

**Return of Organization Exempt From Income Tax**

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

**2022**

Department of the Treasury  
Internal Revenue Service

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

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

**Open to Public Inspection**

**A** For the **2022** calendar year, or tax year beginning **01/01/2022** and ending **12/31/2022**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **PERMIAN BASIN AREA FOUNDATION**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**3312 Andrews Highway**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Midland, TX 79703**

**D** Employer identification number  
**75-2295008**

**E** Telephone number  
**432-617-3213**

**F** Name and address of principal officer: **Guy McCrary**  
**3312 Andrews Highway, Midland, TX 79703**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.  
**H(c)** Group exemption number

**G** Gross receipts \$ **86,867,216**

**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**

|                                    |   |  |   |                                   |
|------------------------------------|---|--|---|-----------------------------------|
| <b>Activities &amp; Governance</b> | <b>1</b>  | 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> |   |                                   |
|                                    | <b>2</b>  | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |   |                                   |
|                                    | <b>3</b>  | Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>  | <b>11</b>                         |
|                                    | <b>4</b>  | Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>  | <b>11</b>                         |
|                                    | <b>5</b>  | Total number of individuals employed in calendar year 2022 (Part V, line 2a)   | <b>5</b>  | <b>11</b>                         |
|                                    | <b>6</b>  | Total number of volunteers (estimate if necessary)   | <b>6</b>  | <b>64</b>                         |
|                                    | <b>7a</b>   | Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                                       | <b>0</b>                          |
| <b>b</b>                           | Net unrelated business taxable income from Form 990-T, Part I, line 11    | <b>7b</b>  | <b>0</b>  |                                   |
| <b>Revenue</b>                     | <b>8</b>  | Contributions and grants (Part VIII, line 1h)  | Prior Year<br><b>12,614,132</b>                 | Current Year<br><b>31,052,031</b> |
|                                    | <b>9</b>  | Program service revenue (Part VIII, line 2g)   | <b>0</b>  | <b>30,000</b>                     |
|                                    | <b>10</b>   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>19,096,947</b>                               | <b>7,865,871</b>                  |
|                                    | <b>11</b>   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>1,344,152</b>                                | <b>2,186,578</b>                  |
|                                    | <b>12</b>   | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>33,055,231</b>                               | <b>41,134,480</b>                 |
| <b>Expenses</b>                    | <b>13</b>   | Grants and similar amounts paid (Part IX, column (A), lines 1–3)   | <b>10,977,517</b>                               | <b>19,536,732</b>                 |
|                                    | <b>14</b>   | Benefits paid to or for members (Part IX, column (A), line 4)  | <b>0</b>  | <b>0</b>                          |
|                                    | <b>15</b>   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  | <b>1,224,905</b>                                | <b>1,369,906</b>                  |
|                                    | <b>16a</b>  | Professional fundraising fees (Part IX, column (A), line 11e)  | <b>0</b>  | <b>0</b>                          |
|                                    | <b>b</b>  | Total fundraising expenses (Part IX, column (D), line 25)  | <b>170,957</b>                                  |                                   |
|                                    | <b>17</b>   | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)   | <b>1,849,100</b>                                | <b>1,910,172</b>                  |
| <b>18</b>                          | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | <b>14,051,522</b>  | <b>22,816,810</b>                               |                                   |
| <b>19</b>                          | Revenue less expenses. Subtract line 18 from line 12                      | <b>19,003,709</b>  | <b>18,317,670</b>                               |                                   |
| <b>Net Assets or Fund Balances</b> | <b>20</b>   | Total assets (Part X, line 16)   | Beginning of Current Year<br><b>279,717,835</b> | End of Year<br><b>251,108,203</b> |
|                                    | <b>21</b>   | Total liabilities (Part X, line 26)  | <b>8,997,277</b>                                | <b>7,497,051</b>                  |
|                                    | <b>22</b>   | Net assets or fund balances. Subtract line 21 from line 20   | <b>270,720,558</b>                              | <b>243,611,152</b>                |

**Part II Signature Block**

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

**Sign Here**

Signature of officer: Guy McCrary, President and CEO Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  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 \$ 20,015,842 including grants of \$ 19,536,732) (Revenue \$ 30,000)

Community capacity building programs: 471 grants to various non-profit organizations and 387 individuals awarded scholarships; based on approved grant and scholarship applications.

**4b** (Code: \_\_\_\_\_) (Expenses \$ 25,316 including grants of \$ 0) (Revenue \$ 0)

Community education includes general outreach to advance the mission of the Foundation and philanthropy in West Texas. Such activities include providing advice to nonprofits on best management practices and capacity building, making reports to nonprofit boards about endowments, and conducting educational events for nonprofits. During 2022 the Foundation conducted 31 education meetings and/or 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 20,041,158

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** *(continued)*

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

**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 |  |
|---|-----|----|--|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  | 1a  | 11 |  |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  | 1b  | 0  |  |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c  | ✓  |  |

| <b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i> |   | Yes        | No |   |   |
|--|---|------------|----|---|---|
| <b>2a</b>  | 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   | <b>2a</b>  | 11 |   |   |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | <b>2b</b>  |    | ✓ |   |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | <b>3a</b>  |    |   | ✓ |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>  | <b>3b</b>  |    |   |   |
| <b>4a</b>  | 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)?    | <b>4a</b>  |    |   | ✓ |
| <b>b</b>   | If "Yes," enter the name of the foreign country _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |    |   |   |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | <b>5a</b>  |    |   | ✓ |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | <b>5b</b>  |    |   | ✓ |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | <b>5c</b>  |    |   |   |
| <b>6a</b>  | 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?                                       | <b>6a</b>  |    | ✓ |   |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | <b>6b</b>  |    | ✓ |   |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>  |            |    |   |   |
| <b>a</b>   | 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?   | <b>7a</b>  |    |   |   |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | <b>7b</b>  |    |   |   |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | <b>7c</b>  |    |   |   |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year   | <b>7d</b>  |    |   |   |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | <b>7e</b>  |    |   |   |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | <b>7f</b>  |    |   |   |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | <b>7g</b>  |    |   |   |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | <b>7h</b>  |    |   |   |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  | <b>8</b>   |    |   | ✓ |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>  |            |    |   |   |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?  | <b>9a</b>  |    |   |   |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | <b>9b</b>  |    |   |   |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:  |            |    |   |   |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12  | <b>10a</b> |    |   |   |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | <b>10b</b> |    |   |   |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:   |            |    |   |   |
| <b>a</b>   | Gross income from members or shareholders   | <b>11a</b> |    |   |   |
| <b>b</b>   | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)   | <b>11b</b> |    |   |   |
| <b>12a</b>   | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?   | <b>12a</b> |    |   |   |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | <b>12b</b> |    |   |   |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |            |    |   |   |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  | <b>13a</b> |    |   |   |
| <b>b</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   | <b>13b</b> |    |   |   |
| <b>c</b>   | Enter the amount of reserves on hand  | <b>13c</b> |    |   |   |
| <b>14a</b>   | Did the organization receive any payments for indoor tanning services during the tax year?  | <b>14a</b> |    |   | ✓ |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>  | <b>14b</b> |    |   |   |
| <b>15</b>  | 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?<br>If "Yes," see the instructions and file Form 4720, Schedule N.                  | <b>15</b>  |    |   | ✓ |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.  | <b>16</b>  |    |   | ✓ |
| <b>17</b>  | <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?<br>If "Yes," complete Form 6069. | <b>17</b>  |    |   |   |

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . .<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
|           | <b>1a</b> <span style="float: right;"><b>11</b></span>   |     |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent . . . . .   |     |    |
|           | <b>1b</b> <span style="float: right;"><b>11</b></span>   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .  |     | ✓  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .  |     | ✓  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .   |     | ✓  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   |     | ✓  |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .   |     | ✓  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .   |     | ✓  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .  |     | ✓  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body? . . . . .  | ✓   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body? . . . . .  | ✓   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .   |     | ✓  |

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

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

**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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                        | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>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<br>President and CEO             | 40.00<br>2.00  |  |                       | ✓       |              |                              | 278,433 | 0   | 28,760   |   |
| Cyndi Vara<br>Chief Financial Officer        | 40.00<br>0.00  |  |                       | ✓       |              |                              | 190,229 | 0   | 40,897   |   |
| Sherri Heiting<br>Education Programs Officer | 40.00<br>0.00  |  |                       |         |              | ✓                            | 113,849 | 0   | 20,272   |   |
| Mara Hobbs<br>Past Chair                     | 1.00<br>0.00   | ✓  |                       | ✓       |              |                              | 0       | 0   | 0  |   |
| Todd Meade<br>Chair                          | 1.00<br>1.00   | ✓  |                       | ✓       |              |                              | 0       | 0   | 0  |   |
| Cal Hendrick<br>Director                     | 1.00<br>0.00   | ✓  |                       |         |              |                              | 0       | 0   | 0  |   |
| Bryan Heflin<br>Director                     | 1.00<br>0.00   | ✓  |                       |         |              |                              | 0       | 0   | 0  |   |
| G Larry Lawrence<br>Director                 | 1.00<br>0.00   | ✓  |                       |         |              |                              | 0       | 0   | 0  |   |
| Andrew Semer<br>Director                     | 1.00<br>0.00   | ✓  |                       |         |              |                              | 0       | 0   | 0  |   |
| Steve Barron<br>Director                     | 1.00<br>0.00   | ✓  |                       |         |              |                              | 0       | 0   | 0  |   |
| Wesley Bownds<br>Vice Chair                  | 1.00<br>0.00   | ✓  |                       | ✓       |              |                              | 0       | 0   | 0  |   |
| R Alan Hale<br>Secretary - Treasurer         | 1.00<br>0.00   | ✓  |                       | ✓       |              |                              | 0       | 0   | 0  |   |
| Bethany Etheredge<br>Director                | 1.00<br>0.00   | ✓  |                       |         |              |                              | 0       | 0   | 0  |   |
| G E Peterson<br>Director                     | 1.00<br>0.00   | ✓  |                       |         |              |                              | 0       | 0   | 0  |   |





**Part VIII Statement of Revenue**

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

|  |   |   | (A)<br>Total revenue             | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |   |
|--|---|---|----------------------------------|--|--------------------------------------|---|---|
| <b>Contributions, Gifts, Grants, and Other Similar Amounts</b> | <b>1a</b>   | Federated campaigns . . . . .   | <b>1a</b> 0                      |  |                                      |   |   |
|  | <b>b</b>  | Membership dues . . . . .   | <b>1b</b> 0                      |  |                                      |   |   |
|  | <b>c</b>  | Fundraising events . . . . .  | <b>1c</b> 0                      |  |                                      |   |   |
|  | <b>d</b>  | Related organizations . . . . .   | <b>1d</b> 692,488                |  |                                      |   |   |
|  | <b>e</b>  | Government grants (contributions)   | <b>1e</b> 0                      |  |                                      |   |   |
|  | <b>f</b>  | All other contributions, gifts, grants,<br>and similar amounts not included above         | <b>1f</b> 30,359,543             |  |                                      |   |   |
|  | <b>g</b>  | Noncash contributions included in<br>lines 1a-1f . . . . .                                | <b>1g</b> \$ 10,745,945          |  |                                      |   |   |
|  | <b>h</b>  | <b>Total.</b> Add lines 1a-1f . . . . .   |                                  | 31,052,031                                   |                                      |   |   |
|  | <b>Program Service Revenue</b>  | <b>2a</b>   | Fiscal sponsorship fees received | 561000                                       | 30,000                               | 30,000  | 0 |
| <b>b</b>   |   | -----   |                                  |  |                                      |   |   |
| <b>c</b>   |   | -----   |                                  |  |                                      |   |   |
| <b>d</b>   |   | -----   |                                  |  |                                      |   |   |
| <b>e</b>   |   | -----   |                                  |  |                                      |   |   |
| <b>f</b>   |   | All other program service revenue . .   |                                  | 0  | 0                                    | 0   |   |
| <b>g</b>   |   | <b>Total.</b> Add lines 2a-2f . . . . .   |                                  | 30,000                                       |                                      |   |   |
| <b>Other Revenue</b>   | <b>3</b>  | Investment income (including dividends, interest, and<br>other similar amounts) . . . . . |                                  | 5,193,518                                    | 0                                    | 0   |   |
|  | <b>4</b>  | Income from investment of tax-exempt bond proceeds  |                                  | 0  | 0                                    | 0   |   |
|  | <b>5</b>  | Royalties . . . . .   |                                  | 2,110,497                                    | 0                                    | 0   |   |
|  | <b>6a</b>   | Gross rents . . . . .   | (i) Real                         |  |                                      |   |   |
|  |   |   | (ii) Personal                    |  |                                      |   |   |
|  |   |   |                                  |  |                                      |   |   |
|  | <b>b</b>  | Less: rental expenses   | <b>6b</b>                        |  |                                      |   |   |
|  | <b>c</b>  | Rental income or (loss)   | <b>6c</b>                        | 0  | 0                                    |   |   |
|  | <b>d</b>  | Net rental income or (loss) . . . . .   |                                  |  |                                      |   |   |
|  | <b>7a</b>   | Gross amount from<br>sales of assets<br>other than inventory                              | (i) Securities                   |  | 48,405,089                           | 0   |   |
|  |   |   | (ii) Other                       |  |                                      |   |   |
|  |   |   |                                  |  |                                      |   |   |
|  | <b>b</b>  | Less: cost or other basis<br>and sales expenses . . . . .                                 | <b>7b</b>                        | 45,727,969                                   | 4,767                                |   |   |
|  | <b>c</b>  | Gain or (loss) . . . . .  | <b>7c</b>                        | 2,677,120                                    | -4,767                               |   |   |
|  | <b>d</b>  | Net gain or (loss) . . . . .  |                                  | 2,672,353                                    | 0                                    | 0   |   |
| <b>8a</b>  | Gross income from fundraising<br>events (not including \$ 0<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . | <b>8a</b>   |                                  |  |                                      |   |   |
| <b>b</b>   | Less: direct expenses . . . . .   | <b>8b</b>   |                                  |  |                                      |   |   |
| <b>c</b>   | Net income or (loss) from fundraising events . . . . .  |   |                                  |  |                                      |   |   |
| <b>9a</b>  | Gross income from gaming<br>activities. See Part IV, line 19 . . . . .  |   |                                  |  |                                      |   |   |
|  |   |   |                                  |  |                                      |   |   |
|  |   |   |                                  |  |                                      |   |   |
| <b>b</b>   | Less: direct expenses . . . . .   | <b>9b</b>   |                                  |  |                                      |   |   |
| <b>c</b>   | Net income or (loss) from gaming activities . . . . .   |   |                                  |  |                                      |   |   |
| <b>10a</b>   | Gross sales of inventory, less<br>returns and allowances . . . . .  |   |                                  |  |                                      |   |   |
|  |   |   |                                  |  |                                      |   |   |
|  |   |   |                                  |  |                                      |   |   |
| <b>b</b>   | Less: cost of goods sold . . . . .  | <b>10b</b>  |                                  |  |                                      |   |   |
| <b>c</b>   | Net income or (loss) from sales of inventory . . . . .  |   |                                  |  |                                      |   |   |
| <b>Miscellaneous Revenue</b>                                   | <b>11a</b>  | Other income  | 900099                           | 3,718  | 0                                    | 3,718   |   |
|  | <b>b</b>  | Admin fees on non-owned agency funds  | 561000                           | 72,363                                       | 0                                    | 72,363  |   |
|  | <b>c</b>  | -----   |                                  |  |                                      |   |   |
|  | <b>d</b>  | All other revenue . . . . .   |                                  | 0  | 0                                    | 0   |   |
|  | <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . .   |                                  | 76,081                                       |                                      |   |   |
| <b>12</b>  | <b>Total revenue.</b> See instructions . . . . .  |   | 41,134,480                       | 30,000                                       | 0                                    | 10,052,449  |   |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 18,842,419            | 18,842,419                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 694,313               | 694,313                         |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 538,320               | 84,923                          | 408,362                                | 45,035                      |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages . . . . .   | 645,725               | 230,284                         | 405,087                                | 10,354                      |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 55,302                | 18,795                          | 35,472                                 | 1,035                       |
| <b>9</b> Other employee benefits . . . . .  | 58,293                | 18,390                          | 36,873                                 | 3,030                       |
| <b>10</b> Payroll taxes . . . . .   | 72,266                | 21,462                          | 48,091                                 | 2,713                       |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management . . . . .   | 134,975               |                                 | 134,975                                |                             |
| <b>b</b> Legal . . . . .  |                       |                                 |  |                             |
| <b>c</b> Accounting . . . . .   | 38,751                |                                 | 38,732                                 | 19                          |
| <b>d</b> Lobbying . . . . .   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .  |                       |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .   | 1,166,116             |                                 | 1,166,116                              |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .  |                       |                                 |  |                             |
| <b>12</b> Advertising and promotion . . . . .   | 12,086                | 4,042                           | 875                                    | 7,169                       |
| <b>13</b> Office expenses . . . . .   | 24,283                | 5,172                           | 18,058                                 | 1,053                       |
| <b>14</b> Information technology . . . . .  | 94,756                | 39,170                          | 52,090                                 | 3,496                       |
| <b>15</b> Royalties . . . . .   |                       |                                 |  |                             |
| <b>16</b> Occupancy . . . . .   | 43,301                | 11,759                          | 29,558                                 | 1,984                       |
| <b>17</b> Travel . . . . .  | 12,449                | 6,569                           | 4,769                                  | 1,111                       |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .  |                       |                                 |  |                             |
| <b>20</b> Interest . . . . .  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates . . . . .  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 154,940               | 42,076                          | 105,765                                | 7,099                       |
| <b>23</b> Insurance . . . . .   | 76,025                | 10,494                          | 28,760                                 | 36,771                      |
| <b>24</b> 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.) . . . . .   |                       |                                 |  |                             |
| <b>a</b> <u>Ad valorem taxes</u> . . . . .  | 56,631                | 0                               | 56,631                                 | 0                           |
| <b>b</b> <u>Dues and memberships</u> . . . . .  | 19,453                | 2,733                           | 15,990                                 | 730                         |
| <b>c</b> <u>Event sponsorships</u> . . . . .  | 52,286                | 6,000                           | 0                                      | 46,286                      |
| <b>d</b> <u>Board of Governors/committees</u> . . . . .   | 8,787                 | 0                               | 8,787                                  | 0                           |
| <b>e</b> All other expenses . . . . .   | 15,333                | 2,557                           | 9,704                                  | 3,072                       |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .   | 22,816,810            | 20,041,158                      | 2,604,695                              | 170,957                     |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |           |
|---|--|--------------------------|-------------|--------------------|-----------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 577,141                  | <b>1</b>    | 479,768            |           |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 14,173,055               | <b>2</b>    | 3,060,051          |           |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 1,000,000                | <b>3</b>    | 465,909            |           |
|   | <b>4</b> Accounts receivable, net . . . . .  | 0                        | <b>4</b>    | 0                  |           |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . | 0                        | <b>5</b>    | 0                  |           |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   | 0                        | <b>6</b>    | 0                  |           |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 0                        | <b>7</b>    | 0                  |           |
|   | <b>8</b> Inventories for sale or use . . . . .   | 0                        | <b>8</b>    | 0                  |           |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 30,215                   | <b>9</b>    | 18,367             |           |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b> 4,757,153     |             |                    |           |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 699,380       | 4,188,926   | <b>10c</b>         | 4,057,773 |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 245,043,456              | <b>11</b>   | 227,089,749        |           |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 0                        | <b>12</b>   | 0                  |           |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 0                        | <b>13</b>   | 0                  |           |
|   | <b>14</b> Intangible assets . . . . .  | 0                        | <b>14</b>   | 0                  |           |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 14,705,042               | <b>15</b>   | 15,936,586         |           |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 279,717,835  | <b>16</b>                | 251,108,203 |                    |           |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 0                        | <b>17</b>   | 0                  |           |
|   | <b>18</b> Grants payable . . . . .   | 235,460                  | <b>18</b>   | 398,000            |           |
|   | <b>19</b> Deferred revenue . . . . .   | 0                        | <b>19</b>   | 0                  |           |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  | 0                        | <b>20</b>   | 0                  |           |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  | 0                        | <b>21</b>   | 0                  |           |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .     | 0                        | <b>22</b>   | 0                  |           |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 0                        | <b>23</b>   | 0                  |           |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 0                        | <b>24</b>   | 0                  |           |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .  | 8,761,817                | <b>25</b>   | 7,099,051          |           |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 8,997,277                | <b>26</b>   | 7,497,051          |           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |             |                    |           |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 259,689,928              | <b>27</b>   | 232,217,626        |           |
|   | <b>28</b> Net assets with donor restrictions . . . . .   | 11,030,630               | <b>28</b>   | 11,393,526         |           |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |             |                    |           |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>   |                    |           |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>30</b>   |                    |           |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>31</b>   |                    |           |
|   | <b>32</b> Total net assets or fund balances . . . . .  | 270,720,558              | <b>32</b>   | 243,611,152        |           |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 279,717,835  | <b>33</b>                | 251,108,203 |                    |           |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 41,134,480  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 22,816,810  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 18,317,670  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 270,720,558 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -45,786,034 |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0           |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0           |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0           |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 358,958     |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 243,611,152 |

**Part XII Financial Statements and Reporting**

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

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | ✓  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | ✓   |    |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  | ✓   |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |     | ✓  |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.  |     |    |

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

|  |   |
|--|---|
| <b>Name of the organization</b><br>PERMIAN BASIN AREA FOUNDATION | <b>Employer identification number</b><br>75-2295008 |
|--|---|

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018   | (b) 2019   | (c) 2020   | (d) 2021   | (e) 2022   | (f) Total  |
|--|------------|------------|------------|------------|------------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  | 10,335,091 | 11,151,764 | 11,556,513 | 12,614,132 | 31,052,031 | 76,709,531 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   | 0          | 0          | 0          | 0          | 0          | 0          |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   | 0          | 0          | 0          | 0          | 0          | 0          |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  | 10,335,091 | 11,151,764 | 11,556,513 | 12,614,132 | 31,052,031 | 76,709,531 |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . |            |            |            |            |            | 9,534,878  |
| <b>6 Public support.</b> Subtract line 5 from line 4   |            |            |            |            |            | 67,174,653 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2018   | (b) 2019   | (c) 2020   | (d) 2021   | (e) 2022   | (f) Total                |
|---|------------|------------|------------|------------|------------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .  | 10,335,091 | 11,151,764 | 11,556,513 | 12,614,132 | 31,052,031 | 76,709,531               |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .  | 10,275,587 | 7,456,290  | 5,050,639  | 7,366,794  | 7,304,015  | 37,453,325               |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   | 0          | 0          | 0          | 0          | 0          | 0                        |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .   | 2,188      | 90,769     | 66,275     | 82,293     | 76,081     | 317,606                  |
| <b>11 Total support.</b> Add lines 7 through 10   |            |            |            |            |            | 114,480,462              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .   |            |            |            |            | 12         |                          |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |            |            |            |            |            | <input type="checkbox"/> |

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

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .   | <b>14</b> | 58.68 %                             |
| <b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .  | <b>15</b> | 47.21 %                             |
| <b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .   |           | <input type="checkbox"/>            |
| <b>b 33 1/3% support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .  |           | <input checked="" type="checkbox"/> |
| <b>17a 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/>            |
| <b>b 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .  |           | <input type="checkbox"/>            |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

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

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . .   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . .  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .   |          |          |          |          |          |           |
| <b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/> |          |          |          |          |          |           |

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

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

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . . .   | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . .   | <b>18</b> | % |
| <b>19a 33 1/3% support tests—2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>         |           |   |
| <b>b 33 1/3% support tests—2021.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/> |           |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>   |           |   |

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|     |  | Yes | No |
|-----|--|-----|----|
| 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| 5b  | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| 5c  | <b>Substitutions only.</b> 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).</i>   |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>   |     |    |
| 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 9c  | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 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 line 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 |
|--|------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |            |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | <b>11a</b> |    |
| <b>b</b> A family member of a person described on line 11a above?  | <b>11b</b> |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .                             | <b>11c</b> |    |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

| <b>Section A—Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------------|--|----------------|-----------------------------|
| <b>1</b>                              | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                              | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                              | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                              | Add lines 1 through 3.   | <b>4</b>       |                             |
| <b>5</b>                              | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                              | 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) | <b>6</b>       |                             |
| <b>7</b>                              | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                              | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | <b>8</b>       |                             |
| <b>Section B—Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b>                              | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |                |                             |
| <b>a</b>                              | Average monthly value of securities  | <b>1a</b>      |                             |
| <b>b</b>                              | Average monthly cash balances  | <b>1b</b>      |                             |
| <b>c</b>                              | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                             |
| <b>d</b>                              | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b>                              | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |                |                             |
| <b>2</b>                              | Acquisition indebtedness applicable to non-exempt-use assets   | <b>2</b>       |                             |
| <b>3</b>                              | Subtract line 2 from line 1d.  | <b>3</b>       |                             |
| <b>4</b>                              | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | <b>4</b>       |                             |
| <b>5</b>                              | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                             |
| <b>6</b>                              | Multiply line 5 by 0.035.  | <b>6</b>       |                             |
| <b>7</b>                              | Recoveries of prior-year distributions   | <b>7</b>       |                             |
| <b>8</b>                              | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                             |
| <b>Section C—Distributable Amount</b> |  |                | Current Year                |
| <b>1</b>                              | Adjusted net income for prior year (from Section A, line 8, column A)  | <b>1</b>       |                             |
| <b>2</b>                              | Enter 0.85 of line 1.  | <b>2</b>       |                             |
| <b>3</b>                              | Minimum asset amount for prior year (from Section B, line 8, column A)   | <b>3</b>       |                             |
| <b>4</b>                              | Enter greater of line 2 or line 3.   | <b>4</b>       |                             |
| <b>5</b>                              | Income tax imposed in prior year   | <b>5</b>       |                             |
| <b>6</b>                              | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | <b>6</b>       |                             |
| <b>7</b>                              | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                             |

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

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

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



**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

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

**Open to Public Inspection**

**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<br><b>PERMIAN BASIN AREA FOUNDATION</b> | Employer identification number<br><b>75-2295008</b> |
|--|---|

**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.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)   |   | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b>   | Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .   | 0   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b>  | Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .   | 7,500   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b>  | Total lobbying expenditures (add lines 1a and 1b) . . . . .   | 7,500   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b>  | Other exempt purpose expenditures . . . . .   | 22,809,310                                      |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b>  | Total exempt purpose expenditures (add lines 1c and 1d) . . . . .   | 22,816,810                                      |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b>  | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  | 1,000,000                                       |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="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.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b>  | Grassroots nontaxable amount (enter 25% of line 1f) . . . . .   | 250,000   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b>  | Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .   | 0   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b>  | Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .   | 0   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b>  | 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.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>      |          |          |          |           |           |
|--|----------|----------|----------|-----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022  | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             | 849,434  | 742,353  | 852,576  | 1,000,000 | 3,444,363 |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |          |          |          |           | 5,166,545 |
| <b>c</b> Total lobbying expenditures                             | 0        | 0        | 2,114    | 7,500     | 9,614     |
| <b>d</b> Grassroots nontaxable amount                            | 212,359  | 185,588  | 213,144  | 250,000   | 861,091   |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |           | 1,291,637 |
| <b>f</b> Grassroots lobbying expenditures                        | 0        | 0        | 0        | 0         | 0         |



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: 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 Conservation Easements including checkboxes for preservation purposes, a table for 'Held at the End of the Tax Year' (2a-2d), and various questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and revenue/assets.



**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 |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 220,856,500      | 197,453,275    | 184,459,807        | 149,783,696          | 141,765,436         |
| <b>b</b> Contributions                                  | 19,475,770       | 6,848,033      | 1,079,255          | 15,123,129           | 22,941,687          |
| <b>c</b> Net investment earnings, gains, and losses     | -35,585,137      | 24,928,090     | 18,730,888         | 29,843,422           | -9,012,610          |
| <b>d</b> Grants or scholarships                         | 6,784,718        | 6,259,368      | 5,082,142          | 8,758,672            | 4,597,698           |
| <b>e</b> Other expenditures for facilities and programs | 0                | 0              | 0                  | 0                    | 0                   |
| <b>f</b> Administrative expenses                        | 2,465,204        | 2,113,530      | 1,734,536          | 1,531,768            | 1,313,119           |
| <b>g</b> End of year balance                            | 195,497,211      | 220,856,500    | 197,453,272        | 184,459,807          | 149,783,696         |

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

- a** Board designated or quasi-endowment 100 %
- b** Permanent endowment 0 %
- c** Term endowment 0 %

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                                  |
|---|--------------------------|-------------------------------------|
| <b>(i)</b> Unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> Related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land   | 0                                    | 302,813                         | 0                            | 302,813        |
| <b>b</b> Buildings   | 0                                    | 3,791,446                       | 442,567                      | 3,348,879      |
| <b>c</b> Leasehold improvements  | 0                                    | 0                               | 0                            | 0              |
| <b>d</b> Equipment   | 0                                    | 341,436                         | 182,363                      | 159,073        |
| <b>e</b> Other   | 0                                    | 321,458                         | 74,450                       | 247,008        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 4,057,773      |

**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<br>(including name of security)             | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely held equity interests . . . . .   |                |  |
| (3) Other _____   |                |  |
| (A) _____   |                |  |
| (B) _____   |                |  |
| (C) _____   |                |  |
| (D) _____   |                |  |
| (E) _____   |                |  |
| (F) _____   |                |  |
| (G) _____   |                |  |
| (H) _____   |                |  |
| <b>Total.</b> (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:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (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  | 4,981,543         |
| (2) Beneficial interest in lead trust   | 909,596           |
| (3) Bequest receivable  | 1,000,000         |
| (4) Beneficial interest in remainder trust  | 1,455,070         |
| (5) Beneficial interest in perpetual trust  | 47,317            |
| (6) Oil and gas mineral interests   | 7,184,621         |
| (7) Cash surrender value of life insurance  | 358,439           |
| (8)   |                   |
| (9)   |                   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . | <b>15,936,586</b> |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value   |
|---|------------------|
| (1) Federal income taxes  |                  |
| (2) Agency transactions payable   | 15,000           |
| (3) Amount held for agencies  | 6,784,051        |
| (4) Refundable advance  | 300,000          |
| (5)   |                  |
| (6)   |                  |
| (7)   |                  |
| (8)   |                  |
| (9)   |                  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . | <b>7,099,051</b> |

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

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

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

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

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

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

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

**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, 2019.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**PERMIAN BASIN AREA FOUNDATION**

Employer identification number

**75-2295008**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) Europe (including Iceland and C                         | 0                                   | 0  | Grantmaking  |  | 200,000  |
| (2)   |                                     |  |  |  |  |
| (3)   |                                     |  |  |  |  |
| (4)   |                                     |  |  |  |  |
| (5)   |                                     |  |  |  |  |
| (6)   |                                     |  |  |  |  |
| (7)   |                                     |  |  |  |  |
| (8)   |                                     |  |  |  |  |
| (9)   |                                     |  |  |  |  |
| (10)  |                                     |  |  |  |  |
| (11)  |                                     |  |  |  |  |
| (12)  |                                     |  |  |  |  |
| (13)  |                                     |  |  |  |  |
| (14)  |                                     |  |  |  |  |
| (15)  |                                     |  |  |  |  |
| (16)  |                                     |  |  |  |  |
| (17)  |                                     |  |  |  |  |
| <b>3a</b> Subtotal . . . . .                                |                                     |  |  |  |  |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |  |  |  |  |
| <b>c Totals</b> (add lines 3a and 3b)                       | 0                                   | 0  |  |  | 200,000  |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1</b> | <b>(a)</b> Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region          | <b>(d)</b> Purpose of grant | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of noncash assistance | <b>(h)</b> Description of noncash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|---|----------------------------|-----------------------------|---------------------------------|--|---|--|--|
| (1)      |                                 |   | Europe (including Iceland) | public affairs              | 200,000                         | wire                                   | 0                                       |  |  |
| (2)      |                                 |   |                            |                             |                                 |  |   |  |  |
| (3)      |                                 |   |                            |                             |                                 |  |   |  |  |
| (4)      |                                 |   |                            |                             |                                 |  |   |  |  |
| (5)      |                                 |   |                            |                             |                                 |  |   |  |  |
| (6)      |                                 |   |                            |                             |                                 |  |   |  |  |
| (7)      |                                 |   |                            |                             |                                 |  |   |  |  |
| (8)      |                                 |   |                            |                             |                                 |  |   |  |  |
| (9)      |                                 |   |                            |                             |                                 |  |   |  |  |
| (10)     |                                 |   |                            |                             |                                 |  |   |  |  |
| (11)     |                                 |   |                            |                             |                                 |  |   |  |  |
| (12)     |                                 |   |                            |                             |                                 |  |   |  |  |
| (13)     |                                 |   |                            |                             |                                 |  |   |  |  |
| (14)     |                                 |   |                            |                             |                                 |  |   |  |  |
| (15)     |                                 |   |                            |                             |                                 |  |   |  |  |
| (16)     |                                 |   |                            |                             |                                 |  |   |  |  |

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 1

**3** Enter total number of other organizations or entities . . . ▶ 0

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)                             |            |                          |                          |                                 |                                  |                                       |   |
| (2)                             |            |                          |                          |                                 |                                  |                                       |   |
| (3)                             |            |                          |                          |                                 |                                  |                                       |   |
| (4)                             |            |                          |                          |                                 |                                  |                                       |   |
| (5)                             |            |                          |                          |                                 |                                  |                                       |   |
| (6)                             |            |                          |                          |                                 |                                  |                                       |   |
| (7)                             |            |                          |                          |                                 |                                  |                                       |   |
| (8)                             |            |                          |                          |                                 |                                  |                                       |   |
| (9)                             |            |                          |                          |                                 |                                  |                                       |   |
| (10)                            |            |                          |                          |                                 |                                  |                                       |   |
| (11)                            |            |                          |                          |                                 |                                  |                                       |   |
| (12)                            |            |                          |                          |                                 |                                  |                                       |   |
| (13)                            |            |                          |                          |                                 |                                  |                                       |   |
| (14)                            |            |                          |                          |                                 |                                  |                                       |   |
| (15)                            |            |                          |                          |                                 |                                  |                                       |   |
| (16)                            |            |                          |                          |                                 |                                  |                                       |   |
| (17)                            |            |                          |                          |                                 |                                  |                                       |   |
| (18)                            |            |                          |                          |                                 |                                  |                                       |   |

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  **Yes**  **No**
  
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  **Yes**  **No**
  
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  **Yes**  **No**
  
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  **Yes**  **No**
  
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  **Yes**  **No**
  
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  **Yes**  **No**





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) <u>Sch I, Stmt 1</u>                             |         |                                 |                          |                                  |   |                                       |                                    |
| (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 145

3 Enter total number of other organizations listed in the line 1 table 5



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

|                                |  | Recipient EIN | Amt. of cash<br>grant | Amt. of non-<br>cash asst. |
|--------------------------------|--|---------------|-----------------------|----------------------------|
| <b>Name and address</b>        | 29 Acres<br>3000 Moseley Road<br>Cross Roads, TX 76227                           | 27-5537523    | 10,000                | 0                          |
| <b>IRC code section</b>        | 501c3  |               |                       |                            |
| <b>Method of valuation</b>     |  |               |                       |                            |
| <b>Desc. of Non-Cash Asst.</b> |  |               |                       |                            |
| <b>Purpose of grant</b>        | Human Services   |               |                       |                            |
| <b>Name and address</b>        | Addys Hope Adoption Agency<br>PO Box 9161<br>Midland, TX 79708                   | 20-1760379    | 20,000                | 0                          |
| <b>IRC code section</b>        | 501c3  |               |                       |                            |
| <b>Method of valuation</b>     |  |               |                       |                            |
| <b>Desc. of Non-Cash Asst.</b> |  |               |                       |                            |
| <b>Purpose of grant</b>        | Human Services   |               |                       |                            |
| <b>Name and address</b>        | Agape Counseling Services<br>3500 North A Street Suite 2400<br>Midland, TX 79705 | 45-2450285    | 50,000                | 0                          |
| <b>IRC code section</b>        | 501c3  |               |                       |                            |
| <b>Method of valuation</b>     |  |               |                       |                            |
| <b>Desc. of Non-Cash Asst.</b> |  |               |                       |                            |
| <b>Purpose of grant</b>        | Health Mental Health   |               |                       |                            |
| <b>Name and address</b>        | Alamo Heights Baptist Church<br>1305 N Midland Drive<br>Midland, TX 79703        | 75-1888207    | 10,234                | 0                          |
| <b>IRC code section</b>        | Church   |               |                       |                            |
| <b>Method of valuation</b>     |  |               |                       |                            |
| <b>Desc. of Non-Cash Asst.</b> |  |               |                       |                            |
| <b>Purpose of grant</b>        | Faith Based Ministries   |               |                       |                            |
| <b>Name and address</b>        | Alpine Christian School<br>1901 Loop Drive<br>Alpine, TX 79830                   | 11-3763276    | 100,000               | 0                          |
| <b>IRC code section</b>        | 501c3  |               |                       |                            |
| <b>Method of valuation</b>     |  |               |                       |                            |
| <b>Desc. of Non-Cash Asst.</b> |  |               |                       |                            |
| <b>Purpose of grant</b>        | Educational  |               |                       |                            |
| <b>Name and address</b>        | Alpine Humane Society<br>PO Box 1464<br>Alpine, TX 79831                         | 75-2070318    | 30,000                | 0                          |
| <b>IRC code section</b>        | 501c3  |               |                       |                            |
| <b>Method of valuation</b>     |  |               |                       |                            |
| <b>Desc. of Non-Cash Asst.</b> |  |               |                       |                            |
| <b>Purpose of grant</b>        | Animal Services  |               |                       |                            |
| <b>Name and address</b>        | Alpine Public Library<br>805 West Avenue E<br>Alpine, TX 79830                   | 74-1478092    | 100,000               | 0                          |
| <b>IRC code section</b>        | 501c3  |               |                       |                            |
| <b>Method of valuation</b>     |  |               |                       |                            |
| <b>Desc. of Non-Cash Asst.</b> |  |               |                       |                            |
| <b>Purpose of grant</b>        | Educational  |               |                       |                            |

## Schedule I, Part IV, Statement 1

## PERMIAN BASIN AREA FOUNDATION

|                                |  |            |        |   |
|--------------------------------|--|------------|--------|---|
| <b>Name and address</b>        | American Red Cross Permian Basin Area Chapter<br>2218 Pershing Drive<br>Austin, TX 78723 | 53-0196605 | 40,000 | 0 |
| <b>IRC code section</b>        | 501c3  |            |        |   |
| <b>Method of valuation</b>     |  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | Human Services   |            |        |   |
| <b>Name and address</b>        | Amy Bell Charities Inc<br>PO Box 10649<br>Midland, TX 79702                              | 86-2444500 | 12,000 | 0 |
| <b>IRC code section</b>        | 501c3  |            |        |   |
| <b>Method of valuation</b>     |  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | Human Services   |            |        |   |
| <b>Name and address</b>        | Aphasia Center of West Texas<br>5214 Thomason Drive<br>Midland, TX 79703                 | 02-0618732 | 28,307 | 0 |
| <b>IRC code section</b>        | 501c3  |            |        |   |
| <b>Method of valuation</b>     |  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | Health Mental Health   |            |        |   |
| <b>Name and address</b>        | Arise Africa Inc<br>1628 Fairmount Avenue<br>Fort Worth, TX 76104                        | 27-2014915 | 45,000 | 0 |
| <b>IRC code section</b>        | 501c3  |            |        |   |
| <b>Method of valuation</b>     |  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | X International  |            |        |   |
| <b>Name and address</b>        | Arts Council of Midland<br>PO Box 3494<br>Midland, TX 79702                              | 75-1894442 | 30,000 | 0 |
| <b>IRC code section</b>        | 501c3  |            |        |   |
| <b>Method of valuation</b>     |  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | Arts and Culture   |            |        |   |
| <b>Name and address</b>        | Ballroom Marfa<br>PO Box 1661<br>Marfa, TX 79843   | 20-0126402 | 10,000 | 0 |
| <b>IRC code section</b>        | 501c3  |            |        |   |
| <b>Method of valuation</b>     |  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | Arts and Culture   |            |        |   |
| <b>Name and address</b>        | Baptist Memorials Ministries<br>PO Box 5661<br>San Angelo, TX 76902                      | 75-0983837 | 76,572 | 0 |
| <b>IRC code section</b>        | 501c3  |            |        |   |
| <b>Method of valuation</b>     |  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | Human Services   |            |        |   |
| <b>Name and address</b>        | Big Bend Conservancy<br>PO Box 200<br>Big Bend National Park, TX 79834                   | 75-2670331 | 14,000 | 0 |
| <b>IRC code section</b>        | 501c3  |            |        |   |
| <b>Method of valuation</b>     |  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | Environmental  |            |        |   |

## Schedule I, Part IV, Statement 1

## PERMIAN BASIN AREA FOUNDATION

|                                |  |            |         |   |
|--------------------------------|--|------------|---------|---|
| <b>Name and address</b>        | Big Bend Conservation Alliance<br>PO Box 1721<br>Alpine, TX 79831  | 47-3670796 | 20,000  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Environmental  |            |         |   |
| <b>Name and address</b>        | Big Brothers Big Sisters of the Permian Basin<br>714 W Louisiana<br>Midland, TX 79701  | 75-1791035 | 5,792   | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Community Development  |            |         |   |
| <b>Name and address</b>        | Billy Graham Evangelistic Association<br>1 Billy Graham Parkway<br>Charlotte, NC 28201   | 41-0692230 | 13,415  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Faith Based Ministries   |            |         |   |
| <b>Name and address</b>        | Borderlands Research Institute for Natural Resource Management<br>Sul Ross State University<br>PO Box C 21<br>Alpine, TX 79832 | 75-3138496 | 50,000  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Educational  |            |         |   |
| <b>Name and address</b>        | Boys and Girls Club of Odessa<br>800 E 13th Street<br>Odessa, TX 79761   | 75-0990952 | 100,312 | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Youth Development  |            |         |   |
| <b>Name and address</b>        | Boys and Girls Club of The Permian Basin<br>800 E 13th Street<br>Odessa, TX 79761  | 46-1749237 | 60,000  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Youth Development  |            |         |   |
| <b>Name and address</b>        | Breaking Bread Kitchen<br>PO Box 9402<br>Midland, TX 79708   | 75-2758174 | 75,348  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Human Services   |            |         |   |
| <b>Name and address</b>        | Bridges for Peace BFP International<br>PO Box 410037<br>Melbourne, FL 32941  | 75-3077433 | 21,681  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |

## Schedule I, Part IV, Statement 1

## PERMIAN BASIN AREA FOUNDATION

## Desc. of Non-Cash Asst.

|                                |   |            |         |   |
|--------------------------------|---|------------|---------|---|
| <b>Purpose of grant</b>        | Faith Based Ministries  |            |         |   |
| <b>Name and address</b>        | Brite Divinity School<br>TCU Box 298130<br>Fort Worth, TX 76129                             | 23-7121060 | 18,531  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Educational   |            |         |   |
| <b>Name and address</b>        | Buckner Children and Family Services<br>425 W Pecan<br>Midland, TX 79705                    | 75-2571395 | 178,483 | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Human Services  |            |         |   |
| <b>Name and address</b>        | Buffalo Trail Council BSA<br>1101 West Texas Avenue<br>Midland, TX 79701                    | 75-0800616 | 58,366  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Youth Development   |            |         |   |
| <b>Name and address</b>        | Bynum School<br>PO Box 80175<br>Midland, TX 79708   | 75-1932925 | 129,122 | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Educational   |            |         |   |
| <b>Name and address</b>        | Caesar Kleberg Foundation for Wildlife Conservation<br>PO Box 1555<br>Kingsville, TX 78364  | 74-6038766 | 20,000  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Animal Services   |            |         |   |
| <b>Name and address</b>        | Casa de Amigos<br>1101 E Garden Lane<br>Midland, TX 79701                                   | 75-1240087 | 7,500   | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Human Services  |            |         |   |
| <b>Name and address</b>        | Catholic Charities Community Services of Odessa<br>2500 Andrews Highway<br>Odessa, TX 79761 | 75-2233859 | 51,399  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Human Services  |            |         |   |
| <b>Name and address</b>        | CBM Ministries of the Great Southwest<br>PO Box 1058<br>Edmond, OK 73083                    | 73-1492684 | 9,270   | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |

## Schedule I, Part IV, Statement 1

## PERMIAN BASIN AREA FOUNDATION

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Faith Based Ministries

## Name and address

Centers for Children and Families Inc  
3701 Andrews Highway  
Midland, TX 79703

75-1005357

190,770

0

## IRC code section

501c3

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Health Mental Health

## Name and address

Chinati Foundation  
PO Box 1135  
Marfa, TX 79843

74-2340423

25,000

0

## IRC code section

501c3

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Arts and Culture

## Name and address

Christchurch School  
49 Seahorse Lane  
Christchurch, VA 23031

51-0236362

40,000

0

## IRC code section

501c3

## 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

53,123

0

## IRC code section

501c3

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Human Services

## Name and address

COM Aquatics  
3003 North A Street  
Midland, TX 79705

75-1254435

19,206

0

## IRC code section

501c3

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Health Mental Health

## Name and address

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

75-2821486

300,000

0

## IRC code section

501c3

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Youth Development

## Name and address

Community Childrens Clinic  
PO Box 3328  
Midland, TX 79702

75-1875246

7,760

0

## IRC code section

501c3

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Community Development

## Name and address

Downtown Leakey Inc  
PO Box 464  
Leakey, TX 78873

47-3846841

100,000

0

## Schedule I, Part IV, Statement 1

## PERMIAN BASIN AREA FOUNDATION

|                                |   |            |        |   |
|--------------------------------|---|------------|--------|---|
| <b>IRC code section</b>        | 501c3   |            |        |   |
| <b>Method of valuation</b>     |   |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | Human Services  |            |        |   |
| <b>Name and address</b>        | Family Promise of Midland<br>2908 W Ohio Avenue<br>Midland, TX 79701                      | 27-1003573 | 10,531 | 0 |
| <b>IRC code section</b>        | 501c3   |            |        |   |
| <b>Method of valuation</b>     |   |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | Human Services  |            |        |   |
| <b>Name and address</b>        | Family Promise of Odessa<br>PO Box 12781<br>Odessa, TX 79762                              | 26-1828381 | 30,000 | 0 |
| <b>IRC code section</b>        | 501c3   |            |        |   |
| <b>Method of valuation</b>     |   |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | Human Services  |            |        |   |
| <b>Name and address</b>        | First Christian Church<br>1301 W Louisiana Avenue<br>Midland, TX 79701                    | 75-0959993 | 10,531 | 0 |
| <b>IRC code section</b>        | 501c3   |            |        |   |
| <b>Method of valuation</b>     |   |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | Faith Based Ministries  |            |        |   |
| <b>Name and address</b>        | First Presbyterian Church<br>800 W Texas<br>Midland, TX 79701                             | 75-0983832 | 27,557 | 0 |
| <b>IRC code section</b>        | 501c3   |            |        |   |
| <b>Method of valuation</b>     |   |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | Faith Based Ministries  |            |        |   |
| <b>Name and address</b>        | First United Methodist Church Fort Worth<br>800 West Fifth Street<br>Fort Worth, TX 76102 | 75-0800645 | 10,000 | 0 |
| <b>IRC code section</b>        | 501c3   |            |        |   |
| <b>Method of valuation</b>     |   |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | Faith Based Ministries  |            |        |   |
| <b>Name and address</b>        | First United Methodist Church Midland<br>300 N Main Street<br>Midland, TX 79701           | 75-0808826 | 20,000 | 0 |
| <b>IRC code section</b>        | Church  |            |        |   |
| <b>Method of valuation</b>     |   |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | Faith Based Ministries  |            |        |   |
| <b>Name and address</b>        | Food Pantry of Jeff Davis<br>PO Box 244<br>Fort Davis, TX 79734                           | 75-2875263 | 20,000 | 0 |
| <b>IRC code section</b>        | 501c3   |            |        |   |
| <b>Method of valuation</b>     |   |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |   |
| <b>Purpose of grant</b>        | Human Services  |            |        |   |
| <b>Name and address</b>        | Fort Davis Higher Education Foundation<br>PO Box 335                                      | 06-1653768 | 20,000 | 0 |



## Schedule I, Part IV, Statement 1

## PERMIAN BASIN AREA FOUNDATION

|                                |  |            |         |   |
|--------------------------------|--|------------|---------|---|
| Fort Davis, TX 79734           |  |            |         |   |
| <b>IRC code section</b>        | 501c3                                    |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Educational                              |            |         |   |
| <b>Name and address</b>        | Fort Davis Independent School District   | 74-6000855 | 15,000  | 0 |
|                                | PO Box 1339                              |            |         |   |
|                                | 401 W Webster Avenue                     |            |         |   |
|                                | Fort Davis, TX 79734                     |            |         |   |
| <b>IRC code section</b>        | GOVT                                     |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Educational                              |            |         |   |
| <b>Name and address</b>        | Friendship House                         | 30-1203255 | 20,000  | 0 |
|                                | PO Box 52621                             |            |         |   |
|                                | Midland, TX 79710                        |            |         |   |
| <b>IRC code section</b>        | 501c3                                    |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Human Services                           |            |         |   |
| <b>Name and address</b>        | Friends of the Jeff Davis County Library | 26-2817908 | 25,000  | 0 |
|                                | PO Box 425                               |            |         |   |
|                                | Fort Davis, TX 79734                     |            |         |   |
| <b>IRC code section</b>        | 501c3                                    |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Educational                              |            |         |   |
| <b>Name and address</b>        | George W Bush Foundation                 | 20-4119317 | 25,000  | 0 |
|                                | 2943 SMU Boulevard                       |            |         |   |
|                                | Dallas, TX 75205                         |            |         |   |
| <b>IRC code section</b>        | 501c3                                    |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Arts and Culture                         |            |         |   |
| <b>Name and address</b>        | Girl Scouts of the Desert Southwest      | 74-1189693 | 26,929  | 0 |
|                                | 9700 Girl Scout Way                      |            |         |   |
|                                | El Paso, TX 79924                        |            |         |   |
| <b>IRC code section</b>        | 501c3                                    |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Youth Development                        |            |         |   |
| <b>Name and address</b>        | Gladney Center for Adoption              | 75-0917409 | 20,000  | 0 |
|                                | 6300 John Ryan Drive                     |            |         |   |
|                                | Fort Worth, TX 76132                     |            |         |   |
| <b>IRC code section</b>        | 501c3                                    |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Human Services                           |            |         |   |
| <b>Name and address</b>        | Grady ISD                                | 75-6004076 | 341,213 | 0 |
|                                | 3500 FM 829                              |            |         |   |
|                                | Lenorah, TX 79749                        |            |         |   |
| <b>IRC code section</b>        | Govt                                     |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Educational                              |            |         |   |

## Schedule I, Part IV, Statement 1

## PERMIAN BASIN AREA FOUNDATION

|                                |   |            |         |   |
|--------------------------------|---|------------|---------|---|
| <b>Name and address</b>        | Grand Companions Humane Society<br>PO Box 1156<br>Fort Davis, TX 79734                              | 82-0586174 | 30,000  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Animal Services   |            |         |   |
| <b>Name and address</b>        | High Sky Childrens Ranch<br>8613 W County Rd 60<br>Midland, TX 79707                                | 75-1155049 | 100,000 | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Human Services  |            |         |   |
| <b>Name and address</b>        | Hillcrest School<br>2800 North A Street<br>Midland, TX 79705  | 75-2468032 | 92,022  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Educational   |            |         |   |
| <b>Name and address</b>        | Historic Cane Hill Inc<br>PO Box 756<br>Lincoln, AR 72744   | 71-0653475 | 255,000 | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Arts and Culture  |            |         |   |
| <b>Name and address</b>        | Holy Cross Catholic High School<br>4014 North County Road 1160<br>Midland, TX 79705                 | 47-4189121 | 15,000  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Faith Based Ministries  |            |         |   |
| <b>Name and address</b>        | Howard College at Big Spring<br>Student Financial Aid<br>1001 Birdwell Lane<br>Big Spring, TX 79720 | 75-6001827 | 5,618   | 0 |
| <b>IRC code section</b>        | Govt  |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Educational   |            |         |   |
| <b>Name and address</b>        | I20 Wildlife Preserve and Jenna Welch Nature Study Center<br>PO Box 2906<br>Midland, TX 79702       | 26-1270576 | 11,038  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Community Development   |            |         |   |
| <b>Name and address</b>        | Judd Foundation<br>101 Spring Street<br>New York, NY 10012  | 74-2798673 | 15,000  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |

## Schedule I, Part IV, Statement 1

## PERMIAN BASIN AREA FOUNDATION

|                                |  |            |         |   |
|--------------------------------|--|------------|---------|---|
| <b>Purpose of grant</b>        | Arts and Culture   |            |         |   |
| <b>Name and address</b>        | Junior Achievement of the Permian Basin<br>306 W Wall Suite 827<br>Midland, TX 79701           | 75-0944915 | 30,000  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Youth Development  |            |         |   |
| <b>Name and address</b>        | Junior League of Midland Inc<br>902 W Dengar<br>Midland, TX 79705                              | 75-1005294 | 61,926  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Community Development  |            |         |   |
| <b>Name and address</b>        | Kerrville First United Methodist Church<br>321 Thompson Drive<br>Kerrville, TX 78028           | 74-1233799 | 17,000  | 0 |
| <b>IRC code section</b>        | Church   |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Faith Based Ministries   |            |         |   |
| <b>Name and address</b>        | Leakey ISD<br>PO Box 1129<br>Leakey, TX 78873  | 74-6001593 | 33,500  | 0 |
| <b>IRC code section</b>        | Govt   |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Educational  |            |         |   |
| <b>Name and address</b>        | Literacy Coalition Of The Permian Basin<br>3500 North A Street Suite 2700<br>Midland, TX 79705 | 87-1306190 | 210,000 | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Educational  |            |         |   |
| <b>Name and address</b>        | Manor Park<br>2208 N Loop 250 West<br>Midland, TX 79707  | 75-1227882 | 394,000 | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Human Services   |            |         |   |
| <b>Name and address</b>        | Marathon Primary Care Service Inc<br>PO Box 477<br>Marathon, TX 79842                          | 74-2751026 | 30,000  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Health Mental Health   |            |         |   |
| <b>Name and address</b>        | Marathon Public Library<br>PO Box 177<br>Marathon, TX 79842                                    | 46-3355925 | 25,000  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |

## Schedule I, Part IV, Statement 1

## PERMIAN BASIN AREA FOUNDATION

## Desc. of Non-Cash Asst.

|                                |   |            |         |   |
|--------------------------------|---|------------|---------|---|
| <b>Purpose of grant</b>        | Arts and Culture  |            |         |   |
| <b>Name and address</b>        | Marfa Education Foundation<br>PO Box 660<br>Marfa, TX 79843                     | 27-4545608 | 30,000  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Educational   |            |         |   |
| <b>Name and address</b>        | Marfa Live Arts<br>PO Box 1365<br>Marfa, TX 79843                               | 74-3011051 | 20,000  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Arts and Culture  |            |         |   |
| <b>Name and address</b>        | Marfa Public Radio<br>PO Box 238<br>Marfa, TX 79843                             | 56-2497864 | 115,250 | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Arts and Culture  |            |         |   |
| <b>Name and address</b>        | Martin County Convent<br>PO Box 1435<br>Stanton, TX 79782                       | 75-2284618 | 30,583  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Arts and Culture  |            |         |   |
| <b>Name and address</b>        | Martin County Historical Museum<br>PO Box 929<br>Stanton, TX 79782              | 75-1574557 | 222,068 | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Arts and Culture  |            |         |   |
| <b>Name and address</b>        | McDonald Observatory<br>UT Gifts CO Keary Kinch PO Box 7458<br>Austin, TX 78713 | 74-6000203 | 25,000  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Educational   |            |         |   |
| <b>Name and address</b>        | M D Anderson Services Corporation<br>PO Box 301439<br>Houston, TX 77230         | 76-0300816 | 10,000  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Health Mental Health  |            |         |   |
| <b>Name and address</b>        | Medical Center Health System Foundation<br>PO Box 7335<br>Odessa, TX 79760      | 75-1220726 | 75,000  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |

## Schedule I, Part IV, Statement 1

## PERMIAN BASIN AREA FOUNDATION

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Health Mental Health

|                         |  |            |        |   |
|-------------------------|--|------------|--------|---|
| <b>Name and address</b> | Midland Academy Charter School PTO<br>500 N Baird<br>Midland, TX 79701 | 83-1694048 | 10,000 | 0 |
| <b>IRC code section</b> | 501c3  |            |        |   |

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Educational

|                         |  |            |         |   |
|-------------------------|--|------------|---------|---|
| <b>Name and address</b> | Midland Childrens Rehabilitation Center<br>802 Ventura Avenue<br>Midland, TX 79705 | 75-0912521 | 170,000 | 0 |
| <b>IRC code section</b> | 501c3  |            |         |   |

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Health Mental Health

|                         |  |            |        |   |
|-------------------------|--|------------|--------|---|
| <b>Name and address</b> | Midland Christian School<br>2001 Culver Drive<br>Midland, TX 79705 | 75-6004672 | 15,000 | 0 |
| <b>IRC code section</b> | 501c3  |            |        |   |

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Educational

|                         |  |            |         |   |
|-------------------------|--|------------|---------|---|
| <b>Name and address</b> | Midland College Foundation<br>3600 N Garfield<br>Midland, TX 79705 | 23-7315067 | 142,000 | 0 |
| <b>IRC code section</b> | 501c3  |            |         |   |

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Educational

|                         |   |            |        |   |
|-------------------------|---|------------|--------|---|
| <b>Name and address</b> | Midland Community Theatre<br>2000 W Wadley Ave<br>Midland, TX 79705 | 75-6003774 | 25,000 | 0 |
| <b>IRC code section</b> | 501c3   |            |        |   |

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Arts and Culture

|                         |  |            |       |   |
|-------------------------|--|------------|-------|---|
| <b>Name and address</b> | Midland County Public Library Foundation<br>PO Box 1634<br>Midland, TX 79702 | 46-0735772 | 7,126 | 0 |
| <b>IRC code section</b> | 501c3  |            |       |   |

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Educational

|                         |  |            |        |   |
|-------------------------|--|------------|--------|---|
| <b>Name and address</b> | Midland Education Foundation<br>615 W Missouri Avenue Suite 224<br>Midland, TX 79701 | 75-2330628 | 89,014 | 0 |
| <b>IRC code section</b> | 501c3  |            |        |   |

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Educational

|                         |  |            |        |   |
|-------------------------|--|------------|--------|---|
| <b>Name and address</b> | Midland Fair Havens<br>2400 Whitmire Blvd Suite 100<br>Midland, TX 79705 | 75-2627746 | 71,022 | 0 |
|-------------------------|--|------------|--------|---|

## Schedule I, Part IV, Statement 1

## PERMIAN BASIN AREA FOUNDATION

|                                |   |            |         |   |
|--------------------------------|---|------------|---------|---|
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Human Services  |            |         |   |
| <b>Name and address</b>        | Midland Habitat for Humanity<br>PO Box 2555<br>Midland, TX 79702                        | 75-2381356 | 7,781   | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Housing Shelter   |            |         |   |
| <b>Name and address</b>        | Midland Memorial Foundation<br>400 Rosalind Redfern Grover Parkway<br>Midland, TX 79701 | 75-0827455 | 15,164  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Health Mental Health  |            |         |   |
| <b>Name and address</b>        | Midland Odessa Symphony and Chorale<br>PO Box 60658<br>Midland, TX 79711                | 75-1301544 | 66,738  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Arts and Culture  |            |         |   |
| <b>Name and address</b>        | Midland Soup Kitchen<br>1401 Orchard Lane<br>Midland, TX 79701                          | 75-2360667 | 50,000  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Human Services  |            |         |   |
| <b>Name and address</b>        | Midland Young Life<br>925 W Wadley<br>Midland, TX 79705                                 | 84-0385934 | 42,205  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Youth Development   |            |         |   |
| <b>Name and address</b>        | Mission Agape<br>PO Box 3419<br>Midland, TX 79702                                       | 80-0850297 | 60,000  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Human Services  |            |         |   |
| <b>Name and address</b>        | Museum of the Big Bend<br>PO Box C 101<br>Alpine, TX 79832                              | 74-6000027 | 310,795 | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Arts and Culture  |            |         |   |
| <b>Name and address</b>        | Museum of the Southwest<br>1705 W Missouri Avenue                                       | 75-1229711 | 150,000 | 0 |

## Schedule I, Part IV, Statement 1

## PERMIAN BASIN AREA FOUNDATION

|                                |   |            |         |   |
|--------------------------------|---|------------|---------|---|
|                                | Midland, TX 79701   |            |         |   |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Arts and Culture  |            |         |   |
| <b>Name and address</b>        | Nonprofit Management Center of the Permian Basin<br>3500 North A Street Suite 2300<br>Midland, TX 79705 | 46-0706163 | 100,000 | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Community Development   |            |         |   |
| <b>Name and address</b>        | Northeast Midland County Volunteer Fire Department<br>PO Box 10005<br>Midland, TX 79705                 | 75-2293149 | 15,000  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Community Development   |            |         |   |
| <b>Name and address</b>        | Odessa Chamber Of Commerce<br>PO Box 3626<br>Odessa, TX 79760   | 75-0469860 | 20,000  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Community Development   |            |         |   |
| <b>Name and address</b>        | Odessa Christian School<br>2000 Doran Street<br>Odessa, TX 79761  | 75-1231036 | 13,985  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Educational   |            |         |   |
| <b>Name and address</b>        | Odessa College Foundation<br>201 W University<br>Odessa, TX 79764                                       | 75-2655037 | 5,633   | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Educational   |            |         |   |
| <b>Name and address</b>        | Odessa Links<br>119 W 4th Street Suite 201<br>Odessa, TX 79761  | 75-2943130 | 25,000  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Human Services  |            |         |   |
| <b>Name and address</b>        | Ozona Community Center Inc<br>PO Box 41<br>Ozona, TX 76943  | 75-1897769 | 20,000  | 0 |
| <b>IRC code section</b>        | 501c3   |            |         |   |
| <b>Method of valuation</b>     |   |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |   |
| <b>Purpose of grant</b>        | Community Development   |            |         |   |
| <b>Name and address</b>        | Partners Relief and Development   | 22-3786806 | 350,000 | 0 |

## Schedule I, Part IV, Statement 1

## PERMIAN BASIN AREA FOUNDATION

|                                |                                     |            |           |   |
|--------------------------------|-------------------------------------|------------|-----------|---|
|                                | PO Box 1992                         |            |           |   |
|                                | Grand Rapids, MI 49501              |            |           |   |
| <b>IRC code section</b>        | 501c3                               |            |           |   |
| <b>Method of valuation</b>     |                                     |            |           |   |
| <b>Desc. of Non-Cash Asst.</b> |                                     |            |           |   |
| <b>Purpose of grant</b>        | Human Services                      |            |           |   |
| <b>Name and address</b>        | Permian Basin Rehabilitation Center | 75-0866501 | 68,611    | 0 |
|                                | 620 N Alleghaney                    |            |           |   |
|                                | Odessa, TX 79761                    |            |           |   |
| <b>IRC code section</b>        | 501c3                               |            |           |   |
| <b>Method of valuation</b>     |                                     |            |           |   |
| <b>Desc. of Non-Cash Asst.</b> |                                     |            |           |   |
| <b>Purpose of grant</b>        | Health Mental Health                |            |           |   |
| <b>Name and address</b>        | Pink the Basin Inc                  | 45-4966937 | 61,000    | 0 |
|                                | PO Box 7406                         |            |           |   |
|                                | Odessa, TX 79760                    |            |           |   |
| <b>IRC code section</b>        | 501c3                               |            |           |   |
| <b>Method of valuation</b>     |                                     |            |           |   |
| <b>Desc. of Non-Cash Asst.</b> |                                     |            |           |   |
| <b>Purpose of grant</b>        | Health Mental Health                |            |           |   |
| <b>Name and address</b>        | Quality of Place Conservancy        | 87-2579004 | 8,122,475 | 0 |
|                                | PO Box 51022                        |            |           |   |
|                                | Midland, TX 79710                   |            |           |   |
| <b>IRC code section</b>        | 501c3                               |            |           |   |
| <b>Method of valuation</b>     |                                     |            |           |   |
| <b>Desc. of Non-Cash Asst.</b> |                                     |            |           |   |
| <b>Purpose of grant</b>        | Community Development               |            |           |   |
| <b>Name and address</b>        | Recording Library of West Texas     | 23-7075064 | 42,210    | 0 |
|                                | 3500 North A Street Suite 2800      |            |           |   |
|                                | Midland, TX 79705                   |            |           |   |
| <b>IRC code section</b>        | 501c3                               |            |           |   |
| <b>Method of valuation</b>     |                                     |            |           |   |
| <b>Desc. of Non-Cash Asst.</b> |                                     |            |           |   |
| <b>Purpose of grant</b>        | Human Services                      |            |           |   |
| <b>Name and address</b>        | Reflection Ministries of Texas      | 81-4378080 | 10,500    | 0 |
|                                | PO Box 52371                        |            |           |   |
|                                | Midland, TX 79710                   |            |           |   |
| <b>IRC code section</b>        | 501c3                               |            |           |   |
| <b>Method of valuation</b>     |                                     |            |           |   |
| <b>Desc. of Non-Cash Asst.</b> |                                     |            |           |   |
| <b>Purpose of grant</b>        | Human Services                      |            |           |   |
| <b>Name and address</b>        | Safe Place of the Permian Basin     | 75-1657264 | 117,393   | 0 |
|                                | PO Box 11331                        |            |           |   |
|                                | Midland, TX 79702                   |            |           |   |
| <b>IRC code section</b>        | 501c3                               |            |           |   |
| <b>Method of valuation</b>     |                                     |            |           |   |
| <b>Desc. of Non-Cash Asst.</b> |                                     |            |           |   |
| <b>Purpose of grant</b>        | Human Services                      |            |           |   |
| <b>Name and address</b>        | Salvation Army of Big Spring        | 58-0660607 | 50,000    | 0 |
|                                | 811 W 5th                           |            |           |   |
|                                | Big Spring, TX 79720                |            |           |   |
| <b>IRC code section</b>        | 501c3                               |            |           |   |
| <b>Method of valuation</b>     |                                     |            |           |   |
| <b>Desc. of Non-Cash Asst.</b> |                                     |            |           |   |
| <b>Purpose of grant</b>        | Community Development               |            |           |   |



## Schedule I, Part IV, Statement 1

## PERMIAN BASIN AREA FOUNDATION

|                                |  |            |        |   |
|--------------------------------|--|------------|--------|---|
| <b>Name and address</b>        | Salvation Army of Midland<br>600 E Wall Street<br>Midland, TX 79701                    | 58-0660607 | 53,626 | 0 |
| <b>IRC code section</b>        | 501c3  |            |        |   |
| <b>Method of valuation</b>     |  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | Human Services   |            |        |   |
| <b>Name and address</b>        | Samaritan Counseling Center<br>PO Box 60312<br>Midland, TX 79711                       | 75-1437991 | 57,000 | 0 |
| <b>IRC code section</b>        | 501c3  |            |        |   |
| <b>Method of valuation</b>     |  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | Health Mental Health   |            |        |   |
| <b>Name and address</b>        | San Sabas First Baptist Church<br>1306 E Wallace Street<br>San Saba, TX 76877          | 74-1198297 | 8,000  | 0 |
| <b>IRC code section</b>        | Church   |            |        |   |
| <b>Method of valuation</b>     |  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | Faith Based Ministries   |            |        |   |
| <b>Name and address</b>        | SCI Foundation<br>4800 West Gates Pass Road<br>Tucson, AZ 85745                        | 86-0292099 | 10,000 | 0 |
| <b>IRC code section</b>        | 501c3  |            |        |   |
| <b>Method of valuation</b>     |  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | Human Services   |            |        |   |
| <b>Name and address</b>        | Senior Life Midland<br>PO Box 80519<br>Midland, TX 79708                               | 75-1899190 | 55,000 | 0 |
| <b>IRC code section</b>        | 501c3  |            |        |   |
| <b>Method of valuation</b>     |  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | Human Services   |            |        |   |
| <b>Name and address</b>        | SHARE<br>3500 N A Street Suite 2500<br>Midland, TX 79705                               | 26-2780706 | 10,531 | 0 |
| <b>IRC code section</b>        | 501c3  |            |        |   |
| <b>Method of valuation</b>     |  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | Health Mental Health   |            |        |   |
| <b>Name and address</b>        | Sibley Nature Center<br>1307 East Wadley<br>Midland, TX 79705                          | 20-1991058 | 8,841  | 0 |
| <b>IRC code section</b>        | 501c3  |            |        |   |
| <b>Method of valuation</b>     |  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | Environmental  |            |        |   |
| <b>Name and address</b>        | South Texas Charity Weekend Inc<br>Msc 218 700 University Blvd<br>Kingsville, TX 78363 | 20-0802657 | 8,000  | 0 |
| <b>IRC code section</b>        | 501c3  |            |        |   |
| <b>Method of valuation</b>     |  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | Educational  |            |        |   |

## Schedule I, Part IV, Statement 1

## PERMIAN BASIN AREA FOUNDATION

|                                |   |            |           |   |
|--------------------------------|---|------------|-----------|---|
| <b>Name and address</b>        | Southwest Radio Church of the Air<br>500 Beacon Drive<br>Oklahoma City, OK 73127    | 73-0712306 | 17,862    | 0 |
| <b>IRC code section</b>        | 501c3   |            |           |   |
| <b>Method of valuation</b>     |   |            |           |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |           |   |
| <b>Purpose of grant</b>        | Faith Based Ministries  |            |           |   |
| <b>Name and address</b>        | Spectrum of Solutions<br>2701 North A Street<br>Midland, TX 79705                   | 75-1038411 | 20,000    | 0 |
| <b>IRC code section</b>        | 501c3   |            |           |   |
| <b>Method of valuation</b>     |   |            |           |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |           |   |
| <b>Purpose of grant</b>        | Human Services  |            |           |   |
| <b>Name and address</b>        | Stanton ISD<br>200 North College Street<br>Stanton, TX 79782                        | 75-6002506 | 1,315,409 | 0 |
| <b>IRC code section</b>        | Govt  |            |           |   |
| <b>Method of valuation</b>     |   |            |           |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |           |   |
| <b>Purpose of grant</b>        | Educational   |            |           |   |
| <b>Name and address</b>        | St Johns Episcopal Church<br>PO Box 3346<br>Odessa, TX 79760                        | 75-6004798 | 58,400    | 0 |
| <b>IRC code section</b>        | Church  |            |           |   |
| <b>Method of valuation</b>     |   |            |           |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |           |   |
| <b>Purpose of grant</b>        | Faith Based Ministries  |            |           |   |
| <b>Name and address</b>        | St Johns Episcopal School<br>PO Box 3046<br>Odessa, TX 79760                        | 75-2015719 | 41,085    | 0 |
| <b>IRC code section</b>        | 501c3   |            |           |   |
| <b>Method of valuation</b>     |   |            |           |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |           |   |
| <b>Purpose of grant</b>        | Educational   |            |           |   |
| <b>Name and address</b>        | St Johns School<br>2401 Claremont Lane<br>Houston, TX 77019                         | 74-1185668 | 50,000    | 0 |
| <b>IRC code section</b>        | 501c3   |            |           |   |
| <b>Method of valuation</b>     |   |            |           |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |           |   |
| <b>Purpose of grant</b>        | Educational   |            |           |   |
| <b>Name and address</b>        | Sul Ross State University<br>Student Financial Aid<br>Box C 113<br>Alpine, TX 79832 | 74-6000027 | 12,000    | 0 |
| <b>IRC code section</b>        | Govt  |            |           |   |
| <b>Method of valuation</b>     |   |            |           |   |
| <b>Desc. of Non-Cash Asst.</b> |   |            |           |   |
| <b>Purpose of grant</b>        | Educational   |            |           |   |
| <b>Name and address</b>        | Sunshine House Inc<br>402 E Holland Avenue<br>Alpine, TX 79830                      | 74-1989614 | 60,000    | 0 |
| <b>IRC code section</b>        | 501c3   |            |           |   |
| <b>Method of valuation</b>     |   |            |           |   |

## Schedule I, Part IV, Statement 1

## PERMIAN BASIN AREA FOUNDATION

## Desc. of Non-Cash Asst.

|                                |  |            |         |   |
|--------------------------------|--|------------|---------|---|
| <b>Purpose of grant</b>        | Human Services   |            |         |   |
| <b>Name and address</b>        | TCU Frog Club<br>TCU Box 297140<br>Fort Worth, TX 76129  | 75-0827465 | 50,000  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Educational  |            |         |   |
| <b>Name and address</b>        | Teen Challenge of the Permain Basin<br>PO Box 251<br>Midland, TX 79702   | 75-1757538 | 10,531  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Human Services   |            |         |   |
| <b>Name and address</b>        | Terrell County Independent School District<br>PO Box 747<br>Sanderson, TX 79848                                      | 74-6002263 | 35,000  | 0 |
| <b>IRC code section</b>        | Govt   |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Educational  |            |         |   |
| <b>Name and address</b>        | Texas A and M Foundation<br>401 George Bush Drive<br>College Station, TX 77840                                       | 74-2245072 | 102,500 | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Educational  |            |         |   |
| <b>Name and address</b>        | Texas Tech Foundation<br>PO Box 45025<br>Lubbock, TX 79409   | 75-6043842 | 50,000  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Educational  |            |         |   |
| <b>Name and address</b>        | Texas Water Trade<br>611 S Congress Avenue Suite 125<br>Austin, TX 78704   | 83-2740232 | 25,000  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Environmental  |            |         |   |
| <b>Name and address</b>        | The Association of Former Students<br>Texas A and M University<br>505 George Bush Drive<br>College Station, TX 77840 | 74-0490865 | 15,000  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Educational  |            |         |   |
| <b>Name and address</b>        | The Life Center<br>2101 W Wall<br>Midland, TX 79701  | 75-1663590 | 37,022  | 0 |

## Schedule I, Part IV, Statement 1

## PERMIAN BASIN AREA FOUNDATION

|                                |  |            |         |   |
|--------------------------------|--|------------|---------|---|
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Human Services   |            |         |   |
| <b>Name and address</b>        | The Marathon Foundation<br>20742 Stone Oak Parkway<br>Suite 107<br>San Antonio, TX 78258   | 27-3518399 | 13,251  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Community Development  |            |         |   |
| <b>Name and address</b>        | The Springboard Center<br>200 Corporate Drive<br>Midland, TX 79705   | 75-2805439 | 14,330  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Health Mental Health   |            |         |   |
| <b>Name and address</b>        | Trinity School of Midland<br>3500 West Wadley<br>Midland, TX 79707   | 75-0995808 | 45,929  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Educational  |            |         |   |
| <b>Name and address</b>        | United Way of Midland<br>1209 West Wall<br>Midland, TX 79701   | 75-0945926 | 42,729  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Community Development  |            |         |   |
| <b>Name and address</b>        | University of Arkansas Foundation<br>535 W Research Center Blvd Ste 120<br>Fayetteville, AR 72701  | 71-6056774 | 10,000  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Educational  |            |         |   |
| <b>Name and address</b>        | University of Texas at Austin Cockrell School of Engineering<br>Cockrell School of Engineering<br>2501 Speedway Stop C2108<br>Austin, TX 78712 | 74-6000203 | 16,500  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Educational  |            |         |   |
| <b>Name and address</b>        | University of Texas of the Permian Basin<br>Office of Institutional Advancement<br>4901 East University Blvd<br>Odessa, TX 79762               | 75-1393493 | 576,329 | 0 |
| <b>IRC code section</b>        | Govt   |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Educational  |            |         |   |

## Schedule I, Part IV, Statement 1

## PERMIAN BASIN AREA FOUNDATION

|                                |  |            |         |   |
|--------------------------------|--|------------|---------|---|
| <b>Name and address</b>        | Ward County Greater Works Inc<br>PO Box 816<br>Monahans, TX 79756            | 43-2025340 | 620,000 | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Human Services   |            |         |   |
| <b>Name and address</b>        | Ward County Library<br>409 S Dwight<br>Monahans, TX 79756                    | 75-6001193 | 10,000  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Educational  |            |         |   |
| <b>Name and address</b>        | Western Texas Lions Eye Bank Alliance<br>PO Box 2911<br>San Angelo, TX 76905 | 23-7203051 | 25,000  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Health Mental Health   |            |         |   |
| <b>Name and address</b>        | West Texas Food Bank<br>PO Box 4242<br>Odessa, TX 79760                      | 75-2057692 | 215,169 | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Human Services   |            |         |   |
| <b>Name and address</b>        | West Texas Heritage Holdings<br>3312 Andrews Highway<br>Midland, TX 79703    | 27-1928634 | 25,000  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Community Development  |            |         |   |
| <b>Name and address</b>        | YMCA of Midland<br>PO Box 954<br>Midland, TX 79702                           | 75-0871732 | 11,500  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Health Mental Health   |            |         |   |
| <b>Name and address</b>        | You Can Free Us Foundation<br>PO Box 271596<br>Flower Mound, TX 75027        | 81-2747446 | 35,000  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |
| <b>Purpose of grant</b>        | Human Services   |            |         |   |
| <b>Name and address</b>        | Young Life Big Bend<br>PO Box 1761<br>Marfa, TX 79843                        | 84-0385934 | 30,000  | 0 |
| <b>IRC code section</b>        | 501c3  |            |         |   |
| <b>Method of valuation</b>     |  |            |         |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |   |

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

|                                |  |            |        |   |
|--------------------------------|--|------------|--------|---|
| <b>Purpose of grant</b>        | Youth Development  |            |        |   |
| <b>Name and address</b>        | Young Life San Saba<br>11401 Lakeview Circle<br>Brenham, TX 77833        | 84-0385934 | 25,000 | 0 |
| <b>IRC code section</b>        | 501c3  |            |        |   |
| <b>Method of valuation</b>     |  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | Faith Based Ministries   |            |        |   |
| <b>Name and address</b>        | Jeff Davis County Treasurer Office<br>PO Box 605<br>Fort Davis, TX 79734 | 74-6003190 | 75,000 | 0 |
| <b>IRC code section</b>        | Govt   |            |        |   |
| <b>Method of valuation</b>     |  |            |        |   |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |   |
| <b>Purpose of grant</b>        | Community Development  |            |        |   |

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Employer identification number

75-2295008

**PERMIAN BASIN AREA FOUNDATION**

**Part I Questions Regarding Compensation**

|   | Yes       | No |
|---|-----------|----|
| <p><b>1a</b> 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<br/> <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence<br/> <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees<br/> <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p> |           |    |
| <p><b>b</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>  | <b>1b</b> |    |
| <p><b>2</b> 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>  | <b>2</b>  |    |
| <p><b>3</b> 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<br/> <input type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study<br/> <input checked="" type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>   |           |    |
| <p><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>   | <b>4a</b> | ✓  |
| <p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p>   | <b>4b</b> | ✓  |
| <p><b>c</b> 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>   | <b>4c</b> | ✓  |
| <p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>  |           |    |
| <p><b>5</b> 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><b>a</b> The organization? . . . . .</p>   | <b>5a</b> | ✓  |
| <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>   | <b>5b</b> | ✓  |
| <p><b>6</b> 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><b>a</b> The organization? . . . . .</p>   | <b>6a</b> | ✓  |
| <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>   | <b>6b</b> | ✓  |
| <p><b>7</b> 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>   | <b>7</b>  | ✓  |
| <p><b>8</b> 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>   | <b>8</b>  | ✓  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>  | <b>9</b>  |    |

**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 and/or 1099-NEC 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)  | 278,433                             | 0                                   | 0  | 0                       | 28,760                          | 307,193   | 0 |
|                    |  | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 2                  | Cyndi Vara, Chief Financial Officer        | (i)  | 174,714                             | 15,515                              | 0  | 0                       | 40,897                          | 231,126   | 0 |
|                    |  | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 3                  | Sherri Heiting, Education Programs Officer | (i)  | 107,849                             | 6,000                               | 0  | 0                       | 20,272                          | 134,121   | 0 |
|                    |  | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 4                  |  | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 5                  |  | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 6                  |  | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 7                  |  | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 8                  |  | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 9                  |  | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 10                 |  | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 11                 |  | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 12                 |  | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 13                 |  | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 14                 |  | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 15                 |  | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 16                 |  | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |   |





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**PERMIAN BASIN AREA FOUNDATION**

Employer identification number

**75-2295008**

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art—Works of art . . . . .   |                               |  |  |  |
| 2 Art—Historical treasures . . . . .                                       |                               |  |  |  |
| 3 Art—Fractional interests . . . . .                                       |                               |  |  |  |
| 4 Books and publications . . . . .   |                               |  |  |  |
| 5 Clothing and household<br>goods . . . . .                                |                               |  |  |  |
| 6 Cars and other vehicles . . . . .  |                               |  |  |  |
| 7 Boats and planes . . . . .   |                               |  |  |  |
| 8 Intellectual property . . . . .  |                               |  |  |  |
| 9 Securities—Publicly traded . . . . .                                     | ✓                             | 12   | 9,270,275  | Fair value   |
| 10 Securities—Closely held stock . . . . .                                 |                               |  |  |  |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                               |  |  |  |
| 12 Securities—Miscellaneous . . . . .                                      |                               |  |  |  |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                               |  |  |  |
| 14 Qualified conservation<br>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 ( Printer ) . . . . .   | ✓                             | 2  | 25,670   | Fair value   |
| 26 Other ( Estate gift receivable ) . . . . .                              | ✓                             | 1  | 1,000,000  | 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 V, 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . . |     | ✓  |
| 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.   |     |    |



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**PERMIAN BASIN AREA FOUNDATION**

Employer identification number

**75-2295008**

Form 990, Part VI, Section B, Line 11b - The CFO and other accounting staff prepare 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 is reasonable. The CEO documents this process in the personnel file for the CFO.

Form 990, Part VI, Section C, Line 19 - The Foundation makes its governing documents and Conflicts of Interest Policy available to the public upon request. The Foundation provides its audited financial statements available to the public upon request. The Foundation also includes in the 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 was \$9,427; Change in value of split interest agreement was \$500,020; Change in value of perpetual trust was (\$9,710); Change in value of production royalty was (\$140,779).

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Employer identification number

75-2295008

**PERMIAN BASIN AREA FOUNDATION**

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>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)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| (1) <u>West Texas Heritage Holdings Inc (27-1928634)</u><br><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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512–514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>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 |
|--|-----|----|
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . . |     | ✓  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | ✓   |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | ✓   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | ✓  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | ✓  |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | ✓  |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | ✓  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | ✓  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | ✓  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | ✓  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | ✓  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .                              |     | ✓  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .                               |     | ✓  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .                               |     | ✓  |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  |     | ✓  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | ✓   |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  |     | ✓  |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   |     | ✓  |
| <b>s</b> 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)<br>Name of related organization | (b)<br>Transaction type (a–s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) | West Texas Heritage Holdings Inc    | c                             | 164,300                | Cash   |
| (2) | West Texas Heritage Holdings Inc    | c                             | 62,279                 | Cash   |
| (3) | West Texas Heritage Holdings Inc    | c                             | 465,909                | Cash   |
| (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)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>sections 512–514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|--|---|----|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |  |  | Yes   | No |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| (1) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (2) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (3) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (4) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (5) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (6) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (7) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (8) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (9) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (10) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (11) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (12) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (13) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (14) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (15) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (16) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |



