

Return of Organization Exempt From Income Tax

2019

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01/01, 2019, and ending 12/31, 20 19

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>PERMIAN BASIN AREA FOUNDATION</u>		D Employer identification number <u>75-2295008</u>
	Doing business as		E Telephone number <u>432-617-3213</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<u>3312 Andrews Highway</u>		
City or town, state or province, country, and ZIP or foreign postal code <u>Midland, TX, 79703</u>			G Gross receipts \$ <u>116,356,038</u>
F Name and address of principal officer: <u>Guy McCrary</u> <u>3312 Andrews Highway, Midland, TX 79703</u>			
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
H(c) Group exemption number ▶			

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.pbaf.org

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1989 **M** State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Permian Basin Area Foundation facilitates the creation of permanent charitable funds in partnership with many donors, and provides grants to address community needs and enrich the quality of life in the Permian Basin.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	81
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	20,745
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year <u>17,945,115</u>	Current Year <u>11,151,764</u>
	9 Program service revenue (Part VIII, line 2g)	<u>0</u>	<u>0</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>7,945,876</u>	<u>17,634,257</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>5,777,770</u>	<u>2,006,470</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>31,668,761</u>	<u>30,792,491</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>6,657,311</u>	<u>10,619,888</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>1,013,569</u>	<u>1,185,534</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>254,285</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>1,917,704</u>	<u>2,183,261</u>
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>9,588,584</u>	<u>13,988,683</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>22,080,177</u>	<u>16,803,808</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year <u>181,903,921</u>	End of Year <u>221,436,746</u>
	21 Total liabilities (Part X, line 26)	<u>10,000</u>	<u>8,474,558</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>181,893,921</u>	<u>212,962,188</u>

Part II Signature Block

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

Sign Here	Signature of officer	Date
	<u>Guy McCrary, President and CEO</u> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Permian Basin Area Foundation facilitates the creation of permanent charitable funds in partnership with many donors, and provides grants to address community needs and enrich the quality of life in the Permian Basin.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 11,029,518 including grants of \$ 10,619,888) (Revenue \$ 0)

Community capacity building programs: 549 grants to various non-profit organizations and 254 individuals awarded scholarships; based on approved grant and scholarship applications.

4b (Code: _____) (Expenses \$ 76,335 including grants of \$ 0) (Revenue \$ 0)

Community Education includes general outreach to advance the mission of the Foundation and philanthropy in West Texas. During 2019 the Foundation conducted 19 meetings and/or educational events with nonprofits.

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **▶** 11,105,853

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► 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 ►

Cyndi Vara, (432)617-3213

3312 Andrews Highway, Midland, TX 79703

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

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

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

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

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

See 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Guy McCrary President and CEO	40.00 2.00			✓			233,113	0	25,006	
Cyndi Vara Chief Financial Officer	40.00 0.00			✓			150,114	0	38,586	
Aaron Bedell Chief Operating Officer	40.00 0.00			✓			107,996	0	21,665	
Cal Hendrick Chair	2.00 0.00	✓		✓			0	0	0	
Mara Barham Vice Chair	1.00 0.00	✓		✓			0	0	0	
Mark Nicholas Past Chair	1.00 1.00	✓		✓			0	0	0	
Sande Melton Wier Secretary	1.00 0.00	✓		✓			0	0	0	
Todd Meade Treasurer	1.00 0.00	✓		✓			0	0	0	
Stacey Brown Director	1.00 0.00	✓					0	0	0	
Andrew Semer Director	1.00 0.00	✓					0	0	0	
Bryan Heflin Director	1.00 0.00	✓					0	0	0	
G Larry Lawrence Director	1.00 0.00	✓					0	0	0	
Jerry Morales Director	1.00 0.00	✓					0	0	0	
Carolyn Stone Director	1.00 0.00	✓					0	0	0	

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

Table with columns (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, and (F) Estimated amount of other compensation. Includes subtotal rows for 1b, 1c, and 1d.

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 3

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like RBC Wealth Management and Caple Royalty Services LLC.

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 3

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 76,905				
	d	Related organizations	1d 1,789,505				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 9,285,354				
	g	Noncash contributions included in lines 1a-1f	1g \$ 3,736,608				
	h	Total. Add lines 1a-1f ▶		11,151,764			
	Program Service Revenue			Business Code			
2a		-----					
b		-----					
c		-----					
d		-----					
e		-----					
f		All other program service revenue		0	0	0	
g	Total. Add lines 2a-2f ▶		0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		5,540,589	0	-19,767	5,560,356
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0
	5	Royalties ▶		1,915,701	0	0	1,915,701
	6a	Gross rents	(i) Real	0			
			(ii) Personal	0			
			6b	Less: rental expenses	0		
			6c	Rental income or (loss)	0		
	d	Net rental income or (loss) ▶		0	0	0	0
	7a	Gross amount from sales of assets other than inventory	(i) Securities	86,595,449			
			(ii) Other	11,026,944			
			7b	Less: cost or other basis and sales expenses	78,323,029	7,205,696	
			7c	Gain or (loss)	8,272,420	3,821,248	
	d	Net gain or (loss) ▶		12,093,668	0	40,512	12,053,156
	8a	Gross income from fundraising events (not including \$ 76,905 of contributions reported on line 1c). See Part IV, line 18	8a	34,822			
			8b	Less: direct expenses	34,822		
			c	Net income or (loss) from fundraising events ▶		0	0
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
			9b	Less: direct expenses			
			c	Net income or (loss) from gaming activities ▶			
	10a	Gross sales of inventory, less returns and allowances	10a				
10b			Less: cost of goods sold				
c			Net income or (loss) from sales of inventory ▶				
Miscellaneous Revenue			Business Code				
	11a	Other Income	900099	5,383	0	5,383	
	b	Administrative fees on non-owned endowm	900099	85,386	0	85,386	
	c	-----					
	d	All other revenue		0	0	0	
e	Total. Add lines 11a-11d ▶		90,769				
12	Total revenue. See instructions ▶		30,792,491	0	20,745	19,619,982	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,160,263	10,160,263		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	459,625	459,625		
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	576,481	105,476	429,196	41,809
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	457,700	172,060	275,447	10,193
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,953	13,343	19,533	1,077
9	Other employee benefits	49,758	19,160	28,090	2,508
10	Payroll taxes	67,642	18,130	46,508	3,004
11	Fees for services (nonemployees):				
a	Management				
b	Legal	6,300		6,300	
c	Accounting	43,983		43,983	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	990,099		990,099	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	441,903		441,903	
12	Advertising and promotion	20,279	2,999	2,311	14,969
13	Office expenses	30,681	7,612	21,478	1,591
14	Information technology	81,678	22,767	56,863	2,048
15	Royalties				
16	Occupancy	58,792	16,462	39,390	2,940
17	Travel	11,330	7,522	1,374	2,434
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,622	4,886	13,736	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	152,360	42,660	102,084	7,616
23	Insurance	165,392	7,917	21,243	136,232
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	<u>Ad Valorem Mineral Taxes</u>	65,209	0	65,209	0
b	<u>Event Sponsorships</u>	45,462	16,911	1,250	27,301
c	<u>Program Expense</u>	19,000	19,000	0	0
d	<u>Dues and Memberships</u>	8,833	2,618	5,652	563
e	All other expenses	23,338	6,442	16,896	
25	Total functional expenses. Add lines 1 through 24e	13,988,683	11,105,853	2,628,545	254,285
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	536,446	1	342,837	
	2 Savings and temporary cash investments	3,357,330	2	4,207,225	
	3 Pledges and grants receivable, net	0	3	0	
	4 Accounts receivable, net	0	4	0	
	5 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	0	5	0	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0	
	7 Notes and loans receivable, net	0	7	0	
	8 Inventories for sale or use	0	8	0	
	9 Prepaid expenses and deferred charges	34,126	9	30,692	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,765,033			
	b Less: accumulated depreciation	10b 307,922	4,588,911	10c	4,457,111
	11 Investments—publicly traded securities	150,374,858	11	195,360,692	
	12 Investments—other securities. See Part IV, line 11	0	12	0	
	13 Investments—program-related. See Part IV, line 11	0	13	0	
	14 Intangible assets	0	14	0	
	15 Other assets. See Part IV, line 11	23,012,250	15	17,038,189	
16 Total assets. Add lines 1 through 15 (must equal line 33)	181,903,921	16	221,436,746		
Liabilities	17 Accounts payable and accrued expenses	0	17	65,417	
	18 Grants payable	10,000	18	1,086,225	
	19 Deferred revenue	0	19	0	
	20 Tax-exempt bond liabilities	0	20	0	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0	
	22 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	0	22	0	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	7,322,916	
	26 Total liabilities. Add lines 17 through 25	10,000	26	8,474,558	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	164,090,765	27	10,931,374	
	28 Net assets with donor restrictions	17,803,156	28	202,030,814	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	181,893,921	32	212,962,188		
33 Total liabilities and net assets/fund balances	181,903,921	33	221,436,746		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,792,491
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,988,683
3	Revenue less expenses. Subtract line 2 from line 1	3	16,803,808
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	181,893,921
5	Net unrealized gains (losses) on investments	5	21,150,173
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	-8,242,888
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,357,174
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	212,962,188

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization PERMIAN BASIN AREA FOUNDATION	Employer identification number 75-2295008
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,704,145	4,464,642	9,972,107	10,335,091	11,151,764	38,627,749
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
4 Total. Add lines 1 through 3	2,704,145	4,464,642	9,972,107	10,335,091	11,151,764	38,627,749
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						10,775,221
6 Public support. Subtract line 5 from line 4						27,852,528

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	2,704,145	4,464,642	9,972,107	10,335,091	11,151,764	38,627,749
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,404,063	6,259,004	6,648,153	10,275,587	7,456,290	39,043,097
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,552	18,074	19,404	2,188	90,769	131,987
11 Total support. Add lines 7 through 10						77,802,833
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	35.8 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	40.86 %
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2019. 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—2018. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	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>		
2	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>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	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>		
3c	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>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	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>		
4c	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>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	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>		
7	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 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	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>		
9b	Did one or more disqualified persons (as defined in 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>		
9c	Did a disqualified person (as defined in 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>		
10a	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 10b below.</i>		
10b	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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 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?	1	
2 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), 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 Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a 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 Part VI 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.	2a		
b Did the activities described in (a) 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a 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? Provide details in Part VI .	3a		
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 Part VI the role played by the organization in this regard.	3b		

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 Adjusted Net Income (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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount 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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (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 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 Distributable Amount. 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)

Section D—Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E—Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

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.)

Schedule A, Part II, Line 10 - other income

Area with horizontal dashed lines for supplemental information.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization PERMIAN BASIN AREA FOUNDATION	Employer identification number 75-2295008
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0													
c	Total lobbying expenditures (add lines 1a and 1b)	0													
d	Other exempt purpose expenditures	13,988,683													
e	Total exempt purpose expenditures (add lines 1c and 1d)	13,988,683													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	849,434													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	212,359													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	0	0	629,429	849,434	1,478,863
b Lobbying ceiling amount (150% of line 2a, column (e))					2,218,295
c Total lobbying expenditures	0	0	11,688	0	11,688
d Grassroots nontaxable amount	0	0	157,357	212,359	369,716
e Grassroots ceiling amount (150% of line 2d, column (e))					554,574
f Grassroots lobbying expenditures	0	0	7,126	0	7,126

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include 1 (Volunteers), a-i (Detailed activities), j (Total), 2a-2d (Tax implications).

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows 1-3 regarding dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows 1-5 regarding dues, 162(e) expenditures, and carryover.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Series of horizontal dashed lines for providing supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization: PERMIAN BASIN AREA FOUNDATION; Employer identification number: 75-2295008

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: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value of contributions, grants, and end of year, plus Yes/No questions for donor advisement.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for 'Held at the End of the Tax Year'.

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 for Part III with questions (1a, 1b, 2) regarding reporting requirements for art and historical treasures, including revenue and asset amounts.

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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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	149,783,696	141,765,436	105,268,347	100,587,542	102,187,593
b Contributions	15,123,129	22,941,687	29,494,041	3,764,712	10,344,457
c Net investment earnings, gains, and losses	29,843,422	-9,012,610	12,879,434	7,488,528	-1,035,057
d Grants or scholarships	8,758,672	4,597,698	4,941,092	5,770,106	10,120,311
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses	1,531,768	1,313,119	935,294	802,329	789,140
g End of year balance	184,459,807	149,783,696	141,765,436	105,268,347	100,587,542

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

- a** Board designated or quasi-endowment **▶ 96 %**
- b** Permanent endowment **▶ 0.02 %**
- c** Term endowment **▶ 3.98 %**

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 type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<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	0	302,813	0	302,813
b Buildings	0	3,775,959	157,332	3,618,627
c Leasehold improvements	0	0	0	0
d Equipment	0	686,261	150,590	535,671
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,457,111

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) _____		
Total. (Column (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)		
Total. (Column (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) Beneficial Interest in Royalty Trust	5,054,085
(2) Beneficial Interest in Lead Trust	1,050,422
(3) Beneficial Interest in Remainder Trust	1,775,773
(4) Beneficial Interest in Perpetual Trust	51,095
(5) Oil and Gas Mineral Interests	8,807,340
(6) Cash Surrender Value of Life Insurance	299,474
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	17,038,189

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Agency transactions payable	70,000
(3) Amounts held for agencies	6,952,916
(4) Refundable advance	300,000
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,322,916

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.

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

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

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

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

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.

Schedule D, Part V, Line 4 - The organization's endowment funds are used to provide grants and scholarships to address changing community needs and enrich the quality of life in the Permian Basin.

Schedule D, Part X, Line 2 - The Foundation is exempt from federal income tax under section 501(a) as a Foundation described in section 501(c)(3) of the Internal Revenue Code (the Code), and has been determined not to be a private foundation under section 509(a) of the Code. As a result, income taxes are not included in the Foundation's consolidated financial statements. The Foundation complies with FASB ASC Topic 740, Accounting for Uncertainty in Income Taxes (Topic 740), which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, the Foundation may recognize the tax benefit from an uncertain tax position only if it is more-likely-than-not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. The tax benefits recognized in the financial statements from such position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. The guidance on accounting for uncertainty in income taxes also addresses de-recognition, classification, interest and penalties on income taxes, and accounting in interim periods. Management evaluated the Foundation's tax positions and concluded that the Foundation has taken no uncertain tax positions that require adjustment to the consolidated financial statements to comply with the provisions of this guidance. With few exceptions, the Foundation is no longer subject to income tax examinations by the U.S. federal tax authorities for years ending before December 31, 2016. Subsequent Events

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

PERMIAN BASIN AREA FOUNDATION

Employer identification number

75-2295008

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 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.

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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))
		ck Wayland Gold Tourna (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	111,727			111,727
	2 Less: Contributions	76,905			76,905
	3 Gross income (line 1 minus line 2)	34,822			34,822
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	0			0
	6 Rent/facility costs	0			0
	7 Food and beverages	0		0	0
	8 Entertainment	0		0	0
	9 Other direct expenses	34,822			34,822
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				34,822
	11 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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 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	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? **Yes** **No**
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ 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 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

PERMIAN BASIN AREA FOUNDATION

Employer identification number

75-2295008

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 154

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Scholarship Awards	254	459,625	0		
2					
3					
4					
5					
6					
7					

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

Schedule I, Part I, Line 2 - Organizations receiving grants from Permian Basin Area Foundation are required to report on the status of their grants within two years of the grant award. A standard form is required from all organizations. Students receiving scholarships from Permian Basin Area Foundation sign a contract agreeing to submit grade reports following every semester in which they receive an award from the Foundation.

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	ABLE Center for Independent Living 4803 Plaza Blvd Suite 401 Odessa, TX 79762	75-2485614	30,350	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			
Name and address	African Childrens Schools 1400 Fieldspring Drive Bakersfield, CA 93311	81-1490071	80,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Alamo Heights Baptist Church 1305 N Midland Dr Midland, TX 79703	75-1888207	8,927	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	faith based ministries			
Name and address	Alpine Independent School District 704 W Sul Ross Avenue Alpine, TX 79830	74-6000020	13,000	0
IRC code section	Govt			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Alzheimers Association STAR Chapter 4400 N Big Spring St Ste C 32 Midland, TX 79705	13-3039601	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	health			
Name and address	American Heart Association 10900 B Stonelake Blvd Suite 320 Austin, TX 78759	13-5613797	15,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	health			
Name and address	Aphasia Center of West Texas 5214 Thomason Drive Midland, TX 79703	02-0618732	54,406	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	disease disorder			

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Name and address	Archway Outreach 114 N Midkiff Road Midland, TX 79701	83-1434797	60,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	health			
Name and address	Arise Africa Inc 1628 Fairmount Avenue Ft Worth, TX 76104	27-2014915	46,750	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	international			
Name and address	Arts Council of Midland PO Box 3494 Midland, TX 79702	75-1894442	30,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	Attic Foster Network 2003 Oaklawn Drive Midland, TX 79705	81-3145324	15,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			
Name and address	Baptist Memorials Ministries PO Box 5661 San Angelo, TX 76902	75-0983837	72,032	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	aging services			
Name and address	Basin Dream Center for Orphans PO Box 52473 Midland, TX 79701	82-0927815	25,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			
Name and address	Basin PBS PO Box 8940 Midland, TX 79708	20-3221344	40,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Be The Change Permian Basin PO Box 52643 Midland, TX 79710	46-1288541	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	youth development			

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Name and address	Big Brothers Big Sisters of the Permian Basin 714 W Louisiana Midland, TX 79701	75-1791035	35,433	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	youth development			
Name and address	Billy Graham Evangelistic Association 1 Billy Graham Parkway Charlotte, NC 28201	41-0692230	11,605	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	faith based ministries			
Name and address	Borderlands Research Institute for Natural Resource Management Sul Ross State University PO Box C 21 Alpine, TX 79832	75-3138496	350,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Boys and Girls Club of Odessa 800 E 13th Street Odessa, TX 79761	75-0990952	85,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	youth development			
Name and address	Bridges for Peace BFP International PO Box 410037 Melbourne, FL 32941	75-3077433	19,639	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	faith based ministries			
Name and address	Brite Divinity School TCU Box 298130 Fort Worth, TX 76129	23-7121060	12,500	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Buckner Children and Family Services 425 W Pecan Midland, TX 79705	75-2571395	53,329	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	youth development			
Name and address	Buffalo Trail Council BSA 1101 West Texas Avenue Midland, TX 79701	75-0800616	161,500	0
IRC code section	501c3			
Method of valuation				

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Desc. of Non-Cash Asst.

Purpose of grant	youth development			
Name and address	Bynum School PO Box 80175 Midland, TX 79708	75-1932925	106,720	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Casa de Amigos 1101 E Garden Lane Midland, TX 79701	75-1240087	26,689	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			
Name and address	CASA of West Texas 1611 W Texas Midland, TX 79701	75-2871945	85,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	youth development			
Name and address	CBM Ministries of the Great Southwest PO Box 1058 Edmond, OK 73083	73-1492684	8,034	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	faith based ministries			
Name and address	Center for Big Bend Studies PO Box C 72 Alpine, TX 79832	75-3138505	21,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	Centers for Children and Families 3701 Andrews Highway Midland, TX 79703	75-1005357	19,747	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	mental health			
Name and address	Childfund International PO Box 26511 Richmond, VA 23286	54-0536100	23,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	youth development			
Name and address	Christchurch School 49 Seahorse Lane Christchurch, VA 23031	51-0236362	10,000	0
IRC code section	501c3			

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

educational

Name and address

Christmas in Action of Midland
PO Box 3744
Midland, TX 79702

75-1731319

41,527

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

housing shelter

Name and address

City of Marfa
PO Box 787
Marfa, TX 79843

74-6001687

30,000

0

IRC code section

Govt

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

health

Name and address

City of Midland
PO Box 1152
Midland, TX 79702

75-6000608

35,723

0

IRC code section

Govt

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

community development

Name and address

Club Fort Davis After School Program
PO Box 535
Fort Davis, TX 79734

30-0152816

18,500

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

youth development

Name and address

COM Aquatics
3003 North A Street
Midland, TX 79705

75-1254435

23,875

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

human services

Name and address

Communities In Schools of the Permian Basin
PO Box 10532
Midland, TX 79702

75-2821486

60,000

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

educational

Name and address

Community Childrens Clinic
PO Box 3328
Midland, TX 79702

75-1875246

7,696

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

health

Name and address

Culberson County Allamore Independent School District
PO Box 899
Van Horn, TX 79855

74-6002434

63,000

0

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

IRC code section	Govt			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Downtown Leakey Inc PO Box 464 Leakey, TX 78873	47-3846841	25,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	Dress for Success Permian Basin 5050 E University Blvd Suite 7 Odessa, TX 79762	82-4395722	17,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			
Name and address	Education Foundation of Odessa PO Box 951 Odessa, TX 79760	75-2862209	2,855,102	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Ellen Noel Art Museum 4909 E University Blvd Odessa, TX 79762	75-1614818	12,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	Evergreen Cemetery Association PO Box 224 Stanton, TX 79782	75-1592717	19,805	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	community development			
Name and address	Family Crisis Center of the Big Bend PO Box 1470 Alpine, TX 79831	75-1897981	15,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			
Name and address	Family Promise of Midland 3500 North A Street Suite 1400 Midland, TX 79705	27-1003573	42,500	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	housing shelter			
Name and address	First Christian Church 1301 W Louisiana Avenue	75-0959993	7,500	0

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Midland, TX 79701				
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	faith based ministries			
Name and address	First Presbyterian Church	75-0983832	54,595	0
	800 West Texas			
	Midland, TX 79701			
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	faith based ministries			
Name and address	First Response Ministries	45-2998818	30,000	0
	PO Box 575			
	Fort Stockton, TX 79735			
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	housing shelter			
Name and address	First United Methodist Church Fort Worth	75-0800645	9,000	0
	800 West Fifth Street			
	Fort Worth, TX 76102			
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	faith based ministries			
Name and address	Fort Davis Higher Education Foundation	06-1653768	20,000	0
	PO Box 335			
	Fort Davis, TX 79734			
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Fort Stockton Community Theatre	75-1843330	45,000	0
	PO Box 912			
	Fort Stockton, TX 79735			
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	Friends of the Jeff Davis County Library	26-2817908	15,000	0
	PO Box 425			
	Fort Davis, TX 79734			
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	George Bush Presidential Library Foundation	76-0345781	10,000	0
	PO Box 14141			
	College Station, TX 77841			
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	George W Bush Childhood Home	75-2925197	11,000	0

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

	PO Box 8586 Midland, TX 79708			
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Gifts of Hope Inc PO Box 1323 Midland, TX 79702	20-0672472	6,500	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	disease disorder			
Name and address	Gladney Center for Adoption 6300 John Ryan Drive Fort Worth, TX 76132	75-0917409	30,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			
Name and address	Greater Ideal Family Life Center 301 S Tyler Midland, TX 79701	04-3743673	60,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	youth development			
Name and address	Hangar 25 Air Museum PO Box 2925 Big Spring, TX 79720	75-2790454	51,800	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	Hill Country Youth Ranch PO Box 67 Ingram, TX 78025	74-1907867	17,400	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	youth development			
Name and address	Hillcrest School 2800 North A Street Midland, TX 79705	75-2468032	30,439	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Historic Cane Hill Inc PO Box 756 Lincoln, AR 72744	71-0653475	870,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Name and address	Junior League of Midland 902 W Dengar Midland, TX 79705	75-1005294	60,550	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	community development			
Name and address	Kaleidoscope Ministries PO Box 51601 Midland, TX 79710	65-1313112	30,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			
Name and address	Kalene Advancement Inc PO Box 206 Angwin, CA 94508	81-1697800	30,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	health			
Name and address	Lamesa Boys and Girls Club PO Box 826 Lamesa, TX 79331	75-1076737	65,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Leakey ISD Leakey Scholarship Fund PO Box 1129 Leakey, TX 78873	74-6001593	34,375	0
IRC code section	Govt			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Leukemia Texas 4925 N OConnor Road Ste 125 Irving, TX 75062	75-1327679	15,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	health			
Name and address	Madeira School Inc 8328 Georgetown Pike McLean, VA 22102	54-0505925	16,700	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Make A Wish Foundation of North Texas 407 N Big Spring Suite 208 Midland, TX 79701	75-1889666	50,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Purpose of grant	human services			
Name and address	Marathon Independent School District PO Box 416 Marathon, TX 79842	74-6001681	13,000	0
IRC code section	Govt			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	MARC 2701 North A Street Midland, TX 79705	75-1038411	10,600	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	disabilities			
Name and address	Marfa Education Foundation PO Box 660 Marfa, TX 79843	27-4545608	60,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Marfa Public Radio PO Box 238 Marfa, TX 79843	56-2497864	26,300	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	Martin County Community Fund PO Box 1189 Stanton, TX 79782	20-0641203	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			
Name and address	Martin County Convent PO Box 1435 Stanton, TX 79782	75-2284618	25,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	Matthews Memorial Presbyterian Church PO Box 2345 Albany, TX 76430	74-6028977	6,000	0
IRC code section	Church			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	faith based ministries			
Name and address	McDonald Observatory 2515 Speedway Stop C1402 Austin, TX 78712	74-6000203	40,000	0
IRC code section	Govt			
Method of valuation				

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Desc. of Non-Cash Asst.

Purpose of grant	educational			
Name and address	Medical Center Health System Foundation PO Box 7335 Odessa, TX 79760	75-1220726	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	health			
Name and address	Midland Classical Academy 5711 Whitman Drive Midland, TX 79705	75-2760945	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Midland College Foundation 3600 N Garfield Midland, TX 79705	23-7315067	25,900	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Midland Community Theatre 2000 W Wadley Ave Midland, TX 79705	75-6003774	31,500	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	Midland Downtown Farmers Market PO Box 114 Tarzan, TX 79783	45-3414900	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	Midland Fair Havens 2400 Whitmire Blvd Suite 100 Midland, TX 79705	75-2627746	55,250	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	housing shelter			
Name and address	Midland Festival Ballet PO Box 52034 Midland, TX 79710	75-2510710	20,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	Midland Habitat for Humanity PO Box 2555 Midland, TX 79702	75-2381356	41,174	0
IRC code section	501c3			

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

housing shelter

Name and address

Midland Historical Society
PO Box 5901
Midland, TX 79704

81-1226056

10,000

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

arts and culture

Name and address

Midland Memorial Foundation
400 Rosalind Redfern Grover Parkway
Midland, TX 79701

75-0827455

1,094,517

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

disease disorder

Name and address

Midland Odessa Symphony and Chorale
PO Box 60658
Midland, TX 79711

75-1301544

93,028

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

arts and culture

Name and address

Midland Shared Spaces
3500 N A Street Suite 1100
Midland, TX 79705

45-4737063

10,000

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

community development

Name and address

Midland Teen Court
615 W Missouri Ave Ste 226
Midland, TX 79701

75-2503655

15,000

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

youth development

Name and address

Midland Young Life
925 W Wadley
Midland, TX 79705

84-0385934

54,098

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

youth development

Name and address

Mission Center Adult Day Service
3500 N A Street Suite 1300
Midland, TX 79705

75-2459123

14,299

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

human services

Name and address

Monahans Chamber of Commerce
1525 East Monahans Parkway
Monahans, TX 79756

75-0444711

25,000

0

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

IRC code section	501c6			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	community development			
Name and address	Muscular Dystrophy Association 24 Smith Rd Suite 408 Midland, TX 79701	13-1665552	50,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	health			
Name and address	Museum of the Big Bend PO Box C 101 Alpine, TX 79832	74-6000027	35,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Museum of the Southwest 1705 W Missouri Ave Midland, TX 79701	75-1229711	105,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	North Side Movement 707 N Gregg Street Big Spring, TX 79720	46-3628182	45,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	community development			
Name and address	Odessa Christian School 2000 Doran Street Odessa, TX 79761	75-1231036	13,142	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Odessa Christmas in Action PO Box 15075 Odessa, TX 79768	75-2258032	35,500	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	housing shelter			
Name and address	Odessa College Foundation 201 W University Odessa, TX 79764	75-2655037	64,680	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	housing shelter			
Name and address	Odessa Community Foundation PO Box 3626	75-2857160	8,000	0

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

	Odessa, TX 79760			
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	community development			
Name and address	Odessa Council for the Arts and Humanities PO Box 7195 Odessa, TX 79760	75-1663253	31,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	Odessa Downtown Lions Club Foundation PO Box 12190 Odessa, TX 79762	75-2448138	25,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			
Name and address	Odessa Family YMCA 3001 E University Blvd Odessa, TX 79762	75-1187026	50,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	youth development			
Name and address	Odessa Links 119 W 4th Street Ste 201 Odessa, TX 79761	75-2943130	20,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			
Name and address	Partners Relief and Development PO Box 1992 Grand Rapids, MI 49501	22-3786806	101,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			
Name and address	Permian Basin Fellowship of Christian Athletes 3500 North A Street Suite 2600 Midland, TX 79705	44-0610626	70,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	youth development			
Name and address	Permian Basin Regional Council on Alcohol and Drug Abuse 120 East 2nd Street Odessa, TX 79761	75-2300815	80,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	health			
Name and address	Permian Basin Rehabilitation Center	75-0866501	18,299	0

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

	620 N Alleghaney Odessa, TX 79761			
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	health			
Name and address	Permian Playhouse of Odessa 310 W 42nd Odessa, TX 79764	75-1227350	13,891	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	Presbyterian Childrens Homes and Services 5920 W William Cannon Dr Austin, TX 78749	75-0818172	15,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			
Name and address	Rays of Hope 900 West Wall Midland, TX 79701	75-1736007	167,250	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			
Name and address	Recording Library of West Texas 3500 North A Street Suite 2800 Midland, TX 79705	23-7075064	11,746	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			
Name and address	Reflection Ministries of Texas PO Box 52371 Midland, TX 79710	81-4378080	251,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			
Name and address	Safe Place of the Permian Basin PO Box 11331 Midland, TX 79702	75-1657264	40,848	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			
Name and address	Salvation Army of Midland 300 S Baird Midland, TX 79701	75-0800678	13,431	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Name and address	Samaritan Counseling Center of West Texas PO Box 60312 Midland, TX 79711	75-1437991	37,500	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	mental health			
Name and address	SCI Foundation 4800 West Gates Pass Road Tucson, AZ 85745	86-0292099	20,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			
Name and address	SHARE 3500 N A Street Suite 2500 Midland, TX 79705	26-2780706	67,500	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	disabilities			
Name and address	Sibley Nature Center 1307 East Wadley Midland, TX 79705	20-1991058	70,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Snyder Community Resource Center PO Box 1133 Snyder, TX 79550	47-1138662	25,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			
Name and address	Southwest Radio Church of the Air 500 Beacon Drive Oklahoma City, OK 73127	73-0712306	16,068	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	faith based ministries			
Name and address	Special Olympics Texas 1804 Rutherford Lane Austin, TX 78752	74-1998367	15,997	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			
Name and address	Stanton ISD 200 North College Street Stanton, TX 79782	75-6002506	40,000	0
IRC code section	Govt			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Name and address	Starlight Therapeutic Riding Center Inc 6 Desta Drive Suite 3000 Midland, TX 79705	84-1749519	6,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	health			
Name and address	Sterling County Emergency Medical Service PO Box 819 Sterling City, TX 76951	75-6001161	25,000	0
IRC code section	Govt			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	health			
Name and address	St Johns Episcopal Church PO Box 3346 Odessa, TX 79760	75-6004798	36,608	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	faith based ministries			
Name and address	St Johns Episcopal School PO Box 3046 Odessa, TX 79760	75-2015719	34,916	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	St Johns School 2401 Claremont Lane Houston, TX 77019	74-1185668	25,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Sul Ross University Student Financial Aid Box C 113 Alpine, TX 79832	74-6000027	10,000	0
IRC code section	Govt			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Teen Challenge PO Box 251 Midland, TX 79702	75-1757538	72,500	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	disease disorder			
Name and address	Teen FLOW PO Box 733 Midland, TX 79702	75-2899609	11,000	0
IRC code section	501c3			
Method of valuation				

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Desc. of Non-Cash Asst.

Purpose of grant	youth development			
Name and address	Texas A and M University Kingsville Caesar Kleberg Wildlife 700 University Boulevard MSC 218 Kingsville, TX 78363	23-7166534	20,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Texas State History Museum Foundation PO Box 12456 Austin, TX 78711	74-2916783	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	Texas Tech Foundation PO Box 41081 Lubbock, TX 79409	75-6043842	50,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	The Association of Former Students Texas A and M University 505 George Bush Drive College Station, TX 77840	74-0490865	15,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	The Blackwell School Alliance PO Box 417 Marfa, TX 79843	90-0424177	25,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	The Fields Edge PO Box 50068 Midland, TX 79710	81-4661939	100,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			
Name and address	The Grace Foundation 3705 College Park Drive Suite 140 The Woodlands, TX 77384	36-4793159	450,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	philanthropy			
Name and address	The Life Center 2101 W Wall	75-1663590	10,000	0

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Midland, TX 79701				
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	health			
Name and address	The Springboard Center 200 Corporate Drive Midland, TX 79705	75-2805439	67,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	disease disorder			
Name and address	Trinity School of Midland 3500 West Wadley Midland, TX 79707	75-0995808	1,049,898	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	United Way of Midland 1209 West Wall Midland, TX 79701	75-0945926	58,140	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	community development			
Name and address	United Way of Odessa PO Box 632 Odessa, TX 79760	75-0838777	75,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	philanthropy			
Name and address	University of Arkansas Foundation 535 W Research Center Blvd Ste 120 Fayetteville, AR 72701	71-6056774	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	University of Texas at Austin Cockrell School of Engineering 2501 Speedway Stop C2108 Austin, TX 79712	74-6000203	9,000	0
IRC code section	Govt			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	University of Texas of the Permian Basin Office of Institutional Advancement 4901 East University Blvd Odessa, TX 79762	75-1393493	1,071,509	0
IRC code section	Govt			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Name and address	Unlock Ministries PO Box 7742 Midland, TX 79708	75-2959142	60,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	youth development			
Name and address	Valentine Independent School District PO Box 188 Valentine, TX 79854	74-6003596	13,000	0
IRC code section	Govt			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	educational			
Name and address	Van Horn Community Christian Shelter PO Box 365 Van Horn, TX 79855	74-2444708	30,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	community development			
Name and address	Veterans of Foreign Wars Post 4149 Temple and Weldon Harris 409 Veterans Airpark Lane Midland, TX 79705	75-6040094	25,000	0
IRC code section	501c19			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			
Name and address	Ward County Crime Stoppers 114 Bruce Avenue Monahans, TX 79756	46-2076820	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	crime			
Name and address	Waterstone Support Foundation 10807 New Allegiance Dr Ste 240 Colorado Springs, CO 80921	84-1430063	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	faith based ministries			
Name and address	Western Texas Lions Eye Bank Alliance PO Box 2911 San Angelo, TX 76905	23-7203051	20,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	health			
Name and address	West Texas Food Bank PO Box 4242 Odessa, TX 79760	75-2057692	32,266	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Purpose of grant	food nutrition			
Name and address	West Texas Gifts of Hope Inc PO Box 891 Odessa, TX 79760	27-2281886	25,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	human services			

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

PERMIAN BASIN AREA FOUNDATION

Employer identification number

75-2295008

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	✓
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Guy McCrary, President and CEO	(i) 233,113	(ii) 0	(iii) 0	0	25,006	258,119	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
2	Cyndi Vara, Chief Financial Officer	(i) 147,114	(ii) 3,000	(iii) 0	0	38,586	188,700	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
3	Aaron Bedell, Chief Operating Officer	(i) 104,996	(ii) 3,000	(iii) 0	0	21,665	129,661	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
4		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
5		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
6		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
7		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
8		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
9		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
10		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
11		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
12		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
13		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
14		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
15		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				
16		(i)	(ii)	(iii)				
		(ii)	(ii)	(iii)				

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

PERMIAN BASIN AREA FOUNDATION

75-2295008

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	7	3,732,758	fair 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 ▶ (<u>printers</u>)	✓	3	3,300	fair value
26 Other ▶ (<u>decorative piece</u>)	✓	1	550	fair value
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		✓
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?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	✓	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M, Part I, Line 32b - The organization uses a third party firm to market oil and gas royalties held for sale. The organization also uses a third party firm to sell publicly traded securities.

Lined area for supplemental information.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

PERMIAN BASIN AREA FOUNDATION

Employer identification number

75-2295008

Form 990, Part VI, Section B, Line 11b - The CFO prepares the Form 990. The independent auditor and CEO review the Form 990; then the Form 990 is reviewed by the Audit Committee of the board. The Audit Committee recommends approval of the Form 990 by the full Board of Governors. The full Board of Governors is provided with a copy of the Form 990 prior to approval by the Board, and prior to filing with the IRS.

Form 990, Part VI, Section B, Line 12c - Annually, each board member receives a copy of the Foundation's Conflict of Interest Policy. Each board member must also sign an acknowledgement certifying their awareness and understanding of the Conflict of Interest Policy. Also, annually each board member is asked to disclose all of their community and business affiliations to help Foundation staff identify potential conflicts of interest.

Form 990, Part VI, Section B, Line 15 - The Foundation has adopted the following policy regarding compensation of the Chief Executive Officer: Executive compensation is approved in advance by the Board of Governors (the Board). No member of the Board participating in the compensation decision shall have a conflict of interest with respect to the compensation transaction being reviewed. The Board will obtain and rely upon appropriate data as to comparability, prior to making its compensation determination. In general, the Board will have obtained appropriate data as to comparability if, given the knowledge and expertise of its members, it has information sufficient to determine whether the compensation arrangement is reasonable. The Board will adequately document the basis for its determination concurrently with making that decision. The documentation will include: 1) the terms of the approved transaction and the date on which the transaction was approved, 2) the members of the Board who were present during determination regarding the approved transaction and the members who voted on the matter under consideration, 3) the comparability data obtained and relied upon by the Board and how that data was obtained, 4) the basis for its determination if the Board determines that a specific compensation arrangement is higher or lower than the range of comparability data obtained, and 5) any actions taken with respect to consideration of the transaction by anyone who is otherwise a member of the Board but who had a conflict of interest with respect to the transaction. The documentation for the decision will be prepared before the latter of the next meeting of the Board or 60 days after the final action is taken. This procedure is completed annually. Each year, the CEO obtains and relies upon various salary surveys, both local and national, to determine that the compensation of the CFO and COO is reasonable. The CEO documents this process in the personnel file for the CFO and COO.

Form 990, Part VI, Section C, Line 19 - The Foundation makes its governing documents and conflict of interest policy available to the public upon request. The Foundation provides its audited financial statements available to the public on request. The Foundation also includes in its annual report to donors, grantees, vendors, and other interested persons select data from its audited financial statements.

Form 990, Part XI, Line 9 - Change in value of life insurance \$65,925; Change in value of split interest agreements \$1,934,151; Change in value of perpetual trust \$6,178; Change in value of production royalty (\$649,080).

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

PERMIAN BASIN AREA FOUNDATION

Employer identification number

75-2295008

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <u>West Texas Heritage Holdings Inc (27-1928634)</u> <u>c/o Guy McCrary 3312 Andrews Highway, Midland, TX 79703</u>	supporting organization	TX	501(c)(3)	Public Charity	N/A		✓
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)	✓	
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)		✓
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	West Texas Heritage Holdings Inc	c	689,505	fair value
(2)	West Texas Heritage Holdings Inc	c	1,100,000	fair value
(3)				
(4)				
(5)				
(6)				

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

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

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

