

Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01/01, 2016, and ending 12/31, 2016

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
200 N Loraine St Ste 500
 City or town, state or province, country, and ZIP or foreign postal code
Midland, TX, 79701

D Employer identification number
75-2295008

E Telephone number
432-617-3213

F Name and address of principal officer: Guy McCrary
200 North Loraine Suite 500, Midland, TX 79701

G Gross receipts \$ 43,058,799

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 ▶ _____

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

J Website: ▶ www.pbaf.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1989 **M** State of legal domicile: TX

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Permian Basin Area Foundation facilitates the creation of permanent charitable funds in partnership with many donors, and provides grants to address community needs and enrich the quality of life in the Permian Basin.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	8
	6	Total number of volunteers (estimate if necessary)	6	136
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-502,340
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-576,199	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 5,706,372	Current Year 4,464,642
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,204,102	2,943,899
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,919,558	3,647,161
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,830,032	11,055,702
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,119,244	8,090,329
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	727,607	890,708
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>180,029</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,154,569	1,215,640
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	13,001,420	10,196,677	
19	Revenue less expenses. Subtract line 18 from line 12	3,828,612	859,025	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 119,470,406	End of Year 127,393,358
	21	Total liabilities (Part X, line 26)	95,000	641,600
	22	Net assets or fund balances. Subtract line 21 from line 20	119,375,406	126,751,758

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____
Guy McCrary, President and CEO
 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 \$ 8,464,846 including grants of \$ 8,090,330) (Revenue \$ 0)

Community capacity building programs: 635 grants to various non-profit organizations and scholarships to individuals; based on approved grant and scholarship applications.

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

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

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

4e Total program service expenses **▶** 8,464,846

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	✓	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
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>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<input checked="" type="checkbox"/>	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			<input checked="" type="checkbox"/>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<input checked="" type="checkbox"/>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<input checked="" type="checkbox"/>	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			<input checked="" type="checkbox"/>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			<input checked="" type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			<input checked="" type="checkbox"/>
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			<input checked="" type="checkbox"/>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			<input checked="" type="checkbox"/>
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NM
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
Cyndi Vara, (432)617-3213

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Mark Nicholas	1									
Chair	0	✓		✓			0	0	0	
Cal Hendrick	1									
Vice-Chair	0	✓		✓			0	0	0	
Mike Canon	0									
Past Chair	0	✓					0	0	0	
Trey Grafa	0									
Secretary	0	✓		✓			0	0	0	
Scott Kidwell	1									
Treasurer	0	✓		✓			0	0	0	
Mara Barham	1									
Director	0	✓					0	0	0	
Kathy Clark	1									
Director	0	✓					0	0	0	
Cathy Eastham	1									
Director	0	✓					0	0	0	
James Flatt	1									
Director	0	✓					0	0	0	
Stacey Gerig	1									
Director	0	✓					0	0	0	
Patty Herd	1									
Director	0	✓					0	0	0	
John Landgraf	1									
Director	0	✓					0	0	0	
Sandy Louder	1									
Director	0	✓					0	0	0	
Jerry Morales	1									
Director	0	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Guy McCrary President and CEO	40 2			✓				190,683	0	34,231
Cyndi Vara Controller	40 1					✓		132,418	0	29,430
1b Sub-total								323,101	0	63,661
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								323,101	0	63,661

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RBC Wealth Management, 550 W Texas Ste 120, Midland, TX 79701	Investment Consultant and M	526,621
UBS Financial Services Inc, 1700 West Wall Street, Midland, TX 79701	Investment Consultant and M	113,588

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	0				
	b Membership dues	1b	0				
	c Fundraising events	1c	79,400				
	d Related organizations	1d	150,000				
	e Government grants (contributions)	1e	0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,235,242				
	g Noncash contributions included in lines 1a-1f: \$		832,494				
	h Total. Add lines 1a-1f		4,464,642				
Program Service Revenue	Business Code						
	2a -----						
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue .						
g Total. Add lines 2a-2f		0					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,629,917	0	-502,340	3,132,257	
	4 Income from investment of tax-exempt bond proceeds		0	0	0	0	
	5 Royalties		3,629,087	0	0	3,629,087	
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)		0	0		
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses		31,973,419	0		
		c Gain or (loss)		313,982	0		
		d Net gain or (loss)		313,982	0	0	313,982
	8a Gross income from fundraising events (not including \$ 79,400 of contributions reported on line 1c). See Part IV, line 18	a		29,678			
		b Less: direct expenses	b	29,678			
		c Net income or (loss) from fundraising events		0		0	0
	9a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a					
		b Less: cost of goods sold	b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a <u>Other Income</u> -----		900099	18,074	0	0	18,074	
b -----							
c -----							
d All other revenue			0	0	0	0	
e Total. Add lines 11a-11d			18,074				
12 Total revenue. See instructions.			11,055,702	0	-502,340	7,093,400	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,628,821	7,628,821		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	461,508	461,508		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	224,915	51,032	122,851	51,032
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	534,986	184,900	323,724	26,362
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	39,049	12,674	25,216	1,159
9 Other employee benefits	41,755	13,544	26,226	1,985
10 Payroll taxes	50,003	16,703	28,917	4,383
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	66,186	0	66,186	0
d Lobbying	0			0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	726,157	0	726,157	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	11,211	9,073	2,138	0
12 Advertising and promotion	6,932	2,416	0	4,516
13 Office expenses	26,838	8,257	15,788	2,793
14 Information technology	55,792	20,749	31,323	3,720
15 Royalties	0	0	0	0
16 Occupancy	84,343	26,146	49,763	8,434
17 Travel	6,853	3,731	1,401	1,721
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	9,958	2,836	6,457	665
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	7,710	2,390	4,549	771
23 Insurance	63,270	2,721	6,097	54,452
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Ad Valorem Mineral Taxes</u>	90,470	0	90,470	0
b <u>Dues and Memberships</u>	13,032	4,361	7,414	1,257
c <u>Newsletter</u>	11,394	4,330	3,532	3,532
d <u>Annual Report</u>	10,539	0	10,539	0
e All other expenses	24,955	8,654	3,054	13,247
25 Total functional expenses. Add lines 1 through 24e	10,196,677	8,464,846	1,551,802	180,029
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	191,394	1	168,452
	2 Savings and temporary cash investments	2,899,250	2	4,022,516
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	6,857
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	40,735	9	29,660
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	124,657		
	b Less: accumulated depreciation	102,562		
	11 Investments—publicly traded securities	98,315,820	11	104,348,330
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	17,999,761	15	18,795,448
16 Total assets. Add lines 1 through 15 (must equal line 34)	119,470,406	16	127,393,358	
Liabilities	17 Accounts payable and accrued expenses	0	17	0
	18 Grants payable	95,000	18	641,600
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	95,000	26	641,600
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	109,502,012	27	116,496,697
	28 Temporarily restricted net assets	7,829,122	28	8,209,853
	29 Permanently restricted net assets	2,044,272	29	2,045,208
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	119,375,406	33	126,751,758
34 Total liabilities and net assets/fund balances	119,470,406	34	127,393,358	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,055,702
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,196,677
3	Revenue less expenses. Subtract line 2 from line 1	3	859,025
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	119,375,406
5	Net unrealized gains (losses) on investments	5	5,604,345
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	-160,287
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,073,269
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	126,751,758

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,854,535	8,896,501	10,593,284	2,704,145	4,464,642	36,513,107
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
4 Total. Add lines 1 through 3	9,854,535	8,896,501	10,593,284	2,704,145	4,464,642	36,513,107
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,446,020
6 Public support. Subtract line 5 from line 4						29,067,087

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	9,854,535	8,896,501	10,593,284	2,704,145	4,464,642	36,513,107
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,726,523	4,305,195	8,337,931	8,404,063	6,259,004	31,032,716
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,138	6,660	4,894	1,552	18,074	33,318
11 Total support. Add lines 7 through 10						67,579,141
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	43.01 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	47.24 %
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013 . . .			
c Excess from 2014 . . .			
d Excess from 2015 . . .			
e Excess from 2016 . . .			

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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Table with 2 columns: Name of the organization (PERMIAN BASIN AREA FOUNDATION) and 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: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 2 columns: Question number and Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

Table with 2 columns: Question number and Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	100,587,542	102,187,593	90,249,096	75,845,955	63,978,502
b Contributions	3,764,712	10,344,457	13,995,670	10,577,190	11,942,029
c Net investment earnings, gains, and losses	7,488,528	-1,035,057	8,131,059	13,835,855	7,386,722
d Grants or scholarships	5,770,106	10,120,311	9,396,745	9,324,053	6,840,319
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses	802,329	789,140	791,487	685,851	620,979
g End of year balance	105,268,347	100,587,542	102,187,593	90,249,096	75,845,955

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

- a** Board designated or quasi-endowment ▶ 90 %
- b** Permanent endowment ▶ 2 %
- c** Temporarily restricted endowment ▶ 8 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		✓
3a(ii)		✓
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	124,657	102,562	22,095
e Other	0	0	0	0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 22,095

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Accrued Interest Receivable	75,153
(2) Beneficial Interest in Remainder Trust	1,075,856
(3) Beneficial Interest in Lead Trust	1,235,277
(4) Beneficial Interest in Perpetual Trust	45,208
(5) Oil & Gas Royalties	16,152,787
(6) Building Development Costs	125,335
(7) Cash Surrender Value of Life Insurance	85,832
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	18,795,448

Part X Other Liabilities.

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

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

Schedule D, Part X, Line 2 - The Foundation is exempt from federal income tax under section 501(a) as a Foundation described in section 501(c)(3) of the 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 2013.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

PERMIAN BASIN AREA FOUNDATION

Employer identification number

75-2295008

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Charitable Golf Tournament (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	109,078			109,078
	2 Less: Contributions	79,400			79,400
	3 Gross income (line 1 minus line 2)	29,678			29,678
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	0			0
	6 Rent/facility costs	0			0
	7 Food and beverages	0		0	0
	8 Entertainment	0		0	0
	9 Other direct expenses	29,678			29,678
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				29,678
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				0	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ►

Address ►

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

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer Employee Independent contractor

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

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

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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

PERMIAN BASIN AREA FOUNDATION

75-2295008

Part I General Information on Grants and Assistance

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 136

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

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

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	Agape Counseling 3500 North A Street Suite 2400 Midland, TX 79705	45-2450285	20,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Health and Human Services			
Name and address	Alamo Heights Baptist Church 1305 N Midland Dr Midland, TX 79703	75-1888207	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Religion			
Name and address	Alpine Christian School PO Box 2139 Alpine, TX 79831	11-3763276	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Education			
Name and address	Alzheimers Association STAR Chapter 4400 N Big Spring St Ste C32 Midland, TX 79705	13-3039601	20,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Health and Human Services			
Name and address	Arise Africa 316 Bailey Avenue Suite 113 Fort Worth, TX 76107	27-2014915	39,795	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Human services			
Name and address	Ballroom Marfa PO Box 1661 Marfa, TX 79843	20-0126402	15,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	Baptist Memorials Ministries PO Box 5661 San Angelo, TX 76902	75-0983837	95,132	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Religion			

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Name and address	Big Bend Parks and Recreation for Kids 505 E Hendryx Avenue Alpine, TX 79830	47-1381928	30,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Community Development			
Name and address	Big Brothers Big Sisters of Midland 714 W Louisiana Midland, TX 79701	75-1791035	27,919	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Youth Services			
Name and address	Billy Graham Evangelistic Association 1 Billy Graham Parkway Charlotte, NC 28201	41-0692230	13,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Religion			
Name and address	Borderlands Research Institute for Natural Resource Management Sul Ross State University PO Box C21 Alpine, TX 79832	75-3138496	15,500	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Education			
Name and address	Boys and Girls Club of Midland 1321 S Goode Street Midland, TX 79701	75-1214505	35,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Youth Services			
Name and address	Boys and Girls Club Of Odessa 800 E 13th Street Odessa, TX 79761	75-0990952	85,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Youth Services			
Name and address	Bridges for Peace BFP International 5800 E Skelly Drive Suite 900 Tulsa, OK 74135	75-3077433	22,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Religion and education			
Name and address	Buckner Children and Family Services PO Box 50872 Midland, TX 79710	75-2571395	75,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Purpose of grant	Family services			
Name and address	Buffalo Trail Council BSA 1101 W Texas Avenue Midland, TX 79701	75-0800616	57,145	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Youth Services			
Name and address	Bush Tennis Center 5700 Briarwood Avenue Midland, TX 79707	26-1105431	32,717	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Health and Human Services			
Name and address	Bynum School PO Box 80175 Midland, TX 79708	75-1932925	1,055,649	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Education			
Name and address	COM Aquatics 3003 North A Street Midland, TX 79705	75-1254435	53,774	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	community services			
Name and address	Casa de Amigos 1101 E Garden Lane Midland, TX 79701	75-1240087	63,151	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Health and Human Services			
Name and address	Catholic Charities Community Services of Odessa 2500 Andrews Highway Odessa, TX 79761	75-2233859	12,500	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Human services			
Name and address	CBM Ministries of the Great Southwest PO Box 1058 Edmond, OK 73083	73-1492684	9,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Religion			
Name and address	Centers for Children and Families 3701 Andrews Highway Midland, TX 79703	75-1005357	47,357	0
IRC code section	501c3			
Method of valuation				

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Desc. of Non-Cash Asst.

Purpose of grant	Health and Human Services			
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	Christmas in Action of Midland PO Box 3744 Midland, TX 79702	75-1731319	71,910	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Community Development			
Name and address	City of Big Spring Convention and Visitors Bureau 113 E 3rd Street Big Spring, TX 79720	75-6000462	40,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Community Development			
Name and address	City of Midland PO Box 1152 Midland, TX 79702	75-6000608	24,346	0
IRC code section	Govt			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Community Development			
Name and address	Communities In Schools of the Permian Basin PO Box 10532 Midland, TX 79702	75-2821486	60,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	youth and education			
Name and address	Cook Childrens Medical Center 801 7th Avenue Ft Worth, TX 76104	75-2051646	15,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	health and human services			
Name and address	Dawson Medical Foundation 2200 N Bryan Avenue Lamesa, TX 79331	90-0412535	200,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	health and human services			
Name and address	Downtown Leakey Inc PO Box 441 Leakey, TX 78873	47-3846841	38,457	0
IRC code section	501c3			

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant arts and culture

Name and address	Education Foundation of Odessa PO Box 951 Odessa, TX 79760	75-2862209	245,645	0
IRC code section	501c3			

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Education

Name and address	Ellen Noel Art Museum 4909 E University Blvd Odessa, TX 79762	75-1614818	8,000	0
IRC code section	501c3			

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant arts and culture

Name and address	Equip Foundation Inc 2050 Sugarloaf Circle Duluth, GA 30097	33-0686464	35,000	0
IRC code section	501c3			

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Religion

Name and address	Evergreen Cemetery Association PO Box 224 Stanton, TX 79782	75-1592717	24,505	0
IRC code section	501c3			

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Community Development

Name and address	Family Legacy Missions International 5005 W Royal Lane Suite 252 Irving, TX 75063	75-2897392	6,000	0
IRC code section	501c3			

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant human services

Name and address	First Presbyterian Church 800 West Texas Midland, TX 79701	75-0983832	68,464	0
IRC code section	501c3			

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Religion

Name and address	First United Methodist Church Fort Worth 800 West Fifth Street Fort Worth, TX 76102	75-0800645	10,000	0
IRC code section	501c3			

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Religion

Name and address	Food Pantry of Jeff Davis PO Box 244	75-2875263	10,000	0
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Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

	Fort Davis, TX 79734			
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Community Services			
Name and address	Fort Stockton Community Theatre PO Box 912 Fort Stockton, TX 79735	75-1843330	20,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	Fort Stockton Historical Society 301 S Main Street Fort Stockton, TX 79735	74-1266235	11,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	Fort Worth Country Day Fund 4200 Country Day Lane Fort Worth, TX 76109	75-1085363	20,100	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	education			
Name and address	George W Bush Childhood Home PO Box 8586 Midland, TX 79708	75-2925197	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Education			
Name and address	George W Bush Foundation 2943 SMU Boulevard Dallas, TX 75205	20-4119317	100,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Education			
Name and address	Globe Theatre 2 Preston Oaks Circle Odessa, TX 79761	75-6036127	14,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	Grand Companions Humane Society PO Box 1156 Fort Davis, TX 79734	85-0586174	27,800	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	animal services			
Name and address	Guadalupe Radio Network	75-2648137	15,000	0

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

	PO Box 10571 Midland, TX 79702			
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Arts and Culture			
Name and address	Harmony Home Childrens Advocacy Center PO Box 3087 Odessa, TX 79760	75-1633415	31,539	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Family services			
Name and address	Harvard Business School Development Operations Teele Hall Development Operations Teele Hall Soldiers Field Boston, MA 02163	04-3395140	25,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Education			
Name and address	Harwood Baptist Church PO Box 93 Harwood, TX 78632	74-2386194	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Religion			
Name and address	High Sky Childrens Ranch 8701 W County Rd 60 Midland, TX 79707	75-1155049	60,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Family services			
Name and address	Hillcrest School 2800 North A Street Midland, TX 79705	75-2468032	105,138	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	education			
Name and address	Hospice of Midland 911 W Texas Avenue Midland, TX 79701	75-1736007	6,951	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Health and Human Services			
Name and address	Howard College Student Financial Aid 1001 Birdwell Lane Big Spring, TX 79720	75-6001827	6,169	0
IRC code section	GOVT			
Method of valuation				
Desc. of Non-Cash Asst.				

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Purpose of grant	Education			
Name and address	I20 Wildlife Preserve and Jenna Welch Nature Study Center PO Box 2906 Midland, TX 79702	26-1270576	30,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Education			
Name and address	Jackson Center for Evangelism PO Box 99 Brownwood, TX 76804	86-0663455	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Religion			
Name and address	Junior League of Midland 902 W Dengar Midland, TX 79705	75-1005294	93,500	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	community services			
Name and address	Kalene Advancement Inc PO Box 206 Angwin, CA 94508	81-1697800	25,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Health and Human Services			
Name and address	Keep Midland Beautiful 3500 North A Street Suite 1500 Midland, TX 79705	75-1853375	30,250	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	community development			
Name and address	Leakey ISD Leakey Scholarship Fund PO Box 1129 Leakey, TX 78873	74-6001593	6,250	0
IRC code section	Govt			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	education			
Name and address	Livada Orphan Care 2001 W Plano Parkway Suite 3430 Plano, TX 75075	01-0576849	13,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Health and Human Services			
Name and address	Manor Park 2208 N Loop 250 West Midland, TX 79707	75-1227882	51,500	0
IRC code section	501c3			

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Senior Services

Name and address

MARC
2701 North A Street
Midland, TX 79705

75-1038411

50,100

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Health and Human Services

Name and address

Marfa Education Foundation
PO Box 660
Marfa, TX 79843

27-4545608

25,000

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Education

Name and address

Martin County Community Fund
PO Box 1189
Stanton, TX 79782

20-0641203

25,000

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

community services

Name and address

Martin County Convent
PO Box 1435
Stanton, TX 79782

75-2284618

11,080

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

community services

Name and address

McDonald Observatory
82 Mt Locke Rd
UT Mail Code C1403
McDonald Observatory, TX 79734

74-6000203

11,000

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Education

Name and address

MD Anderson Cancer
Development Office
PO Box 4470
Houston, TX 77210

74-6001118

20,500

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Health and Human Services

Name and address

Midland Bible Church
5900 Whitman
Midland, TX 79705

75-1448418

50,000

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

religion

Name and address

Midland Childrens Rehabilitation Center

75-0912521

75,000

0

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

	802 Ventura Avenue Midland, TX 79705			
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Health and Human Services			
Name and address	Midland Classical Academy 5711 Whitman Drive Midland, TX 79705	75-2760945	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	education			
Name and address	Midland College Foundation 3600 N Garfield Midland, TX 79705	23-7315067	25,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Education			
Name and address	Midland Community Development Corporation 208 South Marienfeld Midland, TX 79701	75-2280264	68,500	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Community Development			
Name and address	Midland County Public Library Foundation 301 W Missouri Avenue Midland, TX 79701	46-0735772	6,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	culture and the arts			
Name and address	Midland Fair Havens 2400 Whitmire Blvd Suite 100 Midland, TX 79705	75-2627746	55,250	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Community Services			
Name and address	Midland Gem and Mineral Society PO Box 5043 Midland, TX 79704	75-1173136	8,548	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	Midland Habitat for Humanity PO Box 2555 Midland, TX 79702	75-2381356	145,100	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Community Services			

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Name and address	Midland Memorial Foundation 400 Rosalind Redfern Grover Parkway Midland, TX 79701	75-0827455	109,944	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	health services			
Name and address	Midland Rape Crisis and Childrens Advocacy Center PO Box 10081 Midland, TX 79702	75-1673093	15,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Family services			
Name and address	Midland Shared Spaces 3500 N A Street Suite 1100 Midland, TX 79705	45-4737063	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	community services			
Name and address	Midland Odessa Symphony and Chorale PO Box 60658 Midland, TX 79711	75-1301544	80,568	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	Mission Health Care 3500 N A Street Suite 1300 Midland, TX 79705	75-2459123	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Health and Human Services			
Name and address	Monahans Kidz Zone 201 S Alice Monahans, TX 79756	43-2025340	26,135	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Youth Services			
Name and address	Multiple Sclerosis Society South Central Region 1031 Andrews Hwy Suite 304C Midland, TX 79701	74-1266225	7,118	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Health and Human Services			
Name and address	Museum of the Big Bend PO Box C101 Alpine, TX 79832	74-6000027	25,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Name and address	Museum of the Southwest 1705 W Missouri Ave Midland, TX 79701	75-1229711	49,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	National Cowgirl Museum and Hall of Fame 1720 Gendy Street Fort Worth, TX 76107	75-1486136	25,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Education			
Name and address	Nonprofit Management Center of the Permian Basin 3500 North A Street Suite 2300 Midland, TX 79705	46-0706163	75,446	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	community services			
Name and address	North Side Movement 707 N Gregg Street Big Spring, TX 79720	46-3628182	25,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	community services			
Name and address	Odessa Chamber Of Commerce PO Box 3626 Odessa, TX 79760	75-0469860	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	community services			
Name and address	Odessa Christian School 2000 Doran Street Odessa, TX 79761	75-1231036	27,390	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	education			
Name and address	Odessa College Foundation 201 W University Odessa, TX 79764	75-2655037	144,500	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	Odessa Community Foundation PO Box 3626 Odessa, TX 79760	75-2857160	50,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Purpose of grant	community services			
Name and address	Odessa Family YMCA 3001 E University Blvd Odessa, TX 79762	75-1187026	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Family services			
Name and address	Odessa Links 119 W 4th Street Ste 201 Odessa, TX 79761	75-2943130	20,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	community services			
Name and address	Permian Basin Catholic High School PO Box 14221 Odessa, TX 79768	47-4189121	75,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	education			
Name and address	Permian Basin Petroleum Museum Library and Hall of Fame 1500 Interstate 20 West Midland, TX 79701	75-6085378	42,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	arts and culture			
Name and address	Permian Basin Regional Council on Alcohol and Drug Abuse 120 East 2nd Street Odessa, TX 79761	75-2300815	65,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	community services			
Name and address	Permian Basin Rehabilitation Center 620 N Alleghaney Odessa, TX 79761	75-0866501	98,169	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Health and Human Services			
Name and address	Polo on the Prairie PO Box 4470 Houston, TX 77210	74-6000203	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Health and Human Services			
Name and address	Recording Library of West Texas 3500 North A Street Suite 2800 Midland, TX 79705	23-7075064	40,594	0
IRC code section	501c3			
Method of valuation				

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Desc. of Non-Cash Asst.

Purpose of grant	Community Services			
Name and address	Rope for Youth 3500 North A 1600C Midland, TX 79705	46-1512244	30,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Youth Services			
Name and address	Safe Place of the Permian Basin PO Box 11331 Midland, TX 79702	75-1657264	25,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Health and Human Services			
Name and address	Salvation Army of Midland 300 S Baird Midland, TX 79701	75-0800678	39,435	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	community services			
Name and address	Samaritan Counseling Center PO Box 60312 Midland, TX 79711	75-1437991	65,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Health and Human Services			
Name and address	Senior Link Midland PO Box 80519 Midland, TX 79708	75-1899190	15,600	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Health and Human Services			
Name and address	Southwest Radio Church of the Air 500 Beacon Drive Oklahoma City, OK 73127	73-0712306	18,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Religion			
Name and address	St Johns Episcopal Church PO Box 3346 Odessa, TX 79760	75-6004798	19,751	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	religion			
Name and address	St Johns Episcopal School PO Box 3046 Odessa, TX 79760	75-2015719	26,043	0
IRC code section	501c3			

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

education

Name and address

Sul Ross University
Student Financial Aid
Box C113
Alpine, TX 79832

74-6000027

10,000

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

education

Name and address

Texas A and M Foundation
401 George Bush Drive
College Station, TX 77840

74-2245072

357,000

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

education

Name and address

Texas Alliance for Minorities in Engineering
10100 Burnet Road R9200
Austin, TX 78758

51-0192147

12,500

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

education

Name and address

Texas Lions Camp Inc
PO Box 290247
Kerrville, TX 78029

74-1189679

25,000

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Youth Services

Name and address

Texas State History Museum Foundation
PO Box 12456
Austin, TX 78711

74-2916783

31,500

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

arts and culture

Name and address

Texas Tech Foundation
PO Box 41081
Lubbock, TX 79409

75-6043842

55,500

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

education

Name and address

The Association of Former Students Texas A and M University
Texas A and M University
505 George Bush Drive
College Station, TX 77840

74-0490865

25,000

0

IRC code section

501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

education

Name and address

The Genesis Center

75-2923564

98,000

0

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

	2800 W Louisiana Avenue Midland, TX 79701			
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Health and Human Services			
Name and address	The Grace Foundation 3705 College Park Drive Suite 140 The Woodlands, TX 77384	36-4793159	500,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Religion			
Name and address	The Immunization Partnership PO Box 5168 Katy, TX 77491	76-0695612	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	health services			
Name and address	The Kings College Office of Institutional Advancement 56 Broadway New York, NY 10004	13-1810448	100,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Education			
Name and address	The Life Center 2101 W Wall Midland, TX 79701	75-1663590	10,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Health and Human Services			
Name and address	The Marathon Foundation 20742 Stone Oak Parkway Suite 107 San Antonio, TX 78258	27-3518399	80,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Education			
Name and address	The Marathon Public Library PO Box 177 Marathon, TX 79842	46-3355925	30,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	community services			
Name and address	The Way Retreat Center PO Box 51694 Midland, TX 79710	47-1170703	26,195	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

Purpose of grant	Health and Human Services			
Name and address	The WELL Hand of Grace 4001 E University Boulevard Odessa, TX 79762	47-3840929	7,500	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Health and Human Services			
Name and address	Trinity School of Midland 3500 West Wadley Midland, TX 79707	75-0995808	103,043	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	education			
Name and address	United Way of Midland 1209 West Wall Midland, TX 79701	75-0945926	72,315	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Community Services			
Name and address	University of Texas at Austin Cockrell School of Engineering Cockrell School of Engineering 301 E Dean Keeton Street Stop C2100 Austin, TX 78712	74-6000203	5,500	0
IRC code section	GOVT			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	education			
Name and address	University of Texas of the Permian Basin Office of Institutional Advancement 4901 East University Blvd Odessa, TX 79762	75-1393493	30,500	0
IRC code section	GOVT			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	education			
Name and address	Ward County Greater Works 922 S Main Street Midland, TX 79756	43-2025340	67,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	community services			
Name and address	West Texas Food Bank PO Box 4242 Odessa, TX 79760	75-2057692	95,723	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Health and Human Services			
Name and address	West Texas Opportunities PO Box 1308 Lamesa, TX 79331	75-1226644	165,000	0

Schedule I, Part IV, Statement 1

PERMIAN BASIN AREA FOUNDATION

IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Health and Human Services			
Name and address	West Texas Public Radio 2000 E 42nd St Ste C193 Odessa, TX 79762	56-2497864	50,365	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	community services			
Name and address	Worldview Academy 1010 W Texas Avenue Midland, TX 79701	46-1822989	120,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	education			
Name and address	Young Life Midland 925 W Wadley Midland, TX 79705	84-0385934	12,500	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Youth Services			
Name and address	Yucca Blossom Montessori Community PO Box 5704 Midland, TX 79701	47-3534267	17,000	0
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	education			

**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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

75-2295008

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- | | | |
|--|-----------|-------------------------------------|
| a Receive a severance payment or change-of-control payment? | 4a | <input checked="" type="checkbox"/> |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | <input checked="" type="checkbox"/> |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | <input checked="" type="checkbox"/> |

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

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

- | | | |
|--|-----------|-------------------------------------|
| a The organization? | 5a | <input checked="" type="checkbox"/> |
| b Any related organization? | 5b | <input checked="" type="checkbox"/> |

If "Yes" on line 5a or 5b, describe in Part III.

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

- | | | |
|--|-----------|-------------------------------------|
| a The organization? | 6a | <input checked="" type="checkbox"/> |
| b Any related organization? | 6b | <input checked="" type="checkbox"/> |

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)	190,683	0	0	0	34,231	224,914	0
	(ii)	0	0	0	0	0	0	0
2	(i)	132,418	0	0	0	29,430	161,848	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

PERMIAN BASIN AREA FOUNDATION

75-2295008

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art			
2	Art—Historical treasures			
3	Art—Fractional interests			
4	Books and publications			
5	Clothing and household goods			
6	Cars and other vehicles			
7	Boats and planes			
8	Intellectual property			
9	Securities—Publicly traded	6	832,494	fair market value
10	Securities—Closely held stock			
11	Securities—Partnership, LLC, or trust interests			
12	Securities—Miscellaneous			
13	Qualified conservation contribution—Historic structures			
14	Qualified conservation contribution—Other			
15	Real estate—Residential			
16	Real estate—Commercial			
17	Real estate—Other			
18	Collectibles			
19	Food inventory			
20	Drugs and medical supplies			
21	Taxidermy			
22	Historical artifacts			
23	Scientific specimens			
24	Archeological artifacts			
25	Other ▶ (.)			
26	Other ▶ (.)			
27	Other ▶ (.)			
28	Other ▶ (.)			

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

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

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

PERMIAN BASIN AREA FOUNDATION

Employer identification number

75-2295008

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

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

Form 990, Part VI, Section B, Line 15 - The Foundation has adopted the following policy regarding compensation of the Chief Executive Officer: Executive compensation will be 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.

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

Form 990, Part XI, Line 9 - Change in value of oil and gas royalties \$754,744; change in value of split interest agreement \$299,925; change in value of bequest receivable \$17,664; change in value of perpetual trust \$936.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

PERMIAN BASIN AREA FOUNDATION

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

75-2295008

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) West Texas Heritage Holdings Inc (27-1928634) c/o Guy McCrary 200 N Loraine Ste 500, Midland, TX 79701	supporting organization	TX	501(c)(3)	Public Charity	N/A		✓
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Schedule R, Part VII, Statement 1			
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Description of Covered Relationships and Transaction Thresholds

		Amt. involved
Name	West Texas Heritage Holdings Inc	150,000
Transaction type	c	
Method of determining amt. involved	Fair market value on date of grant	
Name	West Texas Heritage Holdings Inc	6,857
Transaction type	l	
Method of determining amt. involved	Assessment of fee based on transactions processed for related organization	