2023 Filing Instructions BIG SPRING AREA COMMUNITY FOUNDATION Tax year ending 12-31-2023

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

The return will be e-filed once the signed and dated Form 8879-TE has been received by this office. Do not mail the return to the IRS.

Due date:

11-15-2024

The return reflects neither a refund nor a balance due.

Please note:

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u> </u>	For the	2023 calend	ar year, or tax year begini	ning	, 2023, a	and endi	ng		, 20	
В	Check if a	pplicable:	C Name of organization BI	G SPRING AREA COMMUN	ITY FOUNDATION			D Emplo	yer identification numb	er
П	Address o	change	Doing business as						75-2970373	
一	Name cha	•		x if mail is not delivered to street address)		Room/sui	to	F Telenh	one number	
一		-	,	t il maii is not delivered to street address)		Nooiii/sui	ie	L Telepii		
一	Initial retu		PO BOX 2007						(432) 714-431	.6
Ħ		rn/terminated		country, and ZIP or foreign postal code				G Gross receipts		
二	Amended		Big Spring, TX					\$ 2,004,612		
Ш	Application	n pending	F Name and address of principal	officer:			H(a) Is this a g			X No
							H(b) Are all s	ubordinate	s included? Yes	No
I	Tax-exem	pt status:	501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	r 527		If "No," a	attach a list	. See instructions	
J	Website:		ps://bsacf.org/				H(c) Group e	xemption n	umber	
		rganization: X	Corporation Trust Ass	ociation Other	L Year of format	tion: 200	1 M S	tate of lega	al domicile: TX	
Pa	rt I	Summar	У							
	1	Briefly descri	ibe the organization's missi	on or most significant activities:	RECEIVE GIFT	S, BEÇ	QUESTS A	ND DO	NATIONS TO BE	£
		HELD AS	ENDOWMENTS THAT W	ILL PROVIDE CHARITABI	LE, CULTURAL AN	ND EDUC	CATIONAL	BENE	FITS TO THE E	BIG
& Governance			ND HOWARD COUNTY		,					
na.		-								
Ver	2	Check this be	ox if the organization d	iscontinued its operations or dis	posed of more than 25	% of its n	et assets			
မ	3		oting members of the gover	•				3		11
త	4			s of the governing body (Part VI,				4		
Activities										11
ΞΞ	5			calendar year 2023 (Part V, line				5		_1
Act	6		r of volunteers (estimate if n	• ,				6		
				, , , , , , , , , , , , , , , , , , , ,				7a		0
	<u> </u>	Net unrelated	d business taxable income	from Form 990-T, Part I, line 11				7b		
							Prior Year		Current Year	
Revenue	8	Contributions	s and grants (Part VIII, line	1h)			1,932	,610	1,198	<u>,877</u>
	9	Program ser	vice revenue (Part VIII, line	2g)						0
	10	Investment in	ncome (Part VIII, column (A	a), lines 3, 4, and 7d)			389	,323	805	,735
Re	11	Other revenu	ue (Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, and 11e)			5	,024		0
	12	Total revenue	e - add lines 8 through 11 (r	must equal Part VIII, column (A),	line 12)		2,326	,957	2,004	,612
	13	Grants and s	similar amounts paid (Part I)	X, column (A), lines 1-3)				,542	637	,170
	14		to or for members (Part IX					<i></i>		0
	15			e benefits (Part IX, column (A), li	nes 5-10)		127,107		139	, 956
ses	16a		fundraising fees (Part IX, c					,=0:		0
Expenses	h		sing expenses (Part IX, colu	` '	6,084					
.X	17		ses (Part IX, column (A), lin			_	26	E 41	02	642
ш	18			equal Part IX, column (A), line 2				,541		, 643 760
	19							,190		,769
	_	Revenue les	s expenses. Subtract line 1	8 from line 12		+	1,533	,	1,143	,843
sor		T. (.)	(David N. Para 40)			Begir	nning of Curre		End of Year	
sset	20		(Part X, line 16)				16,257		19,134	
Net Assets or	21		s (Part X, line 26)				2,745		5,825	
			r fund balances. Subtract lir	ne 21 from line 20			13,511	,597	13,308	<u>,874</u>
	rt II		re Block							
				n, including accompanying schedules and cer) is based on all information of which p		of my knowl	ledge and belie	t, it is		
				,	, , ,			1		
C: ~			Mouton							
Sig		Signature of office	cer					Date	•	
He	re	Drew	Mouton, Presiden	t						
		Type or print nam	me and title							
		Print/Type pre	eparer's name	Preparer's signature	Date		Check	if	PTIN	
Pai	d	Audra K	Kirbv	Audra Kirby	11-12-20	24	self-emp	_	P02194088	
	parer			rby, CPA LLC	P - 2		irm's EIN	, .		
	e Only						hone no.			
	,	, i iiiiis addres					HOHE HU.	122-3	152-3030	
Mar	the IDC	discuss thi-		ng TX 79720					352-3039 □ vos v	
iviay	ine IRS	o discuss this	return with the preparer sho	own above? See instructions			<u></u>		Yes X	No

Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$ 849,688

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BIG SPRING AREA COMMUNITY FOUNDATION
Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	l _		
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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	_		
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes." complete Schedule D. Part V	40		
44	1	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
_	Bild and a second of the secon			
а	complete Schedule D, Part VI	11a		v
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	IIa		Х
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С		1110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
6	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		x
f				Λ
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
	Schedule D. Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX column (A) line 12 If "Yes" complete Schedule I Parts I and II	21	v	

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Form 990 (2023) BIG SPRING AREA COMMUNITY FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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? If "Yes," complete Schedule J	23		х
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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
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? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
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)? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

EEA

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BIG SPRING AREA COMMUNITY FOUNDATION 75-2970373 Page Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

<u> </u>	Ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
_			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a -	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-		
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • • • • • • • • • • • • • • • • • •	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	420		
•	Did the organization have a written whistleblower policy?	12c		
3		13		X
4	Did the organization have a written document retention and destruction policy?	14		X
5	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? The organization's CEO, Executive Director, or top management official	15a		v
a		15a		X
b	Other officers or key employees of the organization	130		X
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
va	with a taxable entity during the year?	16a		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		X
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	.00		
7	List the states with which a copy of this Form 990 is required to be filed			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Wound Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
-	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
-	and the Windows, and telephone number of the person who persons the organizations books and records.			

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	١ ١				nan one s both ar	,	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or a	Ins	Officer	Ke	g 뜻	Fo	1099-MISC/	1099-MISC/	organization and
	related	ividu	tituti	icer	y em	hest	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee con				
	below	uste	trust		ee	pen				
	dotted line)		ee			Highest compensated employee				
						-				
(1) VACANT										
MEMBER		х						0	0	0
(2) ROBERT L CROWNOVER										
MEMBER		х						0	0	0
(3) DIANE_WOOD										
MEMBER		х						0	0	0
(4) PATSY SANCHEZ										
MEMBER		х						0	0	0
(5) JIM LITTLE										
MEMBER		х						0	0	0
(6) MAUREEN HADDAD										
MEMBER		х						0	0	0
(7) JAN FORESYTH										
MEMBER		х						0	0	0
(8) LESLIE ELROD-HOBBS										
MEMBER		х						0	0	0
(9) BOBBY MCDONALD										
MEMBER		х						0	0	0
(10)DREW_MOUTON	2.00									
PRESIDENT		х		х				0	0	0
(11) TOMMY CHURCHWELL										
VICE PRESIDENT		х		х				0	0	0
(12)RICHARD STEEL	L									
SECRETARY		х		х				0	0	0
<u>(13)</u>	 									
(14)										
Y.2										

EEA Form **990** (2023)

970373 Page

Form 9	90 (2023) BIG SPRING AREA COVII Section A. Officers, Directors, T	OMMUNITY	FOUI	NDA!	TIC	N	s an	ıd F	lighest Comp	75 ensated	-29703 Emplo	373	(contin	age 8
runt	(A) Name and title	(B) Average hours per week	Average box, unless person is both an hours officer and a director/trustee) compensation from the from the organization (W-2/ organiz						(E) Reportal compensa from relat	(E) portable Estimate ensation of			ount	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MIS 1099-NE	SC/	orgai	nization a	
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(20)														
(21)														
(22)														
<u>(23)</u>														
(24)														
<u>(25)</u>														
1b c d	Subtotal		 	·	 	 	 	•	0		0			0
2	Total number of individuals (including but no reportable compensation from the organization)		those	list	ed a	abo	ve) w	ho r	received more th	an \$100,0	00 of			0
3	Did the organization list any former officer, directo employee on line 1a? <i>If "Yes," complete Schedule</i>			-		-			ensated			3	Yes	No X
4	For any individual listed on line 1a, is the sum of reorganization and related organizations greater than													
5	individual	compensatio	n from	any	unre	elate	d orga	aniza	ation or individual			5		X
Secti	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete 30	rieduie	3 10	n su	спρ	erson	• •				3		<u> </u>
1	Complete this table for your five highest cor compensation from the organization. Repor	-											tax ye	ar.
	(A) Name and business addres	s					-		(B) Description of service	es		(C) Compens	ation	
2	Total number of independent contractors (in	cluding but	not li	mite	ed to	o the	se lis	 sted	above) who					
	received more than \$100,000 of compensat	tion from th	e orga	aniza	atio	n								

Form 990 (2023) BIG SPRING AREA COMMUNITY FOUNDATION 75-2970373 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Federated campaigns 1a b 1b 1,390 Contributions, Gifts, Grants and Other Similar Amounts c 1c Related organizations 1d Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f 1,197,487 Noncash contributions included in 1g h Total. Add lines 1a-1f 1,198,877 **Business Code** 2a Program Service Revenue **f** All other program service revenue 3 Investment income (including dividends, interest, and 805,735 805,735 Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses . . 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis and sales expenses 7b

Other Revenue c Gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b **c** Net income or (loss) from gaming activities 10a Gross sales of inventory, less 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellanous Revenue 11a **d** All other revenue e Total. Add lines 11a-11d 2,004,612 805,735 0 Form 990 (2023) EEA

75-2970373

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All ot	her organizations m	ust complete columi	n (A).
	Check if Schedule O contains a response or r	ote to any line in this	s Part IX		[
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	637,170	637,170		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	139,956	139,956		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal		-		
С.	Accounting	51,775	51,775		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A), amount, list line 11g expenses on Schedule O.)				
12 13	Advertising and promotion	0.000	0.000		
14	Information technology	2,892	2,892		
15	Royalties	1,040	1,040		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,555	3,555		
20	Interest	3,333	3,333		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,997		4,997	
23	Insurance	1,330	1,330	2,001	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
е	All other expenses	18,054	11,970		6,084
25	Total functional expenses. Add lines 1 through 24e	860,769	849,688	4,997	6,084
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 if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2023) BIG SPRING AREA COMMUNITY FOUNDATION 75-2970373

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
	1	Cash - non-interest-bearing	1,116,260	1	978,969
	2	Savings and temporary cash investments	234,484	2	280,584
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) \cdots		6	
ιχ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	14,906,498	11	17,874,848
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	16,257,242	16	19,134,401
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	2,745,645	21	5,825,527
Liabilities	22	Loans and other payables to any current or former officer, director,			
billi		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		0.5	
	26	of Schedule D	0.745.645	25 26	F 00F F07
	26	Organizations that follow FASB ASC 958, check here	2,745,645	20	5,825,527
S		and complete lines 27, 28, 32, and 33.			
JCe	27	Net assets without donor restrictions		27	
alaı	28	Net assets with donor restrictions		28	
B	20	Organizations that do not follow FASB ASC 958, check here		20	
nu		and complete lines 29 through 33.			
٦٢	29	Capital stock or trust principal, or current funds		29	
ts c	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
sse	31	Retained earnings, endowment, accumulated income, or other funds	13,511,597	31	13,308,874
Net Assets or Fund Balances	32	Total net assets or fund balances	13,511,597	32	13,308,874
ž	33	Total liabilities and net assets/fund balances	16,257,242	33	19,134,401
EEA					Form 990 (2023)

Pai	rt 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		2,004	,612
2	Total expenses (must equal Part IX, column (A), line 25)	2		860	,769
3	Revenue less expenses. Subtract line 2 from line 1	3		1,143	,843
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	3,511	,597
5	Net unrealized gains (losses) on investments	5	(1,346	,566)
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1	3,308	,874
Pai	rt 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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	х
	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.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2)	х
	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.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2	:	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	a	х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3	<u> </u>	
==^			E	rm 991	(2023)

Form **990** (2023)

SCHEDULE A (Form 990)

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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization Employer identification number BIG SPRING AREA COMMUNITY FOUNDATION 75-2970373 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**. 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 X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. а 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. 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

m 990) 2023 BIG SPRING AREA COMMUNITY FOUNDATION 75-2970373
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Secu	on A. Fublic Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	99,583	112,353	211,199	458,636	117,415	999,186
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	99,583	112,353	211,199	458,636	117,415	999,186
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)						2,749,204
6	Public support. Subtract line 5 from line 4 .						(1,750,018)
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	99,583	112,353	211,199	458,636	117,415	999,186
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
•	similar sources	167,164	146,025	180,717	383,844	814,926	1,692,676
9	Net income from unrelated business						
	activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						0.601.060
12	Gross receipts from related activities, etc.	(soo instructio	ne)			12	2,691,862
13	First 5 years. If the Form 990 is for the or						1(3)
13	organization, check this box and stop her						
Secti	on C. Computation of Public Suppo	rt Percentag	<u> </u>				· · · · · · <u> </u>
14	Public support percentage for 2023 (line 6			1 column (f))		14	0.00 %
15	Public support percentage from 2022 Sch		•			15	0.00 %
16a	33 1/3% support test - 2023. If the organi						
	box and stop here. The organization qual						
b	33 1/3% support test - 2022. If the organi	•		•			_
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 202	•	•	-			_
	10% or more, and if the organization mee	-					
	Part VI how the organization meets the fa					•	
	organization			-	=		_
b	10%-facts-and-circumstances test - 202						_
~	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					•	•
	organization			-	=		
18	Private foundation. If the organization did						_
	instructions						

75-2970373

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.)

Secti	on A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
0 4'	line 6.)							
	on B. Total Support			1			(n = 1)	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
h	royalties, and income from similar sources						_	
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses acquired after June 30, 1975							
_	Add lines 10a and 10b							
с 11	Net income from unrelated business							
"	activities not included on 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.)			1				
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)			1				
14	First 5 years. If the Form 990 is for the or	uanization's fir	st. second. thir	d. fourth. or fift	th tax vear as a	section 501(c)	(3)	
	organization, check this box and stop her	•			•	` '	` ′ _	
Secti	on C. Computation of Public Support							
15	Public support percentage for 2023 (line 8		·	3, column (f))		15	%	
16	Public support percentage from 2022 Sch	. , ,	•			16	%	
Secti	on D. Computation of Investment In-							
17	Investment income percentage for 2023 (I			y line 13, colur	nn (f))	17	%	
18	Investment income percentage from 2022					18	%	
19a	· · · · · · · · · · · · · · · · · · ·	e 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 bo							
b	33 1/3% support tests - 2022. If the organizatio	n did not check a	a box on line 14 o	r line 19a, and lir	ne 16 is more than	n 33 1/3%, and	_	
	line 18 is not more than 33 1/3%, check this box							
20	Private foundation. If the organization did	d not check a l	oox on line 14,	19a, or 19b, ch	neck this box ar	nd see instructi	ons 🗍	

EEA Schedule A (Form 990) 2023

No

Yes

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
 - **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
 - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **c** 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** 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?
- c 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- **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))? If "Yes," provide detail in **Part VI**.
 - **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI**.
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI*.
- 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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EEA Schedule A (Form 990) 2023

ı artı	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on 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	instru	ıction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions	s).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 <i>(expla</i>	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organization	zatio	ns must complete Section	ns A through E.
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	on A - Adjusted Net Income		(A) I noi real	(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		
Sect	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly in	tegrated Type III supporti	ng organization
	(see instructions).		3 71 1P	5 5

Schedule A (Form 990) 2023 EEA

Part	V Type III Non-Functionally Integrated 509(a)(3	8) Supporting Organi	zations (continued	1)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supporte			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part		5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	i		10	/:::\
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution: Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
<u> </u>	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions)				
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
<u></u>	Distributions for 2023 from				
-	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
<u>u</u>	Applied to 2023 distributable amount				
C	Remainder, Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

EEA Schedule A (Form 990) 2023

 Schedule A (Form 990) 2023
 Page 8

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

Schedule B (Form 990)

Department of the Treasury

Organization type (check one):

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

BIG SPRING AREA COMMUNITY FOUNDATION

BIG SPRING AREA COMMUNITY FOUNDATION

Total Revenue Service

Employer identification number
75–2970373

Filers of:	Section:		
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
Check if your organization is covere	red by the General Rule or a Special Rule .		
Note: Only a section 501(c)(7), (8), instructions.	, or (10) organization can check boxes for both the General Rule and a Special Rule. See		
General Rule			
X For an organization filing	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000		
	perty) from any one contributor. Complete Parts I and II. See instructions for determining a		
contributor's total contribu			
Special Rules			
For an organization descr	ribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the		
_	ns 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or		
	om any one contributor, during the year, total contributions of the greater of (1) \$5,000; or		
	(i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.		
For an organization descr	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one		
contributor, during the yea	ar, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific,		
·	rposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering		
"N/A" in column (b) instea	ad of the contributor name and address), II, and III.		
For an organization descr	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one		
contributor, during the yea	ar, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such		
contributions totaled more	e than \$1,000. If this box is checked, enter here the total contributions that were received		
• •	clusively religious, charitable, etc., purpose. Don't complete any of the parts unless the		
• • • • • • • • • • • • • • • • • • • •	this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions		
totaling \$5,000 or more di	uring the year · · · · · · · · · · · · · · · · · · ·		
Caution: An organization that isn'	't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it		
· ·	2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line		

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number

BIG SPRING AREA COMMUNITY FOUNDATION

75-2970373

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	GUTHRIE TESTAMENTARY CHARITABLE LEA 611 S MAIN ST Big Spring TX 79720	\$\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions.)		

SCHEDULE D (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number BIG SPRING AREA COMMUNITY FOUNDATION 75-2970373 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 3 26 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c. acquired after July 25. 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Par	t III Organizations Maintaining	Collections of A	Art, Historical T	reasures, or O	ther Similar As	sets (conti	inued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the fo	lowing that make sig	gnificant use of its		
	collection items (check all that apply):		_				
а	Public exhibition		d 🔲 Loan o	r exchange program			
b	Scholarly research		e 🗌 Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explain	how they further the	organization's exem	pt purpose in Part		
	XIII.						
5	During the year, did the organization solicit or	receive donations o	f art, historical treasu	res, or other similar		_	_
	assets to be sold to raise funds rather than to		art of the organizatior	s collection?		· Yes	No
Par	t IV Escrow and Custodial Arra		E 000 B			. –	
	Complete if the organization a	answered "Yes"	on Form 990, Pa	art IV, line 9, or	reported an amo	on For	rm
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodia		-			п.,	
	•					. Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table.				
_	Beginning balance			<u> </u>		ount	
C	Beginning balance				C		
d	Distributions during the year				d e		
e f	Ending balance						
2a	Did the organization include an amount on Fo					. X Yes	No
b	If "Yes," explain the arrangement in Part XIII.					_	H
Par		Official field in the ex	planation has been p	TOVIGOG OTT GIT ATT			
1 0.1	Complete if the organization a	answered "Yes"	on Form 990. Pa	art IV. line 10.			
	- 1	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	rs hack
1a	Beginning of year balance	12,966,906	14,696,285	11,980,927	9,285,221	8,081	
b	Contributions		1,494,353	1,148,466	1,814,593		,494
С	Net investment earnings, gains, and		_, _, _,	_,,_		†	,
	losses		(2,388,489)	2,025,036	1,442,943	1,641	,971
d	Grants or scholarships		611,004	322,537	437,934		3,098
е	Other expenditures for facilities and		·	·			
	programs						
f	Administrative expenses		224,239	144,607	123,996	101	,714
g	End of year balance	12,966,906	12,966,906	14,687,285	11,980,827	9,285	,221
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)	held as:			
а	Board designated or quasi-endowment	%					
b	Permanent endowment%						
С	Term endowment%						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.					
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held and	administered for the	e	_	
	organization by:					Ye	s No
	(i) Unrelated organizations?					. 3a(i)	х
	(ii) Related organizations?					. 3a(ii)	х
b	If "Yes" on line 3a(ii), are the related organiza					. 3b	
4	Describe in Part XIII the intended uses of the		wment funds.				
Par	t VI Land, Buildings, and Equip		on Form 000 D	ort IV/ line 11e	Soo Form 000 F	Cart V line	10
	Complete if the organization a				ĺ	-	
	Description of property	(a) Cost or othe	1 ' '	1 ' '	Accumulated	(d) Book val	ue
	Land	(investme	((other)	depreciation		
1a	Land						
b	Buildings						
C	Leasehold improvements						
d	Equipment						
E Total	Other		line 10s solvers (B)				
ı Uldi.	Add lines 1a through 1e. (Column (d) must equ	ıaı ⊏UIIII 990, Päll X,	, iii i c 100, colullill (B)				

Schedule D (For		COMMUNITY FO	UNDATION	75-	-2970373	Page
Part VII	Investments - Other Securities					
	Complete if the organization answere	d "Yes" on For	m 990, Part IV, I	line 11b. See Form	990, Part X, line	e 12.
	(a) Description of security or category (including name of security)		(b) Book value		ethod of valuation: d-of-year market value	
(1) Financial o	erivatives					
(2) Closely-he	d equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	(b) must equal Form 990, Part X, line 12, col.(B))					
Part VIII	Investments - Program Related					
	Complete if the organization answere	d "Yes" on For	m 990, Part IV, I	line 11c. See Form	990, Part X, line	e 13.
	(a) Description of investment		(b) Book value	` '	ethod of valuation: d-of-year market value	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column	(b) must equal Form 990, Part X, line 13, col. (B))					
Part IX	Other Assets Complete if the organization answere	ed "Yes" on For	m 990. Part IV. l	line 11d. See Form	990. Part X. line	e 15.
		Description	,		(b) Book valu	
(1)	(a)	Seconpaion			(D) Book value	10
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, line 15 col. (B))					
Part X	Other Liabilities					
	Complete if the organization answere line 25.	d "Yes" on For	m 990, Part IV, I	line 11e or 11f. See	Form 990, Part	tΧ,
1.	(a) Description of liability	(b) Book	/alue			
(1) Federal ir		.,				
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						

Total. (Column (b) must equal Form 990, Part X, line 25 col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(9)

Part	· ·	•	Return	
	Complete if the organization answered "Yes" on Form 990, P.		1	
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:	1 1		
а	Net unrealized gains (losses) on investments	2a	-	
b	Donated services and use of facilities	2b	-	
С	Recoveries of prior year grants	2c	-	
d	Other (Describe in Part XIII.)	2d		
е	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 Dart	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) XII Reconciliation of Expenses per Audited Financial Statem		5 or Boturn	
Part	Complete if the organization answered "Yes" on Form 990, P.		er Keturii	
1	rotal expenses and recess per addition interior statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	00		
a		2a	-	
b	Prior year adjustments	2b	-	
C	Other losses	2c	-	
d	Other (Describe in Part XIII.)	2d	20	
e	Subtract line 2e from line 1		2e 3	
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3	
4	Investment expenses not included on Form 990, Part VIII, line 7b	40		
a b	Other (Describe in Part XIII.)	4a 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				
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	nes 1h and 2h: Part V line 4: Pa	rt X line	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		,	
_,	··, ···· ···· ··, ···· ·, ···· · · ·			

Schedule D (Form 990) 2023

SCHEDULE I (Form 990)

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

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

2023

OMB No. 1545-0047

Internal Revenue Service

Big Spring TX 79720

(8) HERITAGE MUSEUM 510 SCURRY ST

Big Spring TX 79720

Open to Public Department of the Treasury Inspection Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number BIG SPRING AREA COMMUNITY FOUNDATION 75-2970373 General Information on Grants and Assistance Part I 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? 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. (f) Method of valuation (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant ľbook, FMV, appraisal, (if applicable) or government noncash assistance noncash assistance or assistance grant other) (1) ANGELO STATE UNIVERSITY 2601 W AVE N San Angelo TX 76909 21,000 (2) BIG SPRING ISD 708 E 11TH PL Big Spring TX 79720 21,670 (3) BIG SPRING SYMPHONY PO BOX 682 Big Spring TX 79721 75-2162301 30,620 OPERATIONS (4) BIG SPRING AMPHITHEATER IMP 113 E 3RD ST

(5) CROSS ROADS YOUNG MARINES 705 FM 700 Big Spring TX 79720 7,850 (6) DAV CHAPTER 47 2204 RUNNELS ST 24,000 Big Spring TX 79720 (7) HANGAR 25 AIR MUSEUM 1911 APRON DR Big Spring TX 79720 75-2790454 15,459 OPERATIONS

30,000

Big Spring TX 79720 75-1333435 501C3 25,968 OPERATIONS (9) HOWARD CO FAIR ASSOC BS COW 2900 OLD STATE HWY 80

90,725

15,000

(10HIGHLAND COUNCIL FOR THE DE PO BOX 1935 Big Spring TX 79721

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

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

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

2023
Open to Public
Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** BIG SPRING AREA COMMUNITY FOUNDATION 75-2970373 Part I General Information on Grants and Assistance 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? 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. (f) Method of valuation (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant ľbook, FMV, appraisal, or government (if applicable) grant noncash assistance noncash assistance or assistance other) (1) HOWARD CO VOLUNTEER FIRE DE PO BOX 2877 75-2775060 501C3 Big Spring TX 79721 31,130 OPERATIONS (2) HOWARD CO JUNIOR COLLEGE 1001 BIRDWELL LN Big Spring TX 79720 75-6001827 54,162 SCHOLARSHIPS (3) NORTHSIDE MOVEMENT 707 N GREGG ST Big Spring TX 79720 46-3628182 501C3 16,350 OPERATIONS (4) HOWARD CO 4-H ADULT LEADERS 2411 ECHOLS DR 12,500 Big Spring TX 79720 (5) ST MARY'S EPISCOPAL CHURCH 1001 S GOLIAD ST Big Spring TX 79720 75-6004916 501c3 24,950 (6) TEXAS TECH UNIVERSITY 2500 BROADWAY W Lubbock TX 79409 23,000 (7) YMCA 801 OWENS ST Big Spring TX 79720 75-0827470 133,628 (8) (9) (10)

	(Form 990) 2023 BIG SPRING AREA CO	MMUNITY FOUNDATI	ON		LIN/ II	75-2970373 Page 2
Part II	Grants and Other Assistance to I	Domestic Individua	als. Complete if the	e organization ansv	vered "Yes" on Form 990), Part IV, line 22.
	Part III can be duplicated if addition					
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
_1						
2						
3						
4						
5						
6						
7						
Part I\	Supplemental Information. Provide	de the information re	equired in Part I, lir	ne 2; Part III, colum	n (b); and any other addi	tional information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
BIG SPRING AREA COMMUNITY FOUNDATION

Employer identification number

75-2970373 01. Form 990 governing body review (Part VI, line 11) THE FOUNDATION PRESIDENT REVIEWS FORM 990 WITH THE PREPARER. AFTER THEIR REVIEW, A COPY IS DISTRIBUTED TO EACH MEMBER OF THE GOVERNING BODY FOR REVIEW AND ACCEPTANCE BEFORE E-FILING. 02. Form 990 availability to public (Part VI, line 18) THE FOUNDATION'S MONTHLY FINANCIAL STATEMENTS, ANNUAL FINANCIALS, GOVERNING DOCUMENTS AND FORM 990 ARE AVAILABLE TO THE PUBLIC THROUGHOUT THE YEAR ON A REQUEST BASIS. THE FOUNDATION HOLDS AN ANNUAL MEETING OPEN TO THE PUBLIC TO PRESENT THE FINANCIAL STATEMENTS, MANAGEMENT'S ANNUAL REPORT AND DISCUSS OTHER ITEMS AS NECESSARY INCLUDING FOUNDATION GOVERNANCE. FORM 990 AND MOST RECENT AUDIT REPORT AVAILABLE FOR INSPECTION ON THE FOUNDATION WEBSITE. 03. Governing documents, etc, available to public (Part VI, line 19) THE FOUNDATION'S MONTHLY FINANCIAL STATEMENTS, ANNUAL FINANCIALS, GOVERNING DOCUMENTS AND FORM 990 ARE AVAILABLE TO THE PUBLIC THROUGHOUT THE YEAR ON A REQUEST BASIS. THE FOUNDATION HOLDS AN ANNUAL MEETING OPEN TO THE PUBLIC TO PRESENT THE FINANCIAL STATEMENTS, MANAGEMENT'S ANNUAL REPORT AND DISCUSS OTHER ITEMS AS NECESSARY INCLUDING FOUNDATION GOVERNANCE. FORM 990 AND MOST RECENT AUDIT REPORT AVAILABLE FOR INSPECTION ON THE FOUNDATION WEBSITE 04. Part III, response or note to any other line in Part III FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT EXEMPT CIVIC AND RELIGIOUS ORGANIZATIONS: BIG SPRING ISD 21,670.00

Schedule O (Form 990) 2023 Page **2**

Schedule O (Form 990) 2023		Page
Name of the organization		Employer identification number
BIG SPRING AREA COMMUNITY FOUNDATION		75-2970373
BIG SPRING SYMPHONY	30,619.66	
SIG SPRING AMPHITHEATER IMPROVEMENT BOARI	30,000.00	
ANTERBURY RETIREMENT HOMES	4,411.92	
ROSS ROADS YOUNG MARINES	7,850.00	
AV CHAPTER 47	24,000.00	
ON'T LITTER AFFORDABLE SPAY & NEUTER CL	INIC 2,450.00	
CIRST BAPTIST CHURCH	1,000.00	
FOOD 2 KIDS	5,000.00	
HANGAR 25 AIR MUSEUM	15,458.80	
HERITAGE MUSEUM	25,968.13	
ORM 990, PART III, LINE 4B - SECOND ACCO	OPMLISHMENT (CONTINUED)	
EXEMPT CIVIC AND RELIGIOUS ORGANIZATIONS:	:	
HIGHLAND COUNCIL FOR THE DEAF	15,000.00	
IOWARD COLLEGE	25,000.00	
IOWARD CO 4-H ADULT LEADERS ASSOC	12,500.00	
OWARD CO FAIR ASSOC BS COWBOY REUNION	90,725.00	
IOWARD CO RESOURCE CENTER	4,000.00	
OWARD CO VOLUNTEER FIRE DEPT	31,130.35	
IIDLAND RAPE CRISIS CENTER	5,000.00	
ORTHSIDE MOVEMENT	16,350.00	
T. MARY'S EPISCOPAL CHURCH	24,950.16	
CICTIM SERVICES OF BIG SPRING	5,000.00	
MCA	133,628.12	
COTAL	531,712.14	

EEA Schedule O (Form 990) 2023

4562

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No. 179

Name(s) shown on return Business or activity to which this form relates Identifying number BIG SPRING AREA COMMUNITY FOUNDA 75-2970373 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 2 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 3,857 MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2023 1,140 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and yea (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction only-see instructions) 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/L 27.5 yrs. MM S/L property Nonresidential real 39 yrs. MM MM S/L Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life 12-year S/L 12 yrs. 30-year 30 yrs. MM S/L С S/L d 40-year 40 yrs. MM Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 4,997 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23