax (15), section 4968 excise tax (16), and section 501(c)(21) organizations (17).

**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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 25		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 25		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15a</b>		X	
<b>b</b>	Other officers or key employees of the organization		X
<b>15b</b>			X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 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 on Schedule O)
- 19** Describe on 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  
**CARLA STRICKLIN - (806) 762-8061**  
**6102 82ND STREET, STE 8B, LUBBOCK, TX 79424**

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) STEPHEN WARREN PRESIDENT	40.00			X				119,969.	0.	16,568.
(2) DWIGHT MCDONALD CHAIRMAN	1.00	X		X				0.	0.	0.
(3) SANDY MARTINEZ CHAIR ELECT	1.00	X		X				0.	0.	0.
(4) BUD HOLMES SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(5) MONT MCLENDON PAST CHAIRMAN	1.00	X		X				0.	0.	0.
(6) MARISA ALLISON-SCHEEF GRANTS CHAIR	1.00	X						0.	0.	0.
(7) NATALIE INDERMAN DONOR RELATIONS CHAIR	1.00	X						0.	0.	0.
(8) RYAN HENRY PERSONNEL CHAIR	1.00	X						0.	0.	0.
(9) MARK BASS INVESTMENT CHAIR	1.00	X						0.	0.	0.
(10) SAM AYERS DIRECTOR	1.00	X						0.	0.	0.
(11) DAWN MOORE DIRECTOR	1.00	X						0.	0.	0.
(12) ANN-MARIE CARRUTH DIRECTOR	0.25	X						0.	0.	0.
(13) ANN MARIE WRIGHT DIRECTOR	1.00	X						0.	0.	0.
(14) BEN GARCIA DIRECTOR	1.00	X						0.	0.	0.
(15) YVETTE HINOJOSA DIRECTOR	0.50	X						0.	0.	0.
(16) STACY RIKER (1/22 - 7/22) DIRECTOR	0.25	X						0.	0.	0.
(17) DON RUSHING DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) TED RUSHING DIRECTOR	1.00	X						0.	0.	0.
(19) LYNNETTE WILSON DIRECTOR	1.00	X						0.	0.	0.
(20) BARBARA GILLEY DIRECTOR	0.25	X						0.	0.	0.
(21) ROGER KARR DIRECTOR	1.00	X						0.	0.	0.
(22) SHARON PRATHER DIRECTOR	1.00	X						0.	0.	0.
(23) TERRA JAMES DIRECTOR	1.00	X						0.	0.	0.
(24) BRIANNA BROWN DIRECTOR	1.00	X						0.	0.	0.
(25) CRYSTAL EDWARDS DIRECTOR	1.00	X						0.	0.	0.
(26) SARAH THOMPSON (3/22 - 12/22) DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								119,969.	0.	16,568.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								119,969.	0.	16,568.

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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
<b>5</b> 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
NONE		

**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 0

SEE PART VII, SECTION A CONTINUATION SHEETS



**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 line)	(C) Position (check all that apply)						(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			
(27) DIANN WINDHAM (8/22 - 12/22) DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>	49,620.					
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	4,491,319.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 49,956.					
	<b>h Total.</b> Add lines 1a-1f .....			4,540,939.				
	<b>Program Service Revenue</b>	<b>2 a</b> MANAGEMENT FEES	<b>Business Code</b>	525990	6,911.	6,911.		
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> _____								
<b>e</b> _____								
<b>f</b> All other program service revenue .....								
<b>g Total.</b> Add lines 2a-2f .....				6,911.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			1,183,270.			1183270.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal				
			<b>b</b> Less: rental expenses ...	<b>6b</b>				
			<b>c</b> Rental income or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss) .....							
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other				
			<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	12,366,642.			
			<b>c</b> Gain or (loss) .....	<b>7c</b>	2,147,063.			
	<b>d</b> Net gain or (loss) .....				2,147,063.		2147063.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 49,620. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>			11,280.			
			<b>b</b> Less: direct expenses .....	<b>8b</b>	11,280.			
			<b>c</b> Net income or (loss) from fundraising events .....			0.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>							
		<b>b</b> Less: direct expenses .....	<b>9b</b>					
		<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>							
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>					
		<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>						
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....				7,878,183.	6,911.	0.	3330333.	

**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,792,629.	2,792,629.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	318,324.	318,324.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	136,537.	46,423.	53,249.	36,865.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	401,771.	136,497.	156,168.	109,106.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,371.	8,286.	9,505.	6,580.
9 Other employee benefits	25,560.	8,489.	8,962.	8,109.
10 Payroll taxes	39,656.	13,483.	15,466.	10,707.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	12,345.	4,074.	4,197.	4,074.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	374,101.	374,101.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	21,202.	4,567.	4,705.	11,930.
12 Advertising and promotion	8,355.	843.	4.	7,508.
13 Office expenses	32,149.	10,513.	5,722.	15,914.
14 Information technology	28,467.	13,137.	7,780.	7,550.
15 Royalties				
16 Occupancy	25,779.	8,584.	8,610.	8,585.
17 Travel	6,787.	2,074.	1,586.	3,127.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,596.	5,379.	8,436.	6,781.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,029.	11,560.	11,909.	11,560.
23 Insurance	4,613.	1,536.	1,541.	1,536.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>DONOR RECOGNITION</b>	8,412.			8,412.
b <b>AFFILIATE EXPENSE</b>	7,732.	3,866.	3,866.	
c <b>PROGRAM EXPENSE</b>	7,677.	7,677.		
d <b>DUES &amp; SUBSCRIPTIONS</b>	5,860.	1,465.	2,637.	1,758.
e All other expenses	2,995.	2,995.		
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>4,340,947.</b>	<b>3,776,502.</b>	<b>304,343.</b>	<b>260,102.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	2,622,063.	<b>2</b>	2,314,348.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	7,853.	<b>4</b>	8,131.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	1,750,000.	<b>7</b>	1,750,000.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 774,973.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 283,418.	526,585.	<b>10c</b> 491,555.
	<b>11</b> Investments - publicly traded securities .....	64,648,425.	<b>11</b>	56,794,874.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	69,554,926.	<b>16</b>	61,358,908.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	22,610.	<b>17</b>	20,777.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	3,218,954.	<b>21</b>	2,910,256.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,241,564.	<b>26</b>	2,931,033.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	66,310,616.	<b>27</b>	58,425,170.
	<b>28</b> Net assets with donor restrictions .....	2,746.	<b>28</b>	2,705.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	66,313,362.	<b>32</b>	58,427,875.
<b>33</b> Total liabilities and net assets/fund balances .....	69,554,926.	<b>33</b>	61,358,908.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,878,183.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,340,947.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,537,236.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	66,313,362.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-11,422,723.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	58,427,875.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 on Schedule O.		
<b>2a</b>	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>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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 on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
<b>b</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 on Schedule O and describe any steps taken to undergo such audits _____		

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization <b>COMMUNITY FOUNDATION OF WEST TEXAS</b>	Employer identification number <b>**-***9180</b>
---	---

**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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6837194.	4107688.	12075172.	2875798.	4540939.	30436791.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6837194.	4107688.	12075172.	2875798.	4540939.	30436791.
<b>5</b> 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) .....						11279589.
<b>6 Public support.</b> Subtract line 5 from line 4.						19157202.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	6837194.	4107688.	12075172.	2875798.	4540939.	30436791.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	945,064.	1062692.	1047291.	1057713.	1183270.	5296030.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						35732821.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	61,755.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	53.61 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	55.43 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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 III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

**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.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

COMMUNITY FOUNDATION OF WEST TEXAS

Employer identification number

\*\* - \*\*\*9180

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), 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), 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).

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

Schedule B (Form 990) (2022)

Name of organization  <b>COMMUNITY FOUNDATION OF WEST TEXAS</b>	Employer identification number  <b>** - ***9180</b>
---	---

**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	<hr/> <hr/> <hr/>	\$ <u>2,100,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>164,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>224,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>100,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>101,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>COMMUNITY FOUNDATION OF WEST TEXAS</b>	Employer identification number  <b>** - ***9180</b>
---	---

**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	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 176,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>COMMUNITY FOUNDATION OF WEST TEXAS</b>	Employer identification number  <b>** - ***9180</b>
---	---

**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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization  <b>COMMUNITY FOUNDATION OF WEST TEXAS</b>	Employer identification number  <b>** - *** 9180</b>
---	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF WEST TEXAS; Employer identification number: \*\* - \*\*\* 9180

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions, grants, and end of year, and yes/no questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure); 2. Conservation contribution details (table with 2a-2d); 3-9. Monitoring and reporting requirements (checkboxes for policy, staff hours, expenses, and reporting).

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.

Form with sections 1a-1b and 2. 1a: Text of footnote for art collection; 1b: Amounts for art collection; 2: Amounts for art collection for financial gain.

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 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	66,313,362.	60,383,088.	48,686,997.	41,850,540.	39,877,429.
b Contributions	4,559,130.	2,900,154.	12,094,111.	4,141,384.	6,893,413.
c Net investment earnings, gains, and losses	-8,092,390.	7,719,386.	6,297,899.	7,960,916.	-1,495,610.
d Grants or scholarships	3,110,953.	3,517,948.	5,676,766.	4,294,285.	2,509,352.
e Other expenditures for facilities and programs	936,931.	907,023.	774,448.	746,126.	696,346.
f Administrative expenses	304,343.	264,295.	244,705.	225,432.	218,994.
g End of year balance	58,427,875.	66,313,362.	60,383,088.	48,686,997.	41,850,540.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
  - b Permanent endowment 100 %
  - c Term endowment 0.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations  |                          | <input checked="" type="checkbox"/> |
| (ii) Related organizations   |                          | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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		131,691.		131,691.
b Buildings		565,033.	207,179.	357,854.
c Leasehold improvements				
d Equipment		78,249.	76,239.	2,010.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				491,555.

**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 .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	-3,533,260.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-11,422,723.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	11,280.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-11,411,443.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,878,183.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	7,878,183.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	4,352,227.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	11,280.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	11,280.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,340,947.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	4,340,947.

**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 IV, LINE 2B:**

AN AGENCY ENDOWMENT IS A TYPE OF DESIGNATED FUND ESTABLISHED BY A CHARITY AT THE COMMUNITY FOUNDATION OF WEST TEXAS FOR THE CHARITY'S OWN BENEFIT OR THE BENEFIT OF A RELATED ENTITY. THAT IS, THE DONOR OR RESOURCE PROVIDER AND THE BENEFICIARY OR RECIPIENT IS THE SAME ENTITY. COMMUNITY FOUNDATION OF WEST TEXAS HAS LEGAL OWNERSHIP OF FUNDS CONTRIBUTED TO AN AGENCY ENDOWMENT. AS SUCH, COMMUNITY FOUNDATION OF WEST TEXAS BOARD HAS FIDUCIARY RESPONSIBILITY OVER THE FUNDS. AGENCY ENDOWMENTS ARE ONLY MAINTAINED FOR PUBLIC CHARITIES AND OR GOVERNMENTAL UNITS.

**PART V, LINE 4:**

THE ORGANIZATION'S ENDOWMENT FUNDS ARE ADMINISTERED EXCLUSIVELY FOR

**Part XIII** Supplemental Information (continued)

CHARITABLE PURPOSES WHICH ENHANCE PHILANTHROPY AND STRENGTHEN THE SENSE OF COMMUNITY WITHIN THE TEXAS SOUTH PLAINS AREA.

PART X, LINE 2:

THE FOUNDATION HAS ADOPTED THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. THE PRIMARY TAX POSITION OF THE FOUNDATION IS ITS FILING STATUS AS A TAX EXEMPT ENTITY. THE FOUNDATION DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT ITS TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS), OR OTHER STATE TAXING AUTHORITIES. THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATIONS BY FEDERAL TAXING AUTHORITIES FOR YEARS BEFORE 2019. THE FOUNDATION RECOGNIZES INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES. THERE WERE NO PENALTIES OR INTEREST RECOGNIZED DURING THE YEAR ENDED DECEMBER 31, 2022.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED ON PART VIII LINE 8B 11,280.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED ON PART VIII LINE 8B 11,280.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>COMMUNITY FOUNDATION OF WEST TEXAS</b>	Employer identification number <b>**-***9180</b>
---	---

**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 <input type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations              | g <input type="checkbox"/> Special fundraising events            |
| d <input type="checkbox"/> In-person solicitations          |  |
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes       No
- b If "Yes," list the 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			
<b>Total</b> .....						

- 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.
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
-



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT		NONE	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	60,900.			60,900.
	<b>2</b> Less: Contributions .....	49,620.			49,620.
	<b>3</b> Gross income (line 1 minus line 2) .....	11,280.			11,280.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	2,170.			2,170.
	<b>6</b> Rent/facility costs .....	6,200.			6,200.
	<b>7</b> Food and beverages .....	838.			838.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	2,072.			2,072.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				11,280.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				0.	

**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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 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 \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF WEST TEXAS** Employer identification number **\*\* - \*\*\* 9180**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ADOLESCENT SUPPORT NETWORK P.O. BOX 65536 LUBBOCK, TX 79464	*****6070	501(C)3	14,000.	0.			ALTERNATIVE PEER GROUP (APG)
ALL SAINTS EPISCOPAL HIGH SCHOOL 3222 103RD STREET LUBBOCK, TX 79423	*****4580	501(C)3	8,871.	0.			MINI-GRANTS FOR TEACHERS, GENERAL SUPPORT
AMERICAN CANCER SOCIETY, HIGH PLAINS DIVISION INC. - PANHANDLE REGION - 3511 10TH STREET - LUBBOCK, TX 79415	** - ***8491	501(C)3	12,475.	0.			HOPE LODGE ICE DISPENSER, ACCESS TO CARE FOR CANCER PATIENTS, GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 12345 NORTH LAMAR BLVD., SUITE 200 AUSTIN, TX 78753	*****3797	501(C)3	24,040.	0.			SOUTH PLAINS - GENERAL SUPPORT
AMERICAN WIND POWER CENTER 1701 CANYON LAKE DRIVE LUBBOCK, TX 79403-4908	** - ***9769	501(C)3	7,008.	0.			GENERAL SUPPORT
BALLET LUBBOCK 1300 MAC DAVIS LANE, SUITE 1 LUBBOCK, TX 79401-1806	** - ***3294	501(C)3	30,000.	0.			THE NUTCRACKER PRODUCTION, DROPS AND SETS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **121.**

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

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

Schedule I (Form 990) 2022

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS 3416 KNOXVILLE AVE LUBBOCK, TX 79413-2216	**-***1917	501(C)3	8,955.	0.			SUMMER CAMP AND GENERAL SUPPORT
BILL'S BACKPACKS PO BOX 974 LEVELLAND, TX 79336-0974	**-***7760	501(C)3	10,478.	0.			FOOD FOR CHILDREN, GENERAL SUPPORT
BREEDLOVE FOODS, INC. 1818 N MARTIN LUTHER KING JR. BLVD LUBBOCK, TX 79403-9760	**-***4373	501(C)3	8,921.	0.			GENERAL SUPPORT
BUCKNER CHILDREN AND FAMILY SERVICES - 129 BRENTWOOD AVE. - LUBBOCK, TX 79416	*****1395	501(C)3	18,754.	0.			FAMILY PATHWAYS PROGRAM
CABLE NATURAL HISTORY MUSEUM INC P.O. BOX 416 CABLE, WI 54821	*****0448	501(C)3	11,564.	0.			GENERAL SUPPORT
CASA OF EL PASO 221 N KANSAS ST STE 1501 EL PASO, TX 79901-1400	**-***0407	501(C)3	8,000.	0.			RECRUIT/TRAIN VOLUNTEERS ADVOCACY PROGRAM, OUT OF REGION CHILD VISIT SUPPORT AND GENERAL SUPPORT
CASA OF THE SOUTH PLAINS, INC. 4601 S LOOP 289, STE. 25 LUBBOCK, TX 79424-2208	**-***2631	501(C)3	31,697.	0.			SUPPORT AND GENERAL SUPPORT
CATHOLIC CHARITIES, DIOCESE OF LUBBOCK, INC. - 102 AVENUE J - LUBBOCK, TX 79401-1438	**-***6688	501(C)3	18,576.	0.			CRISIS FUND
CHILDREN'S ADVOCACY CENTER OF THE SOUTH PLAINS, INC. - 720 TEXAS AVENUE - LUBBOCK, TX 79401-1814	**-***0920	501(C)3	14,358.	0.			GENERAL SUPPORT

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S GRIEF CENTER OF EL PASO 11625 PELLICANO DR EL PASO, TX 79936-6242	**-***0329	501(C)3	5,500.	0.			COLOR PRINTER AND CARTRIDGES, GENERAL SUPPORT
CHILDREN'S HOME OF LUBBOCK 4404 IDALOU RD LUBBOCK, TX 79408-2824	**-***7480	501(C)3	10,000.	0.			SUPPORT AND TECHNOLOGY NEEDS
CITY OF LUBBOCK - ANIMAL SERVICES 3323 SE LOOP 289 LUBBOCK, TX 79404	**-***0590	GOVERNMENT	11,364.	0.			SERVICES FOR LOST, ABANDONED AND INJURED ANIMALS
COCHRAN COUNTY SENIOR CITIZENS ASSOCIATION INC - 120 W WILSON AVE - MORTON, TX 79346	*****3172	501(C)3	10,000.	0.			REPLACEMENT OF AIR CONDITIONER UNIT IN KITCHEN
COE COLLEGE 1220 FIRST AVENUE NE CEDAR RAPIDS, IA 52402	*****6467	501(C)3	17,345.	0.			ANNUAL FUND FOR FINANCIAL AID
COMMEMORATIVE AIR FORCE P.O. BOX 764769 DALLAS, TX 75376-4769	*****4491	501(C)3	10,000.	0.			GENERAL SUPPORT
COMMUNITIES IN SCHOOLS ON THE SOUTH PLAINS, INC. - 1946 AVE Q, 3RD FLOOR - LUBBOCK, TX 79411	**-***9581	501(C)3	10,000.	0.			CIS EMERGENCY FUNDS
COMMUNITY HEALTH CENTER OF LUBBOCK 1610 5TH STREET LUBBOCK, TX 79401-2622	*****4925	501(C)3	10,885.	0.			AIR PURIFICATION UNITS, GENERAL SUPPORT
CROSSVIEW CHRISTIAN CAMP P.O. BOX 288 DICKENS, TX 79229-0288	**-***9011	501(C)3	32,040.	0.			OPEN REGISTRATION TEEN CAMP, SCHOLARSHIPS, GENERAL SUPPORT

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DICKENS COUNTY HISTORICAL COMMISSION - P.O. BOX 422 - DICKENS, TX 79229	**-***0924	501(C)3	5,433.	0.			PALACE THEATER
DON HARRINGTON DISCOVERY CENTER 1200 STREIT DR AMARILLO, TX 79106-1759	*****0735	501(C)3	8,608.	0.			MULTI-GENERATIONAL LITERACY SPACE
EARLY LEARNING CENTERS OF LUBBOCK, INC. - 1639 MAIN ST - LUBBOCK, TX 79401-3103	**-***0023	501(C)3	29,909.	0.			READY! SET! READ!, FEE ASSISTANCE, FLOORING AND WINDOWS
EAST LUBBOCK ART HOUSE 405 MARTIN LUTHER KING JR. BLVD LUBBOCK, TX 79403	*****8942	501(C)3	23,807.	0.			ART INTERNSHIP PROGRAM, WELLNESS WORKSHOPS, GENERAL SUPPORT
EMPOWER CAMPS OF TEXAS PO BOX 16457 LUBBOCK, TX 79423-3640	**-***7066	501(C)3	7,482.	0.			EMPOWER CAMPS LAUNCH
FAMILY PROMISE OF LUBBOCK, INC. P.O. BOX 1258 LUBBOCK, TX 79408-1258	**-***8106	501(C)3	13,713.	0.			HOUSING AND HOMELESS PREVENTION, GENERAL SUPPORT
FIBERMAX CENTER FOR DISCOVERY PO BOX 505 LUBBOCK, TX 79408	*****0167	501(C)3	7,821.	0.			UNDERWOOD PULLMAN CAR, GENERAL SUPPORT
FLATLANDS DANCE THEATRE P.O. BOX 93001 LUBBOCK, TX 79493-3001	**-***1902	501(C)3	5,000.	0.			THE EVOLUTION OF GAIA
FOCUS ON THE FAMILY 8605 EXPLORER DR COLORADO SPRINGS, CO 80920-1049	*****8150	501(C)3	10,000.	0.			GENERAL SUPPORT

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE LUBBOCK PUBLIC LIBRARY - 1306 9TH STREET - LUBBOCK, TX 79401	**-***3293	501(C)3	28,397.	0.			GENERAL SUPPORT
GARZA COUNTY TRAILBLAZERS 205 E 10TH ST POST, TX 79356-3310	**-***3881	501(C)3	6,000.	0.			FEEDING HOMEBOUND SENIOR CITIZENS OF POST, TEXAS
GUADALUPE-PARKWAY NEIGHBORHOOD CENTERS - 405 N. MARTIN L KING BLVD. - LUBBOCK, TX 79403-0000	**-***6079	501(C)3	6,200.	0.			BUILDING UPGRADES
HAVEN ANIMAL CARE SHELTER 4501 N. CR 1729 LUBBOCK, TX 79403	*****3572	501(C)3	5,782.	0.			GENERAL SUPPORT
HIGH POINT VILLAGE 6223 CR 6300 LUBBOCK, TX 79416-9723	**-***2223	501(C)3	46,453.	0.			COME ONE, COME ALL SUMMER OF FUN AND GENERAL SUPPORT
HOSPICE OF LUBBOCK P.O. BOX 16800 LUBBOCK, TX 79490	**-***3781	501(C)3	18,547.	0.			GENERAL SUPPORT
HUNTINGTON'S DISEASE SOCIETY OF AMERICA - 505 EIGHTH AVENUE, SUITE 902 - NEW YORK, NY 10018	*****2578	501(C)3	135,894.	0.			GENERAL SUPPORT
LAKERIDGE UNITED METHODIST CHURCH 4701 82ND STREET LUBBOCK,, TX 79424	**-***0000	CHURCH/RELIGIOUS	30,327.	0.			FACILITY MAINTENANCE AND REPAIRS, MISSIONS, GENERAL SUPPORT, CHANGE FOR CHILDREN
LEVELLAND INDEPENDENT SCHOOL DISTRICT - 1412 EAST ELLIS - LEVELLAND, TX 79351	**-***0000	GOVERNMENT	8,125.	0.			MINI-GRANTS FOR TEACHERS AND STUDENT SUPPORT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVE OAK COMMUNITY CHURCH 10710 FRANKFORD AVE. LUBBOCK, TX 79424	**_***0000	CHURCH/RELIGIOUS	5,000.	0.			GENERAL SUPPORT
LLANO ESTACADO SILVER STAR BOARD P.O. BOX 65195 LUBBOCK, TX 79464-5195	*****7583	501(C)3	14,406.	0.			HVAC ASSISTANCE, SUPPORT FOR APS CLIENTS
LOS HERMANOS FAMILIA P. O. BOX 6473 LUBBOCK, TX 79493	**_***5495	501(C)3	5,829.	0.			FISHING RODS, GENERAL SUPPORT
LOUISE HOPKINS UNDERWOOD CENTER FOR THE ARTS - 511 AVENUE K - LUBBOCK, TX 79401-1800	**_***2616	501(C)3	26,388.	0.			CLAY STUDIO STAFF SUPPORT, GENERAL SUPPORT
LOVE THE HUB INC 10306 INDIANA AVENUE LUBBOCK, TX 79423	**_***7063	501(C)3	23,017.	0.			LOVE THE HUB RELIEF ASSISTANCE
LUBBOCK AREA UNITED WAY 1655 MAIN ST, STE 101 LUBBOCK, TX 79401-3109	**_***1812	501(C)3	31,542.	0.			FUND DRIVE, GENERAL SUPPORT AND ENDOWMENT FUND
LUBBOCK ARTS ALLIANCE P.O. BOX 5092 LUBBOCK, TX 79408-5092	**_***5858	501(C)3	48,000.	0.			LUBBOCK CULTURAL DISTRICT MARKETING, ARTS FESTIVAL, CHILDREN'S ART
LUBBOCK CHILDREN'S HEALTH CLINIC PO BOX 12103 LUBBOCK, TX 79452-2103	**_***8315	501(C)3	15,000.	0.			HEALTHCARE FOR CHILDREN
LUBBOCK CHRISTIAN SCHOOLS 2604 DOVER AVENUE LUBBOCK, TX 79407	*****2425	501(C)3	31,692.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUBBOCK COMMUNITY THEATRE 3101 35TH ST LUBBOCK, TX 79413-2312	**-***8970	501(C)3	15,000.	0.			CHILDREN'S EDUCATION PROGRAM, STAGES ACADEMY
LUBBOCK DREAM CENTER 1111 30TH ST LUBBOCK, TX 79411-2723	*****1946	501(C)3	147,742.	0.			GENERAL SUPPORT
LUBBOCK ENTERTAINMENT AND PERFORMING ARTS ASSOCIATION - 1500 BROADWAY STREET - LUBBOCK, TX 79401-3174	**-***2406	501(C)3	10,000.	0.			BUDDY HOLLY HALL
LUBBOCK EXPERIENCE INCORPORATED 1500 BROADWAY, SUITE 600 LUBBOCK, TX 79401-3227	*****7025	501(C)3	13,830.	0.			MUSICIAN PROFESSIONAL DEVELOPMENT, BUFFALO GRASS FEST
LUBBOCK HABITAT FOR HUMANITY 3630 50TH STREET LUBBOCK, TX 79413-3966	**-***8749	501(C)3	8,883.	0.			GENERAL SUPPORT
LUBBOCK HERITAGE SOCIETY P.O. BOX 5443 LUBBOCK, TX 79408	**-***6664	501(C)3	10,707.	0.			PULLMAN CAR AND COTTON KIOSK
LUBBOCK IMPACT 2707 34TH ST. LUBBOCK, TX 79410	**-***7120	501(C)3	40,067.	0.			JOB READINESS AND FINANCIAL EDUCATION PROGRAMS, GENERAL SUPPORT
LUBBOCK MEALS ON WHEELS, INC. 2304-34TH STREET LUBBOCK, TX 79411-1634	**-***3736	501(C)3	43,905.	0.			GENERAL SUPPORT
LUBBOCK MOONLIGHT MUSICALS 2806 AVENUE A LUBBOCK, TX 79493-3522	**-***5558	501(C)3	8,859.	0.			GO THEATER OUTREACH, ACADEMY SUMMER CAMPS, HAIRSPRAY

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUBBOCK STATE SUPPORTED LIVING CENTER - VOLUNTEER SERVICES COUNCIL - P.O. BOX 5396 - LUBBOCK, TX 79408-5396	*****7608	501(C)3	10,566.	0.			VOLUNTEER BOOTH RENOVATIONS, GENERAL SUPPORT
MAC DAVIS MUSEUM AND ACADEMY OF SONGWRITING - P.O. BOX 2534 - LUBBOCK, TX 79408	*****6363	501(C)3	10,000.	0.			GENERAL SUPPORT
MATADOR MOTLEY COUNTY VOLUNTEER FIRE DEPARTMENT - PO BOX 222 - MATADOR, TX 79244-0222	*****9663	501(C)3	20,000.	0.			GENERAL SUPPORT
METHODIST CHILDREN'S HOME 1111 HERRING AVENUE WACO, TX 76708	*****9750	501(C)3	5,452.	0.			GENERAL SUPPORT
MORRIS SAFE HOUSE 3240 NIGHTINGALE ROAD LUBBOCK, TX 79407-8624	**-***4005	501(C)3	8,555.	0.			NEW INTAKES VACCINES, TESTING AND GENERAL SUPPORT
NAVIGATORS BOX 6079 ALBERT LEA, MN 56007	*****7896	501(C)3	10,000.	0.			CASTLE REMODEL
NEW LEGACY HOME FOR WOMEN P.O. BOX 53904 LUBBOCK, TX 79424-6363	*****3204	501(C)3	5,429.	0.			NUTRITIOUS MEALS AND SNACK OPTIONS
NEW MEXICO JUNIOR COLLEGE FOUNDATION - 1 THUNDERBIRD CIRCLE - HOBBS, NM 88240	*****5300	501(C)3	17,345.	0.			WILLIAM J. BECKMAN & AUDREY BECKMAN DIVILBISS SCHOLARSHIP FUND
NEW WEST CONTEMPORARY ART MUSEUM PLAINVIEW (CAMP) - 219 E. 6TH STREET - PLAINVIEW, TX 79072	**-***6903	501(C)3	18,000.	0.			2022 PROGRAMMING

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWOODS HUMANE SOCIETY P.O. BOX 82 HAYWARD, WI 54843	*****4807	501(C)3	11,564.	0.			GENERAL SUPPORT
ONE ACCORD FELLOWSHIP 6002 AVENUE U LUBBOCK, TX 79412	**-***0000	CHURCH/RELIGIOUS	16,000.	0.			GENERAL SUPPORT
ONEVOICE HOME P.O. BOX 2337 LUBBOCK, TX 79408	*****9679	501(C)3	5,323.	0.			COMFORT SPACE, GENERAL SUPPORT
OPEN DOOR 1918 13TH ST LUBBOCK, TX 79401-3705	**-***7541	501(C)3	43,091.	0.			OPEN DOOR VITAL SERVICES, SUPPORTIVE HOUSING, GENERAL SUPPORT
OPERATION PAWPRINTS 5240 MARSHA SHARP FWY LUBBOCK, TX 79407-3524	**-***3986	501(C)3	8,000.	0.			COVID RELATED FUNDING LOSS - ANIMAL CARE PROGRAM
PANHANDLE CHILDREN'S FOUNDATION 5145 FM 722 CHANNING, TX 79018	*****5103	501(C)3	32,000.	0.			TALON POINT REPLACEMENT OF PTAC UNITS
PAUL'S PROJECT PO BOX 53891 LUBBOCK, TX 79453-3891	**-***6074	501(C)3	10,000.	0.			GENERAL SUPPORT
PAWS PET ADOPTION OF PLAINVIEW PO BOX 1605 PLAINVIEW, TX 79073-1605	**-***3229	501(C)3	11,874.	0.			TRANSPORT TO SAVE!, KEEP PETS HEALTH, GENERAL SUPPORT
PHI BETA KAPPA 4701 120TH PLACE LUBBOCK, TX 79424	**-***5121	501(C)3	8,438.	0.			HIGH SCHOOL ACADEMIC EXCELLENCE AWARDS, PERSONALIZED KEYS AND MARKETING/AWARENESS-BUILD

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAINVIEW COMMUNITY CONCERT ASSOCIATION - PO BOX 1512 - PLAINVIEW, TX 79073-1512	**-***4485	501(C)3	20,000.	0.			SEASON 77: SEASON NOSTALGIC
PLAINVIEW ISD 2417 YONKERS PLAINVIEW, TX 79072-1819	*****2248	GOVERNMENT	8,000.	0.			PISD PHOTOSCREENER II
POST ANIMAL REFUGE CENTER PO BOX 13 POST, TX 79356-0013	**-***0764	501(C)3	10,000.	0.			VETERINARY EXPENSES, SPAYT/NEUTER VOUCHERS
POST ECONOMIC DEVELOPMENT CORPORATION - PO BOX 69 - POST, TX 79356	*****2463	501(C)3	6,250.	0.			PEDC OPERATIONS, GARZA COUNTY PAVILION
PRESBYTERIAN CHILDREN'S HOMES AND SERVICES - 5920 W. WILLIAM CANNON DR. BUILDING 3 SUITE 100 - AUSTIN, TX 78749-1902	*****8172	501(C)3	5,000.	0.			LUBBOCK CHILD AND FAMILY PROGRAM
RANCHING HERITAGE ASSOCIATION BOX 43200 LUBBOCK, TX 79409	**-***7334	501(C)3	40,000.	0.			EQUIPMENT PRESERVATION, ROPES DEPOT ROOF, CASH RANCH LIFE LEARNING CENTER
REFUGE SERVICES INC. PO BOX 53684 LUBBOCK, TX 79453-3684	**-***7710	501(C)3	16,043.	0.			HORSE SHOW, GENERAL SUPPORT AND SCHOLARSHIPS
RESCUED ANIMALS - SECOND CHANCE INC. - 4606 21ST STREET - LUBBOCK, TX 79407-2312	**-***9439	501(C)3	15,000.	0.			FEED AND HORSE RESCUE NEEDS
RINGTAIL RANCH LEMUR RESCUE 5901 N CR 3000 LUBBOCK, TX 79403-6300	*****5257	501(C)3	5,000.	0.			EXTERIOR LEMUR ENRICHMENT HABITAT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCK FAMILY CHURCH 4005 LEE VANCE DRIVE COLORADO SPRINGS, CO 80918-7101	*****8199	501(C)3	10,000.	0.			"THE HOUSE" FUND
RONALD MCDONALD HOUSE 3413 10TH STREET LUBBOCK, TX 79415-5348	**-***5179	501(C)3	11,652.	0.			FIRE ALARM SYSTEM UPDATE, GENERAL SUPPORT
SALVATION ARMY OF LUBBOCK 1111 16TH STREET LUBBOCK, TX 79401	**-***0607	501(C)3	19,581.	0.			GENERAL SUPPORT
SAVING GRACE PIT BULL RESCUE 5109 82ND STREET LUBBOCK, TX 79424-3000	*****2726	501(C)3	5,000.	0.			11TH ANNUAL PIT STOP
SCIENCE SPECTRUM 2579 SOUTH LOOP 289 #250 LUBBOCK, TX 79423	**-***4555	501(C)3	11,166.	0.			CHILDREN'S MUSEUM, GENERAL SUPPORT
SCOTTISH RITE LEARNING CENTER 1101 70TH STREET LUBBOCK, TX 79412	**-***6046	501(C)3	5,452.	0.			GENERAL SUPPORT
SECOND CHANCE DOG RESCUE P.O. BOX 674 SNYDER, TX 79550-0674	**-***5652	501(C)3	10,000.	0.			RELOCATING 32 DOGS TO NEW HOMES IN THE NORTHWEST
SHELBY'S BRIDGE, INC. 1008 E HAY ST SUDAN, TX 79371-2903	**-***4995	501(C)3	7,500.	0.			TOOLS FOR OUR FRIENDS
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN - P.O. BOX 31356 - TAMPA, FL 33631-3356	**-***3608	501(C)3	12,192.	0.			BURNS INSTITUTE, GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH PLAINS FOOD BANK 5605 MLK BLVD LUBBOCK, TX 79404-0000	**_***4829	501(C)3	42,810.	0.			GENERAL SUPPORT
SOUTH PLAINS WILDLIFE REHABILITATION CENTER - 3308 95TH STREET - LUBBOCK, TX 79410-2216	**_***8445	501(C)3	11,814.	0.			GENERAL SUPPORT
SOUTHCREST CHRISTIAN SCHOOL 5005 50TH STREET LUBBOCK, TX 79414	**_***4543	OTHER	5,743.	0.			MINI-GRANTS FOR TEACHERS
SPECIAL OLYMPICS TEXAS - SOUTH PLAINS AREA 17 - 305 E. SLATON ROAD - LUBBOCK, TX 79404	**_***8367	501(C)3	5,000.	0.			SPECIAL OLYMPICS TEXAS- SOUTH PLAINS PROGRAMMING
SQUARE MILE COMMUNITY DEVELOPMENT PO BOX 7926 AMARILLO, TX 79114-7926	**_***1547	501(C)3	5,000.	0.			STREET SIGN TOPPERS
ST. BENEDICT'S CHAPEL P. O. BOX 745 LUBBOCK, TX 79411-2441	**_***0010	501(C)3	23,462.	0.			GENERAL SUPPORT
ST. ELIZABETH UNIVERSITY PARISH 2301 MAIN STREET LUBBOCK, TX 79401	**_***0000	CHURCH/RELIGIOUS	83,455.	0.			RAIDER CATHOLIC, GENERAL SUPPORT
ST. JOHN NEUMANN CATHOLIC CHURCH 5802 22ND STREET LUBBOCK, TX 79407	**_***0000	CHURCH/RELIGIOUS	33,000.	0.			MORTGAGE AND GENERAL SUPPORT
TEXAS ARCHITECTURAL FOUNDATION 500 CHICON STREET AUSTIN, TX 78702	*****0437	501(C)3	7,000.	0.			PARKHILL BUILDING COMMUNITY: SCHOLARSHIPS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS GIRLS AND BOYS RANCH PO BOX 5665 LUBBOCK, TX 79408-5665	**_***2527	501(C)3	28,581.	0.			SUMMER CAMP, BUILDING/CAPITAL FUND, GENERAL SUPPORT
TEXAS MASONIC RETIREMENT CENTER 1501 W. DIVISION ARLINGTON, TX 76012	**_***2433	501(C)3	5,709.	0.			GENERAL SUPPORT
TEXAS SCOTTISH RITE HOSPITAL FOR CRIPPLED CHILDREN - 2222 WELBORN STREET - DALLAS, TX 75219-3924	**_***8178	501(C)3	10,904.	0.			GENERAL SUPPORT
TEXAS TECH UNIVERSITY/TEXAS TECH UNIVERSITY FOUNDATION - BOX 45025 - LUBBOCK, TX 79409-5025	**_***3842	501(C)3	67,302.	0.			IHUB SOCIAL INNOVATION, SCHOLARSHIPS, STUDENT AND COLLEGE/PROGRAM SUPPORT, PUBLIC BROADCASTING
TFI FAMILY SERVICES INC 7606 UNIVERSITY AVE, STE A LUBBOCK, TX 79423	*****6277	501(C)3	5,000.	0.			CALM ROOM FOR LUBBOCK OFFICE
THE INSIDE OUT FOUNDATION 4630 50TH STREET, SUITE 500 LUBBOCK, TX 79414-3520	**_***7137	501(C)3	31,067.	0.			GENERAL SUPPORT
THE WHIT PROGRAM INC P.O. BOX 928 SAN ANGELO, TX 76902-0928	**_***5926	501(C)3	10,000.	0.			LUBBOCK COUNTY
UMC FOUNDATION P.O. BOX 5980 LUBBOCK, TX 79408-5980	**_***9312	501(C)3	22,553.	0.			CHILDREN'S MIRACLE NETWORK, CANCER CENTER
UNPACK INCORPORATED P.O. BOX 65620 LUBBOCK, TX 79423-2321	*****5304	501(C)3	10,656.	0.			UNPACK CHEMICAL DEPENDENCY AND CO-DEPENDENCY PROGRAM, GENERAL SUPPORT



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEER CENTER OF LUBBOCK 1924 BROADWAY LUBBOCK, TX 79401-3018	**-***5274	501(C)3	15,500.	0.			AGENCY PARTNER PROGRAM
WAYLAND BAPTIST UNIVERSITY 1900 W 7TH ST, CMB 1295 PLAINVIEW, TX 79072	**-***9668	501(C)3	5,000.	0.			JIMMY DEAN MUSIC AND ARTS FESTIVAL
WEE CARE CHILD CENTER 2305 YONKERS PLAINVIEW, TX 79072-3831	**-***4937	501(C)3	20,000.	0.			NEW TRANSPORTATION (MATCHING FUNDS)
WEST TEXAS FOOD BANK 411 S PAGEWOOD AVE ODESSA, TX 79761-6107	**-***7692	501(C)3	10,250.	0.			CANS
WOLFFORTH UNITED METHODIST CHURCH 1010 DONALD PRESTON DRIVE WOLFFORTH, TX 79382	**-***0000	CHURCH/RELIGIOUS	51,100.	0.			PLAYGROUND
WOMEN'S PROTECTIVE SERVICES PO BOX 54089 LUBBOCK, TX 79453-4089	**-***3066	501(C)3	42,516.	0.			SHELTER AND CLIENT SUPPLIES, GENERAL SUPPORT
WRENCH IT FORWARD INC. 1111 31ST STREET LUBBOCK, TX 79411	**-***3450	501(C)3	6,221.	0.			PROJECT SAFETY & SECURITY FENCE, GENERAL SUPPORT

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR HIGHER EDUCATION. SPECIFICALLY SCHOLARSHIPS FOR ATTENDING JUNIOR COLLEGES OR UNIVERSITIES.	130	318,324.	0.		

**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 COMMUNITY FOUNDATION OF WEST TEXAS MAKES GRANTS TO NON-PROFIT ORGANIZATIONS CAPABLE OF PROVIDING SERVICES FOR AREA RESIDENTS. IN THE CASE OF DONOR-ADVISED FUND RECOMMENDATIONS, GRANTS CAN ALSO BE MADE FOR CHARITABLE PURPOSES OUTSIDE OF THE LUBBOCK AREA. THE FOUNDATION WILL REVIEW THE CREDENTIALS OF ALL NON-PROFIT ORGANIZATIONS SEEKING GRANTS. THIS REVIEW WILL INCLUDE VERIFICATION OF IRS RULING AND PROGRAM EVALUATIONS THAT DETAIL THE USE OF FUNDS GRANTED.

**Part IV** Supplemental Information

THE FOUNDATION IS OBLIGATED TO WITHHOLD OR RECALL GRANTS TO ORGANIZATIONS THAT CANNOT OR ARE UNWILLING TO PROVIDE APPROPRIATE DOCUMENTATION AND REPORTS THAT ENSURE APPROPRIATE USE OF FUNDS.

ADDITIONAL CRITERIA FOR EVALUATION OF REQUESTS FOR FUNDING FROM THE FOUNDATION'S UNRESTRICTED FUNDS MAY INCLUDE THE FOLLOWING:

1. SCREENING FOR ELIGIBILITY: HAS THE ORGANIZATION PROVIDED BASIC DOCUMENTATION, INCLUDING IRS DETERMINATION LETTER AND FINANCIAL STATEMENTS? IS THERE A CLEAR AND CONCISE PROPOSAL? DOES THE REQUEST MEET THE LEGAL REQUIREMENTS AND THE INTEREST AREAS OF THE COMMUNITY FOUNDATION OF WEST TEXAS?

2. ORGANIZATION STRENGTH: IS THIS A CREDIBLE ORGANIZATION? WHAT IS ITS MISSION? WHAT IS ITS PROFESSIONAL STANDING WITHIN ITS COMMUNITY? WHAT IS ITS TRACK RECORD? WHO IS SERVED AND ARE THERE SIMILAR PROGRAMS IN THE SAME GEOGRAPHICAL AREA? IS THERE EVIDENCE OF COMMUNITY SUPPORT?

3. PEOPLE: DO KEY PERSONNEL HAVE THE NECESSARY EXPERTISE TO UNDERTAKE THE PROPOSED PROGRAM AND CAPABILITY TO REACH THE OBJECTIVES? IS THE MANAGEMENT WELL-ORGANIZED? DOES THE BOARD COMPOSITION REFLECT AN APPROPRIATE DIVERSITY OF SKILLS AND BACKGROUNDS?

4. FINANCIAL CONDITION: HOW DOES THE AGENCY MEET DAY-TO-DAY OPERATIONS? IS THERE A BROAD BASE OF SUPPORT? IF THERE IS AN OPERATIONAL DEFICIT, HOW DOES THE AGENCY INTEND TO MEET THE DEFICIT? DOES THE PROGRAM HAVE A CREDIBLE BUDGET?

**Part IV** Supplemental Information

5. IDENTIFIED NEED TO BE ADDRESSED: HAS AN IMPORTANT PROBLEM OF WORKABLE DIMENSIONS BEEN PRESENTED AND DATA BEEN GIVEN TO SUBSTANTIATE THE PROBLEM?

6. PROGRAM OBJECTIVES: WHAT WILL BE ACCOMPLISHED WITH THE PROPOSED FUNDING? ARE THE OBJECTIVES REALISTIC AND MEASURABLE? DO THEY RELATE TO THE STATED PROBLEM OR NEED? IF THIS IS A NEW ACTIVITY OR APPROACH, WHAT HAS BEEN LEARNED FROM RESEARCH OR A SIMILAR PROGRAM?

7. METHODS: ARE THE PLANS SUFFICIENTLY DETAILED? IS THERE EVIDENCE GIVEN THAT SUPPORT THE PROPOSED RESULTS? IS THE TIMETABLE FOR IMPLEMENTATION REALISTIC?

8. EVALUATION: IS THERE A PROCEDURE DESIGNED TO MEASURE ACCOMPLISHMENTS OR OBJECTIVES?

9. FUTURE/OTHER FUNDING: WHAT OTHER FUNDING SOURCES HAVE BEEN IDENTIFIED? IF THE PROGRAM IS TO BE CONTINUED BEYOND THE GRANT PERIOD, IS A VERIFIABLE PLAN PRESENTED FOR FUTURE FINANCIAL SUPPORT?

IF THE DUE DILIGENCE INVESTIGATION DETERMINES THAT THE PROSPECTIVE GRANTEE QUALIFIES FOR A GRANT DISTRIBUTION, THE PROPOSAL WILL BE PRESENTED TO THE GRANTS COMMITTEE FOR CONSIDERATION. IF THE DUE DILIGENCE INVESTIGATION DETERMINES THAT THE PROSPECTIVE GRANTEE DOES NOT QUALIFY FOR A GRANT DISTRIBUTION, THE FOUNDATION WILL INFORM THE PROSPECTIVE GRANTEE, AND IF APPLICABLE, THE FUND ADVISOR WHO RECOMMENDED THE GRANT, OF THIS DECISION AND THE APPLICATION/RECOMMENDATION SHALL BE CONSIDERED REJECTED. PROPOSALS ARE PRESENTED BY THE FOUNDATION STAFF TO THE GRANTS COMMITTEE. GRANTS COMMITTEE RECOMMENDATIONS ARE THEN PRESENTED TO THE BOARD OF DIRECTORS FOR

**Part IV** Supplemental Information

APPROVAL.

STAFF AND THE GRANTS COMMITTEE MEMBERS WILL ANNUALLY REVIEW FUND AGREEMENTS THAT CLEARLY DESCRIBE DONOR INTENT AND THE PURPOSE FOR WHICH THE FUND WAS ESTABLISHED. STAFF AND GRANTS COMMITTEE MEMBERS WILL DISCUSS SUITABLE GRANTEES FOR DONOR ADVISED, FIELD-OF-INTEREST AND UNRESTRICTED FUNDS AT EACH GRANTS COMMITTEE MEETING.

DONORS WILL BE ENCOURAGED TO REVIEW AGREEMENTS WITH THEIR PERSONAL ADVISORS. DONORS WILL ALSO BE ORIENTED TO FOUNDATION ADMINISTRATIVE FEES AND PROCEDURES FOR RECOMMENDING GRANTS, AND THEY WILL RECEIVE SEMI-ANNUAL REPORTS THAT DETAIL FUND ACTIVITY. FUND ADVISORS SHOULD EXPECT REGULAR COMMUNICATION FROM THE FOUNDATION, INCLUDING INFORMATION ON UNMET COMMUNITY NEEDS THAT COULD POSSIBLY BE SUPPORTED THROUGH THEIR FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: PHI BETA KAPPA

(H) PURPOSE OF GRANT OR ASSISTANCE: HIGH SCHOOL ACADEMIC EXCELLENCE AWARDS, PERSONALIZED KEYS AND MARKETING/AWARENESS-BUILDING COLLATERAL MATERIALS FOR THE LAMBDA CHAPTER

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **COMMUNITY FOUNDATION OF WEST TEXAS** Employer identification number **\*\*-\*\*\*9180**

<b>Part I</b>	<b>Types of Property</b>	<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> 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	X	1	49,956.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
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 V, Donee Acknowledgement **29**

	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 3 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.		

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

Schedule M (Form 990) 2022



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF WEST TEXAS

Employer identification number

\*\* - \*\*\*9180

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REGION, NOW AND FOR GENERATIONS TO COME, BY WORKING TOGETHER WITH OUR  
DONORS TO BUILD COMMUNITY ENDOWMENT, ADDRESS NEEDS THROUGH GRANTMAKING  
AND PROVIDE LEADERSHIP ON KEY COMMUNITY ISSUES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ON KEY COMMUNITY ISSUES.

FORM 990, PART VI, SECTION A, LINE 2:

DIRECTORS DON AND TED RUSHING HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY WILL BE PRESENTED TO THE BOARD FOR DISCUSSION, REVIEW AND APPROVAL  
PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND STAFF ARE REQUIRED TO COMPLETE AND RETURN A STATEMENT  
EACH YEAR STATING THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY AND  
AGREE TO ABIDE BY ITS TERMS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS USE THE FORM 990 OF OTHER TAX EXEMPT ORGANIZATIONS  
WHEN DETERMINING THE COMPENSATION OF THE PRESIDENT.

THE PRESIDENT IS THE ONLY EMPLOYEE THE ORGANIZATION HAS THAT MEETS THE IRS  
DEFINITION OF OFFICER OR KEY EMPLOYEE. THE ORGANIZATION DOES NOT HAVE ANY

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

Schedule O (Form 990) 2022



Name of the organization

COMMUNITY FOUNDATION OF WEST TEXAS

Employer identification number

\*\* - \*\*\*9180

OTHER EMPLOYEES WHO MEET THE IRS DEFINITION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR VIEWING AT THE ORGANIZATION'S OFFICE. THE ANNUAL REPORT AND AUDITED FINANCIAL STATEMENTS CAN ALSO BE FOUND ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION USES A COMMITTEE ASSIGNED BY THE BOARD TO OVERSEE THE FINANCIAL STATEMENT AUDIT AND FOR SELECTION OF THE INDEPENDENT AUDITOR.