

Board of Directors' Report August 2023 Index

| | Page |
|---|-------|
| Index | 1—2 |
| Agenda | 3—6 |
| Minutes of the June 6, 2023 regular meeting | 7—10 |
| Agency Reports for May 31, 2023: | |
| Clients Served | 11 |
| Direct Client Assistance | 12 |
| Program Performance Targets | 13 |
| Financial Report | |
| Balance Sheet | 14 |
| Statement of Revenues and Expenditures – Budget to Actual | 15 |
| • Statement of Functional Expenditures – Budget to Actual | 16 |
| Summary of Grant Activity | 17—18 |
| Program Reports for May 31, 2023: | |
| Child Care Assistance | 19 |
| SHARP Lines Rural Public Transportation | 20 |
| Weatherization | 21 |
| Energy Assistance | 22 |
| Water Assistance | 23 |
| Veterans Services | 24 |
| Community Services | 25 |
| Head Start / Early Head Start / Daycare | |
| Head Start/Daycare - Enrollment & Attendance by Center | 26 |
| • Early Head Start - Enrollment & Attendance by Center | 27 |
| Meals Served | 28—29 |
| Waiting List | 30 |
| Health Services | 31 |
| • Transportation | 32 |
| • Family and Community Partnerships | 33 |

| | Page |
|---|---------|
| Head Start / Early Head Start Correspondence | |
| Treatment of Rebates, Refunds, Discounts, and Similar Cost Savings – ACF-IM-HS-23-03 | 34—36 |
| Fiscal Year 2024 Monitoring Process for Head Start and Early Head Start Recipients – ACF-IM-HS-23-04 | 37—39 |
| Monitoring Reports | |
| Child Care Relief Fund – Munday Child Development Center | 40—45 |
| Texas Department of Housing and Community Affairs – LIHWAP Contract No. 34210003691, DOE Contract No. 56220003768, LIHEAP Contract No. 81220003618, HTF | 46—48 |
| Contract No. 1002962 | |
| Texas Department of Transportation – Quarterly/Financial Monitoring | 49—58 |
| Head Start/Early Head Start Program Updates | |
| • Under-Enrollment Plan – First Quarter Update | 59—65 |
| Financial Activity by Program (selected programs) | 66—71 |
| Credit Card Activity | 72 |
| Financial | |
| Finance Committee Summary of Meeting Minutes | 73 |
| Financial Statements and Independent Auditor's Report for the year ended November 30, 2022 as prepared by MWH Group, PC | 74—125 |
| Form 990 (Return of Organization Exempt from Income Tax) for the year ended November 30, 2022 | 126—166 |
| Agency | |
| Rolling Plains' 2023 Customer Satisfaction Survey | 167—180 |
| Head Start/Early Head Start's 2023 Customer Satisfaction Survey | 181—186 |
| Planning Committee Summary of Meeting Minutes | 187 |
| Strategic Plan for 2020–2024 – 2023 Mid-Year Review | 188—192 |
| Community Action Plan for 2024 including Top 5 Needs, | 193—195 |
| Performance Statement and Targets, and Community Initiatives | 1,0 1,0 |
| Community Services Block Grant Budget for 2024 | 196—207 |



AGENDA BOARD OF DIRECTORS MEETING August 1, 2023 6:30 P.M. Available via Videoconference or in Person at 118 East Donnell, Crowell, Texas

Prior to the opening of the August 1st Board of Directors Meeting, a public hearing will be held on: Proposed Community Action Plan for 2024 and Community Services Block Grant budget for 2024

- 1. Establish quorum, call to order, invocation and introduction
- 2. *Seat new members of Board of Directors
- *Consent Agenda Items on the Consent Agenda may be removed at the request of any Board member and considered at another appropriate time on this agenda. Placement on the Consent Agenda does not limit the possibility of any presentation, discussion or approval at this meeting.
 - a. Approval of Minutes of the June 6, 2023 regular meeting
 - b. Approval of Agency Reports:
 - i. Clients Served
 - ii. Direct Client Assistance
 - iii. Program Performance Targets
 - iv. Financial Reports
 - 1) Balance Sheet
 - 2) Statement of Revenues and Expenditures Budget to Actual
 - 3) Statement of Functional Expenditures Budget to Actual
 - 4) Summary Grant Activity
 - c. Approval of Program Reports
 - v. Child Care Assistance
 - vi. SHARP Lines Rural Public Transportation
 - vii. Weatherization
 - viii. Energy Assistance
 - ix. Water Assistance
 - x. Veterans Services
 - xi. Community Services
 - xii. Head Start / Daycare Monthly Enrollment & Attendance by Center
 - xiii. Early Head Start Monthly Enrollment & Attendance by Center

118 North 1st Street, P. O. Box 490, Crowell, Texas 79227 --- Phone (940) 684-1571

Rolling Plains Management Corporation is an equal opportunity employer and provider.

(Consent Agenda – continued)

- xiv. Head Start / Early Head Start / Daycare Meals Served
- xv. Head Start / Early Head Start Waiting List
- xvi. Head Start / Early Head Start Health Services
- xvii. Head Start Transportation
- xviii. Head Start / Early Head Start Family and Community Partnerships
- xix. Head Start / Early Head Correspondence
 - 1) Treatment of Rebates, Refunds, Discounts, and Similar Cost Savings – ACF-IM-HS-23-03
 - 2) Fiscal Year 2024 Monitoring Process for Head Start and Early Head Start Recipients – ACF-IM-HS-23-04
 - xx. Monitoring reports
 - 1) Child Care Relief Fund Munday Child Development Center
 - Texas Department of Housing and Community Affairs LIHWAP Contract No. 34210003691, DOE Contract No. 56220003768, LIHEAP Contract No. 81220003618, HTF Contract No. 1002962
 - 3) Texas Department of Transportation Quarterly/Financial Monitoring
- xxi. Head Start / Early Head Start Program Updates
 - 1) Under-Enrollment Plan First Quarter Update
- xxii. Selected Financial Activity by Program
 - 1) Administrative and Unrestricted Funds
 - 2) Child Care/ ISD Partnerships (non-grant funded)
 - 3) Head Start
 - 4) Head Start (American Rescue Act)
 - 5) Early Head Start I
 - 6) Early Head Start II
- xxiii. Credit Card Report

<u>Financial</u>

- 4. Receive report from Finance Committee meeting held on July 18, 2023
- 5. *Review, discussion and approval of Audit Report for the year ended November 30, 2022 as prepared by MWH Group, PC.
- 6. *Review, discussion and approval of Form 990 (Return of Organization Exempt from Income Tax) for the year ended November 30, 2022.

Agency

- 7. Receive report on Rolling Plains' 2023 Customer Satisfaction Survey.
- 8. Receive report on Head Start/Early Head Start's 2023 Customer Satisfaction Survey.
- 9. Receive report from Planning Committee meeting held on July 24, 2023.
- 10. Receive an update on progress meeting the goals of the Strategic Plan for 2020 2024.
- 11. *Discussion and decision to modify or not modify the Strategic Plan for 2020 2024

- 12. *Review, discussion and approval of Community Action Plan for 2024 including top 5 needs, performance statement and targets, and community initiatives.
- 13. *Review, discussion and approval of Community Services Block Grant budget for 2024.
- 14. *Appointment of a committee to conduct a performance appraisal of the Executive Director and review the executive director compensation for approval at the October 2023 Board meeting

Agency Updates

15. Updates on facility projects and other issues

16. *Adjourn

Rolling Plains Management Corporation Public Hearing and Board of Directors' Meeting Aug 1, 2023, 6:00 – 8:30 PM (America/Chicago)

Please join my meeting from your computer, tablet or smartphone. https://meet.goto.com/RollingPlainsManagementCorp/rpmcboardmeeting

You can also dial in using your phone. Access Code: 253-223-829 United States (Toll Free): <u>1 866 899 4679</u> United States: +1 (571) 317-3116

Get the app now and be ready when your first meeting starts: https://meet.goto.com/install

* While any item on this agenda may require a board vote after discussions, items indicated with an * are items identified as requiring board approval.

Rolling Plains Management Corporation Board of Directors reserves the right to adjourn into closed session at any time during the course of this meeting to discuss any of the matters listed in the above agenda. If, during the course of the meeting, discussion of any item on the agenda should be held in a closed meeting, the Board will conduct a closed meeting in accordance with the Texas Open Meetings Act, Government Code, Chapter 551, Subchapters D and E, including, but not limited to deliberation on the appointment, employment compensation, evaluations, reassignment, duties, discipline, or dismissal of employees pursuant to Texas Government Code § 551.074; consultation with attorney regarding potential or contemplated litigation or matters involving attorney client privilege pursuant to Texas Government Code § 551.072; deliberation regarding gifts and donations pursuant to Texas Government Code §

551.073; deliberation regarding security devises pursuant to Texas Government Code § 551.076; and deliberation regarding Economic Development negotiations pursuant to Texas Government Code § 551.087.

Before any closed meeting is convened, the presiding officer will publicly identify the section or sections of the Act authorizing the closed meeting. All final votes, actions, or decisions will be taken in open meeting.

POSTED: July 27, 2023



June 6, 2023 6:30 P.M. Available via Teleconference or in Person at 118 North First Crowell, Texas Summary of Minutes

Agenda Item 1 - Establish quorum, call to order, invocation and introduction. Board President Mark Christopher announced a quorum was present and called the staff meeting to order at 6:30PM. The invocation was given by Judge Rusty Stafford. Board members, staff, and guests introduced themselves.

Agenda Item 2 - *Seat new members of Board of Directors. Head Start nominated to seat Norris Thomas as a representative of the low-income sector in Wilbarger County. Karl Holloway made a motion to seat Norris Thomas as a Board Member and was seconded by Rusty Stafford. The motion passed unanimously.

Agenda Item 3 - *Consent Agenda – Items on the Consent Agenda may be removed at the request of any Board member and considered at another appropriate time on this agenda. Placement on the Consent Agenda does not limit the possibility of any presentation, discussion or approval at this meeting. There was a motion made by Dale Eaton and seconded by Michael Woods. The motion passed unanimously to approve all items on the agenda as follows:

- a. Approval of Minutes of the April 4, 2023 regular meeting
- b. Approval of Agency Reports:
 - i. Clients Served
 - ii. Direct Client Assistance
 - iii. Program Performance Targets
 - iv. Financial Reports
 - 1. Balance Sheet
 - 2. Statement of Revenues and Expenditures Budget to Actual
 - 3. Statement of Functional Expenditures Budget to Actual
 - 4. Summary Grant Activity
- c. Approval of Program Reports
 - v. Child Care Assistance
 - vi. SHARP Lines Rural Public Transportation
 - vii. Weatherization
 - viii. Energy Assistance
 - ix. Water Assistance
 - x. Veterans Services
 - xi. Community Services
 - xii. Head Start / Daycare Monthly Enrollment & Attendance by Center

118 North 1st Street, P. O. Box 490, Crowell, Texas 79227 --- Phone (940) 684-1571

Rolling Plains Management Corporation is an equal opportunity employer and provider.

- xiii. Early Head Start Monthly Enrollment & Attendance by Center
- xiv. Head Start / Early Head Start / Daycare Meals Served
- xv. Head Start / Early Head Start Waiting List
- xvi. Head Start / Early Head Start Health Services
- xvii. Head Start Transportation
- xviii. Head Start / Early Head Start Family and Community Partnerships

(Consent Agenda – continued)

- xix. Head Start / Early Head Start Correspondence
 - 1. Letter to Office of Head Start regarding Non-Federal Match Waiver Request for Early Head Start I Grant (06HP000473)
 - 2. Letter to Office of Head Start regarding Non-Federal Match Waiver Request for Early Head Start II Grant (06HP000265)
 - xx. Monitoring reports
 - 1. Workforce Solutions North Texas Annual Child Care Financial Monitoring Evaluation
 - 2. Child Care Relief Fund Archer City Child Development Center
 - 3. Child Care Relief Fund Charles Finnell Child Development Center
 - 4. Child Care Relief Fund Knox City Child Development Center
- xxi. Head Start/Early Head Start Policy Updates
 - DRDP Ongoing Assessment Outcomes Report Early Head Start I Grant

 Early Head Start End of Year Assessment Data 2022 2023
 - DRDP Ongoing Assessment Outcomes Report Early Head Start II Grant

 Early Head Start End of Year Assessment Data 2022 2023
 - CLI Assessment Head Start End -of-Year Assessment Data 2022 2023

xxii. Selected Financial Activity by Program

- 1. Administrative and Unrestricted Funds
- 2. Child Care/ ISD Partnerships (non-grant funded)
- 3. Head Start
- 4. Head Start (American Rescue Act)
- 5. Early Head Start I
- 6. Early Head Start II
- xxiii. Credit Card Report

<u>Training</u>

Agenda Item 4 - Training on Board of Directors' roles and responsibilities.

Debra Thomas explained the introduction of CAPLAW. Jessica McLain presented an 8-minute video to board members, staff, and guests.

Head Start / Early Head Start

Agenda Item 5 - Review under-enrollment Notification Letters from Kenneth Gilbert, Regional Program Manager, Office of Head Start Region VI (4-4-2023), regarding:

- a. Head Start (06CH010745): Funded for 294 slots; Under enrolled by 129 slots
- b. Early Head Start I (06HP000265): Funded for 82 slots; Under enrolled by 14 slots
- c. Early Head Start II (06HP000473): Funded for 60 slots; Under enrolled by 10 slots

Head Start Director Sarai Meza presented on the topic of under enrollment. She stated that they briefly discussed in April 2023 of a strong possibility of receiving notification from the Office of Head Start regarding low enrollment numbers in all 3 grants and received the under enrollment letters the next

day. Since August 2022, the Head Start programs are operating with an actual enrollment that is less than what it is fully funded for. Based on that knowledge, the agency will be given 12 months to attain at least 97% of enrollment.

On April 28th, 2023, Region 6 Regional Office hosted an Initial Under-enrollment Meeting for agencies who had received an under-enrollment letter from OHS. Debra Thomas, Keren Whitney, and Sarai Meza attended.

Sarai Meza reviewed the requirements during the 12-month period that included the following: monthly enrollment must be reported by center and program in HSES, submit an under-enrollment plan, and attend on-going monthly meetings with a Grantee Specialist to review progress/challenges with enrollment and ways to be more proactive.

Agenda Item 6 - Review and discussion of updated Under-enrollment Plan.

Head Start Director Sarai Meza reviewed and discussed the updated under-enrollment plan with board members, staff, and guests. The plan start and end date are 4/14/2023—4/14/2024. This includes a program of staff and leadership that will be participating in the ongoing development, review and implementation of the under-enrollment plan for the next 12 months.

The April board meeting, it was briefly discussed the program challenges Head Start Centers were facing with maintaining enrollment. The main contributing factors are as follows: local ISDs providing full day pre-K for four-year olds, the eligibility criteria is not accurate for the current cost of living, decline in population in rural communities, and staff turnover brought in part with COVID-19 pandemic and lack of staffing.

Currently taking the following steps of the under-enrollment action plan: meeting with ISDs to discuss ways to partner together to increase enrollment, reviewing program needs for each service area, increasing community exposure efforts, review and update the hiring and retention process.

Agenda Item 7 - Review and discussion of Head Start/Early Head Start 2023 Self-Assessment Report.

Head Start Director Sarai Meza reviewed and discussed the annual Self-Assessment Report. She detailed the program's strengths: active GB and Policy Council, highly qualified management team members overseeing the HS program content area as well as the administration/agency, multiple building improvements made or in progress, collaborative partnerships, and the agency uses the communities needs and resources to steer the program services decisions.

The program's opportunities for improvement/weakness are as follows: hiring and retaining staff, enrollment, family & community engagement (increase the parent's knowledge and understanding of their child developmental and educational needs), mental health and wellness resources/efforts/training, and continued alignment of education, health, and safety processes.

Agenda Item 8 - *Review, discussion and approval of updated Program Goals

Head Start Director Sarai Meza reviewed and discussed the updated Program Goals from the Self-Assessment and efforts for ongoing continuous improvement. There was a motion made by Dale Eaton and seconded by Chuck Henderson. The motion passed unanimously.

Agenda Item 9 - Review and discussion of Head Start/Early Head Start 2023 Training and Technical Assistance (T/TA) Plan.

Head Start Director Sarai Meza reviewed and discussed the TTA Plan. The TTA Plan supports the program goals, the self-assessment, community assessment, and needs of parents and children served within the Head Start and Early Head Start program service area. The success of the Head Start and Early Head Start program depends upon the quality of staff and other perons working at all levels within the program. Training is essential to enhance the basic knowledge and skills required for programs for young children and their families.

Agency

Agenda Item 10 - *Review, discussion and approval of <u>updated</u> Succession plan for Executive Director, which contains procedures for covering an emergency/unplanned, short-term absence of 3 months or less, and the process for filling a permanent vacancy.

Executive Director Debra Thomas presented the updated Succession Plan to have current contact information. There was a motion made by Phil McCuistion and seconded by Pam Gosline. The motion was passed unanimously without any questions or discussions.

Agenda Item 11 - *Review, discussion and approval of the following persons to sign agency checks and electronic bank transfers: Staff members: Debra Thomas, Mark Halsell, Amy Wade, Wade Davis, Donna Moore, Sarai Meza; and Board Members and Alternatives: Mark Christopher and Cheryl Branch and the removal of former staff member, David Smith.

Executive Director Debra Thomas reviewed and discussed the people to sign agency checks and electronic bank transfers and requested board approval to remove former staff member David Smith. There was a motion made by Ronnie Allen and seconded by Rusty Stafford. The motion was passed unanimously without any questions or discussions.

Agenda Item 12 - Agency updates

- a. Notification of grant awards from the Texas Veterans Commission for July 1, 2023 to June 30, 2024—Debra Thomas presented that Weatherization Department received a grant to help install ramps to their house. A question was asked if the application was income based and it was confirmed with a yes.
- b. Updates on summer projects—Debra Thomas listed all the summer projects the agency was doing as well as new software programs to increase efficiency.
- c. Update on building projects—The Board agreed to have the new transportation building's open house on Wednesday, July 26, 2023.

Agenda Item 13 - Adjourn

There being no further business, the meeting was adjourned at 7:40 PM by Board President Mark Christopher.

Rolling Plains Management Corporation Clients Served

May 2023

| Program | People Served in May | People Served YTD | Number of Units Served in May | Units Served YTD | Description of Units |
|---|----------------------------|-------------------------|--|---------------------|-------------------------|
| SHARP Lines Rural Public Transportation | 625 | 1,235 | 4,516 | 24,282 | Trips |
| Child Care Assistance | 1,567 | 1,702 | | | |
| Weatherization | 40 | 81 | 26 | 51 | Homes |
| Energy Assistance | 619 | 2,141 | 281 | 1,125 | Households |
| Water Assistance | 245 | 930 | 106 | 405 | Households |
| Veteran Services | 14 | 160 | 7 | 90 | Households |
| Community Services | 22 | 101 | 8 | 46 | Households |
| Tenant-Based Rental Assistance (TBRA) | 48 | 60 | 16 | 21 | Households |
| Head Start | 168 | 174 | | | |
| Early Head Start | 114 | 114 | | | |
| Day Care | 70 | 73 | | | |

* People/Households may be served in more than one category and therefore counted more than once.

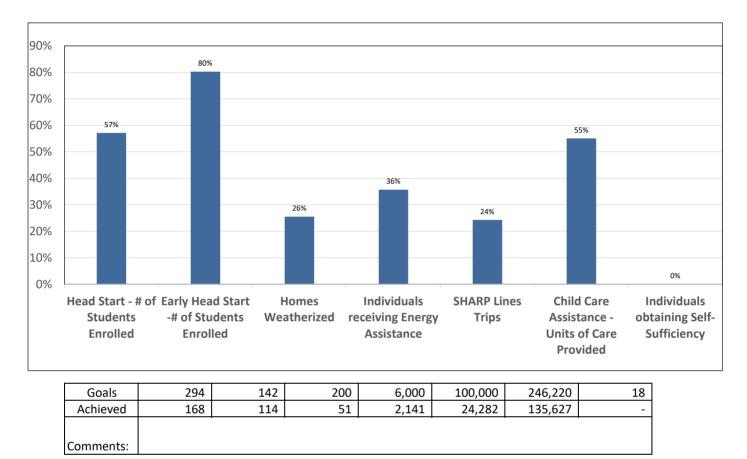
Rolling Plains Management Corporation Direct Client Assistance

May 2023

| Program | E | Expended in Expended May YTD | | | | . . | | Total |
|--------------------------------|----|---------------------------------|----|--------------|----|------------|--------------------|-------|
| Child Care Assistance | \$ | 671,520.08 | \$ | 2,958,927.15 | | | \$ 2,958,927.15 | |
| Weatherization | \$ | 156,434.80 | \$ | 303,560.89 | | | \$ 303,560.89 | |
| Energy Assistance | \$ | 401,446.51 | \$ | 2,096,472.96 | \$ | 643,744.57 | \$ 2,740,217.53 | |
| Water Assistance | \$ | 51,584.16 | \$ | 256,718.35 | | | \$ 256,718.35 | |
| Veterans Assistance | \$ | 37,387.50 | \$ | 120,499.72 | | | \$ 120,499.72 | |
| Community Services | \$ | 4,753.39 | \$ | 29,318.14 | | | \$ 29,318.14 | |
| Tenant Based Rental Assistance | \$ | 14,078.00 | \$ | 64,830.00 | \$ | 64,460.00 | \$ 129,290.00 | |
| TOTAL | \$ | 1,337,204.44 | \$ | 5,830,327.21 | \$ | 708,204.57 | \$ 6,538,531.78 | |

Rolling Plains Management Corporation Program Performance Targets

May 2023



Balance Sheet - Entire Agency As of May 31, 2023

Assets

| Assets | |
|--|----------------------|
| Current Assets | |
| Cash (operating accounts) | 4,016,987.14 |
| Other Cash Accounts | |
| Petty cash | 1,000.00 |
| Certificate of Deposit - Interest & Sinking Fund | 32,259.61 |
| Certificate of Deposit - Capital Reserve | <u>1,282,259.61</u> |
| Total Other Cash Accounts | 1,315,519.22 |
| Receivables | |
| Grants receivable | 3,018,764.11 |
| Other | <u>194,178.14</u> |
| Total Receivables | 3,212,942.25 |
| Other Assets | |
| Prepaid expenses | 84,988.37 |
| Inventory | <u>9,681.51</u> |
| Total Inventories | <u>94,669.88</u> |
| Total Current Assets | 8,640,118.49 |
| Long-term Assets | |
| Property & Equipment | |
| Property, Plant & Equipment | 9,667,104.80 |
| Land | 65,683.81 |
| Software license | 13,500.00 |
| Construction in Progress | 2,356,129.41 |
| Accumulanted depreciation | (5,679,730.71) |
| Total Property & Equipment | <u>6,422,687.31</u> |
| Total Assets | 15,062,805.80 |
| | |
| Liabilities | |
| Short-term Liabilities | |
| Accounts Payable | 922,278.94 |
| Accrued (payroll) liabilities | 143,390.67 |
| Other payroll liabilities | 8,837.40 |
| Loan - Crowell State Bank | 0.00 |
| Deferred Revenue | <u>995,426.47</u> |
| Total Short-term Liabilities | 2,069,933.48 |
| Long-term Liabilities | |
| Loan - USDA | <u>287,109.98</u> |
| Total Long-term Liabilities | <u>287,109.98</u> |
| Total Liabilities | 2,357,043.46 |
| Net Assets | |
| Beginning Net Assets | 12,399,208.50 |
| Current YTD Net Income | <u>306,553.84</u> |
| Total Net Assets | 12,705,762.34 |
| Total Liabilities and Net Assets | <u>15,062,805.80</u> |

Statement of Revenues and Expenditures - Budget to Actual

For the period ended May 31, 2023

Percentage of budget expired 50%

| | | Approved Budget | Actual | | % OT |
|--|---------------------|--------------------------------------|------------------------------------|--------------------------------------|------------|
| | | 12/1/2022 to | 12/1/2022 to | Remainging | Budget |
| | | <u>11/30/23</u> | <u>05/31/23</u> | in Budget | Expended |
| Operating Revenue | | 11/50/25 | 05/51/25 | <u>III Duuget</u> | LAPCHOCO |
| Grant Revenue | | | | | |
| Funding - federal | | 11,205,503.00 | 4,771,873.85 | 6,433,629.15 | |
| Funding - state | | 9,098,631.00 | 5,476,968.93 | 3,621,662.07 | |
| Funding - other | | 9,506,322.00 | 4,231,403.68 | 5,274,918.32 | |
| _ | Total Grant Revenue | 29,810,456.00 | 14,480,246.46 | 15,330,209.54 | 49% |
| Contributions | | | | | |
| Donations (cash) | | <u>0.00</u> | <u>3,130.00</u> | <u>(3,130.00)</u> | |
| | Total Contributions | 0.00 | 3,130.00 | (3,130.00) | |
| Program Revenue | | | | | |
| Medical transportation | fees | 1,855,290.00 | 902,601.60 | 952,688.40 | |
| Box fares | | 1,800.00 | 989.00 | 811.00 | |
| Subscription fares | | 210,000.00 | 128,386.00 | 81,614.00 | |
| Parent fees received | | 0.00 | 60.00 | (60.00) | |
| Student Fees | | <u> </u> | 24,509.94 | | |
| Daycare fees | tal Dragram Davanua | <u>60,000.00</u> | <u>54,287.43</u> | <u>5,712.57</u> | 52% |
| Other Income | tal Program Revenue | 2,127,090.00 | 1,110,833.97 | 1,040,765.97 | 5270 |
| Insurance proceeds | | 0.00 | 4,561.46 | (4,561.46) | |
| Sale of vehicles | | 0.00 | 28,100.00 | (28,100.00) | |
| Cost of property dis | nosed of | 0.00 | (4,215.00) | 4,215.00 | |
| Miscellaneous | | 0.00 | (3,672.97) | 3,672.97 | |
| Interest income | | 624.00 | 6,257.83 | <u>(5,633.83)</u> | |
| | Total Other Income | | 31,031.32 | (30,407.32) | |
| Total Revenue | | 31,938,170.00 | 15,625,241.75 | 16,337,438.19 | <u>49%</u> |
| Expenditures by Program | | | | | |
| Program Services | | 0.000.004.00 | | | 470/ |
| Child care assistance | | 8,693,204.00 | 4,058,589.89 | 4,634,614.11 | 47% 47% |
| Child development prog | grams | 6,169,960.00 | 2,911,658.82 | 3,258,301.18 | 47% |
| Transportation | community convisoo | 8,509,093.00 | 3,528,024.05 | 4,981,068.95 | 67% |
| Energy assistance and Weatherization and ho | | 4,886,572.00 | 3,252,269.48 | 1,634,302.52 | 37% |
| Total Program Services | | <u>2,355,642.00</u> 30,614,471.00 | <u>863,436.78</u> 14,613,979.02 | <u>1,492,205.22</u> 16,000,491.98 | 48% |
| Total Program Services | | 50,014,471.00 | 14,013,979.02 | 10,000,491.98 | -10 /0 |
| Supporting Services | | <u>1,379,979.00</u> | 704,708.89 | <u>675,270.11</u> | 51% |
| Total Expenditures | | <u>31,994,450.00</u> | <u>15,318,687.91</u> | <u>16,675,762.09</u> | 48% |
| Net Revenue Over Expenditu | res | <u>(56,280.00)</u> | <u>306,553.84</u> | | |

Statement of Functional Expenditures - Budget to Actual For the period ended May 31, 2023

| | Approved Budget 12/1/2022 to <u>11/30/23</u> | Actual 12/1/2022 to 05/31/23 | Remaining in <u>Budget</u> | Percent of Total Expended |
|---|--|------------------------------------|-------------------------------|------------------------------|
| Expenditures | | | | |
| Personnel Expenses | 7,724,514.00 | 3,281,763.86 | 4,442,750.14 | 21.4% |
| Fringe Benefits & Other Employee Expenses | 2,254,142.00 | 982,477.51 | 1,271,664.49 | 6.4% |
| Direct Client Assistance | 13,223,751.00 | 7,166,803.07 | 6,056,947.93 | 46.8% |
| Other Direct Program Costs | 709,417.00 | 237,622.87 | 471,794.13 | 1.6% |
| Travel | 175,137.00 | 47,265.48 | 127,871.52 | 0.3% |
| Professional Fees | 176,896.00 | 34,664.29 | 142,231.71 | 0.2% |
| Supplies | 620,931.00 | 266,575.90 | 354,355.10 | 1.7% |
| Occupancy | 729,629.00 | 575,616.79 | 154,012.21 | 3.8% |
| Maint, Repairs & Lease of Equipment | 426,832.00 | 265,962.59 | 160,869.41 | 1.7% |
| Purchase of equipment | 1,180,811.00 | 403,403.00 | 777,408.00 | 2.6% |
| Purchase of land/buildings | 0.00 | 149,660.34 | (149,660.34) | 1.0% |
| Major Renovations | 4,710,982.00 | 1,865,185.96 | 2,845,796.04 | 12.2% |
| Interest | 14,000.00 | 6,520.01 | 7,479.99 | 0.0% |
| Miscellaneous | 47,406.00 | 35,166.24 | 12,239.76 | <u>0.2%</u> |
| Total Expenditures | <u>31,994,448.00</u> | <u>15,318,687.91</u> | <u>16,675,760.09</u> | <u>100.0%</u> |

Summary of Grant Activity As of May 31, 2023

| Grant | <u>Program</u> <u>Director /</u> Contact | Beginning | Ending | <u>Funding</u> Available | Expended | <u>% of</u> contract expired | <u>% of</u> <u>Funding</u> <u>spent</u> |
|--------------------------------------|--|-----------|-----------|-----------------------------|----------------|------------------------------------|---|
| <u>Child development programs</u> | | | <u> </u> | | | | |
| Head Start | Sarai Meza | 12/1/22 | 11/30/23 | \$2,284,152.00 | \$860,872.82 | 50% | 38% |
| Head Start (American Rescue Act) | Sarai Meza | 4/1/21 | 3/31/23 | | \$652,896.00 | 100% | 100% |
| Early Head Start (I) | Sarai Meza | 8/1/22 | 7/31/23 | \$1,354,436.00 | \$981,509.43 | 83% | 72% |
| Early Head Start (II) | Sarai Meza | 9/1/22 | 8/31/23 | \$937,322.00 | \$526,096.06 | 75% | 56% |
| Child and Adult Food Program | Sarai Meza | 10/1/22 | 9/30/23 | 306,031.00 | \$234,749.90 | 67% | 77% |
| Summer Food Service Program | Sarai Meza | 5/1/23 | 8/31/23 🛚 | A | \$0.00 | | |
| <u>Transportation</u> | | | | | | | |
| Texas Dept of Transportation | Donna Moore | 10/1/22 | 8/31/23 | • | \$400,000.00 | 73% | 100% |
| Texas Dept of Transportation | Thomas/Halsell | 9/1/21 | 12/31/22 | , , | \$1,016,322.00 | 100% | 100% |
| Texas Dept of Transportation | Donna Moore | 9/1/22 | 8/31/24 | - | \$0.00 | 38% | 0% |
| Texas Dept of Transportation | Donna Moore | 9/1/22 | 12/31/23 | | \$1,163,213.00 | 56% | 116% |
| Texas Dept of Transportation | Thomas/Halsell | 9/1/21 | 12/31/23 | 1,810,000.00 | \$1,185,472.00 | 75% | 65% |
| Texas Dept of Transportation | Thomas/Halsell | 10/1/22 | 8/31/24 | 249,382.00 | \$0.00 | 35% | 0% |
| Texas Dept of Transportation | Thomas/Halsell | 9/1/22 | 8/31/24 | 3,009,970.00 | \$301,240.00 | 38% | 10% |
| Texas Dept of Transportation | Donna Moore | 9/1/22 | 8/31/23 | 509,955.00 | \$509,955.00 | 75% | 100% |
| Child care assistance | | | | | | | |
| Child Care Assistance (CPS care) | Donna Adams | 9/1/22 | 8/31/23 | \$775,580.00 | \$601,397.89 | 75% | 78% |
| Child Care Assistance (operations/di | r Donna Adams | 10/1/22 | 10/31/23 | \$6,726,550.00 | \$3,400,047.26 | 62% | 51% |
| Child Care Assistance (local match) | Donna Adams | 10/1/22 | 12/31/23 | \$591,964.00 | \$0.00 | 53% | 0% |
| Child Care Assistance (quality) | Donna Adams | 10/1/22 | 10/31/23 | \$656,033.00 | \$230,865.68 | 62% | 35% |

Summary of Grant Activity As of May 31, 2023

| <u>Grant</u> | <u>Program</u> <u>Director /</u> <u>Contact</u> | Beginning | <u>Ending</u> | | <u>Funding</u> Available | Expended | <u>% of</u> contract expired | <u>% of</u> Funding spent |
|-----------------------------------|---|-------------|---------------|------|-----------------------------|----------------|------------------------------------|---------------------------------|
| Energy assistance and commun | ity services | | | | | | | |
| Tx Veterans Comm - General | Marsha Anderson | 7/1/22 | 6/30/23 | \$ | 300,000.00 | \$288,052.35 | 92% | 96% |
| Comprehensive Energy Assistance | Marsha Anderson | 1/1/23 | 12/31/23 | \$ | 3,742,600.00 | \$2,505,372.88 | 42% | 67% |
| Comprehensive Energy Assistance | Marsha Anderson | 1/1/23 | 12/31/23 | \$ | 915,338.00 | \$0.00 | 42% | 0% |
| Comprehensive Energy Assistance | Marsha Anderson | 1/1/22 | 12/31/22 | \$ | 3,084,409.00 | \$3,084,409.00 | 100% | 100% |
| Low Income Household Water Assis | t. Marsha Anderson | 1/1/22 | 9/30/23 | \$ | 686,080.00 | \$462,385.16 | 81% | 67% |
| Community Service Block Grant | Jessica McLain | 1/1/23 | 12/31/23 | \$ | 485,762.00 | \$79,169.76 | 42% | 16% |
| Community Service Block Grant | Jessica McLain | 1/1/23 | 9/30/23 | \$ | 17,187.00 | \$17,073.84 | 56% | 99% |
| Community Service Block Grant | Jessica McLain | 1/1/23 | 9/30/23 | \$ | 5,714.00 | \$0.00 | 56% | 0% |
| Community Service Block Grant | Jessica McLain | 1/1/22 | 3/31/23 | \$ | 481,318.00 | \$481,318.00 | 100% | 100% |
| Tenant Based Rental Assistance | Marsha Anderson | 12/1/22 | 11/30/23 | | As needed | \$77,192.00 | | |
| Utility Company Energy Funds | Marsha Anderson | 1/1/22 | 12/31/22 | \$ | 48,053.65 | \$28,934.43 | NA | 60% |
| Weatherization and home reha | <u>bilitation</u> | | | | | | | |
| TVC - Housing 4 Texas Heroes | Mark Halsell | 7/1/22 | 6/30/23 | \$ | 300,000.00 | \$118,810.31 | 92% | 40% |
| USDA Housing Preservation Grant | Mark Halsell | 9/1/20 | 8/31/23 | \$ | 227,311.62 | \$46,088.90 | 92% | 20% |
| Weatherization - DOE | Mark Halsell | 7/1/22 | 6/30/23 | \$ | 307,436.00 | \$245,215.86 | 92% | 80% |
| Weatherization - LIHEAP | Mark Halsell | 1/1/23 | 12/31/23 | \$ | 684,812.00 | \$461,967.06 | 42% | 67% |
| Weatherization - LIHEAP | Mark Halsell | 1/1/22 | 6/30/23 | \$ | 535,152.00 | \$534,841.88 | 94% | 100% |
| Weatherization - ONCOR | Mark Halsell | 1/1/23 | 11/30/23 | \$ | - | \$0.00 | 45% | |
| Weatherization - TNMP | Mark Halsell | 1/1/23 | 11/30/23 | \$ | - | \$0.00 | 45% | |
| Weatherization - AEP | Mark Halsell | 1/1/23 | 11/30/23 | \$ | - | \$0.00 | 45% | |
| Non grant programs | | | | | Receipts | Disbursements | Net | |
| Adminstrative /Unrestricted Funds | Debra Thomas | 12/1/21 | 11/30/22 | \$ | 899,153.37 | \$ 757,625.82 | | 141,527.55 |
| Child Care /ISD Partnership | Sarai Meza | 12/1/21 | 11/30/22 | \$ | 896,048.03 | \$ 787,729.05 | | 108,318.98 |
| Transportation (excluding grants) | Donna Moore | | | | - | · - | \$ | 76,984.19 |
| Other | | | | | | | \$ | (20,276.88) |
| | | Net Revenue | Over Expen | ditu | ires | | | 306,553.84 |
| | | | • | | | | | <u>.</u> |

Rolling Plains Management Corporation Child Care Assistance Operated through: Workforce Solutions North Texas

May 2023

| People Served | | | | | Cont | racte | d Prov | iders | |
|---------------|-------------------------------|----------------------------------|--|---------------------|------|-------|--------|---------------------------|---|
| <u>COUNTY</u> | Children in Care in May | Childern in Care Year to Date | Children on the Wait list at the end of May | Licenced Centers | | | | <u>Chilo</u> <u>Ho</u> | <u>stered</u> I Care ome Other |
| ARCHER | 19 | 21 | 6 | 113 | 1 | 1 | Other | | Other |
| BAYLOR | 0 | 0 | 0 | | 1 | | | | |
| CLAY | 30 | 37 | 7 | | 1 | | 1 | | |
| COTTLE | 0 | 0 | 0 | 1 | | | | | |
| FOARD | 2 | 2 | 0 | 1 | | | | | |
| HARDEMAN | 18 | 18 | 1 | 1 | 1 | | | | |
| JACK | 31 | 35 | 9 | 2 | 1 | | | | |
| MONTAGUE | 33 | 34 | 5 | 1 | 2 | | | | |
| WICHITA | 1294 | 1410 | 205 | 22 | 19 | 4 | 5 | | 3 |
| WILBARGER | 48 | 46 | 9 | 1 | 4 | 2 | 1 | | |
| YOUNG | 92 | 99 | 9 | 2 | 3 | | | | |
| TOTAL | 1567 | 1702 | 251 | 31 | 33 | 7 | 7 | 0 | 3 |

Comment:

Rolling Plains Management Corporation SHARP Lines Rural Public Transportation

May 2023

Trips Provided

| <u>COUNTY</u> | Trips Provided in the Month of | Trips Provided |
|------------------------|-----------------------------------|----------------|
| | May | YTD |
| ARCHER | 62 | 114 |
| BAYLOR | 429 | 2,213 |
| COTTLE | 78 | 405 |
| FOARD | 155 | 1,086 |
| HARDEMAN | 155 | 989 |
| JACK | 178 | 1,435 |
| WICHITA | 2,232 | 11,558 |
| CLAY, MONTAGUE, & WISE | 402 | 1,557 |
| WILBARGER | 337 | 2,779 |
| YOUNG | 488 | 2,146 |
| TOTAL | 4,516 | 24,282 |
| Comment: | | |

Rolling Plains Management Corporation Weatherization

May 2023

-

-

_

_

-

1

_

2

-

_

-

_

-

_

8

_

-

-

9

1

_

1

1

-

3

26

| Households Served | | | | |
|-------------------|-------------|------------|--|--|
| | Homes | | | |
| | Weatherized | Homes | | |
| COUNTY | in | Weatheriz | | |
| | May | Year to Da | | |
| ARCHER | - | | | |

BAYLOR

BROWN

CLAY

COTTLE

FOARD HARDEMAN

HASKELL

HOOD

JACK JONES

KENT

KNOX

PARKER

STEPHENS

TAYLOR

WICHITA

WISE

YOUNG

TOTAL

WILBARGER

STONEWALL

THROCKMORTON

MONTAGUE

PALO PINTO

SHACKELFORD

EASTLAND

CALLAHAN

COMANCHE

| Direct | Client | Dollars | (\$) |
|--------|---------|---------|------|
| | CIICIIC | Donard | (4) |

| zed | | Expended in | Expended | Ave | erage Cost |
|-----|-------|-------------|------------------|----------------|------------|
| ate | | May | Year to Date | р | er Home |
| - | \$ | - | \$ - | \$ | - |
| - | \$ | - | \$ - | \$ \$ \$ | - |
| - | \$ | - | \$ - | \$ | - |
| - | \$ | - | \$ - | \$ \$ | - |
| - | \$ | - | \$ - | \$ | - |
| - | \$ | - | \$ - | \$ | - |
| 3 | \$ | 12,534.60 | \$ 29,596.00 | \$ \$ | 9,865.33 |
| - | \$ | - | \$ - | \$ | - |
| 2 | \$ | - | \$ 19,472.15 | \$ | 9,736.08 |
| 4 | \$ | 9,082.10 | \$ 20,972.55 | \$ | 5,243.14 |
| - | \$ | - | \$ - | \$ | - |
| - | \$ | - | \$ - | \$ \$ \$ | - |
| - | \$ | - | \$ - | \$ | - |
| - | \$ | - | \$ - | | - |
| - | \$ | - | \$ - | \$ \$ | - |
| - | \$ | - | \$ - | | - |
| 1 | \$ | - | \$ 925.00 | \$ | 925.00 |
| 8 | \$ | 72,481.05 | \$ 72,481.05 | \$ | 9,060.13 |
| - | \$ | - | \$ - | \$ \$ \$ | - |
| - | \$ | - | \$ - | \$ | - |
| - | \$ | - | \$ - | \$ | - |
| 9 | \$ | 38,491.40 | \$ 38,491.40 | \$ | 4,276.82 |
| 9 | \$ | 2,265.60 | \$ 53,255.24 | \$ \$ | 5,917.25 |
| - | \$ | - | \$ - | \$ | - |
| 6 | \$ | 7,854.15 | \$ 21,314.85 | \$ | 3,552.48 |
| 6 | \$ | 1,881.60 | \$ 35,208.35 | \$ | 5,868.06 |
| - | \$ | - | \$ - | \$ | - |
| 3 | \$ | 11,844.30 | \$ 11,844.30 | \$ | 3,948.10 |
| | _ | | | | |
| 51 | \$ | 156,434.80 | \$ 303,560.89 | \$ | 5,952.17 |

COMMENTS:

Rolling Plains Management Corporation Energy Assistance

May 2023

Households Served

Direct Client Dollars (\$)

| <u>COUNTY</u> | Households Assisted in May | Households Assisted Year to Date | E | Expended in May | | Expended 'ear to Date | | dged through December | Plee | pended and Iged through December |
|---------------|----------------------------------|--|----|--------------------|-----|--------------------------|----|--------------------------|------|--|
| ARCHER | 2 | 12 | \$ | 3,795.74 | | 23,758.58 | \$ | 1,306.58 | | 25,065.16 |
| BAYLOR | 29 | 41 | \$ | 3,450.95 | \$ | 29,224.32 | \$ | 57,719.07 | \$ | 86,943.39 |
| CLAY | 1 | 14 | \$ | 1,481.58 | \$ | 23,410.25 | \$ | 3,907.35 | \$ | 27,317.60 |
| COTTLE | 5 | 19 | \$ | 9,177.87 | \$ | 38,610.98 | \$ | 14,297.72 | \$ | 52,908.70 |
| FOARD | 2 | 29 | \$ | 2,975.12 | \$ | 48,126.46 | \$ | 2,333.83 | \$ | 50,460.29 |
| HARDEMAN | 10 | 40 | \$ | 20,053.43 | \$ | 82,597.18 | \$ | 10,648.30 | \$ | 93,245.48 |
| JACK | 4 | 18 | \$ | 8,972.68 | \$ | 38,482.48 | \$ | 3,134.21 | \$ | 41,616.69 |
| MONTAGUE | 7 | 41 | \$ | 9,859.96 | \$ | 72,522.01 | \$ | 5,650.19 | \$ | 78,172.20 |
| SHACKELFORD | 1 | 5 | \$ | 690.47 | \$ | 7,989.36 | \$ | - | \$ | 7,989.36 |
| STEPHENS | 3 | 16 | \$ | 4,608.19 | \$ | 27,407.22 | \$ | 6,560.23 | \$ | 33,967.45 |
| TAYLOR | 101 | 358 | \$ | 164,814.12 | \$ | 685,016.14 | \$ | 264,898.77 | \$ | 949,914.91 |
| WICHITA | 68 | 362 | \$ | 103,737.32 | \$ | 693,262.15 | \$ | 208,473.82 | \$ | 901,735.97 |
| WILBARGER | 31 | 133 | \$ | 52,990.04 | \$ | 266,789.99 | \$ | 40,644.66 | \$ | 307,434.65 |
| YOUNG | 17 | 37 | \$ | 14,839.04 | \$ | 59,275.84 | \$ | 24,169.84 | \$ | 83,445.68 |
| TOTAL | 281 | 1125 | ļ | \$401,446.51 | \$2 | 2,096,472.96 | ¢ | 643,744.57 | \$2 | ,740,217.53 |

Rolling Plains Management Corporation Water Assistance

May 2023

| | Househo | lds Served | Direct Client Dollars (\$) | | | | |
|---------------|----------------------------------|--|----------------------------|-------------|----|--------------------------|--|
| <u>COUNTY</u> | Households Assisted in May | Households Assisted Year to Date | Expended in May | | | Expended (ear to Date | |
| ARCHER | 0 | 0 | \$ | - | \$ | - | |
| BAYLOR | 1 | 3 | \$ | 445.00 | \$ | 1,821.08 | |
| CLAY | 0 | 0 | \$ | - | \$ | - | |
| COTTLE | 1 | 1 | \$ | 429.60 | \$ | 429.60 | |
| FOARD | 2 | 5 | \$ | 788.00 | \$ | 2,728.54 | |
| HARDEMAN | 1 | 3 | \$ | 663.02 | \$ | 1,906.46 | |
| JACK | 0 | 0 | \$ | - | \$ | - | |
| MONTAGUE | 0 | 0 | \$ | - | \$ | - | |
| SHACKELFORD | 0 | 0 | \$ | - | \$ | - | |
| STEPHENS | 1 | 3 | \$ | 436.06 | \$ | 1,548.31 | |
| TAYLOR | 49 | 187 | \$ | 24,027.64 | \$ | 116,686.72 | |
| WICHITA | 44 | 183 | \$ | 21,036.73 | \$ | 117,949.26 | |
| WILBARGER | 7 | 15 | \$ | 3,758.11 | \$ | 10,011.49 | |
| YOUNG | 0 | 5 | \$ | - | \$ | 3,636.89 | |
| TOTAL | 106 | 405 | | \$51,584.16 | | \$256,718.35 | |

Rolling Plains Management Corporation Veterans Services

May 2023

| | Households Served D | | | | | Direct Client Dollars (\$) | | | |
|-------------------|--|---|--|--|--------|----------------------------|-------|-----------------------|--|
| <u>County</u> | Households Receiving Rental/ Mortgage Assistance | Households Receiving Utility Assistance | Households Receiving Roofing Assistance | Total Households Receiving Assistance | Ex | pended in May | Exp | ended Year to Date | |
| ARCHER | - | - | 1 | 1 | \$ | 6,750.00 | \$ | 6,750.00 | |
| BAYLOR | - | - | - | - | \$ | - | \$ | 1,112.15 | |
| BROWN | | | - | - | \$ | - | \$ | - | |
| CALLAHAN | | | - | - | \$ | - | \$ | - | |
| CLAY | - | - | - | - | \$ | - | \$ | - | |
| COMMANCHE | | | - | - | \$ | - | \$ | - | |
| COTTLE | - | - | 1 | 1 | \$ | 5,300.00 | \$ | 12,823.43 | |
| EASTLAND | | | - | - | \$ | - | \$ | - | |
| FOARD | - | - | - | - | \$ | - | \$ | 996.72 | |
| HARDEMAN | - | - | - | - | \$ | - | \$ | 1,625.47 | |
| HASKELL | | | - | - | \$ | - | \$ | - | |
| HOOD | | | 1 | 1 | \$ | 7,190.50 | \$ | 7,190.50 | |
| ЈАСК | - | - | - | - | \$ | - | \$ | - | |
| JONES | | | - | - | \$ | - | \$ | 7,788.25 | |
| KENT | | | - | - | \$ | - | \$ | - | |
| KNOX | | | - | - | \$ | - | \$ | - | |
| MONTAGUE | - | - | - | - | \$ | - | \$ | - | |
| PALO PINTO | | | - | - | \$ | - | \$ | - | |
| PARKER | | | - | - | \$ | - | \$ | - | |
| SHACKELFORD | - | - | - | - | \$ | - | \$ | - | |
| STEPHENS | - | - | - | - | \$ | - | \$ | - | |
| STONEWALL | | | - | - | \$ | - | \$ | - | |
| TAYLOR | - | - | 2 | 2 | \$ | 7,772.00 | \$ | 38,781.48 | |
| THROCKMORTON | | | - | - | \$ | - | \$ | - | |
| WICHITA | - | - | 1 | 1 | \$ | 4,550.00 | \$ | 29,389.48 | |
| WILBARGER | - | - | 1 | 1 | \$ | 5,825.00 | \$ | 13,747.24 | |
| WISE | | | - | - | \$ | - | \$ | - | |
| YOUNG | - | - | - | - | \$ | - | \$ | 295.00 | |
| TOTAL | - | - | 7 | 7 | \$ | 37,387.50 | \$ | 120,499.72 | |
| Comment: The 2022 | - 2023 TVC fundi | ng for housing and | utility assistance w | vas expended in Apr | il. Th | e 2023 - 202 | 24 gr | ant year will | |
| begin in July. | | | | | | | | | |

Rolling Plains Management Corporation Community Services

May 2023

Households Served

Direct Client Dollars (\$)

| <u>County</u> | Households Receiving Rental Assistance | Households Receiving Other Emergency Assistance | Households Receiving Self- Sufficiency Assistance | Total Households Receiving Assistance | Ех | pended in May | Expe | nded Year to Date |
|---------------|--|--|--|--|----|------------------|------|----------------------|
| ARCHER | - | - | - | - | \$ | - | \$ | 194.98 |
| BAYLOR | - | - | - | - | \$ | - | \$ | - |
| CLAY | - | - | - | - | \$ | - | \$ | - |
| COTTLE | - | - | - | - | \$ | - | \$ | - |
| FOARD | - | - | - | - | \$ | - | \$ | 23.00 |
| HARDEMAN | - | - | 1 | 1 | \$ | 1,542.75 | \$ | 1,542.75 |
| JACK | - | - | - | - | | | \$ | - |
| MONTAGUE | - | - | - | - | | | \$ | 1,948.03 |
| SHACKELFORD | - | - | - | - | | | \$ | - |
| STEPHENS | - | - | - | - | | | \$ | - |
| TAYLOR | 3 | - | 3 | 6 | \$ | 2,322.64 | \$ | 14,482.74 |
| WICHITA | - | - | - | - | \$ | - | \$ | 1,265.85 |
| WILBARGER | - | - | - | - | \$ | - | \$ | 8,972.79 |
| YOUNG | 1 | - | - | 1 | \$ | 888.00 | \$ | 888.00 |
| TOTAL | 4 | - | 4 | 8 | \$ | 4,753.39 | \$ | 29,318.14 |

*Includes households who are enrolled in case management

| | Case Management Clients Obtaining Self-Sufficiency | | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|--|--|
| Households Enrolled in Case Management | Individuals Obtaining Self- Sufficiency | Individuals Obtaing Self- Sufficiency in | | | | | | | | | |
| May | May | Year to Date | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 15 | - | - | | | | | | | | | |

Rolling Plains Management Corporation Head Start /Day Care Monthly Enrollment & Attendance by Center

| May 2 | 2023 |
|-------|------|
|-------|------|

| | Head Start | Actual | Funded | Attendance |
|---------------|--------------------------------------|------------|------------|------------|
| <u>County</u> | <u>Center</u> | Enrollment | Enrollment | ADA % |
| ARCHER | Archer City Child Development Center | 14 | 17 | 93% |
| ARCHER | Charles Finnell Child Dev. Center | 6 | 17 | 90% |
| BAYLOR | Seymour Child Development Center | 14 | 17 | 90% |
| COTTLE | Paducah Child Development Center | | 15 | |
| FOARD | Crowell Child Development Center | 13 | 17 | 92% |
| HARDEMAN | Chillicothe Child Development Center | 8 | 17 | 91% |
| HARDEMAN | Turner Child Development Center | 14 | 17 | 90% |
| KNOX | Knox City Child Development Center | 16 | 34 | 95% |
| KNOX | Munday Child Development Center | 9 | 17 | 95% |
| WILBARGER | Wilbarger County Preschool | 41 | 54 | 82% |
| YOUNG | Graham Child Development Center | 18 | 35 | 79% |
| YOUNG | Olney Child Development Center | 15 | 37 | 90% |
| | | | | |
| TOTAL | | 168 | 294 | 87% |

| | Childcare | Actual | Funded | Attendance |
|---------------|--------------------------------------|------------|------------|------------|
| <u>County</u> | <u>Center</u> | Enrollment | Enrollment | ADA % |
| ARCHER | Archer City Child Development Center | | | |
| COTTLE | Paducah Child Development Center | 7 | | |
| FOARD | Crowell Child Development Center | 20 | | |
| HARDEMAN | Turner Child Development Center | 24 | | |
| WILBARGER | Wilbarger County Preschool | | | |
| YOUNG | Olney Child Development Center | 19 | | |
| | | | | |
| TOTAL | | 70 | | |

COMMENTS: Childcare is only available in Archer and Wilbarger counties during the summer.

Rolling Plains Management Corporation Early Head Start Monthly Enrollment & Attendance by Center

May 2023

| | Early Head Start I | Actual | Funded | Attendance |
|---------------|--------------------------------------|------------|------------|------------|
| <u>County</u> | <u>Center</u> | Enrollment | Enrollment | ADA % |
| ARCHER | Archer City Child Development Center | 8 | 7 | 87% |
| COTTLE | Paducah Child Development Center | 8 | 7 | 86% |
| FOARD | Crowell Child Development Center | 5 | 7 | 94% |
| HARDEMAN | Turner Child Development Center | 11 | 22 | 97% |
| WILBARGER | Wilbarger County Preschool | 21 | 24 | 85% |
| YOUNG | Olney Child Development Center | 11 | 15 | 93% |
| | | | | |
| TOTAL | | 64 | 82 | 89% |

| | Early Head Start II | Actual | Funded | Attendance |
|---------------|-----------------------------------|------------|------------|------------|
| <u>County</u> | <u>Center</u> | Enrollment | Enrollment | ADA % |
| ARCHER | Charles Finnell Child Dev. Center | 6 | 8 | 90% |
| FOARD | Crowell Child Development Center | 5 | 5 | 92% |
| HARDEMAN | Turner Child Development Center | 4 | 8 | 82% |
| WILBARGER | Wilbarger County Preschool | 21 | 24 | 77% |
| YOUNG | Olney Child Development Center | 14 | 15 | 90% |
| | | | | |
| TOTAL | | 50 | 60 | 84% |

Rolling Plains Management Corporation Head Start / Early Head Start / Day Care Meals Served

May 2023

Head Start

| | | | Childrer | n Enrolled | | Attendance | M | eals Serve | b |
|---------------|--------------------------------------|-------|----------|------------|------|------------|-----------|------------|-------|
| | | | | | | Total for | | | |
| <u>County</u> | <u>Center</u> | Total | Free | Reduced | Paid | Month | Breakfast | Lunch | Snack |
| ARCHER | Archer City Child Development Center | 14 | 14 | | | 166 | 164 | 161 | 140 |
| ARCHER | Charles Finnell Child Dev. Center | 6 | 6 | | | 103 | 102 | 96 | 88 |
| BAYLOR | Seymour Day Care | 14 | 14 | | | 171 | 171 | 160 | 134 |
| COTTLE | Paducah Child Development Center | | | | | | | | |
| FOARD | Crowell Child Development Center | 13 | 13 | | | 216 | 214 | 194 | 182 |
| HARDEMAN | Chillicothe Child Development Center | 8 | 8 | | | 95 | 95 | 95 | 95 |
| HARDEMAN | Turner Child Development Center | 14 | 14 | | | 240 | 237 | 239 | 223 |
| KNOX | Knox City Child Development Center | 16 | 16 | | | 212 | 206 | 199 | 169 |
| KNOX | Munday Child Development Center | 9 | 9 | | | 120 | 120 | 118 | 104 |
| WILBARGER | Wilbarger County Preschool | 41 | 41 | | | 603 | 559 | 597 | 490 |
| YOUNG | Graham Child Development Center | 18 | 18 | | | 282 | 276 | 279 | 253 |
| YOUNG | Olney Child Development Center | 15 | 15 | | | 228 | 218 | 227 | 221 |
| | | | | | | | | | |
| TOTAL | | 168 | 168 | 0 | 0 | 2436 | 2362 | 2365 | 2099 |

Daycare

| | | (| Childrer | n Enrolled | | Attendance | Meals Served | | |
|---------------|----------------------------------|-------|----------|------------|------|--------------------|--------------|-------|-------|
| <u>County</u> | <u>Center</u> | Total | Free | Reduced | Paid | Total for Month | Breakfast | Lunch | Snack |
| COTTLE | Paducah Child Development Center | 7 | 1 | 1 | 5 | 133 | 128 | 132 | 130 |
| FOARD | Crowell Child Development Center | 23 | 7 | 2 | 14 | 452 | 174 | 173 | 263 |
| HARDEMAN | Turner Child Development Center | 30 | 12 | 1 | 17 | 353 | 198 | 202 | 196 |
| WILBARGER | Little B & G Club (summer only) | | | | | | | | |
| YOUNG | Olney Child Development Center | 22 | 2 | 0 | 20 | 165 | 112 | 122 | 112 |
| TOTAL | | 82 | 22 | 4 | 56 | 1103 | 612 | 629 | 701 |

Rolling Plains Management Corporation Head Start / Early Head Start / Day Care Meals Served (continued)

May 2023

Early Head Start

| | | (| Children Enrolled | | | Attendance Total for | M | eals Serve | d |
|-----------|--------------------------------------|-------|-------------------|---------|------|-------------------------|-----------|------------|-------|
| County | <u>Center</u> | Total | Free | Reduced | Paid | Month | Breakfast | Lunch | Snack |
| ARCHER | Archer City Child Development Center | 8 | 8 | | | 141 | 137 | 139 | 134 |
| COTTLE | Paducah Child Development Center | 8 | 8 | | | 151 | 132 | 148 | 148 |
| FOARD | Crowell Child Development Center | 5 | 5 | | | 87 | 86 | 86 | 83 |
| HARDEMAN | Turner Child Development Center | 11 | 11 | | | 234 | 233 | 233 | 227 |
| WILBARGER | Wilbarger County Preschool | 21 | 21 | | | 373 | 372 | 364 | 306 |
| YOUNG | Olney Child Development Center | 11 | 11 | | | 225 | 212 | 222 | 217 |
| TOTAL | | 64 | 64 | 0 | 0 | 1211 | 1172 | 1192 | 1115 |

Early Head Start II

| | | | | | | | Attendance | M | Meals Served | |
|---------------|---------------------|----------------|-------|------|---------|------|------------|-----------|--------------|-------|
| | | | | | | | Total for | | | |
| <u>County</u> | <u>Center</u> | | Total | Free | Reduced | Paid | Month | Breakfast | Lunch | Snack |
| ARCHER | Charles Finnell Chi | ld Dev. Center | 6 | 6 | | | 119 | 117 | 117 | 108 |
| FOARD | Crowell Child Deve | lopment Center | 5 | 5 | | | 71 | 71 | 70 | 70 |
| HARDEMAN | Turner Child Devel | opment Center | 4 | 4 | | | 72 | 71 | 72 | 71 |
| WILBARGER | Wilbarger County | Preschool | 21 | 21 | | | 332 | 327 | 327 | 302 |
| YOUNG | Olney Child Develo | opment Center | 14 | 14 | | | 278 | 276 | 273 | 272 |
| TOTAL | | | 50 | 50 | 0 | 0 | 872 | 862 | 859 | 823 |
| TOTAL FOR A | LL PROGRAMS ALL | LOCATIONS | 364 | 304 | 4 | 56 | 5622 | 5008 | 5045 | 4738 |

Comment:

Rolling Plains Management Corporation Head Start / Early Head Start Waiting List

May 2023

Head Start

| | | Children on Wait list | | | | | |
|---------------|--------------------------------------|-----------------------|-----------------|------------------|------------------|--|--|
| | | | Over Income | | | | |
| <u>County</u> | <u>Center</u> | Total | Income Eligible | by less than 30% | by more than 30% | | |
| ARCHER | Archer City Child Development Center | 0 | | | | | |
| ARCHER | Charles Finnell Child Dev. Center | 9 | | | | | |
| BAYLOR | Seymour Day Care | 4 | | | | | |
| COTTLE | Paducah Child Development Center | | | | | | |
| FOARD | Crowell Child Development Center | | | | | | |
| HARDEMAN | Chillicothe Child Development Center | 5 | | | | | |
| HARDEMAN | Turner Child Development Center | 5 | | | | | |
| KNOX | Knox City Child Development Center | 5 | | | | | |
| KNOX | Munday Child Development Center | 10 | | | | | |
| WILBARGER | Wilbarger County Preschool | 17 | | | | | |
| YOUNG | Graham Child Development Center | 5 | | | | | |
| YOUNG | Olney Child Development Center | 7 | | | | | |
| TOTAL | | 79 | 0 | 0 | 0 | | |

Early Head Start

| | | | Children on Wait list | | | | |
|---------------|-----------------------------------|-------------|-----------------------|------------------|------------------|--|--|
| | | | | Over Income | | | |
| <u>County</u> | <u>Center</u> | Total | Income Eligible | by less than 30% | by more than 30% | | |
| ARCHER | Archer City Child Developme | nt Center 0 | | | | | |
| ARCHER | Charles Finnell Child Dev. Center | | | | | | |
| COTTLE | Paducah Child Development | Center 2 | | | | | |
| FOARD | Crowell Child Development C | Center 3 | | | | | |
| HARDEMAN | Turner Child Development Ce | enter 10 | | | | | |
| WILBARGER | Wilbarger County Preschool | 28 | | | | | |
| YOUNG | Olney Child Development Ce | nter 2 | | | | | |
| TOTAL | | 46 | 0 | 0 | 0 | | |
| TOTAL | | 46 | 0 | 0 | 0 | | |

TOTAL FOR ALL PROGRAMS ALL LOCATIONS125000

COMMENTS: Waitlist as of 6/1/2023.

Rolling Plains Management Corporation Head Start / Early Head Start

Report:Health ServicesReport Month:May 2023Report Year:August 2022 - July 2023

Head Start

| | | | | Children receiving services this Month | | | | |
|-----------|---------------------------------|-----------------------------|----------------------|---|--|---|--|----------------------------|
| | | | | <u>Phys</u> i | icals | <u>Dentals</u> | | |
| County | Center | | Children Enrolled | Initial Visit & Follow- ups in May | Children receiving Services YTD | Initial Visit & Follow- ups in May | Children receiving Services YTD | Immunizations in May |
| ARCHER | Archer Ci | ty Child Development Center | 11 | 0 | 1 | 0 | 5 | 0 |
| ARCHER | Holliday | Child Development Center | 6 | 0 | 1 | 0 | 3 | 0 |
| BAYLOR | Seymour | Day Care | 13 | 0 | 10 | 0 | 7 | 0 |
| COTTLE | Paducah | Child Development Center | 0 | 0 | 0 | 0 | 0 | 0 |
| FOARD | Foard Co | unty Neighborhood Center | 13 | 0 | 7 | 0 | 5 | 0 |
| HARDEMAN | Chillicoth | e Child Development Center | 8 | 0 | 7 | 0 | 2 | 0 |
| HARDEMAN | Turner C | hild Development Center | 13 | 0 | 3 | 0 | 3 | 1 |
| KNOX | Knox City | Child Development Center | 15 | 0 | 3 | 0 | 4 | 0 |
| KNOX | Munday | Child Development Center | 9 | 0 | 0 | 0 | 1 | 1 |
| WILBARGER | Wilbarge | r County Preschool | 47 | 0 | 11 | 0 | 8 | 1 |
| YOUNG | Graham Child Development Center | | 18 | 0 | 2 | 0 | 4 | 1 |
| YOUNG | Olney Child Development Center | | 17 | 0 | 3 | 0 | 3 | 0 |
| TOTAL | | | 170 | 0 | 73 | 0 | 45 | 4 |

Early Head Start

| | LL PROGRAMS ALL LOCATIONS | 279 | | 140 | 0 | 81 | 0 |
|-----------|--------------------------------------|-----|---|-----|---|----|---|
| TOTAL | | 109 | 4 | 67 | 0 | 36 | 4 |
| YOUNG | Olney Child Development Center | 25 | 0 | 14 | 0 | 6 | 1 |
| WILBARGER | Wilbarger County Preschool | 38 | 1 | 24 | 0 | 17 | 1 |
| HARDEMAN | Turner Child Development Center | 15 | 2 | 17 | 0 | 5 | 2 |
| FOARD | Foard County Neighborhood Center | 10 | 1 | 6 | 0 | 6 | 0 |
| COTTLE | Paducah Child Development Center | 7 | 0 | 0 | 0 | 0 | 0 |
| ARCHER | Holliday Child Development Centet | 6 | 0 | 3 | 0 | 0 | 0 |
| ARCHER | Archer City Child Development Center | 8 | 0 | 3 | 0 | 2 | 0 |

Rolling Plains Management Corporation Head Start Transportation

May 2023

Head Start

| <u>County</u> | <u>Center</u> | Children enrolled in tranportation services |
|---------------|---------------------------------|---|
| HARDEMAN | Turner Child Development Center | 0 |
| YOUNG | Olney Child Development Center | 6 |
| TOTAL | | 6 |

COMMENT:

Rolling Plains Management Corporation Head Start / Early Head Start

Report:Family and Community PartnershipReport Month:May 2023COVID

Head Start/Early Head Start

| | | | Volunte | er Hours | | Father Engagement Activity | |
|-----------|--------------------------------------|--------------|---------|----------|--------------|-------------------------------|--------------|
| | | | Low- | | Parent | А | ctivity |
| | | Unduplicated | Income | Total | Meeting | Father | Children of |
| County | <u>Center</u> | Volunteers | Hours | Hours | Participants | Figures | Participants |
| ARCHER | Archer City Child Development Center | 15 | 16 | 43 | 15 | 0 | 0 |
| ARCHER | Charles Finnell Child Dev. Center | 0 | 0 | 0 | 0 | 0 | 0 |
| BAYLOR | Seymour Child Development Center | 1 | 15 | 19 | 7 | 0 | 0 |
| COTTLE | Paducah Child Development Center | 0 | 0 | 3 | 0 | 0 | 0 |
| FOARD | Crowell Child Development Center | 0 | 4 | 10 | 7 | 0 | 0 |
| HARDEMAN | Chillicothe Child Development Center | 0 | 0 | 0 | 0 | 0 | 0 |
| HARDEMAN | Turner Child Development Center | 4 | 3 | 10 | 4 | 0 | 0 |
| KNOX | Knox City Child Development Center | 0 | 0 | 15 | 0 | 0 | 0 |
| KNOX | Munday Child Development Center | 4 | 41 | 68 | 9 | 0 | 0 |
| WILBARGER | Wilbarger County Preschool | 25 | 22 | 35 | 0 | 0 | 0 |
| YOUNG | Graham Child Development Center | 0 | 0 | 0 | 0 | 0 | 0 |
| YOUNG | Olney Child Development Center | 1 | 0 | 2 | 0 | 0 | 0 |
| | | | | | | | |
| TOTAL | | 50 | 101 | 205 | 42 | 0 | 0 |

Community Organizations/Businesses Utilitized for Parent Trainings, Referrals, ...

| <u>County</u> | <u>Center</u> | Community Partner |
|---------------|--------------------------------------|---|
| ARCHER | Archer City Child Development Center | Texas Department of Health Services, Archer City Volunteer Fire Department, |
| ARCHER | Holliday Child Development Center | |
| BAYLOR | Seymour Child Development Center | |
| COTTLE | Paducah Child Development Center | |
| FOARD | Crowell Child Development Center | |
| HARDEMAN | Chillicothe Child Development Center | |
| HARDEMAN | Turner Child Development Center | |
| KNOX | Knox City Child Development Center | |
| KNOX | Munday Child Development Center | Christel Shahan-Munday ISD School Counselor |
| WILBARGER | Wilbarger County Preschool | |
| YOUNG | Graham Child Development Center | |
| YOUNG | Olney Child Development Center | |

| | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES | | | | |
|------------------------------------|---|------------------------------|--|--|--|
| ACF Administration for Children | 1. Log No. ACF-IM-HS-23-03 | 2. Issuance Date: 07/10/2023 | | | |
| and Families | 3. Originating Office: Office of Head Start | | | | |
| | 4. Key Words: Rebate; Refund; Discount; Cost Reduction; Cost Savings; Applicable Credits; E-Rate Program | | | | |

INFORMATION MEMORANDUM

TO: Head Start and Early Head Start Recipients and Subrecipients

SUBJECT: Treatment of Rebates, Refunds, Discounts, and Similar Cost Savings

INFORMATION:

Head Start recipients receive a wide variety of rebates, tax credits, refunds, discounts, and similar cost savings that affect the net cost of goods and services or are received as cash payments, such as insurance proceeds and cash-back credit card rewards. Applicable credits are addressed in the Uniform Guidance at <u>45 CFR §§75.406</u>, <u>75.402</u>, <u>75.453</u> and within the <u>HHS Grants Policy</u> <u>Statement</u> I-22, II-28, II-62, II-65, B-2. As defined in 45 CFR §75.406:

(a) Applicable credits refer to those receipts or reduction-of-expenditure-type transactions that offset or reduce expense items allocable to the federal award as direct or indirect (F&A) costs. Examples of such transactions are as follows: purchase discounts, rebates or allowances, recoveries or indemnities on losses, insurance refunds or rebates, and adjustments of overpayments or erroneous charges. To the extent that such credits accruing to or received by the non-federal entity relate to allowable costs, they must be credited to the federal award either as a cost reduction or cash refund, as appropriate.

(b) In some instances, the amounts received from the federal government to finance activities or service operations of the non-federal entity should be treated as applicable credits. Specifically, the concept of netting such credit items (including any amounts used to meet cost sharing or matching requirements) must be recognized in determining the rates or amounts to be charged to the federal award. (See §§75.436 and 75.468, for areas of potential application in the matter of federal financing of activities.)

The purpose of this Information Memorandum (IM) is to provide guidance on cost-saving measures and how the savings should be treated by the recipient toward the Head Start award. The IM will also guide recipients in ensuring that direct and indirect cost reductions or cash refunds that relate to a Head Start award are reflected in the recipient's accounting practices, allocated correctly, and returned to the federal award appropriately. This IM supersedes ACF-IM-HS-12-09.

Example of the E-Rate Program

The E-Rate program was implemented in 1997 by the Federal Communications Commission (FCC) and is administered by the Schools and Libraries Division of the Universal Service Administrative Company (USAC). The E-Rate program is intended to ensure that all eligible schools and libraries have affordable access to telecommunications and information services. Some Head Start and Early Head Start recipients are eligible for E-Rate program participation. Service discounts range from 20% to 90% depending upon local income and urban or rural location. In order to be eligible to receive support from the E-Rate program, Head Start entities must meet the federal and state definitions of elementary school. This means that the state must first consider these facilities to be schools and then USAC will determine if Head Start schools in a particular state are eligible.

It is possible that some Head Start programs in a state will be able to meet both parts of the test and, therefore, be eligible for funding, while others will not. For example, a Head Start center that is not considered a school in a particular state is not eligible for funding even if the Eligibility Table indicates that Head Start facilities in that state are eligible. You should check with your <u>state department of education</u> for more information on your status.

E-Rate participants have two payment options (exercisable at the participant's discretion) for their covered telecommunications and information services:

- The user pays only the non-discount portion of the telecommunications and information services cost to the service or equipment provider, who, in turn, seeks reimbursement from the E-Rate Program Administrator for the discounted amount. OR
- 2. The user pays their telecommunications and information services bill in full and seeks reimbursement payments for the amount of the discount from the E-Rate Program Administrator via the service or equipment provider.

Additional information can be found at the <u>FCC</u> and <u>USAC</u> E-Rate sites.

Option 1 is recommended for E-Rate participants to fully realize the benefit of the program. This option allows the recipient to take the discounted amount before the transaction and maintain the savings in the current operations budget. If the recipient chooses to utilize option 2, the reimbursement is categorized as applicable credits. Applicable credits cannot be classified as program income and, as such, are not included in the total cost of a federal award. In these instances, the applicable credits must be credited to the federal government as a cost reduction (if received during the same project period as charges were made) or cash refund (if received after the project period in which charges were incurred has ended). Recipients should refer to the Program Support Center (PSC) guidance on returning funds/interest. For records and awareness, the recipient must provide the Office of Grants Management with a copy of the documentation submitted to PSC.

Because of the diverse characteristics and accounting practices of recipient organizations, it is not possible to specify every type of receipt or reduction-in-expenditure that recipients may encounter. Using the table below as a guide, recipients must ensure that all direct and indirect cost reductions or cash refunds that relate to a Head Start award are reflected in the recipient's accounting practices and allocated to the cost of necessary Head Start goods and services. Please note, it is not the Office of Head Start's intention that changes be made to recipients' accounting systems or policies on the basis of this IM. Recipients may continue with current accounting practices for applicable credits if compliant with <u>45 CFR Part 75</u> and the generally accepted accounting principles.

Treatment of Receipts and Negative Expenditures that Offset or Reduce Direct or Indirect Cost Items

| Type of Receipt or Negative Expenditure | Treatment | |
|---|--------------------------------|-----------------------------|
| | Cost Reduction ¹ | Cash Refund ² |
| Discounts | | |
| Rebate taken before payment is completed | \checkmark | |
| Credits received during the same project period | \checkmark | |
| Refund received during the project period in which related cost was incurred | ~ | |
| Credits received after the end of the project period | | \checkmark |
| Refund received after the project period in which related cost was incurred | | ~ |
| Refund given in the form of credit to existing account with no actual cash refund and not related to an individual cost, regardless of when received | | ~ |
| Insurance claim proceeds if funds were awarded for the same purpose | | ~ |

If you have any questions regarding this IM, please contact your regional office.

Sincerely,

/ Khari M. Garvin /

Khari M. Garvin Director Office of Head Start

¹ Cost reduction requires the recipient to reduce (net) the amount of the cost charged to the Head Start award to reflect the rebate or similar reduction in cost.

² Cash refund requires the recipient to show the amount in excess of the Head Start award and return the funds to the U.S. Treasury through Program Support Center.

| | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES | | |
|------------------------------------|---|--|--|
| ACF Administration for Children | 1. Log No. ACF-IM-HS-23-04 2. Issuance Date: 07/11/2023 | | |
| and Families | 3. Originating Office: Office of Head Start | | |
| | 4. Key Words: Monitoring; FY 2024; CLASS® | | |

INFORMATION MEMORANDUM

TO: All Head Start and Early Head Start Recipients

SUBJECT: Fiscal Year 2024 Monitoring Process for Head Start and Early Head Start Recipients

INFORMATION:

<u>Section 641A</u> of the Improving Head Start for School Readiness Act of 2007 requires the Office of Head Start (OHS) to implement ongoing monitoring of all programs receiving federal funds. This Information Memorandum (IM) outlines the OHS monitoring process for Fiscal Year 2024 (FY24) and shares the updated process to conduct Focus Area 1 (FA1), Focus Area 2 (FA2), and Classroom Assessment Scoring System (CLASS[®]) reviews.

During the FY24 program year, CLASS scores will be used for <u>Designation Renewal System (DRS)</u> determinations as described in <u>45 CFR §1304.11(c)</u>. As a reminder, from the spring of 2020 through spring of 2023, OHS did not use CLASS scores for DRS determinations due to the COVID-19 pandemic. <u>45 CFR §1304.17</u> of the Head Start Program Performance Standards (HSPPS) allows OHS the flexibility to make DRS determinations without one or more of the data elements required in 45 CFR §1304.11 in instances where a major disaster, emergency, or public health emergency makes some data elements unavailable. Since the public health emergency related to the COVID-19 pandemic has ended, OHS can no longer utilize this flexibility.

FY 2024 Monitoring Reviews

| Review Type | FY24 Implementation | Start Date |
|--------------------|---|--------------|
| FA1 | FA1 reviews will be conducted through a virtual format. | October 2023 |
| FA2 | FA2 reviews will be conducted using a hybrid model, which is a combination of on-site and virtual monitoring. | October 2023 |
| CLASS® | Grant recipients will have the opportunity to self- record and submit their own videos or request an on- site CLASS review. | October 2023 |

| Follow-up Reviews | Follow-up reviews will be conducted either in-person or virtually by the OHS regional office. | Start dates will coincide with the end of the corrective action period. |
|-------------------|--|---|
| Other | OHS reserves the right to conduct special off-site or on-site reviews. | As needed |

FA1 Reviews

The FA1 review is an opportunity for grant recipients to describe their approach and plan for providing high-quality services to children and families. This focus area informs OHS's understanding of each grant recipient's foundation for program services, as they describe their approaches to staffing structure, program design and governance, education, health and family services, and fiscal infrastructure. FA2 Reviews

The FA2 review is an opportunity for grant recipients to demonstrate their effective implementation of high-quality services to children and families that meet Head Start requirements. This focus area broadens OHS's understanding of each grant recipient's performance and determines if programs are meeting the requirements of the HSPPS, Uniform Guidance, and Head Start Act.

CLASS® Reviews

Section 641A(c)(2)(F) of the Improving Head Start for School Readiness Act of 2007 requires OHS to assess the quality of teacher-child interactions using a valid and reliable observation measure. OHS will continue to use the 2008 edition of the CLASS Pre-K Teacher-Child Observation Instrument to meet this requirement.

For FY24, an updated process will be used to conduct CLASS reviews. Grant recipients that are scheduled for a CLASS review will have the option to self-record and submit their own videos for their monitoring review.

In some cases, grant recipients will not meet the criteria related to technology requirements and/or staffing resources needed to submit their own videos. If these criteria cannot be met or if other concerns are identified, grant recipients can request an in-person CLASS review.

All grant recipients will have the opportunity to attend information sessions specifically developed to discuss FY24 CLASS options, including a group of sessions convened specifically for American Indian and Alaska Native grant recipients.

Scheduling

Each year, grant recipients are required to submit an accurate calendar of availability. The information is used to schedule monitoring reviews by OHS regional office staff. The availability calendar also gives grant recipients a way to inform OHS as to when their program is not operational and when children are not in session. Grant recipients should update their calendars immediately, as changes in program availability occur. Please note that OHS is unable to accommodate requests to reschedule reviews. OHS also reserves the right to conduct unannounced reviews at any time.

Grant recipients scheduled to receive a monitoring review in FY24 will receive a notification letter 45 to 60 days before the start of the event (depending on type of monitoring review). Grant recipients can

expect a planning call with their assigned review coordinator to discuss their review. During the initial call, recipients may share their program's current service delivery options.

If you have any questions or concerns regarding the FY24 monitoring season, please contact your regional office.

Thank you for the work you do on behalf of children and families.

Sincerely,

/Khari M. Garvin/

Khari M. Garvin Director Office of Head Start 2022 CCRF Monitoring Closure Report

As of 06/02/2023

Provider Name: Munday CDC

Operation ID: 506665

Thank you for participating in the 2022 Child Care Relief Fund (CCRF) monitoring process.

This report summarizes the results of the monitoring procedures that the CCRF Monitoring Team conducted using the information and supporting documentation submitted during the review process. These results are as of the date you received the 2022 CCRF Monitoring Closure e-mail.

The purpose of the monitoring review process was to assess your child care centers compliance with applicable rules and regulations regarding the use of your 2022 CCRF award. The CCRF award may have been used to support the following expense categories incurred on or after September 1st, 2021 through November 30th, 2023:

- Rent/mortgage and property taxes may include liability insurance included in mortgage costs
- Utility costs
- Personnel costs may include regular payroll costs, stipends, and reasonable hazard pay, as well as staff salaries to attend required professional development that occurs after regular working hours
- Payroll/employment/property taxes
- Personal Protective Equipment
- Cleaning Supplies
- Food
- Maintenance
- Supplies (Non-Cleaning)
- Insurance
- Miscellaneous

The chart below summarizes the results of all monitoring test procedures and potentially questionable costs (if any) based on the documentation submitted for review. Where applicable, additional comments are provided. As a recipient of 2022 Child Care Relief funding (CCRF) providers can be subjected to further review by the Texas Workforce Commission (TWC), Division of Fraud Deterrence and Compliance Monitoring. If selected for review by TWC, an agency representative will contact you. Any amounts questioned in this report are subject to collection.

If you have any questions regarding the CCRF program, please contact the CCRF Technical Assistance team by email CCReliefFunds@trelliscompany.org or call 1-833-613-3192.

| Test # | Test Procedure | Monitoring Response | Questionable Cost | Additional Comments |
|--------|--|------------------------|----------------------|--|
| | General | | | |
| 1 | If the provider received another grant/ loan (such as PPP loans, Employee Retention Tax Credit, Families First Coronavirus Relief Act Emergency or Family Leave, USDA Child and Adult Care Food Program funding for food, or an award from another grant source), did they attest to/demonstrate there was no duplication of benefits? | Yes | \$0 | |
| 2 | Does the dollar amount of the supporting documentation reconcile to the amounts entered by the provider in the portal? | Yes | \$0 | |
| 3 | Does the sum of the dollar amounts entered in the portal by the provider equal the total payments the provider received from TWC? | Νο | \$0 | As of the date of this closure report, the Provider stated via their questionnair e that they expended \$58,385.26 of their CCRF grant award. The Provider stated they planned to spend the remaining \$22,049.74 of their grant |

| Test # | Test Procedure | Monitoring Response | Questionable Cost | Additional Comments |
|--------|---|------------------------|----------------------|--|
| | | | | on "salaries, benefits, and for supplies needed for the center". |
| 4 | Is the provider's actual attendance less than or equal to the provider's license capacity for each of the three most recent months? | N/A | \$0 | |
| 5 | Are the rent, mortgage, property tax, business/personal phone, internet, and/ or other business/personal expenses that are necessary for the provider's in- home business less than or equal to the allowable expenses based on the Home Business Calculator? | N/A | \$0 | |
| | Payroll or Person | nel Costs | | |
| 1 | Does the supporting documentation show proof of payment by the provider? | Yes | \$0 | |
| 2 | Does the document show the CCRF award was spent on/incurred for an allowable use category? | Yes | \$0 | |
| 3 | Was the payment made for costs incurred between September 1, 2021, and November 30, 2023? | Yes | \$0 | |
| | Utilities | | | |
| 1 | Does the supporting documentation show proof of payment by the provider? | Yes | \$0 | |
| 2 | Does the document show the CCRF award was spent on/incurred for an allowable use category? | Yes | \$0 | |
| 3 | Was the payment made for costs | Yes | \$0 | |

| Test # | Test Procedure | Monitoring Response | Questionable Cost | Additional Comments |
|--------|--|------------------------|----------------------|------------------------|
| | incurred between September 1, 2021, and November 30, 2023? | | | |
| | Cleaning Supplies ar | nd Sanitation | | |
| 1 | Does the supporting documentation show proof of payment by the provider? | Yes | \$0 | |
| 2 | Does the document show the CCRF award was spent on/incurred for an allowable use category? | Yes | \$0 | |
| 3 | Was the payment made for costs incurred between September 1, 2021, and November 30, 2023? | Yes | \$0 | |
| | Classroom and offi | ce supplies | | |
| 1 | Does the supporting documentation show proof of payment by the provider? | Yes | \$0 | |
| 2 | Does the document show the CCRF award was spent on/incurred for an allowable use category? | Yes | \$0 | |
| 3 | Was the payment made for costs incurred between September 1, 2021, and November 30, 2023? | Yes | \$0 | |
| | Food | | | |
| 1 | Does the supporting documentation show proof of payment by the provider? | Yes | \$0 | |
| 2 | Does the document show the CCRF award was spent on/incurred for an allowable use category? | Yes | \$0 | |
| 3 | Was the payment made for costs incurred between September 1, 2021, and November 30, 2023? | Yes | \$0 | |
| | Maintenance or | Repairs | | |
| 1 | Does the supporting documentation | Yes | \$0 | |

| Test # | Test Procedure | Monitoring Response | Questionable Cost | Additional Comments |
|--------|--|------------------------|----------------------|------------------------|
| | show proof of payment by the provider? | | | |
| 2 | Does the document show the CCRF award was spent on/incurred for an allowable use category? | Yes | \$0 | |
| 3 | Was the payment made for costs incurred between September 1, 2021, and November 30, 2023? | Yes | \$0 | |
| C | Other goods and services necessary for th | e operation o | of a childcare pr | ogram |
| 1 | Does the supporting documentation show proof of payment by the provider? | Yes | \$0 | |
| 2 | Does the document show the CCRF award was spent on/incurred for an allowable use category? | Yes | \$0 | |
| 3 | Was the payment made for costs incurred between September 1, 2021, and November 30, 2023? | Yes | \$0 | |

Total : \$0.00



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

www.tdhca.state.tx.us

Greg Abbott GOVERNOR BOARD MEMBERS Leo Vasquez, Chair Kenny Marchant, Vice Chair Anna Maria Farías, Member Holland Harper, Member Ajay Thomas, Member

March 10, 2023

Debra Thomas Executive Director/NCRI Rolling Plains Management Corporation Crowell, TX Email: <u>debra.thomas@rollingplains.org</u> RE: MONITORING REPORT OF *ON*

E: MONITORING REPORT OF *ON-SITE* REVIEW CONDUCTED FEB 13-15, 2023 LIHWAP CONTRACT NO. 34210003691, DOE CONTRACT NO. 56220003768 LIHEAP CONTRACT NO. 81220003618, HTF CONTRACT NO. 1002962

Dear Ms. Thomas:

The Texas Department of Housing and Community Affairs (the Department) conducted a monitoring review of the above mentioned contracts. The goal of the review was to provide reasonable but not absolute assurance regarding compliance with federal and state requirements and program objectives.

To achieve this goal, a sample of transactions and files were selected and tested. The attached report details the scope and results of the review.

Based on the limited scope of the review, no findings were identified. Please note although there were no findings, it is the responsibility of Rolling Plains Management Corporation to maintain compliance throughout the contract and affordability period, as applicable. No further action is required at this time for this review. This review is **closed**.

The Department wishes to express our appreciation for the cooperation of your staff in facilitating this review. If you have any questions or concerns regarding this visit, please feel free to contact me or Benjamin Rose at 512-475-3949 or via email at ben.rose@tdhca.state.tx.us.

Sincerely,

URNEST & HUNT

Earnest Hunt Director of Subrecipient Monitoring

BR

cc: Michael De Young, Director of Community Affairs Mark Halsell, WAP Director



Monitoring Report of *On-Site* Review Conducted Feb 13-15, 2023, Contract No. 34210003691, 56220003768, 81220003618 and 1002962 March 10, 2023 Page 2

General Concerns:

During the case file review of DOE and LIHEAP WAP Contract No. 56220003768 and 81220003618, Department staff noted the following items of concern which <u>do not require corrective action</u> submitted to the Department. Concerns may be subject to subsequent review. Repeat concerns may be elevated to deficiencies. Procedures must be developed to ensure these concerns are corrected in the future:

• Exceeding Allowable Cost Per Unit. Through the current approved January expenditure report, Rolling Plains Management Corporations (*DOE/LIHEAP*) WAP Contract #56220003768 and 81220003618 has exceeded allowable limits. The table below outlines the budget line items that are currently unallowable.

| | Tal | ble 1 | |
|-----------------|---------------|-------------|-------------|
| Contract No. | Category | Reported | Allowable |
| | | | Threshold |
| DOE Contract | Cost Per Unit | \$14,495.65 | \$8,009.00 |
| (56220003768) | (CPU) | | |
| LIHEAP Contract | Cost Per Unit | \$12,740.63 | \$11,000.00 |
| (81220003618) | (CPU) | | |

Required Action:

Rolling Plains Management Corporation is reminded that they must be at or below the acceptable limits by the end of the contract term; any amount in excess could be disallowed.

• Unit Returns. An on-site inspection of ten (10) weatherized units revealed four (4) units requiring a return to correct measures. Table 2 of this report details the measure that were either not addressed properly or installed correctly. The Department of Energy ("DOE") Weatherization Assistance Program and the Low-Income Home Energy Assistance Program ("LIHEAP") contracts require that weatherization materials be installed in accordance to the Material Installation Standards Manual.

| | Table 2 | |
|-----------------|----------------|-------------------------------------|
| Unit | Fund Source | Issue |
| Unit Identifier | DOE or LIHEAP? | Issue needed to return and correct. |
| | | Add rows as necessary. |
| 100061 | LIHEAP | Make WH accessible |
| 100226 | LIHEAP | Fix Flap and Door sweep |
| 102488-11C | LIHEAP | Missing Door sweep |
| 102951 | LIHEAP | Flap and door sweep in |
| | | wrong place |

Monitoring Report of *On-Site* Review Conducted Feb 13-15, 2023, Contract No. 34210003691, 56220003768, 81220003618 and 1002962 March 10, 2023 Page 3

Required Action:

Prior to the completion of this report, Rolling Plains Management Corporation provided documentation showing that all the measures identified above had been adequately corrected. *Rolling Plains Management Corporation* must ensure that all charged weatherization measures are both installed and installed properly. No further action is required.

Monitoring Scope:

The scope of the monitoring review covered contract activity from January 2022 to Present, to determine if DOE, LIHEAP, LIHWAP and HTF funds were used to assist eligible households and whether those funds were expended in accordance with applicable federal and state regulations and contractual requirements. Department staff conducted the following steps:

- A review in-depth review of the following:
 - HTF one (1) Activity file,
 - o LIHWAP fifteen (15) Activity files,
 - DOE Four (4) Client files,
 - LIHEAP Six (6) Client files
- Financial records for each program listed above,
- Procurement bid packet for Amy Young,
- Personnel Policies & Procedures,
- Fiscal Policies & Procedures.



The Texas Administrative Code §31.48 requires TxDOT to conduct guarterly financial reviews that support requests for payment and discuss with the subrecipient: problems encountered, technical assistance needs, and other topics related to the provision of public transportation.

Form is applicable to subrecipients with an active grant agreement. Financial monitoring (Part B or C of the form) is required for subrecipients with a billing processed during the quarter. Part D is required for Davis-Bacon monitoring.

| Subrecipient: Rol | ling Plains Managerr | nent Corporation | | Onsite Re | view: 🗌 Yes 🖂 No |
|-------------------|----------------------|--------------------|---------------------|-----------------------|------------------|
| | | | Has an onsite revie | w been conducted this | s FY? ⊠Yes ⊡No |
| Date: 06/23/23 | FY: 2023 | 🗌 1st Qtr. Sep-Nov | 2nd Qtr. Dec-Feb | ⊠3rd Qtr. Mar-May | 4th Qtr. Jun-Aug |
| SUBRECIPIEN | T INFORMATION | | | | |

List the names and positions of subrecipient staff participating in the quarterly monitoring: Keren Whitney - Finance Director

| Summary Results of Quarterly Review: Procedure: Complete the review and document results in the space below. | 🛛 Compliant | Non-compliant | | |
|--|-------------|---------------|--|--|
| Specify areas of non-compliance documented during the Quarterly Financial Monitoring: N/A | | | | |
| 2) Was an IAP issued as a result of this review? □ Yes ⊠No | | | | |
| 3) As a result of this review, is increased financial monitoring required? ☐ Yes ⊠No If yes, describe the required increased financial monitoring: | | | | |

*Subrecipient signature and PTC required upon completion of the form.

Keren Whitney

06/23/23 Date

Subrecipient Representative Name

Subrecipient Representative Signature

Eric Garcia

6/23/2023 Date

Eric Garcia PTC Name

PTC Signature

| PART A: SUBRECIPIENT CONSULTATION |
|--|
| Has there been a change in the subrecipient's accounting system, accounting or key personnel, or agency service delivery model during the quarter? Yes No If yes, please include the date of the change and explain the nature of the change: Verify the signature of authority has been updated, if applicable. |
| 2) For each active grant, summarize the overall project status. (For example, document any project delays, expenditure or RFR delays, current or future procurements, DBE status, or any problems encountered.) The agency has been on track with submitting timely reimbursements for the following grants: DIS 2201 (05) 071_21, RD 2301 (05) 051_22 and RPT 2301 (05) 051_22. The following grants RUR 2301 (04) and ED 2303 (05) 049_22 have been fully expended and received a final review. All procured vehicles have been delivered and the agency submitted final billing in April under the 5310 grant. The close out process has begun for each of the fully expended grants. All support documentation accurate and complete at the time of review. An extension was approved for DIS 2201 (05) 071_21 and an amendment will be done next quarter to add additional funds to fully complete the construction of the facility. All funds on the construction project are expected to be fully expended by the end of the calendar year. The architect on the construction project is a certified DBE and continues to be the project manager. At this time there are no delays or issues as the agency is in compliance during the time of review. |
| Have there been any delays during this quarter? \Box Yes \boxtimes No |
| Have there been continuous delays through the PGA? Yes No |
| If yes, consider issuing an IAP or explain why an IAP is not warranted. |
| 3) Were the procurements initiated within 60 days of execution of the PGA? ⊠Yes □No □N/A |
| 4) Has the subrecipient had any safety incidents (wrecks, accidents, etc.) in the previous three-month period? (TAC 31.48(a)(1)) □ Yes ⊠ No □ N/A a. If yes, was a PTN-101 form submitted to the PTC within 5 business days of the incident? □ Yes □ No |
| b. If no, a completed PTN-101 form needs to be submitted to the PTC and a possible issuance of an IAP. (Consult your supervisor) |
| Note: Incident reports. Subrecipients shall report all incidents that meet criteria established by the department. The subrecipient shall submit the report within five days of the incident or discovery of the incident. |
| 5) What is the status of the subrecipient's single audit? Single audit is in progress |
| □ N/A, Exemption letter uploaded into eGrants on:, or Audit Due Date:08/31/23 |
| Note: Single audits are required if previous fiscal year expenditures exceeded \$750k in federal funds or \$750k in state funds. Audits are due no later than 9 months after the subrecipient's fiscal year ends. For "status" info, consider the following: has the subrecipient hired an audit firm, are the auditors onsite already, does it appear the subrecipient will meet the deadline, what is the estimated date the audit will be completed, etc. Completed audits should be uploaded into eGrants and submitted to <u>singleaudits@txdot.gov</u> and the Federal Audit Clearinghouse at <u>https://harvester.census.gov/facweb/</u> . |
| 6) Is the subrecipient's Administrative section of eGrants up-to-date? ⊠Yes □No |
| Subrecipients must ensure that all required documents are uploaded and current within the Administrative Requirements section of eGrants. (e.g., Service Profile, civil rights plans, annual audits, indirect cost certificate, asset management, insurance, and signature authority documentation.) |
| 7) List any areas where technical assistance is needed: |
| N/A (N/A) Were any Bequests for Poimburgement (PEPs) processed during this guarter? Ves. No. |
| 8) Were any Requests for Reimbursement (RFRs) processed during this quarter?⊠Yes ☐ No (If no, skip Parts B and C below) Page 50 |

a. For subrecipients on full documentation, did any RFRs require corrections before processing? □ Yes □ No ⊠ N/A
If yes, please explain the number *and* reasons for corrections to RFRs processed during the quarter:

| 9) | Did the subrecipient have any federally funded r | repair, construction, | , or rehab contracts with a contractor/vendor that was |
|----|---|-----------------------|--|
| | over \$2000? (Ex: painting, door repair, roofing) | ⊠Yes □No | If yes, then Davis-Bacon may be applicable. |
| | | | (If no, then Part D is not applicable.) |

PART B. REVIEWING FINANCIAL RECORDS

Procedure:

- At least 20% of total amount reimbursed to the subrecipient must be reviewed and documented for the quarter.
- Minimum of 30%, but not more than 3, PGAs billed in the quarter must be selected for review. (At least 1 billing will be reviewed from each PGA selected.)
- Billings selected for review will have each budget category billed reviewed (Admin, Operating, and Capital); (At least 1 line item per budget category billed must be examined.)
 - 1) What support did the subrecipient submit with RFRs?

General ledger report (Streamlined approach)

Full documentation (Detailed source documentation: invoices, canceled checks, check registers, etc)

If the subrecipient was placed on, or removed from, full documentation during the quarter answer the questions below as applicable:

Date subrecipient required to provide Full Documentation with RFRs?

- Date subrecipient removed from Full Documentation?
- 2) Were any final billings processed during the quarter? \square Yes \square No

| eGrants ID Number(s) | EGrants RFR Number(s) | Grants close-out process started? |
|-------------------------|-----------------------|-----------------------------------|
| STATE-R-2022-RPMC-00120 | RFR-2022-RPMC-00642 | 🛛 Yes 🗌 No |
| 5310-2021-RPMC-50043 | RFR-2021-RPMC-02118 | 🛛 Yes 🗌 No |

Grants that are fully expended or allowed to expire due to inactivity during the quarter should have a grant close-out form completed to verify completion of the project, expenditure of funds, and completion of all administrative requirements. Final billings for closed grants must be included as part of the quarterly financial review sample. The grant closeout process in eGrants must also be initiated upon satisfactory financial review.

3) In the table below enter the requested information for this quarter:

| Total Ar | mount Paid to subrecipient | Total Number of PGAs with a |
|----------|----------------------------|-----------------------------|
| | this quarter: | billing this quarter: |
| \$ | 1,528,905.00 | 5 |

Note: The amount paid to subrecipient this quarter should be the same amount reported on question #11 on the snapshot in eGrants.

Total PGAs to review (Total PGAs x 30%): 1.5 (up to 3 PGAs)

4) Was a regional coordination or planning grant selected for review?
Yes No

All close-outs must be reviewed.

PGAs and Billings Selected for Review:

Procedure: Use the table below to list the eGrants ID, eGrants RFR Number, and the Billing Amount for billings that have been selected for review during the quarterly monitoring process.

| Sample No. | eGrants ID.: | eGrants RFR #: | Billing Amt: | |
|------------|-------------------------|---------------------|--------------|---------|
| 1 | STATE-R-2022-RPMC-00120 | RFR-2022-RPMC-00642 | 11,289.00 | |
| 2 | 5310-2021-RPMC-50043 | RFR-2021-RPMC-02118 | 159,229.00 | |
| 3 | RD-2022-RPMC-00014 | RFR-2022-RPMC-00491 | 229,104.00 | Page 52 |
| | | | | Page 52 |

| Sample N | umber: | 1 | | | | | | | |
|----------------------------------|-----------------------------------|--------------------------------|---|----------------|---------------|-----------------------|--------------------------------|----------|------|
| Grants STATE-R- | | eGrants R | FR-2022-RPMC-00642 | Billing | 11,289.00 |) | Full Doc: | Yes 🕅 N | lo |
| ID: RPMC-001 | 20 | RFR #: | | | XYes [| ⊠Yes ⊡No | | | |
| Expense catego | ries included | within RFR: | Administration | ⊠Opera | ting 🗌 | Capital | | | |
| rocedure: Revie | ew receipts, ca | ancelled ch | ecks, expense invoic | es, and othe | er source o | locume | ntation to verify | costs. | |
| PERATING | Line Item Des | scription and | d Amount | | 1 | | Operating Line Reviewed \$: | 2,348 | .94 |
| Health Insura | nce \$: 7 | 00.76 | 2 Software Maintenance | \$: 1,48 | 33.28 | 3 | Dues \$ | : 164 | 4.90 |
| or the samp | le reviewe | d, answe | r questions belo | w: | | | · · · | YES | / NO |
|) Total dollar ar | mount reviewe | ed for this s | ample: (Admin + Ope | erating + Ca | pital) | | | \$ 2,348 | .94 |
|) Are costs allo | wed, necessa | iry, and rea | sonable? | | | | | | |
| | | | N/A (no purchase N/A (no purchase nt has followed their int | | ures for auti | norizing | purchases. | | |
|) Were costs in | curred during | the grant p | eriod? | | | | | | |
| Source docume | ntation may inc | lude genera | ith source documenta l ledger reports, salary/ ments and must be reta | fringe payroll | | | | | |
| Proof of payme | nt documentati | on may inclu | mple supported with de cancelled checks, e ogram review and audit | vidence of el | | /ment, o | r funds | | |
| Subrecipients r payment reque | nust promptly p sts from vendo | bay vendors a rs/contractor | a timely manner? | | | | | | |
| , | | · | e include indirect cos | · | | □No <i>(If no,</i> | go to question i.) | | |
| - | | | ed on the indirect cos | | | | | | |
| | rrect indirect | | to the appropriate a plied to the approved b | | se items? | | | | |
| For the RFR re | eviewed in this | s sample, w | as the required local | match perc | centage(s) | met? | N/A | | |
| to request re | imbursement | for net expe | | | - | | | | |
| | nue must be us ue or program | | current expenses. Re | imbursemen | t is based o | n the ne | t amount less | | |

| Form PTN-126 (Rev. 09/22) Page 6 of 10 | ALL CONTE | | | | |
|---|---|--|-----------------------------------|--------------------|----------|
| Sample Number: | 2 | | | | |
| eGrants 5310-2021-RPMC-50043 ID: Expense categories included | eGrants RFR #: RFR-2021-RPMC-02118 within RFR: Administration | Billing Total: \$ 159,229.00 | , <u> </u> | Yes 🖂 N 🛛 Yes [| lo No |
| Procedure: Review receipts, ca | ancelled checks, expense invoice | es, and other source do | ocumentation to verify | costs. | |
| CAPITAL Line Item Descrip | | T | otal of Capital Line | 159,229 | 9.00 |
| | | \$: 3 | terns Reviewed a. | • | |
| | d, answer questions below | | I | | / NO |
| - | • | | | | |
| a) I otal dollar amount reviewe | ed for this sample: (Admin + Oper | rating + Capital) | | \$ 159,2 | 29.00 |
| b) Are costs allowed, necessa | ary, and reasonable? | | | | |
| | uthorized? N/A (no purchases ne subrecipient has followed their inte | | prizing purchases. | | |
| d) Were costs incurred during the grant period? | | | | | |
| e) Were reviewed expenses supported with source documentation? Source documentation may include general ledger reports, salary/fringe payroll documentation, invoices, receipts, and account statements, lease/rental agreements and must be retained for program review and audit purposes. | | | | | |
| Proof of payment documentati | eviewed sample supported with p ion may include cancelled checks, ev tained for program review and audit p | vidence of electronic payr | nent, or funds | | |
| payment requests from vendo | tors paid in a timely manner? | | | | |
| h) Did the RFR reviewed with | n this sample include indirect cost | t expenses? |]No (If no, go to question i.) | | |
| i) For the RFR reviewed in thi | s sample, was the required local | match percentage(s) n | net? 🗌 N/A | | |
| Contract revenue from o | ubrecipient or third-party supply of qualified human service contracts Id be a corresponding RFR on the | 6 | | | |
| agency to provide access to agenc disadvantaged populations, espec | tation services are defined as service cy services and/or to meet the basic, ially individuals with disabilities, senic ation support the amount of report | day-to-day mobility need ors, and people with low i | s of transportation- incomes. | | |
| | e included as support, which may req | | | | |

| For the sample reviewed, answer questions below: | | | | | | | |
|--|--|--|--|--|--|--|--|
| j) Did the subrecipient demonstrate that fare box revenue was deducted from gross operating expenses to request reimbursement for net expenses? ⊠ N/A | | | | | | | |
| Fare box revenue must be used to reduce current expenses. Reimbursement is based on the net amount less fare box revenue or program income if not used as match. | | | | | | | |
| In the space below, please provide any clarifying information relative to the review as well as an explanation for each "No" response. | | | | | | | |

| Sample Number: | 3 | | | | |
|--|--|---------------------------------|-----------------------------------|----------|-------|
| Grants ID: RD-2022-RPMC-00014 | eGrants RFR #: RFR-2022-RPMC-00491 | Billing Total: \$ 229,104.00 | Full Doc: | Yes 🖂 N | 0 |
| Final Billing: | | | | | |
| Expense categories included | within RFR: Administration | ☐ Operating ⊠ Cap | oital | | |
| Procedure: Review receipts, c | ancelled checks, expense invoice | es, and other source docu | imentation to verify | costs. | |
| CAPITAL Line Item Descrip | tion and Amount | | l of Capital Line is Reviewed \$: | 180,138 | 8.00 |
| A&E \$: 180 | 0,138.00 2 | \$: 3 | \$ | : | |
| For the sample reviewe | d, answer questions belo | w: | · | YES | / NO |
| ı) Total dollar amount review | ed for this sample: (Admin + Ope | erating + Capital) | | \$ 180,1 | 38.00 |
|) Are costs allowed, necessa | ary, and reasonable? | | | | |
| | nuthorized? D N/A (no purchases | | ing purchases. | | |
| l) Were costs incurred during | the grant period? | | | | |
|) Were reviewed expenses s | supported with source documenta | ation? | | | |
| | clude general ledger reports, salary/f /rental agreements and must be reta | | | | |
| , . | eviewed sample supported with p | | | | |
| | ion may include cancelled checks, ev tained for program review and audit | | nt, or funds | | |
| Subrecipients must promptly p payment requests from vendo | tors paid in a timely manner? | ds or services provided. Inst | | | |
| ר) Did the RFR reviewed with | n this sample include indirect cos | | o no, go to question i.) | | |
|) For the RFR reviewed in thi | s sample, was the required local | match percentage(s) met | :? 🗌 N/A | | |
| Contract revenue from | ubrecipient or third-party supply of qualified human service contracts and be a corresponding RFR on th | S | | | |
| gency to provide access to agend | tation services are defined as service cy services and/or to meet the basic, ially individuals with disabilities, seni | day-to-day mobility needs o | f transportation- | | |
| | tion support the amount of repor e included as support, which may rea | | | | |

| For the sample reviewed, answer questions below: | | | | | | | |
|--|--|--|--|--|--|--|--|
| j) Did the subrecipient demonstrate that fare box revenue was deducted from gross operating expenses to request reimbursement for net expenses? ⊠ N/A | | | | | | | |
| Fare box revenue must be used to reduce current expenses. Reimbursement is based on the net amount less fare box revenue or program income if not used as match. | | | | | | | |
| In the space below, please provide any clarifying information relative to the review as well as an explanation for each "No" response. | | | | | | | |

| | | PGA Name: DIS | 2201 (05) 071_21 | | |
|--|--|--|---|---|--|
| Sources of Funding: 5339 Discretionary Total funds awarded for construction/rehab \$ 3,5 | | | | | |
| oncrete est of th n slowly | e pour was he work an y. At this tir | done last month f d retainage. Furn ne there are no is | or the courtyard and s iture and equipment h sues or delays as the | idewalks. ave starte facility is r | The d to nearing |
| Da | te of Revie | W: | | Non-Co | ompliai |
| Compl | iance: | | | | |
| ons 1 | through | 6. | | YES | / NO |
| Determ | nination (Pr | evailing Wage Ra | ate) for the project? | | |
| payrolls | s were rece | ived weekly? | | | |
| | | | | | |
| etain ap | prentice/tra | ainee records? | ⊠ N/A | | |
| isits witl | h photogra _l | ohs. Photographs | should easily identify | | |
| to corre | ect Davis-E | acon discrepanc | es or errors? | | |
| | | | | | |
| | g the ir oncrete est of th n slowly Da Da Da Da Compl led by ons 1 Determ payrolls rolls to a signa etain ap ting of I sits with include | g the interior and oncrete pour was est of the work and a slowly. At this time Date of Review Da | g the interior and exteriors sections oncrete pour was done last month f est of the work and retainage. Furn n slowly. At this time there are no is Date of Review: Date of Review: Date of Review: 06/23/23 Compliance: led by the subrecipient that dem ons 1 through 6. Determination (Prevailing Wage Ra payrolls were received weekly? rolls to include worker classification a signature by an authorized contra- etain apprentice/trainee records? | g the interior and exteriors sections of the facility. Constru- oncrete pour was done last month for the courtyard and sets of the work and retainage. Furniture and equipment hin slowly. At this time there are no issues or delays as the Date of Review: Date of Review: Date of Review: 06/23/23 Compliant Date of Review: 06/23/23 Compliant Compliance: led by the subrecipient that demonstrates compliance ons 1 through 6. Determination (Prevailing Wage Rate) for the project? payrolls were received weekly? rolls to include worker classifications, wage and fringe a signature by an authorized contractor representative? etain apprentice/trainee records? N/A ting of Davis-Bacon Poster and Wage Determination? | g the interior and exteriors sections of the facility. Construction is concrete pour was done last month for the courtyard and sidewalks. est of the work and retainage. Furniture and equipment have starten a slowly. At this time there are no issues or delays as the facility is r Date of Review: Compliant Date of Review: 06/23/23 Compliance: led by the subrecipient that demonstrates compliance with Date ons 1 through 6. YES Determination (Prevailing Wage Rate) for the project? payrolls were received weekly? rolls to include worker classifications, wage and fringe a signature by an authorized contractor representative? etain apprentice/trainee records? N/A ing of Davis-Bacon Poster and Wage Determination? sits with photographs. Photographs should easily identify include the date, time and the required poster.) |

Underenrollment Plan Template for Head Start Recipients (USE OF THIS TEMPLATE IS OPTIONAL)

Full Enrollment Initiative 2023

12- Month Underenrollment Plan

As with all Head Start services, data is critical for understanding needs, making decisions, evaluating services, and planning for continuous improvement. Enrollment services should be informed by program-level data and included in planning and evaluation systems. The ability to respond to changing community, family, and child needs is a key factor in maintaining full enrollment and should be considered as strategies to increase enrollment are identified and implemented throughout the 12-month plan period.

This underenrollment plan and timetable for reducing or eliminating underenrollment in Head Start and Early Head Start programs has been developed in accordance with Section 641A(H)(3)(B) of the Head Start Act.

Plan Development and Submission

Grant recipients who receive 'underenrollment letters' will meet with the Regional Office within 30 days of receiving the letter. A working plan to reduce underenrollment **must be submitted to the Regional Office within 30 days following the meeting.** Please note, the Regional Office does not formally approve plans; requiring submission of the plan facilitates collaboration and ongoing communication throughout the 12-month period.

Please include name, position, and program of staff and leadership that participated in the development, review, and implementation of the plan in the table below. These individuals should be included in ongoing discussions throughout the 12-month plan period. A point-person(s) should be identified and tasked with submitting documentation of progress on a quarterly basis (or more frequently if appropriate).

| Individual Name | Position / Role | Program |
|------------------|---|------------|
| Sarai Meza | Program Director/Point Person | 🖾 EHS 🖾 HS |
| Sherry Ellis | Quality Assurance Specialist | 🖾 EHS 🖾 HS |
| Darlene Howard | ERSEA Assistant | 🖾 EHS 🖾 HS |
| Jasmine Sillemon | Family Service Specialist | 🖾 EHS 🖾 HS |
| Rachel Ellis | Education Specialist | 🖾 EHS 🖾 HS |
| Hailey Gibson | Mental Health, Disabilities, Behavior Specialist | 🖾 EHS 🖾 HS |
| Keren Whitney | CFO | |
| Amy Wade | HR Director | |
| Debra Thomas | Executive Director | |

| Grant Number: | | | | | | |
|---------------|------------|------------------|---------------|--|--|--|
| Program Name | Program | Plan Start Date* | Plan End Date | | | |
| 06CH010745 | 🗆 EHS 🗵 HS | 4/14/2023 | 4/14/2024 | | | |
| 06HP000265 | 🖾 EHS 🗆 HS | 4/14/2023 | 4/14/2024 | | | |
| 06HP000473 | 🖾 EHS 🗆 HS | 4/14/2023 | 4/14/2024 | | | |

*Plan start date / 12-month period begins 10 days from the date the 'Underenrollment Letter' is sent to recipients.

Underenrollment Overview

Complete the tables on the next page by identifying and describing factors contributing to underenrollment. This 'Underenrollment Overview' table does not need to be updated throughout the 12-month plan period but should be used to inform strategies to increase total funded program enrollment.

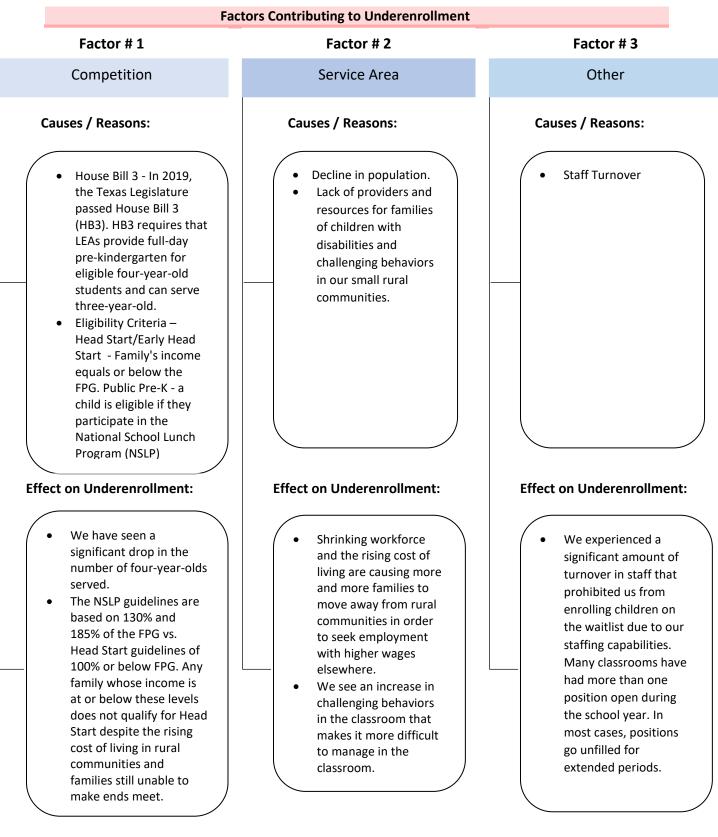
Once a factor is selected from the drop-down box, specify/explain with additional text as needed. Factors listed in the drop-down box include:

- 1. <u>Service Area:</u> Families have relocated to other parts of service area, not enough families in service area
- 2. Saturation of Service Area for Options of Care: (Proliferation of Pre-K slots)
- 3. <u>Facilities</u>
- 4. Language Barriers: Challenges communicating with families
- 5. <u>Workforce</u>: Shortage of qualified staff / inadequate staffing to open classrooms, challenges in staff recruitment and retention
- 6. <u>Budgeting</u>
- 7. Family Need: Do the available program options meet the needs of families?
- 8. <u>Community Involvement</u>: Do program partnerships support recruitment and program services
- 9. Transportation: Lack of family transportation, program transportation services
- 10. <u>Temporary Factors:</u> Construction / renovations in progress
- 11. Non-implemented Expansion / Child Care Partnership Issues
- 12. Other: Please describe

EXAMPLE: Factor: Not enough children in service area

Choose an item. (Select "Service Area")

Service Area – Not enough children in service area (Specify with additional text if needed)



Action Plan

The action plan tables below should be updated by program leadership on a quarterly / as needed basis over the course of the 12-month period to document progress towards reaching full enrollment

Action # 1:

| Action | Issue(s) Addressed | Responsible Individual | Resources Needed* | Expected Date of Completion |
|----------------------------------|--------------------|-----------------------------|----------------------|-----------------------------|
| Meet with ISD Superintendents | Competition | Sarai Meza, Sherry Ellis | | 6/30/2023 |
| within our service area. | | | | Status |
| | | | | In Progress |

*Resources needed can include additional T/TA, etc.

Briefly describe objectives, implementation, oversight strategies, and/or related logistics to completing action.

Discuss Informal/Formal Partnerships & benefits of partnering together for dual enrollment in both HS/Pre-K.

Action # 2:

| Issue(s) Addressed | Responsible Individual | Resources Needed* | Completion Date |
|--------------------|---------------------------|--|--|
| Service Area | Sarai Meza, Hailey | | 7/31/2023 |
| | Gibson, Jasmine | | Status |
| | Sillemon | | In Progress |
| | | | |
| | | IndividualService AreaSarai Meza, Hailey Gibson, | IndividualNeeded*Service AreaSarai Meza, Hailey Gibson, Jasmine |

*Resources needed can include additional T/TA, etc.

Briefly describe objectives, implementation, oversight strategies, and/or related logistics to completing action.

- Expand ongoing training, including special needs and disabilities, to staff and families.
- Expand in-center mental health services to help support children with social and emotional concerns.

- Create a Mental Health Library for program-wide use.
- Work on a system of timely referrals in speech and development.
- Design and implement an awareness-focused marketing campaign to increase enrollment.

Action # 3:

| Action | Issue(s) Addressed | Responsible Individual | Resources Needed* | Expected Date of Completion |
|------------------------------------|--------------------|------------------------------|----------------------|-----------------------------|
| Review & update Employee Hiring | Other | Sarai Meza, Sherry Ellis, | | 7/31/2023 |
| and Retention Processes. | | Rachel Ellis, & Amy Wade | | Status |
| | | | | In Progress |

*Resources needed can include additional T/TA, etc.

Briefly describe objectives, implementation, oversight strategies, and/or related logistics to completing action.

- Follow-up on EHS 1 & EHS 2 Grant consolidation request.
- Revise and update the Policies and Procedural Manual formatting for new employee distribution.
- Revise the onboarding process creating a coaching/mentoring process for new hires.
- Explore additional methods to recruit qualified staff.
- Devise and implement a cross-training plan for key staff in all service areas.
- Increase staff wellness efforts.

Plan Progress and Updates

Quarter 1

April – July

7/25/2023

Action Item #1:

- Informal/Formal Partnership meetings with all ISD except for Archer City have been completed. We have partnered with 8 local school districts for dual enrollment.
- Quanah- Turner Child Development Center Quanah ISD will be transitioning to a 4–day school week beginning in August. With QISD moving to a 4-day school year and extending their day, we have updated our Program hours for HS/EHS for the 2023-2024 school year with the Policy Council Recommendation as well as the best interest of our students/families, employees, and school community. EHS will continue to operate 8 hours a day; the only change is from 7:30-3:30 to 7:45-3:45 Monday – Friday. Head Start normally would follow the local ISD school calendar; however, this year, the only change will be an earlier start time at 7:45 and will continue to operate Monday- Friday.

Action Item #2:

- Recruitment Materials have been updated and promoted throughout social media, local newspapers, communities, and door-to-door.
- Program Planning for 2023-2024 has begun.
- Center Director Training is in progress. Training includes ERSEA, especially targeting recruitment in their communities.
- Our mental health specialist has met with COOPS, LEAs, and Inter-Agencies to improve our partnerships and recruitment of children with disabilities.
- Implementation of an early language and speech concern identification process to identify students who may need disabilities referral is in the process as well as a plan to increase ongoing monitoring/tracking of disabilities concerns.
- Mental Health Resources for both staff and children are in the development stages.
- Frog Street Curriculum Training July 19-22, 2023 New Head Start/Early Head Start were provided the opportunity to attend Frog Street Curriculum Training in Grapevine to support their role as teachers. The training included incorporating conscious discipline to help support children with social and emotional concerns.
- Final plans for Pre-Service Training for all Head Start/Early Head Start staff are being completed. Training will target HSPPS 1302 Program Operations and local licensing regulations. Time slots for staff wellness activities are being planned in our efforts to support and provide tools for staff throughout the year.
- Based on the current waitlist for 2023-2024 and the results of our community assessment, we are in the review process of the needs for each service area.

Action #3:

- Consolidation email received on 7/13/23 in review.
- Revision for the onboarding process developing a coaching/mentoring process is underway.
- New HR software has been purchased and is in the implementation stages. The software will tie in the application and new hire training, which will speed up the hiring process.
- TTA Training schedule has been set for Central Office Staff and Center Director training from August- December. Center Director will cover effective leadership. Central Office Staff training will be component specific. The goal is to prepare all management staff to understand their roles and responsibilities under Head Start Performance Standards.

Quarter 2 Quarter 1 August - October November-January Click or tap to enter a date. Click or tap to enter a date. • [text] [text]

Quarter 1 February – April

Click or tap to enter a date.

• [text]

Statement of Receipts and Disbursements

Administrative and Unrestricted Funds Percentage of budget expired 50%

| | Budget 12/1/2022 to <u>11/30/2023</u> | <u>Actual</u> 12/1/2022 to <u>5/31/2023</u> | Remaining in Budget / <u>(over budget)</u> | Percent of % of Budget <u>Expended</u> |
|---|---|---|--|--|
| Received as of report date | | | | |
| Funding - other | 0.00 | 0.00 | 0.00 | |
| Donations (cash) | 0.00 | 3,130.00 | (3,130.00) | |
| Insurance proceeds | 0.00 | , 0.00 | 0.00 | |
| Program support received | 92,765.00 | 43,204.26 | 49,560.74 | 47% |
| Indirect Cost Contribution | 1,617,413.00 | 838,836.23 | 778,576.77 | 52% |
| Depreciation allocation | 15,682.00 | 7,797.42 | 7,884.58 | 50% |
| Miscellaneous reciepts | 0.00 | 15.00 | (15.00) | |
| Interest income | 312.00 | 6,170.46 | (5,858.46) | 1978% |
| Sale of equipment (net of costs) | <u>0.00</u> | 0.00 | 0.00 | |
| Total Received as of report date | <u>1,726,172.00</u> | <u>899,153.37</u> | 827,018.63 | 52% |
| Expenses paid through report date | | | | |
| Personnel Expenses | 826,726.00 | 424,904.02 | 401,821.98 | 51% |
| Fringe Benefits & Other Employee Expenses | 199,198.00 | 119,119.27 | 80,078.73 | 60% |
| Direct Client Assistance | 10,000.00 | 5,706.85 | 4,293.15 | 57% |
| Other Direct Program Costs | 8,700.00 | 3,599.66 | 5,100.34 | 41% |
| Travel | 16,782.00 | 6,489.10 | 10,292.90 | 39% |
| Professional Fees | 36,500.00 | 3,754.53 | 32,745.47 | 10% |
| Supplies | 32,850.00 | 21,658.87 | 11,191.13 | 66% |
| Occupancy | 33,940.00 | 44,733.50 | (10,793.50) | 132% |
| Maintenance, Repairs & Lease of Equip | 50,400.00 | 50,737.20 | (337.20) | 101% |
| Purchase of Equipment | 500.00 | 2,118.00 | (1,618.00) | |
| Purchase of land/buildings | 0.00 | 57,852.00 | (57,852.00) | |
| Major Renovations | 150,000.00 | 0.00 | 150,000.00 | 0% |
| Interest | 14,000.00 | 6,520.01 | 7,479.99 | 47% |
| Miscellaneous | 16,063.00 | 10,432.81 | 5,630.19 | 65% |
| Program support of programs | <u>2,585.00</u> | <u>0.00</u> | <u>2,585.00</u> | 0% |
| Total | 1,398,244.00 | 757,625.82 | 640,618.18 | 54% |
| Receints over (under) dishursements | 327 928 00 | 141 527 55 | | |

Receipts over (under) disbursements

<u>327,928.00</u> <u>141,527.55</u>

Statement of Receipts and Expenditures

Child Care /ISD Partnership (Non grant funded) Percentage of budget expired 50%

| | Budget 12/1/2022 to <u>11/30/2023</u> | <u>Actual</u> 12/1/2022 to <u>5/31/2023</u> | Remaining in Budget / <u>(over budget)</u> | % of Budget <u>Expended</u> |
|--|---|---|--|-----------------------------------|
| Received as of report date | | | | - |
| Daycare fees | 60,000.00 | 54,287.43 | 5,712.57 | 90% |
| Write off of bad debts | 0.00 | 0.00 | 0.00 | |
| Donations | 0.00 | 0.00 | 0.00 | |
| Program support received | 0.00 | 0.00 | 0.00 | |
| Grant funding | 1,308,036.00 | 817,236.30 | 490,799.70 | 62% |
| Student Fees | | 24,509.94 | (24,509.94) | |
| Miscellaneous receipts | 0.00 | 0.00 | 0.00 | |
| Interest income | <u>0.00</u> | <u>14.36</u> | <u>(14.36)</u> | |
| Total Received as of report date | 1,368,036.00 | 896,048.03 | 471,987.97 | 65% |
| Expenses paid through report date Program Costs | | | | |
| Personnel Expenses | 573,688.00 | 301,022.79 | 272,665.21 | 52% |
| Fringe Benefits & Other Employee | 251,778.00 | 144,784.44 | 106,993.56 | 58% |
| Direct Client Assistance | 550.00 | 251.99 | 298.01 | 46% |
| Other Direct Program Costs | 6,959.00 | 3,728.32 | 3,230.68 | 54% |
| Travel | 29,673.00 | 12,570.64 | 17,102.36 | 42% |
| Professional Fees | 5,420.00 | 1,247.60 | 4,172.40 | 23% |
| Supplies | 52,510.00 | 15,520.42 | 36,989.58 | 30% |
| Occupancy | 147,538.00 | 22,964.48 | 124,573.52 | 16% |
| Maint, Repairs & Lease of Equipment | 5,500.00 | 18,895.41 | (13,395.41) | 344% |
| Purchase of equipment | 0.00 | 0.00 | 0.00 | |
| Major Renovations | 42,470.00 | 93,906.09 | (51,436.09) | |
| Interest | 0.00 | 0.00 | 0.00 | |
| Miscellaneous | 3,351.00 | 484.67 | 2,866.33 | 14% |
| Cost of meals (Food program) | <u>213,751.00</u> | <u>115,270.17</u> | <u>98,480.83</u> | 54% |
| | 1,333,188.00 | 730,647.02 | 602,540.98 | 55% |
| Administrative Costs | <u>34,848.00</u> | <u>57,082.03</u> | <u>(22,234.03)</u> | 164% |
| Total expenses as of report date | <u>1,368,036.00</u> | <u>787,729.05</u> | <u>580,306.95</u> | 58% |
| Receipts over (under) expenditures | <u>0.00</u> | <u>108,318.98</u> | | |

Statement of Revenues and Expenditures

Head Start (Regular funding) Award Number: 06CH010745-05-00 Percentage of budget expired: 50%

| | <u>Budget</u> 12/1/2022 to <u>11/30/2023</u> | <u>Actual</u> 12/1/2022 to <u>5/31/2023</u> | Remaining <u>in budget</u> | Percentage of Budget <u>Used</u> |
|---|--|---|-------------------------------|--|
| Direct Program Expenses | | | | |
| Salaries | \$1,284,682.00 | \$474,199.27 | \$810,482.73 | 37% |
| Fringe | \$423,330.00 | \$148,077.46 | 275,252.54 | 35% |
| Out of town travel | \$1,388.00 | \$2,325.15 | (937.15) | 168% |
| Equipment | \$0.00 | \$0.00 | 0.00 | |
| Supplies | \$75,876.00 | \$35,144.72 | 40,731.28 | 46% |
| Audit and contractual | \$32,754.00 | \$14,253.18 | 18,500.82 | 44% |
| Facilities / Construction | \$0.00 | \$0.00 | 0.00 | 0% |
| Other | \$260,554.00 | \$110,104.93 | 150,449.07 | 42% |
| Total Direct Costs | 2,078,584.00 | 784,104.71 | 1,294,479.29 | 38% |
| Indirect Administrative Costs | 205,568.00 | 77,124.71 | 128,443.29 | 38% |
| Total Cost | 2,284,152.00 | 861,229.42 | 1,422,922.58 | 38% |
| Less: Program income | 0.00 | (356.60) | 356.60 | |
| Total expenses (net of program income) | \$2,284,152.00 | \$860,872.82 | \$1,423,279.18 | 38% |
| Non-Federal Cost Sharing or Match Reguired | <u>\$0.00</u> | <u>\$32,910.17</u> | | |

This grant is currently partially funded at \$1,142,077. The projected annual levels for this period are \$2,284,152, subject to availability of a Fiscal Year 2023 appropriation, the balance of funds will be awarded at a later dated.

Statement of Revenues and Expenditures

| Head Start (American Rescue Act) | | | | | |
|----------------------------------|------|--|--|--|--|
| Award Number: 06HE00132101C | | | | | |
| Percentage of budget expired: | 100% | | | | |

| | <u>Budget</u> 4/1/2021 to <u>3/31/2023</u> | <u>Actual</u> 4/1/2021 to <u>5/31/2023</u> | Remaining in budget | Percentage of Budget Used |
|---|--|--|------------------------|---------------------------------|
| Direct Program Expenses | | | | |
| Salaries | \$95,050.00 | \$118,545.12 | (\$23,495.12) | 125% |
| Fringe | 21,816.00 | \$21,645.76 | 170.24 | 99% |
| Out of town travel | 0.00 | \$1,926.40 | (1,926.40) | |
| Equipment | 25,000.00 | \$0.00 | 25,000.00 | 0% |
| Supplies | 10,000.00 | \$20,366.85 | (10,366.85) | 204% |
| Audit and contractual | 0.00 | \$7,250.00 | (7,250.00) | |
| Facilities / Construction | 0.00 | \$0.00 | 0.00 | |
| Other | 479,044.00 | \$464,717.47 | 14,326.53 | 97% |
| Total Direct Costs | 630,910.00 | 634,451.60 | (3,541.60) | 101% |
| Indirect Administrative Costs | 21,986.00 | 18,444.40 | 3,541.60 | 84% |
| Total Cost | 652,896.00 | 652,896.00 | 0.00 | 100% |
| Less: Program income | 0.00 | 0.00 | 0.00 | |
| Total expenses (net of program income) | \$652,896.00 | \$652,896.00 | \$0.00 | 100% |
| | | | | |
| Non-Federal Cost Sharing or Match Reguired | \$0.00 | \$0.00 | | |

Statement of Revenues and Expenditures

Early Head Start I (Regular Funding) Award Number: 06HP000265-04-01 Percentage of budget expired: 83%

| | <u>Budget</u> 8/1/2022 to <u>7/31/2023</u> | <u>Actual</u> 8/1/2022 to <u>5/31/2023</u> | Remaining <u>in budget</u> | Percentage of Budget <u>Used</u> |
|---|--|--|-------------------------------|--|
| Program expense | | | | |
| Salaries | \$789,192.00 | \$581,654.60 | \$207,537.40 | 74% |
| Fringe | 273,121.00 | 150,732.73 | 122,388.27 | 55% |
| Out of town travel | 3,750.00 | 4,615.13 | (865.13) | 123% |
| Equipment | 0.00 | 0.00 | 0.00 | |
| Supplies | 44,200.00 | 48,813.84 | (4,613.84) | 110% |
| Audit and contractual | 12,005.00 | 11,040.14 | 964.86 | 92% |
| Facilities / Construction | 0.00 | 0.00 | 0.00 | |
| Other | 109,502.00 | 96,035.95 | 13,466.05 | 88% |
| Total Direct Costs | 1,231,770.00 | 892,892.39 | 338,877.61 | 72% |
| Indirect Administrative Costs | 122,666.00 | 88,617.04 | 34,048.96 | |
| Total Cost | 1,354,436.00 | 981,509.43 | 372,926.57 | 72% |
| Less: Program income | 0.00 | 0.00 | 0.00 | |
| Total expenses (net of program income) | \$1,354,436.00 | \$981,509.43 | \$372,926.57 | 72% |
| Non-Federal Cost Sharing | | | | |
| or Match Reguired | \$328,771.00 | \$65,748.23 | | |

Statement of Revenues and Expenditures

| | Ear | ly Head Start II | | |
|-------------------------------|--------------------|------------------|------------------|-------------|
| | Award Number: | 06HP000473-01-00 | | |
| Percentage | of budget expired: | 75% | | |
| _ | | | | |
| | <u>Budget</u> | <u>Actual</u> | | Percentage |
| | 9/1/2022 to | 9/1/2022 to | Remaining | of Budget |
| | <u>8/31/2023</u> | <u>5/31/2023</u> | <u>in budget</u> | <u>Used</u> |
| Program expense | | | | |
| Salaries | \$518,298.00 | \$304,173.85 | \$214,124.15 | 59% |
| Fringe | 216,544.00 | 93,128.64 | 123,415.36 | 43% |
| Out of town travel | 1,392.00 | 2,509.14 | (1,117.14) | 180% |
| Equipment | 0.00 | 0.00 | 0.00 | |
| Supplies | 29,875.00 | 29,333.16 | 541.84 | 98% |
| Audit and contractual | 8,505.00 | 6,504.98 | 2,000.02 | 76% |
| Facilities / Construction | 0.00 | 0.00 | 0.00 | |
| Other | 77,825.00 | 43,066.09 | 34,758.91 | 55% |
| Total Direct Costs | 852,439.00 | 478,715.86 | 373,723.14 | |
| Indirect Administrative Costs | 84,883.00 | 47,380.20 | 37,502.80 | |
| Total Cost | 937,322.00 | 526,096.06 | 411,225.94 | 56% |
| | 557,522.00 | 520,050.00 | 111,223131 | 5070 |
| Less: Program income | 0.00 | 0.00 | 0.00 | |
| Total expenses | | | | |
| (net of program income) | \$937,322.00 | \$526,096.06 | \$411,225.94 | 56% |
| | | | | |
| Non-Federal Cost Sharing | +0.00 | +04 010 00 | | |
| or Match Reguired | \$0.00 | \$84,818.86 | | |

Rolling Plains Management Corporation Charges by credit card account

Charges due in : May 2023

| Credit Company | Amount | |
|---------------------|--------|-----------|
| Alon | \$ | 3,728.31 |
| Global Fleet | \$ | 19,092.23 |
| Office Depot | \$ | 11,217.98 |
| Sam's Club | \$ | 1,570.08 |
| United Supermarkets | \$ | 4,493.06 |
| Master Card | \$ | 24,050.13 |
| Walmart | \$ | 2,641.77 |

\$66,793.56

Called Meeting of Finance Committee of BOARD OF DIRECTORS July 18, 2023 3:00 p.m. Available via Videoconference or in Person at 118 East Donnell, Crowell, Texas

Summary of Minutes

Agenda Item 1 – Establish quorum and call to order – A quorum was established and Committee Chair, Denise Foster called the meeting to order.

Agenda Item 2 – *Meet with MWH Group, PC to review and discuss Audit Report for the year ended November 30, 2022 to make recommendation to the Board of Directors for approval of report. – Valerie Halverson from MWH Group reviewed the Audit Report for the year ended November 30, 2022. Following discussion, a motion was made by Karl Holloway and seconded by Phil McCuistion to recommend the Audit Report for year ended November 30, 2022 to the Board of Directors for approval. Motion pass unanimously.

Agenda Item 3 – *Review and discuss Form 990 (Return of Organization Exempt from Income Tax) for the year ended November 30, 2022 to make recommendation to Board of Directors for approval. – The Form 990 was unavailable for review so the item was tabled.

Agenda Item 4 – Adjourn – There being no further business, the meeting adjourned.

| Name | Committee Member | Guest | Staff |
|-------------------|------------------|-------|---------------|
| Karl Holloway | Х | | |
| Phil McCuistion | Х | | |
| Carolyn Henry | Х | | |
| Toby Hines | Go To Meeting | | |
| Denise Foster | Go To Meeting | | |
| Jim Castagna | Go To Meeting | | |
| Debra Thomas | | | Х |
| Keren Whitney | | | Go To Meeting |
| Valerie Halverson | | Х | - |
| | | | |

Attendance Roster

FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

FOR THE YEAR ENDED NOVEMBER 30, 2022



FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

NOVEMBER 30, 2022

CONTENTS

Financial Section:

| Independent Auditor's Report | 1 - 2 |
|---|---------|
| Financial Statements: | |
| Statement of Financial Position | 3 |
| Statement of Activities | 4 |
| Statement of Functional Expenses | 5 |
| Statement of Cash Flows | 6 |
| Notes to Financial Statements | 7 - 14 |
| Supplemental Information: | |
| Combining Statements of Financial Position | 15 - 19 |
| Combining Schedules of Revenues, Expenses, and Changes in Net Assets | 20 - 24 |
| Budget to Actual Statements for Grants Passed Through Texas Department of Housing and Community Affairs | 25 - 36 |
| Compliance Section: | |
| Schedule of Expenditures of Federal and State Awards | 37 - 38 |
| Notes to Schedule of Expenditures of Federal and State Awards | 39 |
| Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed In Accordance with <i>Government Auditing Standards</i> | 40 - 41 |
| Independent Auditor's Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance and State of Texas Uniform Grant Management Standards | 42 - 44 |
| Schedule of Findings and Questioned Costs | 45 - 46 |
| Schedule of Prior Audit Findings | 47 |

FINANCIAL SECTION



INDEPENDENT AUDITOR'S REPORT

To the Board of Directors Rolling Plains Management Corporation of Baylor, Cottle, Foard, Hardeman, and Wilbarger Counties

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements Rolling Plains Management Corporation of Baylor, Cottle, Foard, Hardeman, and Wilbarger Counties (a nonprofit organization), which comprise the statement of financial position as of November 30, 2022, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements present fairly, in all material respects, the financial position of Rolling Plains Management Corporation of Baylor, Cottle, Foard, Hardeman, and Wilbarger Counties as of November 30, 2022, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Rolling Plains Management Corporation of Baylor, Cottle, Foard, Hardeman, and Wilbarger Counties and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Rolling Plains Management Corporation of Baylor, Cottle, Foard, Hardeman, and Wilbarger Counties' ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Rolling Plains Management Corporation of Baylor, Cottle, Foard, Hardeman, and Wilbarger Counties' internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Rolling Plains Management Corporation of Baylor, Cottle, Foard, Hardeman, and Wilbarger Counties' ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information as listed in table of contents is presented for purposes of additional analysis and is not a required part of the financial statements. The accompanying schedule of expenditures of federal and state awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* and the State of Texas Uniform Grant Management Standards, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and reconciling such information directly to the underlying accounting and reconciling such information directly to the underlying accounting the financial statements or to the financial statements themselves, and other records used to prepare the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated July 18, 2023, on our consideration of Rolling Plains Management Corporation of Baylor, Cottle, Foard, Hardeman, and Wilbarger Counties' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Rolling Plains Management Corporation of Baylor, Cottle, Foard, Hardeman, and Wilbarger Counties' internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Rolling Plains Management Corporation of Baylor, Cottle, Foard, Hardeman, and Wilbarger Counties' internal control over financial reporting of a grand and the report and the report of an audit performed in accordance with *Government Auditing Standards* in considering Rolling Plains Management Corporation of Baylor, Cottle, Foard, Hardeman, and Wilbarger Counties' internal control over financial reporting and compliance.

MWH Group, P.C.

MWH GROUP, P.C.

Wichita Falls, Texas July 18, 2023

STATEMENT OF FINANCIAL POSITION

NOVEMBER 30, 2022

| | Without Donor Restrictions | | | | | |
|--------------------------------------|----------------------------|-----------|----|-------------|----|-------------|
| | | Other | | Designated | | Total |
| ASSETS | | | | | | |
| Current assets | | | | | | |
| Cash in bank | \$ | 1,249,923 | \$ | 3,556,811 | \$ | 4,806,734 |
| Certificates of deposit | | 32,187 | | 32,187 | | 64,374 |
| Petty cash | | - | | 1,000 | | 1,000 |
| Grants receivable | | 450,469 | | 2,701,173 | | 3,151,642 |
| Travel advances | | 173 | | 1,261 | | 1,434 |
| Accounts receivable | | 184,202 | | 154,976 | | 339,178 |
| Inventory | | 61 | | 2,241 | | 2,302 |
| Prepaid expenses | | 623 | | 11,662 | | 12,285 |
| Due from (to) other funds | | 376,299 | | (376,303) | | (4) |
| Total current assets | | 2,293,937 | _ | 6,085,008 | | 8,378,945 |
| Fixed assets | | | | | | |
| Property, plant, and equipment | | 1,100,715 | | 8,566,390 | | 9,667,105 |
| Construction in process | | - | | 2,356,129 | | 2,356,129 |
| Land | | 54,554 | | 11,130 | | 65,684 |
| Other long-term assets | | - | | 13,500 | | 13,500 |
| Accumulated depreciation | | (473,583) | | (5,206,147) | | (5,679,730) |
| Total fixed assets | _ | 681,686 | _ | 5,741,002 | _ | 6,422,688 |
| Total assets | \$ | 2,975,623 | \$ | 11,826,010 | \$ | 14,801,633 |
| LIABILITIES AND NET ASSETS | | | | | | |
| Current liabilities | | | | | | |
| Accounts payable | \$ | 117,418 | \$ | 971,008 | \$ | 1,088,426 |
| Accrued (payroll) liabilities | | 163,050 | | 328,559 | | 491,609 |
| Current portion of loan payable | | 9,217 | | - | | 9,217 |
| Deferred revenue | | 208,603 | | 322,061 | | 530,664 |
| Total current liabilities | | 498,288 | | 1,621,628 | | 2,119,916 |
| Long-term liabilities | | | | | | |
| Loan payable, net of current portion | | 282,503 | | - | | 282,503 |
| Total liabilities | _ | 780,791 | | 1,621,628 | | 2,402,419 |
| Net assets | | | | | | |
| Without donor restrictions | | 2,194,832 | | 10,204,382 | | 12,399,214 |
| Total net assets | | 2,194,832 | _ | 10,204,382 | | 12,399,214 |
| Total liabilities and net assets | \$ | 2,975,623 | \$ | 11,826,010 | \$ | 14,801,633 |

STATEMENT OF ACTIVITIES

FOR THE YEAR ENDED NOVEMBER 30, 2022

| | Without Donor Restrictions | | | | |
|--|----------------------------|-----------|----|-------------|------------------|
| | Other | | [| Designated | Total |
| Revenues | | | | | |
| Federal/state/other grant funding | \$ | 1,277,845 | \$ | 28,255,237 | \$ 29,533,082 |
| Contributions | | 4,468 | | 45,000 | 49,468 |
| Contributions (non-cash) | | 2,181 | | 1,139,927 | 1,142,108 |
| Program service fees | | 363,912 | | 1,781,541 | 2,145,453 |
| Sale of equipment (net) | | - | | 24,686 | 24,686 |
| Insurance proceeds | | 6,721 | | 5,595 | 12,316 |
| Miscellaneous receipts | | 3,242 | | 4,392 | 7,634 |
| Interest income | | 239 | | 233 | 472 |
| Total revenues | | 1,658,608 | | 31,256,611 | 32,915,219 |
| Expenses | | | | | |
| Program services: | | | | | |
| Child care assistance | | - | | 9,041,106 | 9,041,106 |
| Child development programs | | 991,829 | | 5,561,377 | 6,553,206 |
| Transportation | | - | | 3,553,444 | 3,553,444 |
| Energy assistance and community services | | - | | 6,749,672 | 6,749,672 |
| Weatherization and home rehabilitation | | - | | 1,509,119 | 1,509,119 |
| Supporting services | | 1,314,063 | | 226,005 | 1,540,068 |
| Total expenses | | 2,305,892 | | 26,640,723 | 28,946,615 |
| Revenues over (under) expenses | | (647,284) | | 4,615,888 | 3,968,604 |
| Operating transfers | | 1,385,948 | | (1,385,948) | |
| Changes in net assets | | 738,664 | | 3,229,940 | 3,968,604 |
| Net assets, December 1, 2021 | | 1,456,168 | | 6,974,442 | 8,430,610 |
| Net assets, November 30, 2022 | \$ | 2,194,832 | \$ | 10,204,382 | \$ 12,399,214 |

STATEMENT OF FUNCTIONAL EXPENSES

FOR THE YEAR ENDED NOVEMBER 30, 2022

| | Program Services | | | | | | | | | | | | |
|--|------------------|--------------------------|----|---------------------------------|----|--------------|---|----|--|---------------------------|------------------------|----|--------------|
| | | Child Care Assistance | | Child evelopment Programs | Tr | ansportation | Energy sistance and Community Services | 6 | eatherization and Home ehabilitation | Total Program Services | Supporting Services | То | tal Expenses |
| Personnel expenses | \$ | 526,726 | \$ | 3,257,891 | \$ | 1,645,819 | \$ 634,274 | \$ | 310,279 | \$ 6,374,989 | \$ 979,559 | \$ | 7,354,548 |
| Fringe benefits and other employee expenses | | 149,321 | | 1,088,039 | | 370,287 | 187,451 | | 96,346 | 1,891,444 | 236,489 | | 2,127,933 |
| Direct client assistance | | 8,133,989 | | 254,323 | | - | 5,723,251 | | 924,139 | 15,035,702 | 20,766 | | 15,056,468 |
| Other direct program costs | | 6,307 | | 42,415 | | 491,962 | 6,030 | | 19,994 | 566,708 | 15,873 | | 582,581 |
| Travel | | 25,916 | | 83,585 | | 18,160 | 21,814 | | 22,573 | 172,048 | 24,700 | | 196,748 |
| Professional fees | | 17,219 | | 67,030 | | 27,756 | 847 | | 355 | 113,207 | 45,602 | | 158,809 |
| Supplies | | 146,376 | | 232,826 | | 50,681 | 20,384 | | 31,407 | 481,674 | 36,542 | | 518,216 |
| Occupancy | | 12,654 | | 1,340,748 | | 249,326 | 68,729 | | 37,658 | 1,709,115 | 46,630 | | 1,755,745 |
| Maintenance, repairs, and lease of equipment | | 11,459 | | 75,588 | | 160,614 | 71,844 | | 32,566 | 352,071 | 77,666 | | 429,737 |
| Purchase of equipment | | - | | - | | - | - | | - | - | - | | - |
| Interest | | - | | - | | - | - | | - | - | 13,344 | | 13,344 |
| Miscellaneous | | 11,139 | | 14,230 | | 10,002 | 5,023 | | 3,001 | 43,395 | 24,290 | | 67,685 |
| Depreciation | | - | | 96,531 | | 528,837 | 10,025 | | 30,801 | 666,194 | 18,607 | | 684,801 |
| | \$ | 9,041,106 | \$ | 6,553,206 | \$ | 3,553,444 | \$ 6,749,672 | \$ | 1,509,119 | \$ 27,406,547 | \$ 1,540,068 | \$ | 28,946,615 |

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED NOVEMBER 30, 2022

| Cash flows from operating activities | | |
|--|----|-------------|
| Change in net assets | \$ | 3,968,604 |
| Adjustments to reconcile change in net assets to | | |
| net cash provided by operating activities: | | |
| Depreciation | | 684,801 |
| Gain on sale of equipment | | (24,686) |
| (Increase) decrease in operating assets: | | |
| Accounts receivable and other assets | | (58,274) |
| Due from grantor agencies | | (613,762) |
| Prepaid expenses | | (8,599) |
| Inventory | | 84,450 |
| Increase (decrease) in operating liabilities | | |
| Accounts payable and accrued liabilities | | 372,443 |
| Deferred revenues | | (192,087) |
| Net cash provided by operating activities | | 4,212,890 |
| | | |
| Cash flows from investing activities | | |
| Acquisitions of property, plant, and equipment | | (2,627,032) |
| Proceeds from sale of property, plant, and equipment | | 24,686 |
| Interest added to certificates of deposit | | (466) |
| Net cash used by investing activities | | (2,602,812) |
| Cash flows from financing activities | | |
| Principal payments on notes payable | | (8,915) |
| Net cash used by financing activities | | (8,915) |
| | | |
| Net increase in cash and cash equivalents | | 1,601,163 |
| Cash at beginning of year | | 3,206,571 |
| Cash at beginning of year | | 3,200,371 |
| Cash at end of year | \$ | 4,807,734 |
| | | |
| Other disclosures | • | 40.044 |
| Interest paid | \$ | 13,344 |
| Reconciliation of cash | | |
| Cash in bank | \$ | 4,806,734 |
| Petty cash | | 1,000 |
| | \$ | 4,807,734 |
| | _ | |

NOTES TO THE FINANCIAL STATEMENTS NOVEMBER 30, 2022

NOTE 1: ORGANIZATION

Rolling Plains Management Corporation of Baylor, Cottle, Foard, Hardeman, and Wilbarger Counties (the Corporation) is a private non-profit community action agency incorporated under the applicable laws of the State of Texas. The Corporation provides services to qualifying individuals in 28 counties of the north central area of Texas bordering the Red River.

The Corporation operates day cares in Crowell, Olney, Paducah, and Quanah, Texas which are supported by fees. Also, the Corporation provides the following services funded by federal and state grants and contracts:

Head Start Centers are operated in Seymour, Chillicothe, Munday, Graham, and Knox City, Texas. Head Start and Early Head Start Centers are operated in Paducah, Holliday, Crowell, Quanah, Olney, Archer City, and Vernon, Texas. The Head Start Program is a comprehensive child development program for eligible children ages three to five years. The Early Head Start Program is for eligible children from newborn to three years.

Child care and development funds are expended to increase availability, affordability, and quality of child care services for foster care or low income families in which parents are working or attending training or educational programs.

Free or low cost public transportation is available to persons in the counties served using a system of vans operated by the Corporation.

The Corporation contracts to provide medical transportation services to Medicaid eligible clients in Archer, Baylor, Clay, Cottle, Foard, Hardeman, Jack, Montague, Wichita, Wilbarger, Wise, and Young Counties, Texas. There are handicap accessible vans available to serve these areas as the need arises.

Energy assistance, case management services, and weatherization assistance are provided in Archer, Baylor, Clay, Cottle, Foard, Hardeman, Jack, Montague, Shackelford, Stephens, Taylor, Wichita, Wilbarger, and Young Counties, Texas. Weatherization assistance is also provided in the counties of Brown, Callahan, Comanche, Eastland, Haskell, Hood, Jones, Kent, Knox, Palo Pinto, Parker, Stonewall, Throckmorton, and Wise Counties, Texas.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Corporation have been prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles ("US GAAP") and accordingly reflect all significant receivables, payables, and other liabilities. GAAP requires the Corporation to report information regarding its financial position and activities according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the organization. These net assets may be used at the discretion of the Corporations' management and the board of directors.

NOTES TO THE FINANCIAL STATEMENTS (CONT'D.) NOVEMBER 30, 2022

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D.)

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Corporation or by the passage of time. Other donor restrictions are perpetual in nature, where by the donor has stipulated the funds be maintained in perpetuity.

We report contributions restricted by donors as increases in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions.

Cash and Cash Equivalents

For the purpose of the Statement of Cash Flows, the Corporation considers all highly liquid investments with an initial maturity of three months or less to be cash equivalents.

Deposits

As of November 30, 2022, demand deposit accounts held at the Crowell State Bank totaled \$5,271,242 and time deposits totaled \$64,374. At year-end, the Corporation's had federal depository insurance coverage and U.S. Government Securities held as collateral by the Corporation's agent in the Corporation's name.

Accounts and Grants Receivable

Accounts receivable represents amounts due from clients for passenger fares and child care fees. Grants receivable represents amounts due from Federal, State, and other grantor agencies for various programs administered by the Corporation. The Corporation provides for losses on accounts receivable using the allowance method. The allowance is based on experience, third-party contracts, and other circumstances, which may affect the ability of clients to meet their obligations. It is the Corporation's policy to charge off uncollectible accounts receivable when management determines the receivable will not be collected.

Property and Equipment

Property and equipment are stated at cost or fair value at the date of donation. Depreciation is provided using the straight-line method over the estimated useful lives of assets, which range from 5 to 40 years.

Additions and betterments of \$5,000 or more are capitalized, while maintenance and repairs that do not improve or extend the useful lives of the respective assets are expensed currently.

NOTES TO THE FINANCIAL STATEMENTS (CONT'D.) NOVEMBER 30, 2022

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D.)

Deferred Revenue

Income from grants that provide funding in advance is deferred and recognized as allowable costs are incurred. As of November 30, 2022, deferred revenue was \$530,664.

Compensated Absences

The Corporation's policy for compensated absences for vacation and sick leave allows for accumulated hours earned monthly based on years of service. An employee may accumulate up to 40 hours of vacation each year and is to be paid for unused vacation time upon separation from service. The total dollar amount of unpaid vacation was \$143,391 as of November 30, 2022, which is reported with accrued liabilities.

An employee may accumulate up to 240 hours of sick leave and is compensated for sick leave in the period when such leave is taken paid. Sick leave benefits are forfeited at the date of employee termination. No liability has been recorded on the books of the Corporation relative to sick leave benefits. It is considered remote that the entire contingent liability will be paid; furthermore, the probable amount of sick leave compensation expected to be paid in the future cannot be reasonably estimated.

Revenue and Revenue Recognition

The Corporation recognizes revenue from medical transportation services when the performance obligations of providing the services are met. Payments are required at the time of sale; amounts received in advance are deferred to the applicable period. All services are transferred at a point in time.

The Corporation recognizes contributions when cash, securities or other assets, an unconditional promise to give, or a notification of a beneficial interest is received. Conditional promises to give, that is, those with a measurable performance or other barrier, and a right of return, are not recognized until the conditions on which they depend have been substantially met.

A portion of RPMC's revenue is derived from cost-reimbursable federal and state contracts and grants, which are conditioned upon certain performance requirements and/ or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when expenditures are incurred in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as refundable advances in the statement of financial position. RPMC has received cost-reimbursable grants of \$530,664 that have not been recognized at November 30, 2022 because qualifying expenditures have not yet been incurred.

NOTES TO THE FINANCIAL STATEMENTS (CONT'D.) NOVEMBER 30, 2022

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D.)

Designation of Net Assets Without Donor Restriction

Net assets that relate to government grants and contracts are segregated as designated net assets for financial reporting purposes. Net assets, which primarily consist of fixed assets net of accumulated depreciation, are designated for the following purposes or grant programs:

| Head Start | \$ 132,375 |
|--------------------------------------|------------------|
| Early Head Start | 296,085 |
| Early Head Start - Expansion | 712,937 |
| Rural and Medical Transportation | 8,844,179 |
| Community Services Block Grant | 16,253 |
| Energy Assistance and Weatherization | 201,406 |
| Senior Initiative Grant | 1,023 |
| Child Care Assistance | 124 |
| | |
| | \$ 10,204,382 |

Fair Value of Financial Instruments

The carrying amounts of the Corporation's cash, cash equivalents, accounts receivable, and accounts payable approximate their fair value because of the short maturity of those instruments.

Donated Goods and Services

Contributions of materials, equipment, and facilities space are recorded at their fair market value when received. Head Start, Early Head Start, Early Head Start – Expansion, and other programs also receive contributed services which are recognized for regulatory reporting purposes and for grant award matching purposes; however, such contributed services typically do not meet the requirements for recognition for financial statement reporting purposes. In-kind contributions reported by Daycare, Head Start, Early Head Start, and Early Head Start - Expansion during the twelve month period ended November 30, 2022 totaled \$1,208,479. In-kind contributions were reported in the financial statements as in-kind contributions and program expenses in the amount of \$1,142,108. The financial statement amount differs from the total in-kind for program reporting in the amount of \$66,371 which represents the value of non-technical or non-professional donated services. Donated goods and services were received as follows during the year:

| Building leases and occupancy costs | \$ 1,110,879 | |
|-------------------------------------|--------------|--|
| Food and supplies | 7,604 | |
| Consulting services | 23,625 | |
| | \$ 1,142,108 | |

Functional Expenses

Directly identifiable expenses are charged to programs and supporting services. Expenses relating to more than one function are charged to programs and supporting services on the basis of periodic time and expense studies. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Corporation.

NOTES TO THE FINANCIAL STATEMENTS (CONT'D.) NOVEMBER 30, 2022

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D.)

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from these estimates.

Income Tax Status

The Corporation is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. As such, no provision for federal income tax has been made in the accompanying financial statements.

Recent Accounting Guidance

In February 2016, the FASB issued ASU No. 2016-02, *Leases* (Topic 842), which requires lessees to recognize leases on the balance sheet and disclose key information about leasing arrangements. The new standard establishes a right-of-use (ROU) model that requires a lessee to recognize a ROU asset and lease liability on the statement of financial position for most leases with a term longer than 12 months. Leases will be classified as finance or operating, with classification affecting the pattern and classification of the expense recognition in the consolidated statement of activities. The effective date for this standard has been delayed to annual reporting periods beginning after December 15, 2021.

Date of Management Evaluation

Management has evaluated subsequent events through July 18, 2023, the date on which the financial statements were available to be issued.

NOTE 3: LIQUIDITY AND AVAILABILITY

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the balance sheet date, comprise the following:

| Cash in bank | \$ 4,806,734 |
|-------------------------|--------------|
| Certificates of deposit | 64,374 |
| Petty cash | 1,000 |
| Grants receivable | 3,151,642 |
| Accounts receivable | 339,178 |
| | |
| | \$ 8,362,928 |

As part of our liquidity management plan, cash in excess of daily requirements is invested in shortterm investments and certificates of deposit.

NOTES TO THE FINANCIAL STATEMENTS (CONT'D.) NOVEMBER 30, 2022

NOTE 4: FIXED ASSETS

Fixed assets and accumulated depreciation are summarized as follows:

| | Balance 11/30/2 | | Increases | Decrease | Balance at s11/30/22 |
|-----------------------------------|--------------------|--------|-------------|------------|-------------------------|
| Agency: | | | | | |
| Buildings and improvements | \$ 1,021, | | - | \$- | \$ 1,021,759 |
| Land | 48, | 877 | 5,677 | - | 54,554 |
| Vans and buses | 38, | 581 | - | - | 38,581 |
| Vehicles | 24, | 650 | - | - | 24,650 |
| Daycare: | | | | | |
| Buildings and improvements | 12, | 716 | - | - | 12,716 |
| ISD: | | | | | |
| Buildings and improvements | | - | 3,009 | - | 3,009 |
| Transportation: | | | | | |
| Buses, vans, other vehicles | 4,975, | 216 | 194,412 | 177,29 | 4,992,331 |
| Land | | 130 | - | - | 11,130 |
| Furniture and equipment | | 788 | - | - | 28,788 |
| Building and storage facility | 651, | | 247,347 | - | 899,015 |
| Construction in process | 322, | | 2,281,108 | 247,34 | |
| CSBG: | -) | | , - , | , - | , , - |
| Buses and vans | 112, | 209 | - | - | 112,209 |
| License fee | | 500 | - | - | 13,500 |
| Furniture and equipment | | 273 | - | - | 11,273 |
| Energy Assistance and Weatherizat | | - | | | , - |
| Pickups | 331, | 852 | 138,880 | - | 470,732 |
| Head Start and Early Head Start: | , | | , | | |
| Buses and vans | 509, | 131 | - | - | 509,131 |
| Furniture and equipment | | 213 | - | - | 31,213 |
| Daycare facilities and equipment | 1,507, | | - | - | 1,507,123 |
| Buildings and improvements | , , | - | 3,947 | - | 3,947 |
| CCAS: | | | , | | , |
| Furniture and equipment | | 628 | - | - | 628 |
| | 9,652, | 682 | 2,874,380 | 424,64 | 12,102,418 |
| Accumulated depresention | E 470 | 226 | 604 004 | 477 00 | |
| Accumulated depreciation | 5,172, | 220 | 684,801 | 177,29 | 97 5,679,730 |
| | \$ 4,480, | 456 \$ | 5 2,189,579 | \$ 247,34 | 47 \$ 6,422,688 |

Title to fixed assets acquired with government contract money may revert to third parties if not utilized in accordance with contract provisions. Depreciation expense totaled \$684,801 for the year.

NOTES TO THE FINANCIAL STATEMENTS (CONT'D.) **NOVEMBER 30, 2022**

NOTE 5: LOAN PAYABLE

The Corporation has an outstanding promissory note to the USDA. The note is secured by real estate, future revenues, receivables, and unencumbered assets of the Corporation. The note requires annual payments of \$22,260 for 40 years and the note bears interest at 4.5%.

Following is a future maturity schedule of the outstanding balance of the note:

| FYE 11/30 | <u>Principal</u> |
|--------------------|-------------------|
| 2023 | \$ 9,217 |
| 2024 2025 | 9,604 10,081 |
| 2026 | 10,545 |
| 2027 Thereafter | 11,029 241,244 |
| Total | \$ 291,720 |
| | |

NOTE 6: DEFINED CONTRIBUTION PENSION PLAN

The Corporation sponsors a defined contribution pension plan for the benefit of its employees. The salary reduction plan includes a voluntary contribution by the employee up to the maximum amount allowable by the Internal Revenue Service under IRS Code Sections 415 and 402(g) up to the amount of gross wages accrued to the employee's benefit. The Corporation matches the employee contribution up to a 5% limit of annual compensation. An employee may participate in the voluntary contribution immediately upon employment but must have 60 days of service before they are eligible to participate in the matching benefit. The Corporation's total expense for matching contributions totaled \$244,287 for the year ended November 30, 2022.

NOTE 7: COMMITMENTS AND CONTINGENCIES

Operating Leases

The Corporation has several noncancelable operating leases, primarily for office space, day care facilities, and copy and postage machines, which expire at various dates through July 2025. Those leases generally contain a renewal option and require the Corporation to pay all executory costs such as taxes, maintenance, and insurance. Rental expense for those leases totaled \$56,427 for the year ended November 30, 2022.

Future minimum lease payments under operating leases that have remaining terms in excess of one year as of November 30, 2022, are:

| Year Ending November 3 | <u>80,</u> | |
|------------------------|------------|--------------|
| 2023 | | \$ 39,380 |
| 2024 | | 12,697 |
| 2025 | | 7,538 |
| | Total | \$ 59,615 |

NOTES TO THE FINANCIAL STATEMENTS (CONT'D.) NOVEMBER 30, 2022

NOTE 7: COMMITMENTS AND CONTINGENCIES (CONT'D)

Federal and State Assisted Programs - Compliance Audits

The Corporation participates in numerous federal and state assisted programs, on a direct and state pass-through basis. In connection with these programs, the Corporation is required to comply with specific terms and agreements as well as applicable federal and state laws and regulations. In the opinion of management, the Corporation has complied with all requirements. However, since such programs are subject to future audit or review, the possibility of disallowed expenditures exists. In the event of any disallowance of claimed expenditures, the Corporation expects the resulting liability to be immaterial.

Economic Dependency

The Corporation receives a significant portion of its support and revenues from federal and state grants. These amounts are subject to appropriation each year by federal and state governments and may be discontinued or adjusted based on availability of funds or grants may be awarded to other organizations for administration. Management is not aware of any actions that will adversely affect continuing operations.

SUPPLEMENTAL INFORMATION

COMBINING STATEMENT OF FINANCIAL POSITION - OTHER FUNDS

NOVEMBER 30, 2022

| | Agency Funds | Daycare | ISD Partnership | Total |
|--------------------------------------|-----------------|------------|--------------------|-------------|
| ASSETS | | | | |
| Current assets | | | | |
| Cash in bank | \$1,012,276 | \$ 237,647 | \$- | \$1,249,923 |
| Certificates of deposit | 32,187 | - | - | 32,187 |
| Petty cash | - | - | - | - |
| Grants receivable | - | 450,469 | - | 450,469 |
| Travel advances | 173 | - | - | 173 |
| Accounts receivable | 202 | 2,599 | 181,401 | 184,202 |
| Inventory | 61 | - | - | 61 |
| Prepaid expenses | 22 | 493 | 108 | 623 |
| Due from (to) other funds | 427,051 | (315,600) | 264,848 | 376,299 |
| Total current assets | 1,471,972 | 375,608 | 446,357 | 2,293,937 |
| | | | | |
| Fixed assets | | | | |
| Property, plant, and equipment | 1,084,990 | 12,716 | 3,009 | 1,100,715 |
| Land | 54,554 | - | - | 54,554 |
| Construction in progress | - | - | - | - |
| Accumulated depreciation | (470,071) | (3,412) | (100) | (473,583) |
| Total fixed assets | 669,473 | 9,304 | 2,909 | 681,686 |
| | | | | |
| Total assets | \$2,141,445 | \$ 384,912 | \$ 449,266 | \$2,975,623 |
| | | | | |
| LIABILITIES AND NET ASSETS | | | | |
| Current liabilities | | | | |
| Accounts payable | \$ 98,149 | \$ 16,689 | \$ 2,580 | \$ 117,418 |
| Accrued (payroll) liabilities | 122,275 | 28,693 | 12,082 | 163,050 |
| Current portion of loan payable | 9,217 | | - | 9,217 |
| Deferred revenue | - | 208,603 | - | 208,603 |
| Total current liabilities | 229,641 | 253,985 | 14,662 | 498,288 |
| | | | | |
| Long-term liabilities | | | | |
| Loan payable, net of current portion | 282,503 | | | 282,503 |
| Total liabilities | 512,144 | 253,985 | 14,662 | 780,791 |
| | | | | |
| Net assets | | | | |
| Without donor restrictions | 1,629,301 | 130,927 | 434,604 | 2,194,832 |
| Total net assets | 1,629,301 | 130,927 | 434,604 | 2,194,832 |
| · · | .,, | | | _, _ , _ , |
| Total liabilities and net assets | \$2,141,445 | \$ 384,912 | \$ 449,266 | \$2,975,623 |

COMBINING STATEMENT OF FINANCIAL POSITION - DESIGNATED FUNDS

NOVEMBER 30, 2022

| | - | | arly Head Start | Early Head Start - Expansion | | Head Start - COVID | | Child Food Program | | Summer Food Program | | |
|----------------------------------|----|-----------|--------------------|------------------------------------|----|-----------------------|----|-----------------------|----|---------------------------|----|---|
| <u>ASSETS</u> | | | | | | | | | | | | |
| Current assets | | | | | | | | | | | | |
| Cash in bank | \$ | - | \$ | - | \$ | - | \$ | - | \$ | 2 | \$ | - |
| Certificate of deposit | | - | | - | | - | | - | | - | | - |
| Petty cash | | 600 | | - | | - | | - | | - | | - |
| Grants receivable | | 45,447 | | 68,504 | | 45,855 | | 80 | | 27,637 | | - |
| Travel advances | | - | | - | | - | | - | | - | | - |
| Accounts receivable | | - | | - | | - | | - | | - | | - |
| Inventory | | 64 | | 68 | | 69 | | - | | - | | - |
| Prepaid expenses | | 5,143 | | 517 | | 302 | | - | | 117 | | - |
| Due from (to) other funds | | 32,213 | | (19,535) | | (13,151) | | (80) | | (1,264) | | - |
| Total current assets | | 83,467 | | 49,554 | | 33,075 | | - | | 26,492 | | - |
| | | | | | | | | | | | | |
| Fixed assets | | | | | | | | | | | | |
| Property, plant, and equipment | | 709,088 | | 458,859 | | 883,467 | | - | | - | | - |
| Land | | - | | - | | - | | - | | - | | - |
| Construction in process | | - | | - | | - | | - | | - | | - |
| Other long-term assets | | - | | - | | - | | - | | - | | - |
| Accumulated depreciation | | (576,713) | | (162,774) | | (170,530) | | - | | - | | - |
| Total fixed assets | | 132,375 | | 296,085 | | 712,937 | | - | | - | | - |
| | | | | | | | | | | | | |
| Total assets | \$ | 215,842 | \$ | 345,639 | \$ | 746,012 | \$ | - | \$ | 26,492 | \$ | - |
| LIABILITIES AND NET ASSETS | | | | | | | | | | | | |
| Liabilities | | | | | | | | | | | | |
| Current liabilities | | | | | | | | | | | | |
| Accounts payable | \$ | 15,506 | \$ | 9,106 | \$ | 6,273 | \$ | - | \$ | 16,498 | \$ | - |
| Accrued (payroll) liabilities | | 67,961 | | 40,448 | | 26,802 | | - | | 9,994 | | - |
| Deferred revenue | | - | | - | | - | | - | | - | | - |
| Total current liabilities | | 83,467 | | 49,554 | | 33,075 | | - | | 26,492 | | - |
| Total liabilities | | 83,467 | | 49,554 | | 33,075 | | _ | | 26,492 | | |
| Total habilities | | 03,407 | | 49,004 | | 33,075 | | - | | 20,492 | | - |
| Net assets | | | | | | | | | | | | |
| Without donor restrictions | | 132,375 | | 296,085 | | 712,937 | | - | | - | | - |
| Total net assets | | 132,375 | | 296,085 | | 712,937 | | - | | - | | - |
| | | . , | | | | , | | | | | | |
| Total liabilities and net assets | \$ | 215,842 | \$ | 345,639 | \$ | 746,012 | \$ | - | \$ | 26,492 | \$ | - |

| | HARPLines ansportation | | | Community Services Block Grant | | Community Services Block Grant Discretionary | | HOME Program | | A | prehensive Energy ssistance Program | LIHWAP | |
|----|---------------------------|----|----------|--------------------------------------|-----------|---|---|-----------------|---------------|----|--|--------|----------|
| | | | | | | | | | | | | | |
| \$ | 3,175,395 | \$ | 73 | \$ | 15,604 | \$ | - | \$ | 4,959 | \$ | 81,554 | \$ | 33,088 |
| | 32,187 | | - | | - | | - | | - | | - | | - |
| | - | | - | | 400 | | - | | - | | - | | - |
| | 1,211,841 | | 82,813 | | 84,924 | | - | | 33,392 | | 218,528 | | - |
| | - | | - | | 448 | | - | | - | | - | | - |
| | 155,221 | | - | | - | | - | | (245) | | - | | - |
| | 1,599 5,438 | | - 1 | | 361 5 | | - | | - | | 29 10 | | - 1 |
| | 5,436 274,752 | | (74,002) | | (22,059) | | - | | - (37,317) | | - | | (12,555) |
| | 4,856,433 | | 8,885 | | 79,683 | | | | 789 | | 300,121 | | 20,534 |
| | 4,000,400 | | 0,000 | | 13,000 | | | | 100 | | 500,121 | | 20,004 |
| | 5,920,134 | | - | | 123,482 | | - | | - | | 263,332 | | - |
| | 11,130 | | - | | - | | - | | - | | - | | - |
| | 2,356,129 | | - | | - | | - | | - | | - | | - |
| | - | | - | | 13,500 | | - | | - | | - | | - |
| | (3,886,186) | | - | | (123,482) | | - | | - | | (122,527) | | - |
| | 4,401,207 | | - | | 13,500 | | - | | - | | 140,805 | | - |
| \$ | 9,257,640 | \$ | 8,885 | \$ | 93,183 | \$ | - | \$ | 789 | \$ | 440,926 | \$ | 20,534 |
| | | | | | | | | | | | | | |
| \$ | 313,087 | \$ | 6,551 | \$ | 4,458 | \$ | - | \$ | 33 | \$ | 90,463 | \$ | 10,932 |
| | 100,374 | | 2,334 | | 12,257 | | - | | 756 | | 20,650 | | 2,552 |
| | - | | - | | 60,215 | | - | | - | | 189,806 | | 7,050 |
| _ | 413,461 | | 8,885 | | 76,930 | | - | | 789 | | 300,919 | | 20,534 |
| | 413,461 | | 8,885 | | 76,930 | | - | | 789 | | 300,919 | | 20,534 |
| | 8,844,179 | | _ | | 16,253 | | - | | - | | 140,007 | | - |
| | 8,844,179 | | - | | 16,253 | | - | | - | | 140,007 | | - |
| | .,, | | | | - , 2 | | | | | | ., | | |
| \$ | 9,257,640 | \$ | 8,885 | \$ | 93,183 | \$ | - | \$ | 789 | \$ | 440,926 | \$ | 20,534 |

COMBINING STATEMENT OF FINANCIAL POSITION - DESIGNATED FUNDS (CONT'D)

NOVEMBER 30, 2022

| | Weatheriza Assistan | | | | or - TACAA therization | LIHEAP - Weatherization Assistance Program | | Weatherization Program | |
|----------------------------------|------------------------|----------|----|----------|---------------------------|---|-----------|---------------------------|--------|
| ASSETS | | | | | | | | | |
| Current assets | | | | | | | | | |
| Cash in bank | \$ | 157 | \$ | 32 | \$ 2 | \$ | 169,555 | \$ | 681 |
| Certificate of deposit | | - | | - | - | | - | | - |
| Petty cash | | - | | - | - | | - | | - |
| Grants receivable | | 99,719 | | 54,243 | 6,100 | | 36,531 | | - |
| Travel advances | | - | | - | - | | - | | 391 |
| Accounts receivable | | - | | - | - | | - | | - |
| Inventory | | - | | - | - | | - | | 71 |
| Prepaid expenses | | - | | - | - | | - | | 114 |
| Due from (to) other funds | | (69,381) | | (54,063) | (6,102) | | (65,959) | | 21,891 |
| Total current assets | | 30,495 | | 212 | - | | 140,127 | | 23,148 |
| Fixed assets | | | | | | | | | |
| Property, plant, and equipment | | 17,215 | | - | - | | 190,185 | | - |
| Land | | - | | - | - | | - | | - |
| Construction in process | | - | | - | - | | - | | - |
| Other long-term assets | | - | | - | - | | - | | - |
| Accumulated depreciation | | (9,181) | | - | - | | (154,126) | | - |
| Total fixed assets | | 8,034 | | - | - | | 36,059 | | - |
| Total assets | \$ | 38,529 | \$ | 212 | \$ _ | \$ | 176,186 | \$ | 23,148 |
| LIABILITIES AND NET ASSETS | | | | | | | | | |
| Liabilities | | | | | | | | | |
| Current liabilities | | | | | | | | | |
| Accounts payable | \$ | 15,774 | \$ | - | \$ - | \$ | 102,237 | \$ | 4,513 |
| Accrued (payroll) liabilities | | - | | 212 | - | | - | | 18,635 |
| Deferred revenue | _ | 14,721 | | - | - | | 38,418 | | - |
| Total current liabilities | | 30,495 | | 212 | - | | 140,655 | | 23,148 |
| Total liabilities | | 30,495 | | 212 | - | | 140,655 | | 23,148 |
| Net assets | | | | | | | | | |
| Without donor restrictions | | 8,034 | | - | - | | 35,531 | | - |
| Total net assets | | 8,034 | | - | - | | 35,531 | | - |
| Total liabilities and net assets | \$ | 38,529 | \$ | 212 | \$ _ | \$ | 176,186 | \$ | 23,148 |

| | using for as Heroes | | or Initiative Grant | As | Energy sistance Grants | | A Housing servation | Amy Young Barrier Removal Program | | Barrier Removal Child Care | | Total |
|----|------------------------|----|------------------------|----|------------------------------|----|------------------------|--|---|-------------------------------|-------------------|---------------------------|
| | | | | | | | | | | | | |
| \$ | 24,526 | \$ | 1,023 | \$ | 49,156 | \$ | 991 | \$ | _ | \$ | _ | \$ 3,556,811 |
| Ψ | - 24,520 | Ψ | - | Ψ | - +3,150 | Ψ | - | Ψ | - | Ψ | - | \$ 32,187 |
| | - | | - | | - | | - | | - | | - | 1,000 |
| | 10,333 | | - | | 17,628 | | 3,991 | | - | | 653,607 | 2,701,173 |
| | - | | - | | - | | - | | - | | 422 | 1,261 |
| | - | | - | | - | | - | | - | | - | 154,976 |
| | - | | - | | - | | - | | - | | (20) | 2,241 |
| | 1 | | - | | - | | - | | - | | 13 | 11,662 |
| | (33,476) | | - | | (11,512) | | (3,232) | | - | | (281,458) | (376,303) |
| | 1,384 | | 1,023 | | 55,272 | | 1,750 | | - | | 372,564 | 6,085,008 |
| | | | | | | | | | | | | |
| | _ | | _ | | _ | | _ | | _ | | 628 | 8,566,390 |
| | - | | | | - | | | | - | | - | 11,130 |
| | - | | - | | - | | - | | - | | - | 2,356,129 |
| | - | | - | | - | | - | | - | | - | 13,500 |
| | - | | - | | - | | - | | - | | (628) | (5,206,147) |
| | - | | - | | - | | - | | - | | - | 5,741,002 |
| | | | | | | | | | | | | |
| \$ | 1,384 | \$ | 1,023 | \$ | 55,272 | \$ | 1,750 | \$ | - | \$ | 372,564 | \$ 11,826,010 |
| | | | | | | | | | | | | |
| ۴ | | ¢ | | ¢ | 05 507 | ۴ | 4 750 | • | | • | 040.040 | ¢ 074.000 |
| \$ | - 1,384 | \$ | - | \$ | 25,587 | \$ | 1,750 - | \$ | - | \$ | 348,240 24,200 | \$ 971,008 328,559 |
| | - 1,304 | | - | | - 11,851 | | - | | - | | - 24,200 | 322,061 |
| | 1,384 | | | | 37,438 | | 1,750 | | - | | 372,440 | 1,621,628 |
| | 1,304 | | | | 37,430 | | 1,750 | | - | | 372,440 | 1,021,020 |
| | 1,384 | | - | | 37,438 | | 1,750 | | - | | 372,440 | 1,621,628 |
| | | | | | | | | | | | | |
| | - | | 1,023 | | 17,834 | | - | | - | | 124 | 10,204,382 |
| | - | | 1,023 | | 17,834 | | - | | - | | 124 | 10,204,382 |
| | | | | | · | | | | | | | . <u> </u> |
| \$ | 1,384 | \$ | 1,023 | \$ | 55,272 | \$ | 1,750 | \$ | - | \$ | 372,564 | \$ 11,826,010 |

COMBINING SCHEDULE OF REVENUES, EXPENSES, AND CHANGES IN NET ASSETS - OTHER FUNDS

FOR THE YEAR ENDED NOVEMBER 30, 2022

| | Agency Funds | Daycare | ISD Partnership | Total |
|--|-----------------|----------------------------|--------------------|-------------------------------|
| Revenues | | | | |
| Federal/state/other grant funding Contributions Contributions (non-cash) | \$ 173 4,468 | \$ 1,277,672 - 2,175 | \$- - 6 | \$1,277,845 4,468 2,181 |
| Program service fees | | 121,483 | 242,429 | 363,912 |
| Sale of equipment (net) | - | - | - | - |
| Insurance proceeds | 6,721 | - | - | 6,721 |
| Miscellaneous receipts | 3,242 | - | - | 3,242 |
| Interest income | 234 | 5 | - | 239 |
| | 204 | | | |
| Total revenues | 14,838 | 1,401,335 | 242,435 | 1,658,608 |
| Expenses | | | | |
| Personnel expenses | 821,421 | 455,877 | 181,638 | 1,458,936 |
| Fringe benefits and other employee expenses | 203,573 | 188,409 | 51,275 | 443,257 |
| Direct client assistance | 20,765 | 320 | 158 | 21,243 |
| Other direct program costs | 9,165 | 847 | 4,921 | 14,933 |
| Travel | 16,651 | 27,805 | 1,698 | 46,154 |
| Professional fees | 45,595 | 24,450 | 582 | 70,627 |
| Supplies | 36,058 | 15,814 | 9,054 | 60,926 |
| Occupancy | 32,716 | 11,789 | 6,943 | 51,448 |
| Maintenance, repairs, and lease of equipment | 76,225 | 2,460 | 2,607 | 81,292 |
| Interest | 13,344 | - | - | 13,344 |
| Miscellaneous | 21,931 | 3,814 | 615 | 26,360 |
| Depreciation | 16,619 | 653 | 100 | 17,372 |
| Total expenses | 1,314,063 | 732,238 | 259,591 | 2,305,892 |
| Revenues under expenses | (1,299,225) | 669,097 | (17,156) | (647,284) |
| Operating transfers | 1,671,716 | (548,262) | 262,494 | 1,385,948 |
| Changes in net assets | 372,491 | 120,835 | 245,338 | 738,664 |
| Net assets, December 1, 2021 | 1,256,810 | 10,092 | 189,266 | 1,456,168 |
| Net assets, November 30, 2022 | \$ 1,629,301 | \$ 130,927 | \$ 434,604 | \$ 2,194,832 |

COMBINING SCHEDULE OF REVENUES, EXPENSES, AND CHANGES IN NET ASSETS - DESIGNATED FUNDS

FOR THE YEAR ENDED NOVEMBER 30, 2022

| | Head Start | Early Head Start | Early Head Start - Expansion | Head Start - COVID | Child Food Program | Summer Food Program |
|--|--------------|---------------------|------------------------------------|-----------------------|-----------------------|---------------------------|
| Revenues | | | | | | |
| Federal/state/other grant funding | \$ 2,284,108 | \$ 1,257,093 | \$ 780,212 | \$ 34,105 | \$ 302,029 | \$ 6,105 |
| Contributions | - | - | - | - | - | - |
| Contributions (non-cash) | 615,126 | 189,504 | 335,297 | - | - | - |
| Program service fees | - | - | - | - | - | - |
| Sale of equipment (net) | - | - | - | - | - | - |
| Insurance proceeds | - | - | - | - | - | - |
| Miscellaneous receipts | - | - | - | - | - | 102 |
| Interest income | - | - | - | - | - | - |
| Total revenue | 2,899,234 | 1,446,597 | 1,115,509 | 34,105 | 302,029 | 6,207 |
| Expenses | | | | | | |
| Personnel expenses | 1,310,844 | 729,873 | 463,372 | 16,650 | 164,914 | 2,854 |
| Fringe benefits and other employee expenses | 425,799 | 235,925 | 145,078 | 10,173 | 46,677 | 313 |
| Direct client assistance | 4,525 | 736 | 405 | - , - | 241,632 | 6,548 |
| Other direct program costs | 23,559 | 8,657 | 6,266 | - | 5 | 435 |
| Travel | 19,937 | 23,385 | 10,612 | 1,926 | 577 | - |
| Professional fees | 31,810 | 6,057 | 2,982 | 850 | 306 | - |
| Supplies | 104,800 | 55,067 | 40,764 | 1,172 | 1,706 | 4,675 |
| Occupancy | 711,666 | 250,528 | 362,781 | - | - | - |
| Maintenance, repairs, and lease of equipment | 42,430 | 17,441 | 10,559 | - | 104 | 208 |
| Purchase of equipment | - | _ | _ | - | - | - |
| Interest | - | - | - | - | - | - |
| Miscellaneous | 6,717 | 1,794 | 1,012 | 234 | 42 | 16 |
| Depreciation | 18,454 | 34,259 | 43,790 | - | - | - |
| Total expenses | 2,700,541 | 1,363,722 | 1,087,621 | 31,005 | 455,963 | 15,049 |
| Revenues over (under) expenses | 198,693 | 82,875 | 27,888 | 3,100 | (153,934) | (8,842) |
| Operating transfers | (210,772) | (116,099) | (70,977) | (3,100) | 153,934 | 8,842 |
| Changes in net assets | (12,079) | (33,224) | (43,089) | - | - | - |
| Net assets, December 1, 2021 | 144,454 | 329,309 | 756,026 | | | |
| Net assets, November 30, 2022 | \$ 132,375 | \$ 296,085 | \$ 712,937 | \$- | \$ - | \$- |

| SHARPLines Transportation | Texas Veterans Assistance | Community Services Block Grant | Servic G | Community Services Block Grant Discretionary | | HOME Program | | Comprehensive Energy Assistance Program | | LIHWAP | |
|------------------------------|---------------------------------|--------------------------------------|-------------|---|----|-----------------|----|---|----|----------|--|
| \$ 5,471,343 | \$ 235,199 | \$ 441,089 | \$ | 29,529 | \$ | 124,687 | \$ | 6,504,338 | \$ | 139,461 | |
| - | - | - | | - | | - | | - | | - | |
| - | - | - | | - | | - | | - | | - | |
| 1,781,421 | - | - | | - | | - | | - | | - | |
| 24,686 | - | - | | - | | - | | - | | - | |
| 5,595 | - | - | | - | | - | | - | | - | |
| - | - | - | | - | | - | | 3,634 | | - | |
| 233 | - | | | - | | - | | - | | - | |
| 7,283,278 | 235,199 | 441,089 | | 29,529 | | 124,687 | | 6,507,972 | | 139,461 | |
| | | | | | | | | | | | |
| 1,719,817 | 42,441 | 208,577 | | - | | 11,542 | | 378,935 | | 17,946 | |
| 383,868 | 12,982 | 65,683 | | - | | 3,411 | | 106,993 | | 5,583 | |
| - | 159,722 | 22,991 | | 20,833 | | 112,246 | | 5,286,397 | | 94,216 | |
| 492,768 | - | 3,475 | | - | | 73 | | 3,292 | | 226 | |
| 19,587 | - | 15,260 | | - | | - | | 9,615 | | - | |
| 27,756 | - | 356 | | - | | - | | 491 | | - | |
| 50,939 | - | 5,532 | | 5,362 | | - | | 9,490 | | 425 | |
| 256,840 | - | 23,664 | | - | | 35 | | 46,731 | | 785 | |
| 160,852 | - | 25,599 | | 3,334 | | - | | 43,412 | | 7,712 | |
| - | - | - | | - | | - | | - | | - | |
| - | - | - | | - | | - | | - | | - | |
| 10,021 | 206 | 4,707 | | - | | - | | 2,373 | | 18 | |
| 530,100 | | 3,227 | | - | | - | | 6,798 | | - | |
| 3,652,548 | 215,351 | 379,071 | | 29,529 | | 127,307 | | 5,894,527 | | 126,911 | |
| 3,630,730 | 19,848 | 62,018 | | - | | (2,620) | | 613,445 | | 12,550 | |
| (382,473) | (19,848) | (64,477) | | - | | 2,620 | | (480,341) | | (12,550) | |
| 3,248,257 | - | (2,459) | | - | | - | | 133,104 | | - | |
| 5,595,922 | | 18,712 | | - | | - | | 6,903 | | - | |
| \$ 8,844,179 | \$- | \$ 16,253 | \$ | | \$ | _ | \$ | 140,007 | \$ | | |

COMBINING SCHEDULE OF REVENUES, EXPENSES, AND CHANGES IN NET ASSETS - DESIGNATED FUNDS

FOR THE YEAR ENDED NOVEMBER 30, 2022 (CONT'D)

| | DOE - Weatherization Assistance Program | | AEP - TACAA Weatherization | | Oncor - TACAA Weatherization | | LIHEAP - Weatherization Assistance Program | | Weatherization Program | |
|--|--|-----------|-------------------------------|----------|------------------------------------|---------|---|-----------|---------------------------|-----------|
| Revenues | | | | | | | | | | |
| Federal/state/other grant funding | \$ | 341,176 | \$ | 54,583 | \$ | 6,274 | \$ | 839,406 | \$ | - |
| Contributions | | - | | - | | - | | - | | - |
| Contributions (non-cash) | | - | | - | | - | | - | | - |
| Program service fees | | - | | - | | - | | - | | - |
| Sale of equipment (net) | | - | | - | | - | | - | | - |
| Insurance proceeds | | - | | - | | - | | - | | - |
| Miscellaneous receipts | | - | | - | | - | | - | | - |
| Interest income | | - | | - | | - | | - | | - |
| Total revenue | | 341,176 | | 54,583 | | 6,274 | | 839,406 | | - |
| Expenses | | | | | | | | | | |
| Personnel expenses | | 9,327 | | 1,520 | | 1,131 | | - | | 265,652 |
| Fringe benefits and other employee expenses | | 14,193 | | 356 | | 191 | | 41 | | 70,807 |
| Direct client assistance | | 130,360 | | 33,279 | | 3,265 | | 472,950 | | - |
| Other direct program costs | | 492 | | - | | 92 | | - | | 21,878 |
| Travel | | 10,122 | | 24 | | 110 | | 192 | | 13,331 |
| Professional fees | | - | | - | | - | | - | | 355 |
| Supplies | | 4,106 | | - | | - | | 12,249 | | 14,627 |
| Occupancy | | 4,142 | | 24 | | 55 | | 8,146 | | 25,172 |
| Maintenance, repairs, and lease of equipment | | 226 | | - | | - | | 13 | | 24,913 |
| Purchase of equipment | | - | | - | | - | | - | | - |
| Interest | | - | | - | | - | | - | | - |
| Miscellaneous | | 120 | | - | | - | | 359 | | 2,562 |
| Depreciation | | 3,443 | | - | | - | | 23,879 | | 3,479 |
| Total expenses | | 176,531 | | 35,203 | | 4,844 | | 517,829 | | 442,776 |
| Revenues over (under) expenses | | 164,645 | | 19,380 | | 1,430 | | 321,577 | | (442,776) |
| Operating transfers | | (168,088) | | (19,380) | | (1,430) | | (345,455) | | 442,776 |
| Changes in net assets | | (3,443) | | - | | - | | (23,878) | | - |
| Net assets, December 1, 2021 | | 11,477 | | - | | - | | 59,409 | | - |
| Net assets, November 30, 2022 | \$ | 8,034 | \$ | - | \$ | _ | \$ | 35,531 | \$ | - |

| using for as Heroes | Senior tive Grant | As | | | USDA Housing Preservation | | Housing | | Housing | | Amy Young Barrier Removal Program | | exas - / Mexico | Child Care Assistance | Total |
|------------------------|----------------------|----|----------|----|---------------------------------|----|---------|----|---------|--------------|--|--|--------------------|--------------------------|-------|
| \$ 163,773 | \$ - | \$ | 83,870 | \$ | 22,734 | \$ | - | \$ | 4,827 | \$ 9,129,296 | \$\$\$ \$28,255,237 | | | | |
| - | - | | 45,000 | | - | | - | | - | - | 45,000 | | | | |
| - | - | | - | | - | | - | | - | - | 1,139,927 | | | | |
| - | - | | - | | - | | - | | - | 120 | 1,781,541 | | | | |
| - | - | | - | | - | | - | | - | - | 24,686 | | | | |
| - | - | | - | | - | | - | | - | - | 5,595 | | | | |
| - | - | | - | | - | | - | | - | 656 | 4,392 | | | | |
| - | - | | - | | - | | - | | - | - | 233 | | | | |
| 163,773 | - | | 128,870 | | 22,734 | | - | | 4,827 | 9,130,072 | 31,256,611 | | | | |
| 22,728 | - | | 301 | | 462 | | - | | - | 526,726 | 5,895,612 | | | | |
| 7,048 | - | | 92 | | 112 | | - | | - | 149,351 | | | | | |
| 126,356 | - | | 160,469 | | 19,793 | | - | | 4,513 | 8,133,989 | | | | | |
| - | - | | - | | - | | - | | - | 6,430 | 567,648 | | | | |
| - | - | | - | | - | | - | | - | 25,916 | 150,594 | | | | |
| - | - | | - | | - | | - | | - | 17,219 | 88,182 | | | | |
| - | - | | - | | - | | - | | - | 146,376 | 457,290 | | | | |
| 1,030 | - | | 34 | | 10 | | - | | - | 12,654 | 1,704,297 | | | | |
| 12 | - | | - | | - | | - | | - | 11,630 | 348,445 | | | | |
| - | - | | - | | - | | - | | - | - | - | | | | |
| - | - | | - | | - | | - | | - | - | - | | | | |
| - | - | | - | | - | | - | | - | 11,144 - | 41,325 667,429 | | | | |
| 157,174 | - | | 160,896 | | 20,377 | | - | | 4,513 | 9,041,435 | 26,640,723 | | | | |
| 6,599 | - | | (32,026) | | 2,357 | | - | | 314 | 88,637 | 4,615,888 | | | | |
| (6,599) | - | | (1,223) | | (2,357) | | - | | (314) | (88,637 | (1,385,948) | | | | |
| - | - | | (33,249) | | - | | - | | - | - | 3,229,940 | | | | |
| - | 1,023 | | 51,083 | | - | | - | | - | 124 | 6,974,442 | | | | |
| \$ - | \$ 1,023 | \$ | 17,834 | \$ | - | \$ | - | \$ | - | \$ 124 | \$ 10,204,382 | | | | |

BUDGET TO ACTUAL

COMMUNITY SERVICES BLOCK GRANT

FOR THE YEAR ENDED NOVEMBER 30, 2022

Federal/State Financial Assistance Federal Grantor: U.S. Department of Health and Human Services Pass Through Grantor: Texas Department of Housing and Community Affairs CFDA Number: 93.569 Contract Number: 61210003461 Contract Period: January 1, 2021 to June 30, 2022

| <u>REVENUE</u> | Budget | Prior Year | Current Year | Total | Actual Over (Under) Budget |
|----------------------------------|----------------------|---------------|-----------------|------------|-------------------------------------|
| Federal/State | \$ <u>475,215</u> \$ | 332,589 \$ | 142,626 \$ | 475,215 \$ | - |
| Total Revenue | 475,215 | 332,589 | 142,626 | 475,215 | |
| EXPENSES | | | | | |
| Personnel | | 170,777 | 78,906 | 249,683 | |
| Fringe Benefits | | 52,884 | 22,520 | 75,404 | |
| Travel | | 3,401 | 1,821 | 5,222 | |
| Equipment | | 1,170 | 449 | 1,619 | |
| Supplies | | 8,352 | 1,399 | 9,751 | |
| Contractual | | 15,141 | 6,741 | 21,882 | |
| Other | | 59,611 | 18,705 | 78,316 | |
| Indirect costs | | 21,253 | 12,085 | 33,338 | |
| Total Expenses | 475,215 | 332,589 | 142,626 | 475,215 | - |
| REVENUE OVER (UNDER) EXPENSES | \$\$ | \$ | \$ | <u> </u> | - |

BUDGET TO ACTUAL

COMMUNITY SERVICES BLOCK GRANT

FOR THE YEAR ENDED NOVEMBER 30, 2022

Federal/State Financial Assistance Federal Grantor: U.S. Department of Health and Human Services Pass Through Grantor: Texas Department of Housing and Community Affairs CFDA Number: 93.569 Contract Number: 61220003654 Contract Period: January 1, 2022 to March 31, 2023

| <u>REVENUE</u> Federal/State | Budget \$481,318_\$ | Prior Year - \$ | Current Year 298,463_\$ | Total 298,463_\$ | Actual Over (Under) Budget (182,855) |
|---|------------------------|-----------------------|---|---|--|
| Total Revenue | 481,318 | <u> </u> | 298,463 | 298,463 | (182,855) |
| EXPENSES Personnel Fringe Benefits Travel Equipment Supplies Contractual Other Indirect costs | | | 139,560 42,022 16,824 995 4,133 18,263 52,905 23,761 | 139,560 42,022 16,824 995 4,133 18,263 52,905 23,761 | |
| Total Expenses | 481,318 | | 298,463 | 298,463 | (182,855) |
| REVENUE OVER (UNDER) EXPENSES | \$\$_ | \$ | <u> </u> | <u> </u> | |

BUDGET TO ACTUAL

COMMUNITY SERVICES BLOCK GRANT

FOR THE YEAR ENDED NOVEMBER 30, 2022

Federal/State Financial Assistance Federal Grantor: U.S. Department of Health and Human Services Pass Through Grantor: Texas Department of Housing and Community Affairs CFDA Number: 93.569 Contract Number: 61910003719 Contract Period: February 1, 2022 to July 31,2022

| REVENUE | Budget | Prior Year | | urrent Year | Total | Actual Over (Under) Budget |
|----------------------------------|-------------|---------------|-----|----------------|--------|-------------------------------------|
| Federal/State | \$20,83 | 33_\$ | _\$ | 20,833 \$ | 20,833 | \$ |
| Total Revenue | 20,83 | 33 - | | 20,833 | 20,833 | <u> </u> |
| EXPENSES | | | | | | |
| Personnel | - | - | | - | - | - |
| Fringe Benefits | - | - | | - | - | - |
| Travel | - | - | | - | - | - |
| Equipment | - | - | | - | - | - |
| Supplies | - | - | | - | - | - |
| Contractual | - | - | | - | - | - |
| Other | - | - | | - | - | - |
| Indirect costs | 20,83 | - 33 | | 20,833 | 20,833 | |
| Total Expenses | 20,83 | 33 | | 20,833 | 20,833 | |
| REVENUE OVER (UNDER) EXPENSES | \$ <u> </u> | \$ | \$ | \$ | · | \$ |

BUDGET TO ACTUAL

COMMUNITY SERVICES BLOCK GRANT

FOR THE YEAR ENDED NOVEMBER 30, 2022

Federal/State Financial Assistance Federal Grantor: U.S. Department of Health and Human Services Pass Through Grantor: Texas Department of Housing and Community Affairs CFDA Number: 93.569 Contract Number: 61910003741 Contract Period: February 1, 2022 to July 31, 2022

| | - | Budget | Prior Year | Current Year | Total | Actual Over (Under) Budget |
|----------------------------------|----|--------|---------------|-----------------|-------|-------------------------------------|
| <u>REVENUE</u> Federal/State | \$ | 8,696 | | 8,696 | 8,696 | \$ |
| Total Revenue | - | 8,696 | | 8,696 | 8,696 | |
| EXPENSES | | - | _ | - | - | - |
| Personnel | | - | - | - | - | - |
| Fringe Benefits | | - | - | - | - | - |
| Travel | | - | - | - | - | - |
| Equipment | | - | - | - | - | - |
| Supplies | | - | - | - | - | - |
| Contractual | | - | - | - | - | - |
| Other | | 8,696 | - | 8,696 | 8,696 | - |
| Indirect costs | - | - | | | | |
| Total Expenses | - | 8,696 | | 8,696 | 8,696 | |
| REVENUE OVER (UNDER) EXPENSES | \$ | | \$ <u> </u> | \$ | \$ | \$ <u> </u> |

BUDGET TO ACTUAL

LIHEAP WEATHERIZATION ASSISTANCE ENHANCED WEATHERIZATION PROGRAM

FOR THE YEAR ENDED NOVEMBER 30, 2022

Federal/State Financial Assistance Federal Grantor: U.S. Department of Health and Human Services Pass Through Grantor: Texas Department of Housing and Community Affairs CFDA Number: 93.568 Contract Number: 81210003426 Contract Period: January 1, 2021 to June 30, 2022

| | | | | | | | | Actual Over |
|--|-----------------------------------|-----|----------------------------------|--------------------------------------|-----|-----------------------------------|-----|-------------------------------|
| | | | Prior | Current | | | | (Under) |
| | Budget | | Year | Year | - | Total | _ | Budget |
| <u>REVENUE</u> Federal/State \$ | 736,148 | \$_ | 260,452 | \$ 470,825 | \$_ | 731,277 | \$_ | (4,871) |
| Total Revenue | 736,148 | | 260,452 | 470,825 | _ | 731,277 | | (4,871) |
| <u>EXPENSES</u> Materials/Program Support/Labor Health and Safety Administration Training and Technical Assistance | 572,883 110,189 53,076 - | | 201,558 40,308 18,586 - | 366,824 69,840 34,161 - | _ | 568,382 110,148 52,747 - | _ | (4,501) (41) (329) - |
| Total Expenses | 736,148 | | 260,452 | 470,825 | - | 731,277 | _ | (4,871) |
| REVENUE OVER (UNDER) EXPENSES \$ | | \$ | - | \$ - | \$_ | - | \$_ | |

BUDGET TO ACTUAL

LIHEAP WEATHERIZATION ASSISTANCE ENHANCED WEATHERIZATION PROGRAM

FOR THE YEAR ENDED NOVEMBER 30, 2022

Federal/State Financial Assistance Federal Grantor: U.S. Department of Health and Human Services Pass Through Grantor: Texas Department of Housing and Community Affairs CFDA Number: 93.568 Contract Number: 81220003618 Contract Period: January 1, 2022 to June 30, 2023

| | Budget | Prior Year | Current Year | Total | Actual Over (Under) Budget |
|--|----------------------------------|---------------|---------------------------------|----------------------------------|-------------------------------------|
| <u>REVENUE</u> Federal/State \$ | 535,152 | \$ | \$_368,581 | \$ 368,581 | \$ (166,571) |
| Total Revenue | 535,152 | | 368,581 | 368,581 | (166,571) |
| <u>EXPENSES</u> Materials/Program Support/Labor Health and Safety Administration Training and Technical Assistance | 453,677 42,892 38,583 - | - - - | 310,705 19,293 38,583 | 310,705 19,293 38,583 - | (142,972) (23,599) - - |
| Total Expenses | 535,152 | | 368,581 | 368,581 | (166,571) |
| REVENUE OVER (UNDER) EXPENSES \$ | | \$ | \$ | _\$ | _\$ |

BUDGET TO ACTUAL

DOE / OIL OVERCHARGE WEATHERIZATION ASSISTANCE

FOR THE YEAR ENDED NOVEMBER 30, 2022

Federal/State Financial Assistance Federal Grantor: U.S. Department of Energy Pass Through Grantor: Texas Department of Housing and Community Affairs CFDA Number: 81.042 Contract Number: 56220003768 Contract Period: July 1, 2022 to June 30, 2023

| REVENUE | | Budget | Prior Year | | Current Year | Total | Actual Over (Under) Budget |
|--|----|---------|-------------------|------|-----------------|---------------|---|
| | \$ | 307,436 | \$ - | \$ | 212,955 | \$ 212,955 | \$ (94,481) |
| Total Revenue | | 307,436 | - | | 212,955 | 212,955 | (94,481) |
| <u>EXPENSES</u> | | | | | | | |
| Materials/Program Support/Labor | | 187,875 | - | | 163,138 | 163,138 | (24,737) |
| Health and Safety | | 33,154 | - | | 11,410 | 11,410 | (21,744) |
| Administration | | 38,429 | - | | 21,804 | 21,804 | (16,625) |
| Fiscal Audit | | 1,000 | - | | - | - | (1,000) |
| Liability/Pollution Occurrence Insurance | • | 5,327 | - | | - | - | (5,327) |
| Work Readiness | | 16,651 | - | | - | - | (16,651) |
| State/DOE Travel/Other | | 25,000 | - | | 16,603 | 16,603 | (8,397) |
| Total Expenses | | 307,436 | - | | 212,955 | 212,955 | (94,481) |
| REVENUE OVER (UNDER) EXPENSES | \$ | | \$ - | _\$_ | - | \$ - | \$ - |

BUDGET TO ACTUAL

DOE / OIL OVERCHARGE WEATHERIZATION ASSISTANCE

FOR THE YEAR ENDED NOVEMBER 30, 2022

Federal/State Financial Assistance Federal Grantor: U.S. Department of Energy Pass Through Grantor: Texas Department of Housing and Community Affairs CFDA Number: 81.042 Contract Number: 56210003521 Contract Period: July 1, 2021 to June 30, 2022

| REVENUE | Budget | Prior Year | Current Year | Total | Actual Over (Under) Budget |
|--|-------------|---------------|-----------------|-------------|-------------------------------------|
| | \$\$ | \$ | \$ | \$\$ | \$ <u>(151,167)</u> |
| Total Revenue | 298,775 | 19,387 | 128,221 | 147,608 | (151,167) |
| EXPENSES | | | | | |
| Materials/Program Support/Labor | 195,481 | 11,995 | 89,092 | 101,087 | (94,394) |
| Health and Safety | 34,497 | 1,383 | 10,686 | 12,069 | (22,428) |
| Administration | 37,347 | 6,009 | 9,478 | 15,487 | (21,860) |
| Fiscal Audit | 1,000 | - | - | - | (1,000) |
| Liability/Pollution Occurrence Insurance | 5,450 | - | 4,142 | 4,142 | (1,308) |
| Work Readiness | - | - | - | - | - |
| State/DOE Travel/Other | 25,000 | | 14,823 | 14,823 | (10,177) |
| Total Expenses | 298,775 | 19,387 | 128,221 | 147,608 | (151,167) |
| REVENUE OVER (UNDER) EXPENSES | \$ <u> </u> | \$ | \$ <u> </u> | \$ <u>-</u> | \$ <u>-</u> |

BUDGET TO ACTUAL

COMPREHENSIVE ENERGY ASSISTANCE PROGRAM

FOR THE YEAR ENDED NOVEMBER 30, 2022

Federal/State Financial Assistance Federal Grantor: U.S. Department of Health and Human Services Pass Through Grantor: Texas Department of Housing and Community Affairs CFDA Number: 93.568 Contract Number: 58210003399 Contract Period: January 1, 2021 to March 31, 2022

| <u>REVENUE</u> | | Budget | Prior Year | | Current Year | . <u> </u> | otal | Actual Over (Under) Budget |
|----------------------------------|-------------|-------------|---------------|----------|-----------------|------------|-----------|-------------------------------------|
| Federal/State | \$ <u>3</u> | ,241,237 \$ | 2,594,964 | \$ | 643,436 | \$ 3,23 | 38,400 \$ | (2,837) |
| Total Revenue | 3 | ,241,237 | 2,594,964 | <u> </u> | 643,436 | 3,23 | 38,400 | (2,837) |
| EXPENSES | | | | | | | | |
| Administration | | 234,017 | 229,839 |) | 4,178 | 23 | 34,017 | - |
| Travel | | 2,500 | 2,039 |) | - | | 2,039 | (461) |
| Direct Services: | | | | | | | | |
| Household Crisis | 1 | ,302,696 | 11,823 | 3 | 776 | 1 | 2,599 | (1,290,097) |
| Utility Assistance | 1 | ,302,697 | 2,046,828 | 3 | 543,590 | 2,59 | 90,418 | 1,287,721 |
| Program Services | | 399,327 | 304,435 | 5 | 94,892 | 39 | 99,327 | |
| Total Expenses | 3 | ,241,237 | 2,594,964 | <u> </u> | 643,436 | 3,23 | 38,400 | (2,837) |
| REVENUE OVER (UNDER) EXPENSES | \$ | \$ | - | _\$_ | - | \$ | \$ | |

BUDGET TO ACTUAL

COMPREHENSIVE ENERGY ASSISTANCE PROGRAM

FOR THE YEAR ENDED NOVEMBER 30, 2022

Federal/State Financial Assistance Federal Grantor: U.S. Department of Health and Human Services Pass Through Grantor: Texas Department of Housing and Community Affairs CFDA Number: 93.568 Contract Number: 58220003593 Contract Period: January 1, 2022 to December 31, 2022

| REVENUE | Budget | Prior Year | Current Year | Total | Actual Over (Under) Budget |
|----------------------------------|-----------------|---------------|-----------------|-----------|-------------------------------------|
| Federal/State | \$ 3,084,409 \$ | \$ | 2,899,094 | \$\$ | 6 (185,315) |
| Total Revenue | 3,084,409 | | 2,899,094 | 2,899,094 | (185,315) |
| EXPENSES | | | | | |
| Administration | 222,694 | - | 222,456 | 222,456 | (238) |
| Travel | 2,500 | - | 1,852 | 1,852 | (648) |
| Direct Services: | | | | | |
| Household Crisis | 1,239,612 | - | 17,593 | 17,593 | (1,222,019) |
| Utility Assistance | 1,239,613 | - | 2,386,029 | 2,386,029 | 1,146,416 |
| Program Services | 379,990 | - | 271,164 | 271,164 | (108,826) |
| Total Expenses | 3,084,409 | | 2,899,094 | 2,899,094 | (185,315) |
| REVENUE OVER (UNDER) EXPENSES | \$ <u> </u> | \$ | <u> </u> | \$\$ | S <u> </u> |

BUDGET TO ACTUAL

COMPREHENSIVE ENERGY ASSISTANCE PROGRAM

FOR THE YEAR ENDED NOVEMBER 30, 2022

Federal/State Financial Assistance Federal Grantor: U.S. Department of Health and Human Services Pass Through Grantor: Texas Department of Housing and Community Affairs CFDA Number: 93.568 Contract Number: 25210003553 Contract Period: October 1, 2021 to September 30, 2022

| REVENUE | Budget | Prior Year | Current Year | Total | Actual Over (Under) Budget |
|----------------------------------|----------------|---------------|------------------------|--------------|-------------------------------------|
| Federal/State | \$\$\$\$ | | \$ <u>2,961,808</u> \$ | 2,961,808 \$ | (1,969) |
| Total Revenue | 2,963,777 | - | 2,961,808 | 2,961,808 | (1,969) |
| EXPENSES | | | | | |
| Administration | 269,407 | - | 269,407 | 269,407 | - |
| Travel | - | - | - | - | - |
| Direct Services: | | | | | |
| Household Crisis | 1,168,144 | - | 8,694 | 8,694 | (1,159,450) |
| Utility Assistance | 1,168,144 | - | 2,325,625 | 2,325,625 | 1,157,481 |
| Program Services | 358,082 | - | 358,082 | 358,082 | |
| Total Expenses | 2,963,777 | - | 2,961,808 | 2,961,808 | (1,969) |
| REVENUE OVER (UNDER) EXPENSES | \$ <u> </u> \$ | | \$\$ | 5\$ | |

BUDGET TO ACTUAL

LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM

FOR THE YEAR ENDED NOVEMBER 30, 2022

Federal/State Financial Assistance Federal Grantor: U.S. Department of Health and Human Services Pass Through Grantor: Texas Department of Housing and Community Affairs CFDA Number: 93.499 Contract Number: 34210003691 Contract Period: January 1, 2022 to September 30, 2023

| <u>REVENUE</u> | Budget | Prior Year | Current Year | Total | Actual Over (Under) Budget |
|------------------------------------|---------------|---------------|-----------------|------------|-------------------------------------|
| Federal/State | \$ 686,080 \$ | \$ | 139,461 \$ | 139,461 \$ | (546,619) |
| Total Revenue | 686,080 | | 139,461 | 139,461 | (546,619) |
| <u>EXPENSES</u> | | | | | |
| Administration Direct Services: | 90,082 | - | 12,783 | 12,783 | (77,299) |
| P1 Restoration of Services | 259,885 | - | 33,282 | 33,282 | (226,603) |
| P2 Prevention of Disconnection | 259,885 | - | 49,722 | 49,722 | (210,163) |
| P3 Rate Reduction | - | - | 11,211 | 11,211 | 11,211 |
| Outreach/Eligibility | 76,228 | | 32,463 | 32,463 | (43,765) |
| Total Expenses | 686,080 | <u> </u> | 139,461 | 139,461 | (546,619) |
| REVENUE OVER (UNDER) EXPENSES | \$ <u> </u> | \$ | \$ | \$ | |

COMPLIANCE SECTION

SCHEDULE OF EXPENDITURES OF FEDERAL AND STATE AWARDS

FOR THE YEAR ENDED NOVEMBER 30, 2022

| Federal/ State Grantor/ | Single | Federal | | | Program | | |
|--|--------------------------------|----------------|--------------------|---------------------------|--------------------|-----------------|----------------|
| Pass-through Grantor/ | Audit Class | CFDA Number | Contract Number | Grant Period From / To | or Award Amount | Federal / State | Passed Throug |
| Program Title | Class | Number | Number | FIOIII/ TO | Amount | Expenditures | to Subrecipien |
| FEDERAL GRANTS: | | | | | | | |
| J.S. Department of Health and Human Services: | | | | | | | |
| Direct Program | | | | | | | |
| Head Start | A/non-major | 93.600 | 06CH010745-04 | 12-01-21 to 11-30-22 | 2,284,152 | 2,284,108 | \$- |
| Early Head Start | A/non-major | 93.600 | 06HP000265-04 | 08-01-22 to 07-31-23 | 1,354,436 | 425,146 | - |
| Early Head Start | A/non-major | 93.600 | 06HP000265-03 | 08-01-21 to 07-31-22 | 1,315,085 | 831,948 | - |
| Early Head Start Expansion | A/non-major | 93.600 | 06HP000473-02 | 09-01-22 to 08-31-23 | 937,322 | 581,921 | - |
| Early Head Start Expansion | A/non-major | 93.600 | 06HP000473-01 | 09-01-21 to 08-31-22 | 907,091 | 198,290 | - |
| Head Start American Rescue Plan | A/non-major | 93.600 | 06HE001321-01 | 04-01-21 to 03-31-23 | 652,896 | 34,105 | - |
| | | | | | | 4,355,518 | - |
| Passed Through the Texas Workforce Commission Passed Through Workforce Solutions North Texas | | | | | | | |
| CCDF Cluster | | | | | | | |
| Child Care Management | A/major | 93.575 | 0321CCQ001 | 10-01-20 to 10-31-21 | 322,500 | | - |
| Child Care Management | A/major | 93.575 | 0322CCQ001 | 10-01-21 to 10-31-22 | 616,112 | 546,471 | - |
| Child Care Management | A/major | 93.575 | 0323CCQ001 | 10-01-22 to 12-31-23 | 719,778 | 10,291 | - |
| | | | | | | 556,762 | |
| Child Care Management | A/major | 93.596 | N/A | 10-01-20 to 12-31-21 | 6,280,265 | 41,081 | - |
| Child Care Management | A/major | 93.596 | N/A | 10-01-21 to 12-31-22 | 9,125,852 | 8,015,489 | - |
| Child Care Management | A/major | 93.596 | N/A | 10-01-21 to 12-31-23 | 8,022,192 | 305,816 | - |
| Child Care Management | A/major | 94.596 | 0322CCX001 | 10-01-21 to 03-31-23 | 298,759 | 211,331 | - |
| | ., | | | | | 8,573,717 | - |
| Total CCDF Cluster | | | | | | 9,130,479 | - |
| | | | | | | | |
| Passed Through the Texas Department of Housing and Cor | | | | | | | |
| Community Service Block Grant | B/non-major | 93.569 | 61210003461 | 01-01-21 to 06-30-22 | 475,215 | 142,626 | - |
| Community Service Block Grant | B/non-major | 93.569 | 61220003654 | 01-01-22 to 03-31-23 | 481,318 | 298,463 | - |
| Community Service Block Grant | B/non-major | 93.569 | 61910003719 | 02-01-22 to 07-31-22 | 20,833 | 20,833 | - |
| Community Service Block Grant | B/non-major | 93.569 | 61910003741 | 02-01-22 to 07-31-22 | 8,696 | 8,696 | |
| | | | | | | 470,618 | - |
| Low Income Home Energy Assistance Program - | | | | | | | |
| Weatherization Assistance | A/non-major | 93.568 | 81210003426 | 01-01-21 to 06-30-22 | 736,148 | 470,825 | - |
| Low Income Home Energy Assistance Program - | , | | | | , | ., | |
| Weatherization Assistance | A/non-major | 93.568 | 81220003618 | 01-01-22 to 06-30-23 | 535,152 | 368,581 | - |
| Low Income Home Energy Assistance Program - | , | | | | , | , | |
| Comprehensive Energy Assistance Program | A/non-major | 93.568 | 58220003593 | 01-01-22 to 12-31-22 | 3,084,409 | 2,899,094 | - |
| Low Income Home Energy Assistance Program - | | | | | | | |
| Comprehensive Energy Assistance Program | A/non-major | 93.568 | 25210003553 | 10-01-21 to 09-30-22 | 2,963,777 | 2,961,808 | - |
| Low Income Home Energy Assistance Program - | | | | | | | |
| Comprehensive Energy Assistance Program | A/non-major | 93.568 | 58210003399 | 01-01-21 to 03-31-22 | 3,241,237 | 643,436 | |
| | | | | | | 7,343,744 | - |
| Level Television and a Michael Assistence - Decomposite | D/ | 02 400 | 24210002601 | 01 01 22 to 00 20 22 | coc 000 | 100 101 | |
| Low Income Household Water Assistance Program | B/non-major | 93.499 | 34210003691 | 01-01-22 to 09-30-23 | 686,080 | 139,461 | |
| Total U.S. Department of Health and H | uman Services | | | | | 21,439,820 | - |
| | | | | | | _ | |
| I.S. Department of Housing and Urban Development Passed Through the Texas Department of Housing and Cor | | | | | | | |
| HOME Funds- Tenant-Based Rental Assistance | mmunity Affairs B/non-major | 14.239 | 1003047 | 04-23-20 to 09-30-21 | | | |
| HOME Funds- Tenant-Based Rental Assistance | | 14.239 | 1003047 | 04-30-20 to 04-29-23 | - 124,687 | - 124,010 | - |
| HOME Funds- Tenant-based Rental Assistance | B/non-major B/non-major | 14.239 | 1002828 | 09-20-18 to 09-20-21 | 677 | 677 | - |
| Total Department of Housing and Urba | | 17.239 | 1002020 | 05 20-10 10 05-20-21 | 0// | 124,687 | |
| rotar Department or Housing and Orba | . Development | | | | | 124,007 | |
| S. Department of Energy | | | | | | | |
| Passed Through the Texas Department of Housing and Cor | mmunity Affairs | | | | | | |
| DOE/Oil Overage Weatherization Assistance | B/non-major | 81.042 | 56220003768 | 07-01-22 to 06-30-23 | 307,436 | 212,955 | - |
| DOE/Oil Overage Weatherization Assistance | B/non-major | 81.042 | 56210003521 | 07-01-21 to 06-30-22 | 298,775 | 128,221 | - |
| Total U.S. Department of Energy | | | | | | | |

SCHEDULE OF EXPENDITURES OF FEDERAL AND STATE AWARDS

FOR THE YEAR ENDED NOVEMBER 30, 2022

| Federal/ State Grantor/ | Single | Federal | Quantum at | Orant David | Program | Es devel / Obsta | Descend Theory |
|---|----------------|----------------|--------------------|---------------------------|--------------------|---|------------------------------------|
| Pass-through Grantor/ Program Title | Audit Class | CFDA Number | Contract Number | Grant Period From / To | or Award Amount | Federal / State Expenditures | Passed Through to Subrecipients |
| U.S. Department of Transportation | Class | Number | Number | 110111/10 | Amount | Experialates | to Subrecipients |
| Passed through Texas Department of Transportation | | | | | | | |
| Nonurbanized Area Formula Program | A/major | 20.509 | 51018010521 | 09-04-20 to 05-31-23 | 730,927 | 656,452 | - |
| Nonurbanized Area Formula Program | A/major | 20.509 | 51018010522 | 09-01-21 to 05-31-23 | 1,016,322 | 1,010,766 | - |
| Nonurbanized Area Formula Program | A/major | 20.509 | 1018010523 | 09-02-22 to 08-31-23 | 2,348,590 | - | - |
| Nonurbanized Area Formula Program | A/major | 20.509 | 51018020523 | 09-01-22 to 12-31-23 | 1,226,726 | 387,846 | - |
| Nonurbanized Area Formula Program-Cares | A/major | 20.509 | 51018050521 | 01-01-21 to 12-31-22 | 2,991,373 | 1,320,733 | - |
| Nonurbanized Area Formula Program-ARP | A/major | 20.509 | 51018040522 | 09-01-21 to 12-31-22 | 80,170 | 80,170 | - |
| | | | | | | 3,455,967 | - |
| | | | | | | | |
| Capital Assist Program for Elderly Persons | | | | | | | - |
| and Persons with Disabilities | B/non-major | | 51016010422 | 09-01-21 to 08-31-23 | 200,000 | 194,412 | |
| Capital Enhanced Mobility of Seniors-Replace Van | B/non-major | 20.513 | 51016030423 | 09-21-21 to 08-31-23 | 400,000 | - | |
| | | | | | | 194,412 | |
| Capital Replacement-Acquisition-Engineering & Design | B/major | 20.526 | 51003F10523 | 04-03-23 to 03-31-25 | 578,308 | | |
| Capital Replacement-Acquisition-Expand Bus | B/major | 20.526 | 51003F10525 | 09-01-20 to 09-30-22 | 534,074 | - 479,373 | - |
| Capital Construction Admin/Maint Facility | B/major | 20.526 | 51003010523 | 09-01-20 to 05-31-24 | 249,382 | | |
| capital construction Adminy Plaint Pacinty | B/major | 20.526 | 51003F010522 | 09-01-21 to 05-31-23 | 1,610,000 | 127,083 | - |
| | D/ major | 20.520 | 510051 010522 | 05 01 21 10 05 51 25 | 1,010,000 | 606,456 | |
| Total U.S. Department of Transportation | 1 | | | | | 4,256,835 | |
| | | | | | | 1,200,000 | |
| U.S. Department of Agriculture | | | | | | | |
| Passed through the Texas Department of Agriculture | | | | | | | |
| Rural Housing Preservation Grant | B/non-major | 10.433 | 490250756047309 | 09-01-20 to 08-31-23 | 227,312 | 22,734 | - |
| - | | | | | | | |
| Child and Adult Care Food Program | B/non-major | 10.558 | NT4XL1YGLGC5 | 10-01-22 to 09-30-22 | n/a | 240,770 | - |
| Child and Adult Care Food Program | B/non-major | 10.558 | NT4XL1YGLGC5 | 10-01-22 to 09-30-23 | n/a | 61,259 | - |
| | | | | | | 302,029 | - |
| | | | | | | | |
| Summer Food Service Program | B/non-major | 10.559 | NT4XL1YGLGC5 | 06-01-20 to 08-15-20 | n/a | 6,105 | - |
| Total U.S. Department of Agriculture | | | | | | 330,868 | - |
| | | | | | | ~ | |
| TOTAL FEDERAL | | | | | | 26,493,386 | |
| STATE GRANTS: Texas Department of Transportation | | | | | | | |
| Section 18/Public Transportation | A/Major | NA | 51218010421 | 09-02-20 to 08-31-22 | 710,207 | 370,655 | |
| Section 18/Public Transportation | A/Major | NA | 51218010422 | 09-01-21 to 08-31-22 | 509,955 | 509,955 | - |
| Section 18/Public Transportation | A/Major | NA | 51218010423 | 09-01-22 to 08-31-23 | 509,955 | 333,898 | |
| Total Texas Department of Transportation | | 100 | 51210010125 | 05 01 22 10 00 51 25 | | 1.214.508 | |
| · · · · · · · · · · · · · · · · · · · | | | | | | .,, | |
| Texas Department of Housing and Community Affairs | | | | | | | |
| Amy Young Barrier Removal Program | B/non-major | NA | 1002962 | 01-01-20 to 08-31-23 | 24,750 | - | - |
| Total Texas Department of Housing and Comm | unity Affairs | | | | | - | - |
| | | | | | | | |
| Texas Veterans Commission | | | | | | | |
| Fund for Veterans Assistance-General Assistance Grant | B/non-major | NA | GT-FVA22-021 | 07-01-22 to 06-30-23 | 300,000 | 182,337 | |
| Fund for Veterans Assistance-General Assistance Grant | B/non-major | NA | GT-FVA21-067 | 07-01-21 to 06-30-22 | 300,000 | 52,862 | - |
| Fund for Veterans Assistance- Housing 4 Texas Heroes | B/non-major | NA | GT-HTX22-003 | 07-01-22 to 06-30-23 | 300,000 | 37,073 | |
| Fund for Veterans Assistance- Housing 4 Texas Heroes | B/non-major | NA | GT-HTX21-015 | 07-01-21 to 06-30-22 | 300,000 | 126,700 | - |
| Total Texas Veterans Commission | | | | | | 398,972 | - |
| | | | | | | | |
| TOTAL STATE | | | | | | 1,613,480 | - |
| TOTAL FEDERAL AND STATE | | | | | | ¢ 00 400 000 | ¢ |
| IOTAL FEDERAL AND STATE | | | | | | \$ 28,106,866 | \$- |
| | | | | | | | |

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AND STATE AWARDS FOR THE YEAR ENDED NOVEMBER 30, 2022

Note 1: BASIS OF PRESENTATION

The schedule of expenditures of federal and state awards includes the federal and state grant activity of Rolling Plains Management Corporation of Baylor, Cottle, Foard, Hardeman, and Wilbarger Counties (RPMC) and is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and the State of Texas Uniform Grant Management Standards (UGMS). Because the Schedule presents only a selected portion of the operations of RPMC, it is not intended to and does not present the financial position, changes in net assets, or cash flows of RPMC.

Note 2: SUMMARY OF SIGNFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Note 3: INDIRECT COST RATE

Rolling Plains Management Corporation of Baylor, Cottle, Foard, Hardeman, and Wilbarger Counties has elected to use the 10% de minimus indirect cost rate as allowed under the Uniform Guidance.



Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*

Board of Directors Rolling Plains Management Corporation of Baylor, Cottle, Foard, Hardeman, and Wilbarger Counties

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Rolling Plains Management Corporation of Baylor, Cottle, Foard, Hardeman, and Wilbarger Counties (the Corporation) (a nonprofit corporation), which comprise the statement of financial position as of November 30, 2022, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated July 18, 2023.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Corporation's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control. Accordingly, we do not express an opinion on the effectiveness of the Corporation's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Corporation's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the corporation's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Corporation's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

MWH Group, P.C.

MWH GROUP, P.C.

Wichita Falls, Texas July 18, 2023



Independent Auditor's Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance and the State of Texas Uniform Grant Management Standards

Board of Directors Rolling Plains Management Corporation of Baylor, Cottle, Foard, Hardeman, and Wilbarger Counties

Report on Compliance for Each Major Federal and State Program

Opinion on Each Major Federal and State Program

We have audited Rolling Plains Management Corporation of Baylor, Cottle, Foard, Hardeman, and Wilbarger Counties' (the Corporation) compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* and the Texas Uniform Grant Management Standards (UGMS) that could have a direct and material effect on each of Rolling Plains Management Corporation's major federal and state programs for the year ended November 30, 2022. Rolling Plains Management Corporation's major federal and state programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Corporation complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal and state programs for the year ended November 30, 2022.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and the Texas Uniform Grant Management Standards (UGMS). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Rolling Plains Management Corporation and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination Rolling Plains Management Corporation's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to Rolling Plains Management Corporation's federal and state programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Rolling Plains Management Corporation's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, the Uniform Guidance, and the Texas Uniform Grant Management Standards will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Rolling Plains Management Corporation's compliance with the requirements of each major federal and state program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, the Uniform Guidance, and the Texas Uniform Grant Management Standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Rolling Plains Management Corporation's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Rolling Plains Management Corporation's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Rolling Plains Management Corporation's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency or a combination of deficiency, or a combination of deficiency, or a combination of deficiency with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance and Texas Uniform Grant Management Standards. Accordingly, this report is not suitable for any other purpose.

MWH Aroup, P.C.

MWH GROUP, P.C.

Wichita Falls, Texas July 18, 2023

SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED NOVEMBER 30, 2022

A. Summary of Auditor's Results

Financial Statements

- The auditor's report expresses an unmodified opinion on whether the financial statements of Rolling Plains Management Corporation of Baylor, Cottle, Foard, Hardeman, and Wilbarger Counties were prepared in accordance with GAAP.
- No significant deficiencies or material weaknesses related to the audit of the financial statements are reported in the *Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards*.
- No instances of noncompliance material to the financial statements of the Corporation, which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.

Federal Awards

- No significant deficiencies or material weaknesses in internal control over major federal award programs are reported in the *Independent Auditor's Report on Compliance for Each Major Program* and on Internal Control Over Compliance Required by the Uniform Guidance and the State of Texas Uniform Grant Management Standard.
- The auditor's report on compliance for the major federal award programs for the Corporation expresses an unmodified opinion on all major federal programs.
- There are no audit findings that are required to be reported in accordance with 2 CFR section 200.516(a) reported in this Schedule.
- The programs tested as major federal programs were:
 - Child Care Management Cluster (AL 93.575/93.596)
 - Nonurbanized Area Formula Program (AL 20.509)
 - Transportation Capital Replacement and Construction (AL 20.526)
- The threshold used to distinguish between Type A and B programs was \$750,000.
- The Corporation qualified as a low risk auditee.

State Awards

- No significant deficiencies or material weaknesses in internal control over major state award programs are reported in the *Independent Auditor's Report on Compliance for Each Major Program* and on Internal Control Over Compliance Required by the Uniform Guidance and the State of Texas Uniform Grant Management Standard.
- The auditor's report on compliance for the major state award programs for the Corporation expresses an unmodified opinion on all major state programs.

- There are no audit findings that are required to be reported in accordance with State of Texas Uniform Grant Management Standards reported in this Schedule.
- The programs tested as major federal programs were:
 - Section 18/Public Transportation
- The threshold used to distinguish between Type A and B programs was \$300,000.
- The Corporation qualified as a low risk auditee.

B. Findings - Financial Statement Audit

None

C. Findings and Questioned Costs – Major Federal and State Awards Program Audit

None

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE YEAR ENDED NOVEMBER 30, 2022

There are no prior audit findings to report.



624 Indiana, P.O. Box 97000 Wichita Falls, Texas 76307-7000 (940) 723-1471 Fax (940) 723-2251 www.mwhpc.com

July 28, 2023

Debra K. Thomas Rolling Plains Management Corporation P.O. Box 490 Crowell, TX 79227

Dear Debra:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by October 16, 2023.

We have also enclosed a Public Disclosure Copy of Form 990 for your use. All information on Form 990 is required to be reported to the IRS, however, not all of this is open to public inspection, such as the names and addresses of donors. This Public Disclosure Copy of Form 990 should be used when providing a copy of the return to the general public.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

John L Luig, Jr, CPA

| Prepared for: | Prepared by: |
|--------------------------------------|------------------------------|
| ROLLING PLAINS MANAGEMENT CORPORATIO | MWH Group, P.C. |
| P.O. BOX 490 | P.O. Box 97000 |
| CROWELL, TX 79227 | Wichita Falls, TX 76307-7000 |

2021 FORM 990

Electronic Filing:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by October 16, 2023.

| 0070 TE | IRS e-file Signature Authoriza | ation | OMB No. 1545-0047 |
|--|---|---|---|
| Form 8879-TE | for a Tax Exempt Entity | | |
| | For calendar year 2021, or fiscal year beginning DEC 1 , 2021, and ending | | 2021 |
| Department of the Treasury Internal Revenue Service | Do not send to the IRS. Keep for your record Do to unum imp gov/Form2020TE for the labort info | | |
| Name of filer | Go to www.irs.gov/Form8879TE for the latest info | EIN or SS | N |
| | G PLAINS MANAGEMENT CORPORATION | | 047309 |
| Name and title of officer or pe | | 75 0 | 047305 |
| Name and the of officer of pe | EXECUTIVE DIRECTOR | | |
| Part I Type of | Return and Return Information | | |
| Form 5330 filers may ente or 10a below, and the amo | rn for which you are using this Form 8879-TE and enter the applicable ar r dollars and cents. For all other forms, enter whole dollars only. If you ch ount on that line for the return being filed with this form was blank, then b ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- | neck the box on line 1a, 2a eave line 1b, 2b, 3b, 4b, 5 | n, 3a, 4a, 5a, 6a, 7a, 8a, 9a b, 6b, 7b, 8b, 9b, or 10b, |
| 1a Form 990 check h | ere b Total revenue, if any (Form 990, Part VIII, colum | n (A), line 12) | н31,774,295. |
| 2a Form 990-EZ che | | | 2b |
| 3a Form 1120-POL | | | |
| 4a Form 990-PF che | | | |
| 5a Form 8868 check | | | |
| 6a Form 990-T chec | | | 6b |
| 7a Form 4720 check | | | . 7b |
| 8a Form 5227 check | | | 8b |
| 9a Form 5330 check | here b Tax due (Form 5330, Part II, line 19) | | 9b |
| 10a Form 8038-CP ch | | | 10b |
| | tion and Signature Authorization of Officer or Person S I declare that X I am an officer of the above entity or I am a per | | |
| intermediate service provi acknowledgement of rece of any refund. If applicable entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receiv | that the amount in Part I above is the amount shown on the copy of the der, transmitter, or electronic return originator (ERO) to send the return to pt or reason for rejection of the transmission, (b) the reason for any dela a, I authorize the U.S. Treasury and its designated Financial Agent to initi- ution account indicated in the tax preparation software for payment of the t the entry to this account. To revoke a payment, I must contact the U.S. prior to the payment (settlement) date. I also authorize the financial inst- re confidential information necessary to answer inquiries and resolve issu- nber (PIN) as my signature for the electronic return and, if applicable, the | to the IRS and to receive from y in processing the return iate an electronic funds with the federal taxes owed on the taxes reasury Financial Agent itutions involved in the pro- ues related to the paymen | om the IRS (a) an or refund, and (c) the date thdrawal (direct debit) his return, and the at 1-888-353-4537 no cessing of the electronic t. I have selected a |
| PIN: check one box only | H GROUP, P.C. | to enter my | PIN 55555 |
| | ERO firm name | | Enter five numbers, but |
| with a state age on the return's o As an officer or return. If I have | on the tax year 2021 electronically filed return. If I have indicated within ncy(ies) regulating charities as part of the IRS Fed/State program, I also lisclosure consent screen. person subject to tax with respect to the entity, I will enter my PIN as my ndicated within this return that a copy of the return is being filed with a s rogram, I will enter my PIN on the return's disclosure consent screen. | authorize the aforemention signature on the tax year | 2021 electronically filed |
| Signature of officer or person subje | | Da | te 🕨 |
| Part III Certifica | tion and Authentication | | |
| | , | 08155555 ot enter all zeros | |
| - | meric entry is my PIN, which is my signature on the 2021 electronically fil coordance with the requirements of Pub. 4163, Modernized e-File (MeF) | | |
| ERO's signature 🕨 | | Date | |
| | | | |
| | ERO Must Retain This Form - See Instru Do Not Submit This Form to the IRS Unless Requ | | |
| LHA For Privacy act and | Paperwork Reduction Act Notice, see instructions. | | Form 8879-TE (2021) |

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

| Filo a | sonarato | application | for each | return |
|--------|----------|-------------|----------|--------|

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or | Name of exempt organization or other filer, see instru | uctions. | | Taxpaye | r identificatio | on number (TIN) | |
|--|--|---|---|--|--|-------------------|--|
| print | ROLLING PLAINS MANAGEMENT | INT CORPORATION 75-6047309 | | | | | |
| due date for filing your | | | | | | | |
| return. See instructions. | City, town or post office, state, and ZIP code. For a f CROWELL, TX 79227 | oreign add | Iress, see instructions. | | | | |
| Enter the | Return Code for the return that this application is for (fi | le a separa | te application for each return) | | | | |
| Applicati | on | Return | Application | | | Return | |
| ls For | | Code | Is For | | | Code | |
| Form 990 | or Form 990-EZ | 01 | Form 1041-A | | | 08 | |
| Form 472 | 0 (individual) | 03 | Form 4720 (other than individual) | | | 09 | |
| Form 990 | PF | 04 | Form 5227 | | | 10 | |
| Form 990 | -T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | |
| Form 990 | T (trust other than above) | 06 | Form 8870 | | | 12 | |
| Form 990 | T (corporation) DEBRA THOMAS | 07 | | | | | |
| If this is box ▶ [1 I reaction the ▶ [| arganization does not have an office or place of business s for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until organization named above. The extension is for the org calendar year or tax year beginning DEC 1, 2021 e tax year entered in line 1 is for less than 12 months, of Change in accounting period | Group Exe and atta OCT(ganization's | emption Number (GEN), in the names and TINs of <u>OBER 16, 2023</u> , to file s return for: | f this is fo f all memb e the exen | r the whole opers the extension of the e | group, check this | |
| any | is application is for Forms 990-PF, 990-T, 4720, or 6069 nonrefundable credits. See instructions. is application is for Forms 990-PF, 990-T, 4720, or 6069 | , | | 3a | \$ | 0. | |
| | mated tax payments made. Include any prior year over | | | Зb | \$ | 0. | |
| | ance due. Subtract line 3b from line 3a. Include your pa | | | | | | |
| | ng EFTPS (Electronic Federal Tax Payment System). Se | | | Зc | \$ | 0. | |
| | If you are going to make an electronic funds withdrawa | | | 3453-TE ai | nd Form 887 | 9-TE for payment | |

| | | | EXTENDED TO OCTOBER 16, | 202 | 23 | | |
|--------------------------------|-----------------------------|---------------------------------|---|------------|------------------------------|------------|--------------------------|
| | Ω | 00 | Return of Organization Exempt F | rom | Income Tax | | OMB No. 1545-0047 |
| For | тIJ | 90 | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (| | | ions) | 2021 |
| - | | | Do not enter social security numbers on this form a | as it ma | y be made public. | | Open to Public |
| Depa Inter | artment o nal Reve | of the Treasury enue Service | Go to www.irs.gov/Form990 for instructions and to the second s | the late | est information. | | Inspection |
| ΑΙ | or th | e 2021 calend | ar year, or tax year beginning $ { m DEC} 1$, $ 2021 $ and ei | nding | <u>N</u> OV 30, 2022 | 2 | |
| B | Check if applicab | C Name or | organization | | D Employer identi | ficatio | on number |
| , | ⊐Addre | | | | | | |
| | Chang | | ING PLAINS MANAGEMENT CORPORATION | | | ~ ~ ~ | |
| | chang | ge Doing b | usiness as | | 75-60473 | | |
| F | return Final | Number | | Room/su | | | 71 |
| | return_ termir | | BOX 490 | | 940-684 | | <u>/1</u> 31,776,290. |
| | ated Amen return | City or t | own, state or province, country, and ZIP or foreign postal code ELL , TX 79227 | | G Gross receipts \$ | | |
| | □return □Applio □tion | | nd address of principal officer: DEBRA K. THOMAS | | H(a) Is this a group | | |
| | tiòn pendi | | BOX 490, CROWELL, TX 79227 | | for subordinate | | |
| | | | X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or | <u>ر ا</u> | 27 H(b) Are all subordinates | | |
| | | | | j | H(c) Group exempti | | See instructions |
| | | f organization: | | | ar of formation: 1965 | | |
| | art I | Summary | | | | | |
| | | | e the organization's mission or most significant activities: ${{ m TO}}$ ${ m ST}$ | RIVE | E FOR THE EL | IMI | NATION OF |
| nce | . | POVERTY | BY OPENING TO EVERYONE THE OPPORT | UNI | TY FOR EDUCA | FIO | N AND |
| rna | 2 | | x > if the organization discontinued its operations or dispose | | | | |
| ove | | | | | 3 | 1 | 29 |
| Ğ | | | ependent voting members of the governing body (Part VI, line 1b) | | | _ | 29 |
| es 8 | | | of individuals employed in calendar year 2021 (Part V, line 2a) | | | j | 320 |
| Activities & Governance | | | of volunteers (estimate if necessary) | | | ; | 494 |
| Acti | | | d business revenue from Part VIII, column (C), line 12 | | | 3 | 0. |
| _ | b | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | <u></u> | | , | 0. |
| | | | | | Prior Year | | Current Year |
| e | 8 | Contributions | and grants (Part VIII, line 1h) | | 23,827,479 | | 29,583,734. |
| Revenue | | • | ce revenue (Part VIII, line 2g) | | 1,432,261 | | 2,149,845. |
| Rev | | | come (Part VIII, column (A), lines 3, 4, and 7d) | | 31,208 | | 25,158. |
| _ | | | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | Г | 9,740 | | 15,558. |
| | | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 25,300,688 | | 31,774,295. |
| | | | nilar amounts paid (Part IX, column (A), lines 1-3) | Г | 11,948,557 | _ | 15,052,857. |
| | | | to or for members (Part IX, column (A), line 4) | | 8,303,686 | - | 0.9,482,481. |
| Expenses | 15 | | compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0,303,000 | • | 9,402,401. |
|)en | 16a | | undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► | ö. | U | • | • • |
| Ă | | | es (Part IX, column (D), line 25) | | 2,781,511 | | 3,270,353. |
| | | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 23,033,754 | | 27,805,691. |
| | | | expenses. Subtract line 18 from line 12 | | 2,266,934 | | 3,968,604. |
| es | 13 | Revenue less | | | Beginning of Current Year | _ | End of Year |
| ets - lanc | 20 | Total assets (I | Part X, line 16) | F | 10,661,591 | | 14,801,633. |
| Net Assets or Fund Balances | 21 | | (Part X, line 26) | | 2,230,981 | | 2,402,419. |
| _Net | 22 | | fund balances. Subtract line 21 from line 20 | | 8,430,610 | | 12,399,214. |
| | art II | | | | | | <u> </u> |
| Und | er pena | _ | declare that I have examined this return, including accompanying schedules a | and stat | ements, and to the best of r | my kno | wledge and belief, it is |
| | | | Declaration of preparer (other than officer) is based on all information of whic | | | | · |
| | | | | | | | |

| Sign Here | Signature of officer DEBRA K. THOMAS, EXECU Type or print name and title | TIVE DIRECTOR | | Date | | | | | | | |
|--------------|---|------------------------------------|------|--|--|--|--|--|--|--|--|
| | Print/Type preparer's name | Preparer's signature | Date | | | | | | | | |
| Paid | JOHN L LUIG, JR, CPA | | | ^{IT} self-employed P00446182 | | | | | | | |
| Preparer | Firm's name MWH GROUP, P.C. | | | Firm's EIN 🕨 75-2205423 | | | | | | | |
| Use Only | Firm's address P.O. BOX 97000 | | | | | | | | | | |
| | WICHITA FALLS, TX 76307-7000 Phone no. (940) 723-1471 | | | | | | | | | | |
| May the IF | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | | | |
| 132001 12-0 | 9-21 LHA For Paperwork Reduction Act Notio | ce, see the separate instructions. | | Form 990 (2021) | | | | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUAP 498 130

| | ROLLING PLAINS MANAGEMENT CORPORATION 75-6047309 Page 2 |
|-----------|---|
| Pa | rt 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: |
| | THE POLICY OF THIS CORPORATION SHALL BE TO STRIVE FOR THE ELIMINATION |
| | OF POVERTY BY OPENING TO EVERYONE THE OPPORTUNITY FOR EDUCATION AND TRAINING, THE OPPORTUNITY TO WORK, THE OPPORTUNITY TO LIVE IN DECENCY |
| | AND DIGNITY. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| 2 | prior Form 990 or 990-EZ? |
| | 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? |
| - | 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 | |
| | CHILD CARE ASSISTANCE - TO PROVIDE OR SUBSIDIZE DAY CARE COSTS FOR |
| | CHILDREN OF ELIGIBLE PARENTS. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ 3,553,444. including grants of \$) (Revenue \$ 1,781,421.) |
| | RURAL PUBLIC AND MEDICAL TRANSPORTATION-TO PROVIDE PUBLIC |
| | TRANSPORTATION FOR RESIDENTS OF RURAL COUNTIES AND TO PROVIDE |
| | TRANSPORTATION FOR MEDICAL APPOINTMENTS FOR RESIDENTS IN THE AGENCIES |
| | SERVICE AREA. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:)(Expenses \$ 8,258,791. including grants of \$ 6,647,390.) (Revenue \$ 3,634.) |
| 40 | (Code:) (Expenses \$ 0,250,791. including grants of \$ 0,047,390.) (Revenue \$ 3,034.) ENERGY ASSISTANCE TO PROVIDE ASSISTANCE TO ELDERLY, DISABLED AND LOW |
| | INCOME PERSONS WITH ENERGY COSTS INCLUDING PAYMENT OF UTILITY BILLS AND |
| | REPAIRS AND/OR REPLACEMENT OF HEATING AND COOLING SYSTEMS OF HOMES. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$ 3,242.) Total program service expenses ▶ 26,286,390. |
| <u>4e</u> | Total program service expenses ► 26,286,390. Form 990 (2021) |
| | F0111 330 (2021) |

| Form | 990 | (2021) |
|------|-----|--------|
| | 330 | |

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)? | | 37 | |
| _ | If "Yes," complete Schedule A | 1 | X | |
| 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 | | | v |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | 4 | | х |
| 5 | during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | 4 | | |
| 5 | 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 | <u> </u> | | |
| Ū | 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, | | | |
| | 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 debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 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 | 10 | | X |
| 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | 37 | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | v |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 110 | | х |
| А | assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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 | 11c | | - 23 |
| u | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| ۵ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| 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)? If "Yes," complete Schedule D, Part X | 11f | | х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | 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 | | X |
| 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 | | X |
| 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 | | | v |
| 10 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 46 | | х |
| 17 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | |
| 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</i> " <i>Yes</i> ," <i>complete Schedule G, Part I.</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 | 17 | | |
| 10 | 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? <i>If</i> "Yes," <i>complete Schedule H</i> | 20a | | Х |
| | 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 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| | | | | |

Form **990** (2021) Page 132

| Form 990 (2 | 2021) | | | ROLLING | PLA | INS | MAN |
|-------------|-------|---------|-------|-------------|--------|---------|--------|
| Part IV | Che | ecklist | of Re | equired Sch | nedule | S (cont | inued) |

| | | | 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 | | | 37 |
| | Schedule J | 23 | | x |
| 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 | | | x |
| h | Schedule K. If "No," go to line 25a | 24a | | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | any tax-exempt bonds? | 24c | | |
| Ь | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 2.10 | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | 00- | | x |
| h | "Yes," complete Schedule L, Part IV | 28a 28b | | X |
| | A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> | 200 | | - 23 |
| C | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | x |
| 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 | | X |
| 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 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 0.5 | | |
| 20 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 36 | | x |
| 37 | If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 30 | | - 23 |
| 57 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 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 | |
| Pa | | | | |
| | 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 92 | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |
| 132004 | 4 12-09-21 | | | (2021) |
| | Page | 13 | 3 | |

| 021) | ROLLING | PLAINS | MANAGEMENT | CORPORATION |
|--------------|---------------|--------------|-----------------|----------------------|
| Statements R | legarding Otl | her IRS Fili | ngs and Tax Con | npliance (continued) |

| | | | Yes | No | | | | |
|----------|---|----------|-----|----|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 320 | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | х | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions. | | | v | | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X | | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 4 - | | x | | | | |
| h | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | | | | |
| b | 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 | | х | | | | |
| b | | 5b | | x | | | | |
| c | | | | | | | | |
| | 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 | | x | | | | |
| 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). | | | | | | | |
| а | 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 | | Х | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | |
| | to file Form 8282? | 7c | | X | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X | | | | |
| g | | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | • | | | | | | |
| • | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | |
| 9 | | | | | | | | |
| a b | Did the sponsoring organization make any taxable distributions under section 4966? | 9a 9b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | 50 | | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | |
| а | 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. | | | | | | | |
| а | 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 | | | | | | | |
| | Enter the amount of reserves on hand | 14a | | x | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | | |
| 15 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | x | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | | | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | |

Form 990 (2021)

Part V

ROLLING PLAINS MANAGEMENT CORPORATION

X

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | | | | |
|----------|---|------------|----------|------|--|--|--|--|--|--|--|
| Sec | tion 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 29 | | | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | 1 | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 29 | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| | officer, director, trustee, or key employee? | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| - | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | x | | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | x | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | x | | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | x | | | | | | | |
| 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 | | x | | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | 14 | | | | | | | | | |
| 2 | persons other than the governing body? | 7b | | x | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 15 | | | | | | | | | |
| | The governing body? | 8a | х | | | | | | | | |
| a b | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | 00 | | | | | | | | | |
| 9 | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | x | | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | 9 | | | | | | | | | |
| 000 | tion B. Tonoics (mis section B requests information about policies not required by the internal nevenue code.) | | Yes | No | | | | | | | |
| 100 | Did the organization have local chapters, branches, or affiliates? | 10a | 163 | X | | | | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 10a | | | | | | | | | |
| D | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | | | |
| 112 | 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. | Па | | | | | | | | | |
| | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | 12a | х | | | | | | | | |
| 12a b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12a | X | | | | | | | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> | 120 | | | | | | | | | |
| с | | 12c | х | | | | | | | | |
| 13 | | 13 | X | | | | | | | | |
| 13 14 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? | 13 | X | | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | 14 | | | | | | | | | |
| 15 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | | |
| • | | 15a | х | | | | | | | | |
| | The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization | 15a 15b | X | | | | | | | | |
| 5 | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | 100 | | | | | | | | | |
| 162 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | | | |
| 104 | | 16a | | х | | | | | | | |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 104 | | | | | | | | | |
| D | 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 | 100 | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990-T (section 501(c)(3 | s only |) avail: | able | | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | , | | | | | | | | |
| | Own website Another's website U upon request Other (explain on Schedule O) | | | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar | d fina | ncial | | | | | | | | |
| | statements available to the public during the tax year. | .aa | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | | | | | | |
| _• | DEBRA THOMAS - 940-684-1571 | | | | | | | | | | |
| | P.O. BOX 490, CROWELL, TX 79227 | | | | | | | | | | |
| | | | | | | | | | | | |

| Part VII | Co | mpensation of | Officers, | Directors, | Trustees, | Key Employees, | Highest | Compensate | ed |
|----------|------|----------------|-----------|------------|-----------|----------------|---------|------------|----|
| | ່ Em | ployees, and l | ndepende | ent Contra | ctors | | | | |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) | (B) | | (C) | | (D) | (E) | (F) | | | |
|-----------------------|----------------------|--------------------------------|------------------------|---------|--------------|---------------------------------|----------|---------------------------------|------------------------------|--------------------------|
| Name and title | Average | (do | | Pos | |) than | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe | rson i | is bot pr/trus | h an | compensation | compensation | amount of |
| | week | | er an | u a u | recio | n/irus | lee) | from | from related | other |
| | (list any | recto | | | | | | the | organizations | compensation |
| | hours for related | e or di | ee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | from the organization |
| | organizations | rustee | l trus | | ee | npen | | 1099-NEC) | 1099-1120) | and related |
| | below | d ual t | itiona | _ | nploy | st coi | 5 | 1000 1120) | | organizations |
| | line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | 5 |
| (1) DEBRA THOMAS | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | 1 | | Х | | | | 91,988. | 0. | 0. |
| (2) MARK CHRISTOPHER | 1.00 | | | | | | | | | |
| CHAIRMAN | | X | | Х | | | | 0. | 0. | 0. |
| (3) WALLACE CLAY | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (4) GREG TYRA | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (5) DAVID BRINKERHOFF | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (6) DUSTY JOHNSTON | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) JUAN HINOJOSA | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) LAUREN BUSH | 1.00 | | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) M.P. MCCOUISTION | 1.00 | | | | | | | | | - |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (10) CATHY YOUNG | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (11) KARL HOLLOWAY | 1.00 | | | | | | | | | |
| DIRECTOR | 1 00 | X | | | | | | 0. | 0. | 0. |
| (12) CHUCK HENDERSON | 1.00 | | | | | | | | | 0 |
| DIRECTOR | 1 00 | X | | | | | | 0. | 0. | 0. |
| (13) RUSTY STAFFORD | 1.00 | | | 37 | | | | | | 0 |
| 2ND VICE CHAIRMAN | 1 00 | X | | Х | | | | 0. | 0. | 0. |
| (14) RODGER BRANNEN | 1.00 | | | | | | | | | 0 |
| DIRECTOR | 1 00 | X | | | | | | 0. | 0. | 0. |
| (15) MICHAEL WOODS | 1.00 | | | | | | | | | 0 |
| DIRECTOR | 1 00 | X | | | | | | 0. | 0. | 0. |
| (16) JIM CASTAGNA | 1.00 | | | | | | | | _ | <u>م</u> |
| DIRECTOR | 1 00 | X | | | | | <u> </u> | 0. | 0. | 0. |
| (17) NANETTE ASHBY | 1.00 | x | | | | | | 0. | 0. | <u>م</u> |
| DIRECTOR | | Δ | | | | | | U . | 0. | 0. |
| 132007 12-09-21 | | | | | | | | | _ | Form 990 (2021) |

Page 136

| | PLAINS N | 1AI | JAC | GEN | 1E1 | ЛТ | С | ORPORATION | 75-604 | 7309 | Page 8 |
|--|-------------------|-------------------------------|-----------------|-------------|---------------|---------------------------------|--------|----------------------------|----------------------------------|-----------|---------------------|
| Part VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees | , and | d Hi | ghe | st C | Compensated Employe | es (continued) | | |
| (A) | (B) | | | _ (0 | | | | (D) | (E) | | (F) |
| Name and title | Average | (do | not c | Pos heck | ition more | than (| one | Reportable | Reportable | | timated |
| | hours per | box | , unle | ss pe | rson i | is botl pr/trus | h an | | compensation | | nount of |
| | week (list any | | | | | | (00) | from | from related | | other |
| | hours for | irecto | | | | | | the organization | organizations (W-2/1099-MISC/ | | pensation om the |
| | related | e or d | tee | | | sated | | (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | | anization |
| | organizations | ruste | l trustee | | ee | mpen | | 1099-NEC) | 1000 NEO | | d related |
| | below | ndividual trustee or director | utiona | - | nploy | st col | ar | 10001120) | | | anizations |
| | line) | Indivi | Institutional t | Officer | Key employee | Highest compensated employee | Former | | | | |
| (18) SUSIE BYARS | 1.00 | | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0 | • | 0. |
| (19) TOBY HINES | 1.00 | | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0 | • | 0. |
| (20) MICHELLE GUNTER | 1.00 | | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0 | • | 0. |
| (21) DENISE FOSTER | 1.00 | | | | | | | | | | |
| TREASURER | | Х | | х | | | | 0. | 0 | • | 0. |
| (22) PAM GOSLINE | 1.00 | | | | | | | | | | |
| DIRECTOR | 1 00 | X | | | | | | 0. | 0 | • | 0. |
| (23) RONNIE ALLEN | 1.00 | | | | | | | | 0 | | 0 |
| 1ST VICE CHAIRMAN | 1 0 0 | X | | X | | | | 0. | 0 | • | 0. |
| (24) DALE EATON | 1.00 | | | | | | | 0 | 0 | | 0 |
| DIRECTOR | 1 00 | X | | | | | | 0. | 0 | • | 0. |
| (25) JIM NOVAK | 1.00 | x | | | | | | 0. | 0 | | 0. |
| DIRECTOR (26) ANNETTE WALKER | 1.00 | ^ | | | | | | 0. | 0 | • | 0. |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0 | | 0. |
| dh. Outbatal | | | | | | | | 91,988. | 0 | | 0. |
| 1b Subtotal c Total from continuation sheets to Part VI | | | | | | | | 0. | 0 | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 91,988. | 0 | | 0. |
| 2 Total number of individuals (including but n | | | | | | | | | | - | |
| compensation from the organization | | 1030 | iiste | u ai | 0000 | 5) 101 | 101 | | | | 0 |
| | | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer, | director, trust | ee, ł | kev e | empl | love | e, or | hic | phest compensated emp | loyee on | | |
| line 1a? If "Yes," complete Schedule J for si | - | - | - | • | - | | | · · · · | | 3 | X |
| 4 For any individual listed on line 1a, is the su | im of reportab | | | | | | | | | | |
| and related organizations greater than \$150 |),000? If "Yes, | " со | mple | ete S | Sche | dule | J | for such individual | - | 4 | X |
| 5 Did any person listed on line 1a receive or a | accrue comper | nsat | ion f | rom | any | unr | elat | ted organization or indivi | dual for services | | |
| rendered to the organization? If "Yes," com | plete Schedul | e J f | or su | uch | pers | son . | | | | 5 | X |
| Section B. Independent Contractors | | | | | | | | | | | |
| 1 Complete this table for your five highest con | mpensated inc | depe | ende | ent c | ontr | racto | ors | that received more than | \$100,000 of comper | isation f | rom |
| the organization. Report compensation for t | the calendar y | ear | endi | ng v | vith | or w | ithi | n the organization's tax | /ear. | | |
| (A) | | | | | | | | (B) | | (C | |
| Name and business | address | | | | | | | Description of s | ervices | Comper | nsation |
| OH2BKIDS LEARNING CENTER | | _ | | | | | | | | | |
| 3101 10TH ST, WICHITA FAI | | 76 | 53(|)2 | | | _ | CHILD CARE | | 73 | 7,911. |
| TADPOLE CHILDREN'S ACADEN | | | | | | | | | | 50 | |
| 921 SCOTT, WICHITA FALLS, | , TX 76. | 31(|) | | | | _ | CHILD CARE | | 58 | 6,976. |
| ITTY BITTY CHILD CARE | | | / | | | | | | | 25 | 0 000 |
| 900 W HIGHWAY ST, IOWA PA | | | 556 |)/ | | | _ | CHILD CARE | | 40 | 8,086. |
| WARREN CONSTRUCTION - SET 4444 SISK RD, WICHITA FAI | | | 521 | ۱n | | | | CONSTRUCTION | | 2 5 | 0,382. |
| CHILDRENS CORNER DAYCARE- | | | | | J | | _ | CONDINCTION | | 20 | 0,304. |
| 2700 SPUR 325, WICHITA FA | | | | | | | | CHILD CARE | | 24 | 2,961. |
| 2 Total number of independent contractors (ii | | | | | | se lis | _ | | ore than | | _,_,_ |

| Form 990 ROLLING Part VII Section A. Officers, Directors, | | | | | | | | ORPORATION Compensated Employ | 75-604 | |
|---|--|----------|---|---------|--------------|------------------------------|--------|----------------------------------|-----------------|--------------|
| (A) | (B) | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | C) | | | (D) | (E) | (F) |
| Name and title | Average | | | Pos | | 1 | | Reportable | Reportable | Estimated |
| | hours | (c | | | | app | lv) | compensation | compensation | amount of |
| | per | (| | | | | .,, | from | from related | other |
| | week | | | | | yee | | the | organizations | compensatio |
| | (list any | ector | | | | old m | | organization | (W-2/1099-MISC) | from the |
| | hours for | or din | æ | | | tted e | | (W-2/1099-MISC) | | organization |
| | (list any hours for related organizations below line) | stee (| Institutional trustee | | | Highest compensated employee | | | | and related |
| | organizations | al tru | onal t | | loyee | com | | | | organization |
| | below | lividu | titutio | Officer | Key employee | ghest | Former | | | |
| | line) | 'n | ŝ | ₽ | Ке | ΞĨ | Б | | | |
| 27) SETH TABOR | 1.00 | | | | | | | | | |
| IRECTOR | | X | | | | | | 0. | 0. | (|
| 28) TAMIKA TOOMBS | 1.00 | | | | | | | | | |
| IRECTOR | | Х | | | | | | 0. | 0. | |
| 29) REBECCA HARDIN | 1.00 | | | | | | | | | |
| IRECTOR | | X | | | | | | 0. | 0. | |
| 30) CAROLYN HENRY | 1.00 | | | | | | | | | |
| IRECTOR | | X | | | | | | 0. | Ο. | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | - | | | | | | | |
| | | 1 | | | | | | | | |
| | | - | - | | | | | | | |
| | | { | | | | | | | | |
| | | <u> </u> | <u> </u> | | <u> </u> | | | | | |
| | | - | | | | | | | | |
| | | | L | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Forn | n 99 | 90 (| | | | IN | IS MANAGE | MENT | CORPO | RATION | 75-6047 | 309 Page 9 |
|--|--------|------|---|------------------------|---------------|--------|--------------------|--------------|-----------|------------------------------------|-------------------------|-------------------------|
| Pa | rt ۱ | VII | I Statement of Re | ever | nue | | | | | | | |
| | | | Check if Schedule O | cont | ains a respo | nse | or note to any lir | ne in this F | Part VIII | | | |
| | | | | | | | | | A) | (B) | (C) Unrelated | (D) Revenue excluded |
| | | | | | | | | lotair | revenue | Related or exempt function revenue | | |
| | | | | | | | | | | | | sections 512 - 514 |
| nts nts | 1 | а | Federated campaigns | | 1a | | | | | | | |
| our | | | Membership dues | | | | | | | | | |
| Å, o | | с | Fundraising events | | 1c | | | 1 | | | | |
| ar, | | | | | 1d | | | 1 | | | | |
| inil S, | | | Government grants (conti | | | | 29,534,266. | 1 | | | | |
| r Si | | f | All other contributions, gifts, | grant | ts, and | | | 1 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | similar amounts not included | l abov | /e 1f | | 49,468. | | | | | |
| | | g | Noncash contributions included in | n lines | 1a-1f 1g \$ | 5 | | 1 | | | | |
| a S | | h | Total. Add lines 1a-1f | | | | ► | 29, | 583,734. | | | |
| | | | | | | | Business Code | | | | | |
| e | 2 | a | TRANSPORTATION FEES ISD PARTNERSHIP FEES DAYCARE FEES | | 485000 | 1, | 781,421. | 1,781,421. | | | | |
| e Ži | | d | | | 624410 | | 242,429. | 242,429. | | | | |
| Se | | | | | 624410 | | 122,241. | 122,241. | | | | |
| an eve | | | ENERGY ASSISTANCE F | ENERGY ASSISTANCE FEES | | 624400 | | 3,634. | 3,634. | | | |
| Program Service Revenue | | | PARENT FEES | | | | 624410 | | 120. | 120. | | |
| P | | f | All other program service | reve | nue | | | | | | | |
| | | | Total. Add lines 2a-2f | | | 2, | 149,845. | | | | | |
| | 3 | | Investment income (inclue | | | | | | | | | |
| | | Ļ | other similar amounts) | | | | ▶ | | 472. | | | 472. |
| | 4 | | Income from investment of | | | | | | | | | |
| | 5 6 | ; | Royalties | | | | ► | | | | | |
| | | | | | (i) Real | | (ii) Personal | | | | | |
| | | a | Gross rents | 6a | | | | 1 | | | | |
| | | b | Less: rental expenses | 6b | | | | 1 | | | | |
| | | | Rental income or (loss) | 6c | | | | 1 | | | | |
| | | d | Net rental income or (loss | s) | | | ► | | | | | |
| | 7 | 'a | Gross amount from sales of | | (i) Securit | ies | (ii) Other | | | | | |
| | | | assets other than inventory | 7a | | | 26,681. | 1 | | | | |
| | | b | Less: cost or other basis | | | | | 1 | | | | |
| iue | | | and sales expenses | 7b | | | 1,995. | | | | | |
| evenue | | с | Gain or (loss) | 7c | | | 24,686. | | | | | |
| ñ | | | Net gain or (loss) | | | | | | 24,686. | | | 24,686. |
| Other | 8 | | Gross income from fundraisi | | | | | | | | | |
| ð | | | including \$ | | of | | | | | | | |
| | | | contributions reported on | ı line | 1c). See | | | | | | | |
| | | | Part IV, line 18 | | | 8a | | | | | | |
| | | b | Less: direct expenses | | | 8b | | | | | | |
| | | с | Net income or (loss) from | fund | Iraising ever | nts | ► | | | | | |
| | 9 | a | Gross income from gamin | ng ac | tivities. See | | | | | | | |
| | | | Part IV, line 19 | | | 9a | | | | | | |
| | | b | Less: direct expenses | | | 9b | | | | | | |
| | | с | Net income or (loss) from | gam | ing activitie | s | ▶ | | | | | |
| | 10 | a | Gross sales of inventory, | less | returns | | | | | | | |
| | | | and allowances | | | 10a | | | | | | |
| | | b | Less: cost of goods sold | | | 10b | | | | | | |
| | | с | Net income or (loss) from | sale | s of invento | ry | | | | | | |
| s | | | | | | | Business Code | | | | | |
| e e | 11 | а | INSURANCE PROCEEDS | | | | 900099 | | 12,316. | | | 12,316. |
| Miscellaneous Revenue | | b | MISCELLANEOUS | | | | 900099 | | 3,242. | 3,242. | | |
| | | с | | | | | | | | | | |
| Misc | | d | All other revenue | | | | | | | | | |
| | | | Total. Add lines 11a-11d | | | | | | 15,558. | | | |
| | 12 | | Total revenue. See instruction | | | | | 31, | 774,295. | 2,153,087. | 0. | 37,474. |

132009 12-09-21

Form **990** (2021) Page 139

75-6047309

ROLLING PLAINS MANAGEMENT CORPORATION

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 respor not include amounts reported on lines 6b. | nse or note to any line in | this Part IX | (2) | |
|----------|--|----------------------------|---|---|---------------------------------------|
| | not include amounts reported on lines 6b, 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 | | | | · |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 15,052,857. | 15,052,857. | | |
| 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 | 107,326. | | 107,326. | |
| 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 | 7,247,222. | 6,374,989. | 872,233. | |
| 8 | Pension plan accruals and contributions (include | 044 007 | 100 000 | | |
| | section 401(k) and 403(b) employer contributions) | 244,287. | 199,693. | 44,594. | |
| 9 | Other employee benefits | 1,322,190. 561,456. | 1,204,320. 487,431. | 117,870. 74,025. | |
| 10 | Payroll taxes | 501,450. | 40/,431. | 74,025. | |
| 11 | Fees for services (nonemployees): | | | | |
| a b | • | | | | |
| | Legal Accounting | 36,045. | | 36,045. | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | | | | | |
| - | column (A), amount, list line 11g expenses on Sch 0.) | 99,140. | 89,583. | 9,557. 2,392. | |
| 12 | Advertising and promotion | 10,846. | 8,454. | 2,392. | |
| 13 | Office expenses | 52,580. | 43,282. | 9,298. | |
| 14 | Information technology | | | | |
| 15 | Royalties | 260 400 | | 21 01 5 | |
| 16 | Occupancy | 360,488. | 328,671. | 31,817. | |
| 17 | Travel | 196,748. | 172,048. | 24,700. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 13,344. | | 13,344. | |
| 20 21 | Interest Payments to affiliates | | | | |
| 21 | Depreciation, depletion, and amortization | 684,801. | 666,194. | 18,607. | |
| 23 | Insurance | 284,378. | 269,565. | 14,813. | |
| 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 0.) | | | | |
| а | OPERATING SUPPLIES | 461,642. | 434,398. | 27,244. | |
| b | FUEL | 456,164. | 449,899. | 6,265. | |
| С | EQUIP RENTAL AND MAINT | 429,736. | 352,071. | 77,665. | |
| d | OTHER DIRECT COSTS | 106,358. | 96,750. | 9,608. | |
| е | All other expenses | 78,083. | 56,185. | 21,898. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 27,805,691. | 26,286,390. | 1,519,301. | 0 |
| 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 Figure if following SOP 98-2 (ASC 958-720) | | | | Form 990 (202 |

33

Total liabilities and net assets/fund balances ...

Total net assets or fund balances

| | ROLLING | PLAINS | MANAGEMENT | CORPORATION |
|--|---------|--------|------------|-------------|
|--|---------|--------|------------|-------------|

75-6047309 Page 11

| Form | n 990 (| 2021) ROLLING PLAINS MANAGEMENT CORP | ORATION | 75- | 6047309 Page 1 |
|-----------------------------|---------|--|---------------------------------|-----|---------------------------|
| Ра | rt X | Balance Sheet | | | |
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 3,206,571. | | 4,807,734 |
| | 2 | Savings and temporary cash investments | 63,908. | | 64,374. |
| | 3 | Pledges and grants receivable, net | 2,537,880. | | 3,151,642. |
| | 4 | Accounts receivable, net | 282,038. | 4 | 339,174. |
| | 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) | | 6 | |
| ş | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | 3,686. | 8 | 2,302. |
| Ä | 9 | Prepaid expenses and deferred charges | 87,052. | 9 | 13,719. |
| | | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D | | | |
| | b | basis. Complete Part VI of Schedule D10a12,102,418.Less: accumulated depreciation10b5,679,730. | 4,480,456. | 10c | 6,422,688 |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 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) | 10,661,591. | 16 | 14,801,633 |
| | 17 | Accounts payable and accrued expenses | 759,154. | 17 | 1,088,426 |
| | 18 | Grants payable | 722,751. | 18 | 530,664 |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or former officer, director, | | | |
| iliti | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 300,635. | 23 | 291,720. |
| | 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 $$ | | | 404 600 |
| | | of Schedule D | 448,441. | | 491,609 |
| | 26 | Total liabilities. Add lines 17 through 25 | 2,230,981. | 26 | 2,402,419 |
| S | | Organizations that follow FASB ASC 958, check here \blacktriangleright X | | | |
| nce | | and complete lines 27, 28, 32, and 33. | 9 420 610 | | 12 200 214 |
| ala | 27 | Net assets without donor restrictions | 8,430,610. | 27 | 12,399,214 |
| ЧB | 28 | Net assets with donor restrictions | | 28 | |
| nn | | Organizations that do not follow FASB ASC 958, check here | | | |
| r | | and complete lines 29 through 33. | | | |
| ets | 29 | Capital stock or trust principal, or current funds | | 29 | |
| Net Assets or Fund Balances | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| et⊿ | 31 | Retained earnings, endowment, accumulated income, or other funds | 8,430,610. | 31 | 12,399,214 |
| Ž | 32 | Total net assets or fund balances | | 32 | <u> </u> |

14,801,633.

Form 990 (2021)

33

10,661,591.

| | 1990 (2021) ROLLING PLAINS MANAGEMENT CORPORATION | 75-6 | 047309 | Pa | ge 12 |
|----|--|-------------|--------|-----|--------------|
| Pa | 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 | 31,77 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 27,80 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3,96 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 8,43 | 0,6 | 10. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 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 | 12,39 | 9,2 | 14. |
| Pa | rt XII Financial Statements and Reporting | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul | e O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d 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? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | te basis, | | | |
| | consolidated basis, or both: | | | | |
| | X 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 | ie audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sc | hedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | Х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | iired audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | X | |

Form **990** (2021)

Department of the Treasury

(Form 990)

Total

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.

| OMB No. 1545-0047 |
|---|
| 2021 |
| Open to Public Inspection |
| tal and the second second second second |

| Internal | Rever | nue Service | | ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspecti | | | | | | | | |
|--------------------------|-------|------------------------------------|--|---|---------------------------------------|------------------|------------------|-----------------|----------------|---------------------------|--|--|
| Name of the organization | | | | | | ~~~~~ | | | | identification numbe | | |
| Par | + 1 | Poscon | ROLLING PLAINS MANAGEMENT CORPORATION 75-6047309 on for Public Charity Status. (All organizations must complete this part.) See instructions. 75-6047309 | | | | | | | | | |
| | | | | | | | | | ns. | | | |
| Г | rgan | | | | (For lines 1 through 12, o | , | , | | | | | |
| 1 L | | , | | , | on of churches describe | |)(a)011 nd | I)(A)(I). | | | | |
| 2 L | | | | | Attach Schedule E (Forr | | <u></u> | ::) | | | | |
| 3 L | | • | • | | anization described in so | | | • | Wiii) Entor | the beenitel's name | | |
| 4 L | | | | cation operated in co | njunction with a hospita | l describe | a in sectio | m 170(b)(1)(A | i)(iii). Enter | the hospital's hame, | | |
| 5 [| | city, and stat | | or the banafit of a co | llogo or university owne | d or opora | tod by a d | ovornmontal | unit doscrik | and in | | |
| 5 L | | | | Complete Part II.) | ollege or university owne | u or opera | lieu by a g | oveninentai | unit descrit | | | |
| 6 | | | | , | mental unit described in | contion 1 | 70(6)(4)(4) | (m) | | | | |
| _ | X | | | | antial part of its support | | | | the general | public described in | | |
| 1 | | | | complete Part II.) | antial part of its support | nom a gov | ennenta | | li le general | | | |
| 8 [| | | | | (1)(A)(vi). (Complete Par | + 11) | | | | | | |
| 9 | | | | | l in section 170(b)(1)(A) | | ed in conii | inction with a | land-grant | college | | |
| 0 | | - | - | - | culture (see instructions) | | - | | - | - | | |
| | | university: | | graine bollogo or agrie | | | name, en | y, and otato c | | | | |
| 10 [| | | ion that norma | ally receives (1) more | than 33 1/3% of its sup | port from | contributio | ons. members | ship fees, a | nd aross receipts from | | |
| | | | | | ct to certain exceptions; | | | | | | | |
| | | | | | e (less section 511 tax) fr | | | | | | | |
| | | | | mplete Part III.) | , , , , , , , , , , , , , , , , , , , | | | , | 0 | | | |
| 11 [| | An organizati | ion organized | and operated exclus | sively to test for public sa | afety. See | section 5 | 09(a)(4). | | | | |
| 12 | | An organizati | ion organized | and operated exclus | sively for the benefit of, t | o perform | the function | ons of, or to c | arry out the | e purposes of one or | | |
| | | more publicly | / supported or | rganizations describe | ed in section 509(a)(1) o | r section | 509(a)(2). | See section | 509(a)(3). (| Check the box on | | |
| | | lines 12a thro | ough 12d that | describes the type of | of supporting organization | n and con | nplete line | s 12e, 12f, ar | ıd 12g. | | | |
| а | | Type I. A s | upporting orga | anization operated, s | supervised, or controlled | by its sup | ported or | ganization(s), | typically by | / giving | | |
| | | the suppor | ted organizatio | on(s) the power to re | egularly appoint or elect | a majority | of the dire | ctors or trust | ees of the s | supporting | | |
| | | organizatio | n. You must c | complete Part IV, Se | ections A and B. | | | | | | | |
| b | | Type II. A s | supporting org | anization supervised | d or controlled in connec | tion with i | ts support | ed organizati | on(s), by ha | aving | | |
| | | control or r | management o | of the supporting org | anization vested in the s | ame perso | ons that co | ontrol or man | age the sup | oported | | |
| | | organizatio | n(s). You mus | st complete Part IV, | Sections A and C. | | | | | | | |
| С | | Type III fur | nctionally inte | egrated. A supportin | g organization operated | in connec | tion with, | and functiona | ally integrat | ed with, | | |
| | | its support | ed organizatio | on(s) (see instructions | s). You must complete | Part IV, Se | ections A, | D, and E. | | | | |
| d | | Type III no | n-functionally | y integrated. A supp | porting organization oper | rated in co | nnection v | with its suppo | orted organ | ization(s) | | |
| | | | • | | zation generally must sa | - | | - | d an attent | iveness | | |
| | | | | | nplete Part IV, Section | | | | | | | |
| е | | | | | written determination fro | | | а Туре I, Туре | ll, Type III | | | |
| | | | | | onally integrated support | ing organi | zation. | | | | | |
| | | | of supported of | 0 | | | | | | | | |
| g | | /ide the follow i) Name of supp | <u> </u> | n about the supporte (ii) EIN | ed organization(s). | (iv) Is the orga | anization listed | (v) Amount o | fmonotony | (vi) Amount of other | | |
| | (| organizatior | | | (described on lines 1-10 | in your govern | ing document? | support (see i | , | support (see instructions | | |
| | | 0 | | | above (see instructions)) | Yes | No | | , | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | <u> </u> | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | 1 | 1 | | 1 | | | 1 | | |

Schedule A (Form 990) 2021 ROLLING PLAINS MANAGEMENT CORPORATION 75-6047309 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

| See | ction A. Public Support | | | | | | | | | | |
|-------------|--|-----------------------------|-----------------------|---------------------------|---------------------------------|---------------------|-----------------|--|--|--|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | | | | |
| | Gifts, grants, contributions, and | | | ., | | | | | | | |
| | membership fees received. (Do not | | | | | | | | | | |
| | include any "unusual grants.") | 15,949,285. | 17,520,538. | 21,860,184. | 23,827,479. | 29,583,734. | 108,741,220. | | | | |
| 2 | Tax revenues levied for the organ- | , , | . , | | , , | | , , | | | | |
| | ization'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 | 982,416. | 1,450,995. | 1,339,121. | 1,253,210. | 1,142,108. | 6,167,850. | | | | |
| 4 | Total. Add lines 1 through 3 | 16,931,701. | 18,971,533. | 23,199,305. | 25,080,689. | 30,725,842. | , , | | | | |
| | The portion of total contributions | , , - | , , - | , , - | , , - | , , - | , , - | | | | |
| Ŭ | 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, | | | | | | | | | | |
| | | | | | | | | | | | |
| 6 | Column (f) Public support. Subtract line 5 from line 4. | | | | | | 114,909,070. | | | | |
| | ction B. Total Support | | | | | | 114,505,070. | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | | | | |
| | Amounts from line 4 | 16,931,701. | 18,971,533. | 23,199,305. | 25,080,689. | 30,725,842. | 114,909,070. | | | | |
| | | 10,551,701. | 10,571,555. | 23,199,303. | 23,000,005. | 50,725,042. | 114,505,070. | | | | |
| 8 | Gross income from interest, | | | | | | | | | | |
| | dividends, payments received on | | | | | | | | | | |
| | securities loans, rents, royalties, | 485. | 630. | 633. | 988. | 472. | 3,208. | | | | |
| • | and income from similar sources | 405. | 030. | 000. | 900. | 4/2• | 5,200. | | | | |
| 9 | Net income from unrelated business | | | | | | | | | | |
| | activities, whether or not the | | | | | | | | | | |
| | business is regularly carried on | | | | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | | | | |
| | or loss from the sale of capital | 21 212 | 05 107 | 01 / 21 | 20 060 | 15 550 | 242 260 | | | | |
| | assets (Explain in Part VI.) | 21,312. | 85,107. | 81,431. | 39,960. | 15,550. | 243,368. | | | | |
| | Total support. Add lines 7 through 10 | | | | | | 115,155,646. | | | | |
| 12 | Gross receipts from related activities, | | | | | 12 | | | | | |
| 13 | First 5 years. If the Form 990 is for th | - | rst, second, third, t | fourth, or fifth tax | year as a section 5 | 501(c)(3) | . — | | | | |
| | organization, check this box and stop | | | | | | ▶∟_ | | | | |
| | ction C. Computation of Publ | | - | | | | 00 70 | | | | |
| 14 | Public support percentage for 2021 (I | | | | | 14 | <u>99.79</u> % | | | | |
| 15 | Public support percentage from 2020 | | | | | 15 | 99.73 % | | | | |
| 16 a | 33 1/3% support test - 2021. If the c | - | | | | | | | | | |
| | stop here. The organization qualifies | | | | | | | | | | |
| b | 33 1/3% support test - 2020. If the c | | | | | | | | | | |
| | and stop here. The organization qual | | | | | | | | | | |
| 17a | 10% -facts-and-circumstances tes | t - 2021. If the org | anization did not c | heck a box on line | e 13, 16a, or 16b, a | and line 14 is 10% | or more, | | | | |
| | and if the organization meets the fact | s-and-circumstanc | es test, check this | box and stop her | 'e. Explain in Part ' | VI how the organiz | zation | | | | |
| | meets the facts-and-circumstances te | est. The organization | on qualifies as a pu | ublicly supported o | organization | | ▶∟ | | | | |
| b | 10% -facts-and-circumstances tes | t - 2020. If the org | anization did not c | heck a box on line | e 13, 16a, 16b, or ⁻ | 17a, and line 15 is | 10% or | | | | |
| | more, and if the organization meets the | ne facts-and-circun | nstances test, che | ck this box and st | op here. Explain ir | n Part VI how the | | | | | |
| | organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization | | | | | | | | | | |
| 18 | Private foundation. If the organizatio | n did not check a | box on line 13, 16a | a, 16b, 17a, or 17b | o, check this box a | nd see instruction | is 🕨 🗌 | | | | |
| | | | | | | Schedule A | (Form 990) 2021 | | | | |

Schedule A (Form 990) 2021

| | | | | CORPORATION | 75-6047309 | Page 3 |
|-------------------------------|--------------|------------|--------------------|-------------|------------|---------------|
| Part III Support Schedule for | r Organizati | ons Descri | ibed in Section 50 | 09(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.)

| See | ction A. Public Support | | | | | | | |
|------|---|-----------------------------|---------------------|----------------------|--------------------|-------------|----------------|---------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 20 | 021 | (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 per- formed, 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 bus- | | | | | | | |
| | iness under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organ- ization'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 | | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | | |
| | 3 received from disqualified persons | | | | | | | |
| t | 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 | | | | | | | |
| | Add lines 7a and 7b | | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | | |
| | ction B. Total Support | | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (a) 2010 | (d) 2020 | (a) 20 | 021 | (f) Total |
| | , | (a) 2017 | (b) 2018 | (c) 2019 | (u) 2020 | (e) 20 | <u>JZ I</u> | (I) Total |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | |
| h | Unrelated business taxable income | | | | | | | |
| ~ | (less section 511 taxes) from businesses | | | | | | | |
| | acquired after June 30, 1975 | | | | | | | |
| | Add lines 10a and 10b 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.) | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | |
| | First 5 years. If the Form 990 is for th | ne organization's f | irst, second. third | fourth, or fifth tax | vear as a section | 501(c)(3) o | organization. | |
| | | - | | | | | - | |
| Sec | ction C. Computation of Publ | | | | | | | |
| 15 | Public support percentage for 2021 (| | | column (fl) | | 15 | | % |
| 16 | Public support percentage from 2020 | | | | | 16 | | % |
| | ction D. Computation of Invest | | | | | | | /0 |
| | | | | | | 17 | | 04 |
| 17 | | | ' | | | | | % |
| 18 | Investment income percentage from | | | an line 14 and lin | | 18 | | % |
| 198 | 33 1/3% support tests - 2021. If the | - | | | | | ina line 17 is | |
| | more than 33 1/3%, check this box a | | | | | | | ▶∟⊥ |
| b | 33 1/3% support tests - 2020. If the | • | | | | | - | |
| | line 18 is not more than 33 1/3%, che | eck this box and s t | top here. The orga | anization qualifies | as a publicly supp | orted orga | nization | ▶∟ |
| 20 | Private foundation. If the organization | on did not check a | box on line 14, 19 | 9a, or 19b, check t | his box and see in | structions | | <u></u> |
| 1320 | 23 01-04-22 | | | | | Sch | nedule A (F | orm 990) 2021 |

Schedule A (Form 990) 2021

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 box 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 disgualified 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.
- 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)? 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.)

132024 01-04-21

Schedule A (Form 990) 2021 Page 146

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes

No

Schedule A (Form 990) 2021 ROLLING PLAINS MANAGEMENT CORPORATION 75-6047309 Page 5

| | | | | Yes | No |
|-----|-------|--|-----|-----|----|
| 11 | Has t | the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A per | rson who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c t | pelow, the governing body of a supported organization? | 11a | | |
| b | A fan | nily member of a person described on line 11a above? | 11b | | |
| с | A 359 | % controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detai | l in Part VI. | 11c | | |
| Sec | tion | 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. |
|---|---|
| 2 | Did the examination exercts for the banefit of any supported examination other than the supported |

| 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. |

| Section C. | Type II Supporting Or | ganizations |
|------------|-----------------------|-------------|
| | | |

| | | | 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 | | |

| Sec | Section D. All Type III Supporting Organizations | | | | | |
|-----|--|---|--|--|--|--|
| | | | | | | |
| 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 on line 2, above, did the organization's supported organizations have a | | | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | | | |

| income or assets at all times during the tax year? If "Y | 'es, " | describe in | Part V |
|--|--------|-------------|--------|
| supported organizations played in this regard. | | | |

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 yea(see instructions).
- a 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.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b 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? 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? *If* "Yes" or "*No*" provide details in **Part VI**.
- **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.*

1

2

3

2a

2b

За

Yes No

Yes

No

| Schedule A (Form 990) 2021 |
|----------------------------|
|----------------------------|

Part V

ROLLING PLAINS MANAGEMENT CORPORATION Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

| 1 | | | | | |
|------|---|------------|-------------------------|--------------------------------|--|
| | All other Type III non-functionally integrated supporting organizations mus | st complet | e Sections A through E. | | |
| Sect | ion 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 | | | |
| Sect | ion 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 | | | |
| - | 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 | ion 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132027 01-04-22

| Schedule A | (Form 990 |) 2021 | ROLLI |
|------------|-----------|-----------|---------------|
| Part V | Type II | l Non-Fun | ctionally Int |
| <u> </u> | | | |

| ROLLING | PLAINS | MANAGEMENT | CORPORATION | 75-6047309 | Page 7 |
|---------|--------|------------|-------------|------------|---------------|
| | | | | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | |
|--|--|------------------------------|-------------------------------|----------|----------------------------------|
| Sect | ion D - Distributions | | • • • • | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exempt | • • • | | | |
| | organizations, in excess of income from activity | 2 | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | 3 | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | / | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsiv | e | <u> </u> | |
| - | (provide details in Part VI). See instructions. | | - | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| 10 | | (i) | (ii) | | (iii) |
| Sect | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistribution Pre-2021 | ns | Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| а | From 2016 | | | | |
| b | From 2017 | | | | |
| с | From 2018 | | | | |
| d | From 2019 | | | | |
| e | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| - | Applied to underdistributions of prior years | | | | |
| | Applied to 2021 distributable amount | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| - | Applied to 2021 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | - | _ | |
| 5 | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | | | | | |
| 6 | than zero, <i>explain in</i> Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h | | | | |
| 0 | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | | | | | |
| | Excess from 2017 | | | | |
| - | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| е | Excess from 2021 | | | | |

Schedule A (Form 990) 2021

| Schedule A | (Form 990) 2021 | | | MANAGEME | | | 75-6047309 Page 8 |
|------------|---|--|---------------------------------------|--|-----------------------------------|---|---|
| Part VI | Supplemental Inform Part IV, Section A, lines 1, | 2, 3b, 3c, 4b, 40, 10, 10, 20, 30, 30, 30, 30, 30, 30, 30, 30, 30, 3 | c, 5a, 6, 9a, 9b irt IV, Section E | , 9c, 11a, 11b, an E, lines 1c, 2a, 2b, | d 11c; Part IV, 3a, and 3b; Pa | Section B, lines 1 Irt V, line 1; Part V | and 2; Part IV, Section C, , Section B, line 1e; Part V, |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

75-6047309

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 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 |
| | |

ROLLING PLAINS MANAGEMENT CORPORATION

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

6

| 1301 YOUNG ST | \$ 22,681,893. | Payroll Noncash | | |
|---|----------------------------|--|--|--|
| DALLAS, TX 75202 | | (Complete Part II for noncash contributions.) | | |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| U.S. DEPARTMENT OF ENERGY | | Person X | | |
| 1000 INDEPENDENCE AVE SW | \$341,176. | Payroll Noncash | | |
| WASHINGTON, DC 20585 | | (Complete Part II for noncash contributions.) | | |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| U.S. DEPARTMENT OF TRANSPORTATION | | Person X | | |
| 1200 NEW JERSEY AVE SE | \$ 4,256,835. | Payroll Noncash | | |
| WASHINGTON, DC 20590 | | (Complete Part II for noncash contributions.) | | |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| U.S. DEPARTMENT OF AGRICULTURE | | Person X | | |
| 1400 INDEPENDENCE AVE SE | \$330,868. | Payroll Noncash | | |
| WASHINGTON, DC 20250 | | (Complete Part II for noncash contributions.) | | |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| TEXAS DEPARTMENT OF TRANSPORTATION | | Person X | | |
| 1258 EAST 11TH | \$ 1,214,508. | Payroll Noncash | | |
| AUSTIN, TX 78701 | | (Complete Part II for noncash contributions.) | | |
| (b) | (c) | (d) | | |
| Name, address, and ZIP + 4 TEXAS ASSOCIATION OF COMMUNITY ACTION | Total contributions | Type of contribution | | |
| AGENCIES 2512 IH 35 SOUTH, SUITE 100 | \$60,857. | Person X Payroll Noncash | | |
| AUSTIN, TX 78704 | | (Complete Part II for noncash contributions.) | | |
| 21 | • | Schedule B (Form 990) (2021) Page 152 | | |
| | | | | |

ROLLING PLAINS MANAGEMENT CORPORATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

U.S. DEPARTMENT OF HEALTH & HUMAN

SERVICES

(a)

No.

(a) No.

(a) No.

(a) No.

(a) No.

(a) No.

5

4

3

2

1

75-6047309

Person

(c)

Total contributions

Employer identification number

(d)

Type of contribution

X

| ROLLI | OLLING PLAINS MANAGEMENT CORPORATION 75 | | | | | |
|---------------|---|----------------------------|--|--|--|--|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additiona | al space is needed. | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 7 | TXU ENERGY 1717 MAIN ST, SUITE 2000 DALLAS, TX 75201 | \$35,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 8 | RELIANT ENERGY 5221 N O'CONNOR BLVD SUITE 290 IRVING, TX 75039 | \$11,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 9 | ATMOS ENERGY P.O. BOX 650205 DALLAS, TX 75265 | \$45,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| <u> 10</u> | U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT 501 W FELIX STREET FORT WORTH, TX 76115 | \$124,687 | Person X Payroll | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 11 | TEXAS VETERANS COMMISSION P.O. BOX 12277 AUSTIN, TX 78711 | \$398,972 | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 123452 11-1 | 1-21 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| 10102 11-1 | | | Page 153 | | | |

Name of organization

Employer identification number

2021) raye 153

ROLLING PLAINS MANAGEMENT CORPORATION

Dort II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | rt II if additional space is needed. | |
|------------------------------|---|---|--------------------------|
| (a) No. from | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| Part I | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | _ | |
| 453 11-11- | | \$ | Schedule B (Form 990) (2 |

75-6047309

Employer identification number

| Schedule I | B (Form 990) (2021) | | | | Page 4 | | |
|---------------------------|-------------------------------|--|--|--------------------|---|--|--|
| Name of o | rganization | | | | Employer identification number | | |
| ROLLT | NG PLAINS MANAGEMENT CO | RPORATION | | | 75-6047309 | | |
| Part III | | tions to organizations describe) through (e) and the following I charitable, etc., contributions of \$1,0 | ine entry For o | rganizations |) that total more than \$1,000 for the year | | |
| (a) No. | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Des | cription of how gift is held | | |
| | | (e) Transfer | of gift | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Re | elationship of tra | ansferor to transferee | | |
| (a) No. | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Des | cription of how gift is held | | |
| | | (e) Transfer | of aift | | | | |
| | | | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Re | elationship of tra | ansferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Des | cription of how gift is held | | |
| | | | | | | | |
| | | (e) Transfer | of gift | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| (a) No | | - | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Des | cription of how gift is held | | |
| | | | | | | | |
| | Transferee's name, address, a | (e) Transfer | | elationship of tra | ansferor to transferee | | |
| | | | | | | | |
| | | | | | iption of how gift is held | | |

SCHEDULE D

Department of the Treasury Internal Revenue Service

| (Form | 990) |
|-------|------|
|-------|------|

132051 10-28-21

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

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



Name of the organization

ROLLING PLAINS MANAGEMENT CORPORATION

Employer identification number 75-6047309

| Pa | Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the | | | | | | |
|----|--|---|----------------------------------|--|--|--|--|
| | organization answered "Yes" on Form 990, Part IV, li | | | | | | |
| | | (a) Donor advised funds | (b) Funds and other accounts | | | | |
| 1 | Total number at end of year | | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | | |
| 4 | Aggregate value at end of year | | | | | | |
| 5 | Did the organization inform all donors and donor advisors in | n writing that the assets held in donor advised | funds | | | | |
| | are the organization's property, subject to the organization's | s exclusive legal control? | Yes No | | | | |
| 6 | Did the organization inform all grantees, donors, and donor | advisors in writing that grant funds can be us | ed only | | | | |
| | for charitable purposes and not for the benefit of the donor | or donor advisor, or for any other purpose co | ě – – | | | | |
| _ | | | | | | | |
| Pa | | | t IV, line 7. | | | | |
| 1 | Purpose(s) of conservation easements held by the organiza | · · · · · · · · · · · · · · · · · · · | | | | | |
| | Preservation of land for public use (for example, recre | | istorically important land area | | | | |
| | Protection of natural habitat | Preservation of a c | ertified historic structure | | | | |
| | Preservation of open space | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qua | lified conservation contribution in the form of a | | | | | |
| | day of the tax year. | | Held at the End of the Tax Year | | | | |
| а | Total number of conservation easements | | | | | | |
| b | | | | | | | |
| С | Number of conservation easements on a certified historic st | | | | | | |
| d | Number of conservation easements included in (c) acquired | | | | | | |
| | listed in the National Register | | | | | | |
| 3 | Number of conservation easements modified, transferred, r | eleased, extinguished, or terminated by the or | ganization during the tax | | | | |
| _ | year | | | | | | |
| 4 | Number of states where property subject to conservation e | | | | | | |
| 5 | Does the organization have a written policy regarding the po | | | | | | |
| | violations, and enforcement of the conservation easements | | | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting | g, handling of violations, and enforcing conser | vation easements during the year | | | | |
| - | | | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, har | ndling of violations, and enforcing conservation | n easements during the year | | | | |
| • | | | | | | | |
| 8 | Does each conservation easement reported on line 2(d) abo | | | | | | |
| 0 | and section 170(h)(4)(B)(ii)? | | | | | | |
| 9 | In Part XIII, describe how the organization reports conserva | - | | | | | |
| | balance sheet, and include, if applicable, the text of the foo | infore to the organization's mancial statement | s that describes the | | | | |
| Pa | organization's accounting for conservation easements. t III Organizations Maintaining Collections | of Art. Historical Treasures, or Oth | er Similar Assets | | | | |
| | Complete if the organization answered "Yes" on For | | | | | | |
| 10 | If the organization elected, as permitted under FASB ASC 9 | | balance sheet works | | | | |
| iu | | | | | | | |
| | of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public | | | | | | |
| h | service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b 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 publ | - | | | | | |
| | provide the following amounts relating to these items: | | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | ► \$ | | | | |
| | (ii) Assets included in Form 990, Part X | | | | | | |
| 2 | If the organization received or held works of art, historical tr | | | | | | |
| - | the following amounts required to be reported under FASB | | | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | - | ▶ \$ | | | | |
| | Assets included in Form 990, Part X | | | | | | |
| | For Paperwork Reduction Act Notice, see the Instruction | | Schedule D (Form 990) 2021 | | | | |

| | | PLAINS MA | | | | | | | | Page 2 |
|----------|---|--------------------------------|------------|-----------------------------|-----------------------|--------------|------------------------|------------|-------------------|----------------|
| Par | t III Organizations Maintaining C | | | | | | | | ts (contin | ued) |
| 3 | Using the organization's acquisition, access | ion, and other record | ds, chec | k any of the | e following that | at make sig | gnificant u | ise of its | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | c | | | change progra | | | | | |
| b | Scholarly research | e | • | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's c | | | | | | | se in Par | t XIII. | |
| 5 | During the year, did the organization solicit of | | , | | , | | | | - | |
| | to be sold to raise funds rather than to be m | | | | | | | | Yes | No No |
| Par | t IV Escrow and Custodial Arran | | ete if the | e organizatio | on answered | "Yes" on F | Form 990, | Part IV, | line 9, or | |
| | reported an amount on Form 990, Pa | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | | • | | | | | | - | |
| | on Form 990, Part X? | | | | | | | L | Yes | └── No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | ollowing | table: | | | | | <u> </u> | |
| | | | | | | | | | Amount | |
| | Beginning balance | | | | | | | | | |
| | Additions during the year | | | | | | | | | |
| е | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | | | 1 | |
| | Did the organization include an amount on F | | | | | | | | Yes | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | <u></u> | | | |
| Par | t V Endowment Funds. Complete i | | | | orm 990, Pan | | | are back | (a) Four | years back |
| | | (a) Current year | (0) | Prior year | | | | ais daur | | years Dack |
| | Beginning of year balance | | | | | | | | | |
| | Contributions | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| | Administrative expenses | | | | | | | | | |
| - | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | | | g, column (| a)) held as: | | | | | |
| | Board designated or quasi-endowment | | _% | | | | | | | |
| | Permanent endowment | % | | | | | | | | |
| С | | % | | | | | | | | |
| 0- | The percentages on lines 2a, 2b, and 2c sho | | | - 4 | ll ((k | | | | | |
| за | Are there endowment funds not in the posse | ession of the organiz | ation the | at are held a | and administe | ered for the | e organiza | tion | Г | Yes No |
| | by: | | | | | | | | | |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | |
| b | (ii) Related organizations | | | | | | | | | |
| D | If "Yes" on line 3a(ii), are the related organiza | | | | · | | | | 3b | |
| 4 Dar | t VI Land, Buildings, and Equipm | | owment | tunas. | | | | | | |
| 1 0 | Complete if the organization answere | | 0 Part I | / line 11a | See Form 990 |) Part X li | ino 10 | | | |
| | · • | | - | <u> </u> | | | | | | |
| | Description of property | (a) Cost or o basis (invest | | | t or other (other) | | cumulated reciation | 1 | (d) Book | value |
| | Land | | nenty | | 55,684. | uepr | COLACION | | 65 | 684. |
| | Land | | | | 17,569. | 1 1 | 33,79 | 6 | | ,084. ,773. |
| | Buildings | | | J, 44 | ±/,J03• | ±,± | 55,19 | <u> </u> | 2,JIJ | |
| | Leasehold improvements | | | 6 23 | 33,036. | 4 5 | 45,93 | <u>_</u> | 1 687 | ,102. |
| | Equipment | | | | 55,030. 56,129. | ∓ ,J | -,,,, | | | ,102. |
| | Other | | V colu | - | - | | | | | 2,688. |
| TOTA | \cdot \neg | guari unn 330, Parl | л, сош | יווי, <i>וו</i> וופו, וווופ | | | | | ~, = 4 4 | ., |

Schedule D (Form 990) 2021

| Part VII Investments - Other Securities. Complete if the organization answered "Yes" of | on Form 990 Part IV line | e 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" of | | | |
| (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 (Ool (b) much annual Farm 000 Dart V and (D) line 10) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" of | on Form 990 Part IV line | a 11d. See Form 990. Part X line 15 | |
| - | Description | | (b) Book value |
| (1) | | | (-) |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15.) | | |
| Part X Other Liabilities. | , | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, line 25. | |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) ACCRUED PAYROLL LIABILITIE | ES | | 491,609. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 25.) | > | 491,609. |
| 2. Liability for uncertain tax positions. In Part XIII, provide | the text of the footnote | to the organization's financial statements th | at reports the |

ROLLING PLAINS MANAGEMENT CORPORATION

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...

Schedule D (Form 990) 2021

75-6047309 Page 3

Schedule D (Form 990) 2021

| | edule D (Form 990) 2021 ROLLING PLAINS MANAGEMENT | | | | 6047309 Page 4 | | | | |
|---|---|----------------------------------|------------------|---------------|---------------------------------|--|--|--|--|
| 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 | 32,916,403. | | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | | | | | |
| b | Donated services and use of facilities | 2b | 1,142,108. | | | | | | |
| с | Recoveries of prior year grants | | | | | | | | |
| d | Other (Describe in Part XIII.) | 2d | | | | | | | |
| е | Add lines 2a through 2d | | | 2e | 1,142,108. | | | | |
| 3 | Subtract line 2e from line 1 | | | 3 | 31,774,295. | | | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | | | | |
| с | Add lines 4a and 4b | | | 4c | 0. | | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 31,774,295. | | | | | | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statem | ents W | ith Expenses per | Retu | ırn. | | | | |
| | | | | | | | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | | | | |
| 1 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements | | | 1 | 28,947,799. | | | | |
| 1 2 | · · · · · · · · · · · · · · · · · · · | | | 1 | 28,947,799. | | | | |
| _ | Total expenses and losses per audited financial statements | | 1,142,108. | 1 | 28,947,799. | | | | |
| 2 | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | 2a | | 1 | 28,947,799. | | | | |
| 2 a | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | 2a 2b | | 1 | 28,947,799. | | | | |
| 2 a | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | 2a 2b 2c | | 1 | | | | | |
| 2 a | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | 1,142,108. | 1 2e | 1,142,108. | | | | |
| 2 a b c d | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | 1,142,108. | | | | | | |
| 2 a b c d e | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | 1,142,108. | 2e | 1,142,108. | | | | |
| 2 a b c d e | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 2a 2b 2c 2d | 1,142,108. | 2e | 1,142,108. | | | | |
| 2 a b c d e 3 4 | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a 2b 2c 2d | 1,142,108. | 2e | 1,142,108. | | | | |
| 2 a b c d e 3 4 a | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d 4a 4b | 1,142,108. | 2e | 1,142,108. 27,805,691. 0. | | | | |
| 2 a b c d e 3 4 a b c 5 | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 2a 2b 2c 2d 4a 4b | 1,142,108. | 2e 3 | 1,142,108. 27,805,691. | | | | |
| 2 a b c d e 3 4 a b c 5 | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b | 2a 2b 2c 2d 4a 4b | 1,142,108. | 2e 3 4c | 1,142,108. 27,805,691. 0. | | | | |

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 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. | | | | | | | | OMB No. 1545-0047 | | |
|--|---|------------------------------|-----------------------------------|---|--------------------------|--|---|---------------------------------------|---|--|
| | wartment of the Treasury Attach to Form 990. rnal Revenue Service Go to www.irs.gov/Form990 for the latest information. | | | | | | | | | |
| Name of th | he organization | | LAINS MAN | AGEMENT COR | PORATION | | | | Employer identification number $75-6047309$ | |
| Part I | General Info | rmation on Grants a | nd Assistance | | | | | | | |
| | • | | | • | | • • | , , | sistance, and the sele | | |
| 2 Des | cribe in Part IV | the organization's pro | ocedures for monit | oring the use of grant | funds in the Unite | d States. | | | | |
| Part II | | | | zations and Domesti be duplicated if addit | | | anization answered " | /es" on Form 990, Pa | rt IV, line 21, for any | |
| 1 (a) N | Name and addr or gover | ess of organization mment | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | |
| | | | | | | | | | | |
| 3 Ente | er total number | | s listed in the line ⁻ | ganizations listed in th 1 table | | | | | | |

rwork Reduction Act Notice, see the Instru Pape

Schedule I (Form 990) 2021 ROLLING PLAINS MANAGEMENT CORPORATION

75-6047309

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance | | | | |
|--|--------------------------|-----------------------------|---------------------------------------|--|---|--|--|--|--|
| CHILD CARE ASSISTANCE | 2101 | 8,405,467. | 0. | воок | PAYMENTS TO VENDORS FOR CHILD CARE | | | | |
| ENERGY ASSISTANCE | 8583 | 5,723,251. | 0. | воок | PAYMENTS TO VENDORS FOR UTILITY BILLS | | | | |
| WEATHERIZATION ASSISTANCE | 197 | 924,139. | 0. | воок | PAYMENTS TO CONTRACTORS FOR WEATHERIZATION | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Part IV Supplemental Information. Provide the information rec PART I, LINE 2: | juired in Part I, lin | ie 2; Part III, column | (b); and any other a | dditional information. | | | | | |
| ROLLING PLAINS PROVIDES ASSISTANCE PERSONS THROUGH THE USE OF FEDERAL | | - | | ELDERLY | | | | | |
| SOURCES REQUIRE THAT RECORDS BE MA | - | | | | | | | | |
| RECIPIENTS OF SUCH ASSISTANCE ARE ELIGIBLE AND THAT ASSISTANCE IS ACTUALLY DELIVERED TO THE APPROPRIATE INDIVIDUAL. ROLLING PLAINS' RECORDS ARE | | | | | | | | | |
| MONITORED BY FUNDING AGENCIES TO ENSURE COMPLIANCE. THE NUMBER OF | | | | | | | | | |
| RECIPIENTS ASSISTED WAS ESTIMATED BASED ON REPORTS FILED WITH THE FUNDING | | | | | | | | | |

AGENCIES. THE ACTUAL NUMBER OF RECIPIENTS WAS UNAVAILABLE DUE TO THE

Page **2**

| Schedule I (Form 990) ROLLING PLAINS MANAGEMENT CORPORATION 75-6047309 Page Part IV Supplemental Information 75-6047309 Page |
|--|
| RECORDS MAINTAINED FOR THE PERIOD REQUESTED INCLUDING POSSIBLE DUPLICATION |
| DUE TO SOME OF THE SAME CLIENTS BEING ASSISTED MORE THAN ONCE. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.



75-6047309

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

TRAINING, THE OPPORTUNITY TO WORK, THE OPPORUNITY TO LIVE IN DECENCY

ROLLING PLAINS MANAGEMENT CORPORATION

AND DIGNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROVIDE MISCELLANEOUS PERSONNEL, EQUIPMENT AND OTHER COSTS TO SUPPORT

VARIOUS WELFARE PROGRAMS ALONG WITH DIRECT CLIENT ASSISTANCE THROUGH

CSBG AND OTHER FUNDING. PROVIDE BREAKFAST, LUNCH AND AFTERNOON SNACK

FOR CHILDREN IN HEAD START AND DAYCARE PROGRAMS THROUGH FEDERAL FOOD

PROGRAM.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,242.

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

A COPY OF THE FORM 990 WAS PROVIDED TO EACH BOARD MEMBER BY MAIL OR EMAIL

PRIOR TO THE BOARD MEETING BEFORE THE DUE DATE OF THE REPORT.

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

ALL EMPLOYEES RESPONSIBLE FOR CONTRACTS OR OTHER TRANSACTIONS ARE MADE AWARE OF THE CONFLICT OF INTEREST POLICY. PRIOR TO ENGAGING IN NEW CONTRACTS, EMPLOYMENT OF STAFF OR OTHER TRANSACTIONS, EMPLOYEES WILL REVIEW POLICIES WITH POTENTIAL CONTRACTORS OR STAFF TO IDENTIFY POSSIBLE CONFLICTS. VENDORS ARE REVIEWED BI-ANNUALLY FOR POSSIBLE CONFLICTS OF INTEREST. ANNUALLY EMPLOYEES ARE TRAINED IN ETHICS WHICH INCLUDES CONFLICT OF INTEREST. ALL OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO SIGN A CODE OF CONDUCT ACKNOWLEDGEMENT FORM.

| Schedule O (Form 990) 2021 | Page 2 |
|---|---|
| Name of the organization ROLLING PLAINS MANAGEMENT CORPORATION | Employer identification number 75-6047309 |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| SALARIES FOR THE EXECUTIVE DIRECTOR AND KEY STAFF ARE BAS | ED ON COMPENSATION |
| STUDIES AVAILABLE THROUGH THE TEXAS ASSOCIATION OF COMMUN | ITY ACTION |
| AGENCIES. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT | OF INTEREST |
| POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC | UPON WRITTEN |

REQUEST. THE ORGANIZATION ALSO MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL

STATEMENTS AVAILABLE AT ALL BOARD OF DIRECTORS MEETINGS.

FORM 990, PART XII, LINE 2C

NEITHER THE OVERSIGHT PROCESS OF THE AUDITED FINANCIAL STATEMENTS OR

THE SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT HAS CHANGED DURING

THE YEAR.

| Form 4562 |
|---|
| Department of the Treasury Internal Revenue Service (99) |
| Name(s) shown on return |

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172 202

Attach to your tax return.

| | ment of the Treasury | | | Attach to y | | | | | | | Attachment |
|-------------|--|---|----------------------|----------------------------------|-----------------|---------------------------------|----------|----------------|---------|----------|---|
| _ | I Revenue Service (99) s) shown on return | Go to www | /.irs.gov/ | Form4562 for in | | and the la ess or activity t | | | | | Sequence No. 179 Identifying number |
| Nume(c | s) shown on retain | | | | Dusine | | to which | | 03 | | |
| DOT | TTNO DIATNO | | CODI | | БOD | м 990 | עמ | ግፑ 10 | | | 75-6047309 |
| Par | | 5 MANAGEMENT se Certain Property Unde | | | | | | | + \/ bc | forov | |
| | | | | | | | | | | 1 | 1,050,000. |
| | Aaximum amount (see | , | | ····· | | | | | | 2 | 1,030,000. |
| | | 9 property placed in se | | | | | | | | 2 | 2,620,000. |
| | | on 179 property before | | | | | | | | 4 | 2,020,000. |
| | | Subtract line 3 from lin | | | | | | | F | 5 | |
| - | ollar limitation for tax year. Su | btract line 4 from line 1. If zero (a) Description of property | or less, ente | er -0 If married filing | (b) Cost (busin | | | (c) Elected | | - | |
| 6 | | | | | | | _ | (0) 2100100 | 0001 | | |
| | | | | | | | + | | | | |
| | | | | | | | + | | | | |
| | | | | | | | _ | | | | |
| 7 1 | istad proporty . Entart | ha amajunt from lina 20 | | | | 7 | _ | | | | |
| | | he amount from line 29 | | | | | | | | 8 | |
| | | ction 179 property. Ad | | | | | | | | <u> </u> | |
| | | nter the smaller of line | | | | | | | | 9 10 | |
| | | deduction from line 13 tion. Enter the smaller of | | | | | | | | 11 | |
| | | eduction. Add lines 9 a | | | | | | | | 12 | |
| | | | | | | | | | | 12 | |
| | | deduction to 2022. Ac art III below for listed p | | | | ▶ 13 | | | | | |
| Par | | eciation Allowance an | . , | - | | a listed pro | nerty | <u> </u> | | | |
| | | owance for qualified pr | | | | • | | , | | | |
| | | | | | | | | U | | 14 | |
| | | tion 168(f)(1) election | | | | | | | | 15 | |
| | Other depreciation (incl | | | | | | | | | 16 | 684,801. |
| | | eciation (Don't include | | operty. See inst | | | | | | | 001/0010 |
| | | | | - | tion A | | | | | | |
| 17 M | ACRS deductions for | assets placed in service | e in tax v | ears beginning | before 202 | 1 | | | | 17 | |
| | | assets placed in service durin | | | | | | | | | |
| | | tion B - Assets Placed | | | | | | | ation | Syste | em |
| | (a) Classification of a | | Nonth and | (c) Basis for d | | (d) Recov | verv | (a) Convention | (6.1.4 | athod | (a) Depressistion deduction |
| | (a) Classification of p | | ar placed service | (business/inve only - see ins | |) period | | (e) Convention | (1) 1/1 | ethod | (g) Depreciation deduction |
| 19a | 3-year property | | | | | | | | | | |
| b | 5-year property | | | | | | | | | | |
| с | 7-year property | | | | | | | | | | |
| d | 10-year property | | | | | | | | | | |
| е | 15-year property | | | | | | | | | | |
| f | 20-year property | | | | | | | | | | |
| g | 25-year property | | | | | 25 yrs | s. | | s | 5/L | |
| | | | / | | | 27.5 yr | ſS. | MM | s | 5/L | |
| h | Residential rental p | roperty | / | | | 27.5 yr | ſS. | MM | s | 5/L | |
| | | | / | | | 39 yrs | | MM | s | 5/L | |
| i | Nonresidential real | property | / | | | , | | MM | s | 5/L | |
| | Section | on C - Assets Placed | in Servic | e During 2021 | Tax Year U | sing the Al | Iterna | tive Depre | ciatio | n Sys | tem |
| 20a | Class life | | | | | | | | S | 5/L | |
| b | 12-year | | | | | 12 yrs | s. | | | 5/L | |
| с | 30-year | | / | | | 30 yrs | | MM | | 5/L | |
| d | 40-year | | / | | | 40 yrs | | MM | | 5/L | |
| Par | t IV Summary (Se | e instructions.) | | - | | | | | | | |
| 21 L | isted property. Enter a | | | | | | | | | 21 | |
| | | m line 12, lines 14 thro | ugh 17, li | nes 19 and 20 i | n column (a |), and line 2 | 21. | | | | |
| | | ppropriate lines of you | - | | | | | | | 22 | 684,801. |
| | | e and placed in service | | | | | | | | | |

23

116251 12-21-21 LHA For Paperwork Reduction Act Notice, see separate instructions.

portion of the basis attributable to section 263A costs .

| Fo | rm 4562 (2021) | ROL | LING PI | LAINS | MAN | IAGE | MENT | COR | PORA | TION | I | 75- | 6047 | 309 | Page 2 |
|----|-----------------------------------|-------------------|------------------------|--------------------------|------------|-----------------|----------------------------|----------|---------------|------------|-----------------------|------------------|-----------------|-----------------------------|----------------|
| _ | art V Listed Proper | | | | her vehi | cles, ce | ertain airc | raft, ar | nd prope | erty use | d for | | | | |
| | entertainment, | , | | , | otondo | rd mila | ana rata i | or dod | ucting la | | | molata en | h y 04a | | |
| | Note: For any 24b, columns | (a) through (c | c) of Section A | A, all of S | ection E | 8, and 8 | Section C | ; if app | licable. | ase exp | ense, coi | npiete or | iiy 24a, | | |
| | | | on and Other | | | | | | | r limits f | or passer | nger auto | mobiles. | | |
| 24 | a Do you have evidence to s | support the bu | siness/investm | ent use cl | aimed? | | Yes | No | 24b If | "Yes," is | s the evid | ence writ | ten? | Yes | No |
| | (a) | (b) | (c) | | (d) | | (e) | | (f) | | (g) | | (h) | | (i) |
| | Type of property | Date placed in | Business/ investmen | + | Cost or | 0 | asis for deprousiness/invo | | Recove | | Method/ | Depr | eciation | | cted on 179 |
| | (list vehicles first) | service | use percenta | | ther basis | ; [` | use onl | | period | | onvention | ded | uction | | ost |
| 25 | Special depreciation all | owance for q | ualified listed | property | placed | in serv | /ice durin | g the t | ax year | and | | | | | |
| | used more than 50% in | a qualified b | usiness use . | | | | | - | - | | 25 | | | | |
| 26 | Property used more that | | | | | | | | | | | | | | |
| | | : : | | % | | | | | | | | | | | |
| | | : : | | % | | | | | | | | | | | |
| | | | | % | | | | | | | | | | | |
| 27 | Property used 50% or le | ess in a quali | ified business | use: | | | | | | | | | | • | |
| | · · | | | % | | | | | | S/L | | | | | |
| | | | | % | | | | | | S/L | | | | 1 | |
| | | | | % | | | | | | S/L | | | | 1 | |
| 28 | Add amounts in column | (h), lines 25 | through 27. E | Enter her | e and or | n line 2 | 1, page 1 | | | | 28 | ; | | 1 | |
| | Add amounts in column | | | | | | | | | | | | . 29 | | |
| | | | | | | | n on Use | | | | | | • | • | |
| Со | mplete this section for ve | hicles used | by a sole prop | prietor, p | artner, o | or othe | r "more th | 1an 5% | owner | " or rela | ted perso | on. If you | provided | d vehicle | s |
| to | your employees, first ans | wer the ques | stions in Secti | ion C to | see if yo | u meet | t an exce | ption to | o compl | eting thi | s section | for those | vehicle: | S. | |
| | | | | | - | | | | - | - | | | | | |
| | | | | (| a) | | (b) | | (c) | | (d) | (| e) | (1 | F) |
| 30 | Total business/investment | miles driven d | uring the | Ve | hicle | v v | ehicle | | /ehicle | | /ehicle | Ve | hicle | Veh | icle |
| | year (don't include commu | ting miles) | | | | | | | | | | | | | |
| 31 | Total commuting miles | | | | | | | | | | | | | | |
| | Total other personal (no | | | | | | | | | | | | | | |
| | driven | - | | | | | | | | | | | | | |
| 33 | Total miles driven during | | | | | | | | | | | | | | |
| | Add lines 30 through 32 | | | | | | | | | | | | | | |
| 34 | Was the vehicle availab | | | Yes | No | Yes | No | Yes | s No | Ye | s No | Yes | No | Yes | No |
| | during off-duty hours? | • | | | | | | | | | | | | | |
| 35 | Was the vehicle used p | | | | | | | | | | | | | | |
| | than 5% owner or relate | ed person? | | | | | | | | | | | | | |
| 36 | Is another vehicle availa | | | | | | | | | | | | | | |
| | use? | - | | | | | | | | | | | | | |
| | | | - Questions | for Emp | lovers V | Vho Pr | ovide Ve | hicles | for Use | by The | ir Emplo | vees | • | | |
| An | swer these questions to | | | - | - | | | | | - | | | ren't | | |
| | ore than 5% owners or re | | - | • | | | | | | , | . , | | | | |
| - | Do you maintain a writte | | | rohibits a | all perso | nal use | e of vehic | les, inc | luding | ommuti | ng, by yo | ur | | Yes | No |
| | employees? | | | | - | | | | - | | | | | | |
| 38 | Do you maintain a writte | | | | | | | | | | | | | | |
| | employees? See the ins | | | | | | | | | - | | | | | |
| 39 | Do you treat all use of v | | | • | | | | | | | | | | | |
| | Do you provide more th | | | | | | | | | | | | | | |
| | the use of the vehicles, | | | | | | | | | | | | | | |
| 41 | Do you meet the require | | | | | | | | | | | | | | |
| | Note: If your answer to | | | | | | | | | | | | | | |
| Ρ | art VI Amortization | .,,,, . | , | -, 3011 | | | | | | | | | | | |
| Ĺ | (a) Description o | | | (b) | | (c) | | | (d) Code | | (e | ;) | | (f) | |
| | Description o | f costs | Date | e amortization begins | | Amortiz amou | able | | Cod sectio | e on | Amorti period or p | zation | Ai fo | nortization or this year | |
| 42 | Amortization of costs th | at begins du | ring your 202 | | ar: | | | | | | p0.100 01 p | | | | |
| | | <u> </u> | | : : | | | | | | | | | | | |
| | | | | | | | | | | | 1 | | | | |
| | • • | | <u> </u> | <u> </u> | 1 | | | | | | | 1 40 | | | |

| 43 Amortization of costs that began before your 2021 tax year | 43 | |
|---|----|---|
| 44 Total. Add amounts in column (f). See the instructions for where to report | | |
| 116252 12-21-21 | | _ |



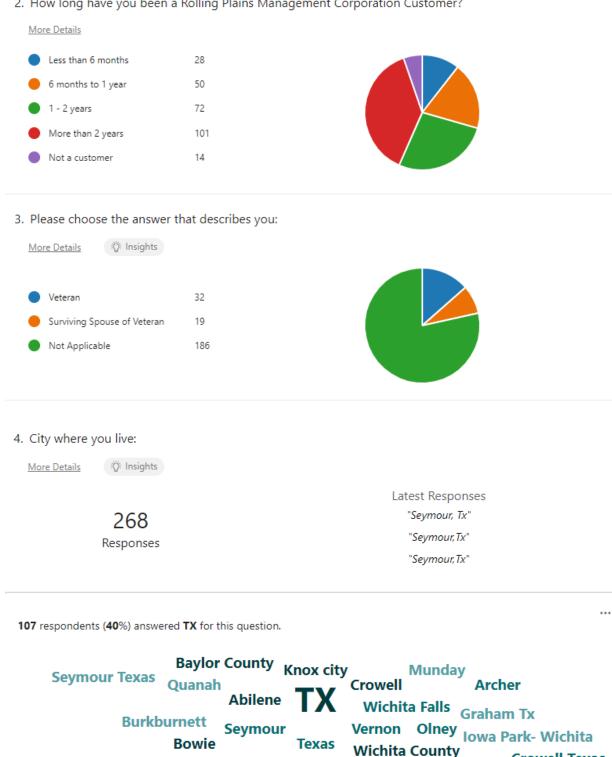
2023 Customer Satisfaction Report





Rolling Plains Management Corporation (RPMC) distributed a Customer Satisfaction Survey to evaluate the quality of services provided to customers who applied for or received services from April 2022 – March 2023. An unknown number of surveys were distributed through mail, email, and in-person from Aptil 3 - May 5, 2023. Some respondents did not respond to all questions. Microsoft Forms was used to aggregate data for analysis. Appendix A provides charts detailing client responses while the questionnaire is shown in Appendix B.

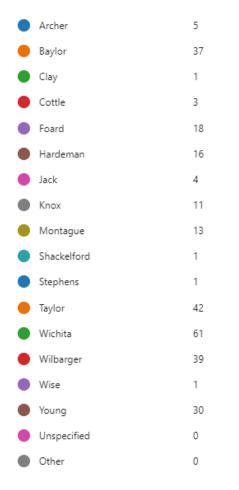


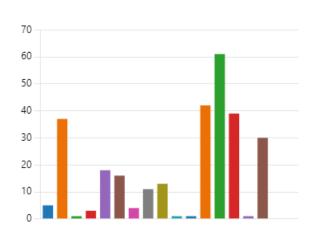


Crowell Texas

5. Choose the county where you live

More Details

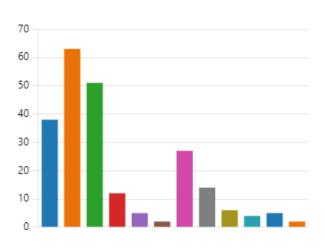




6. Choose the service(s) you or your household member received from our agency:

More Details

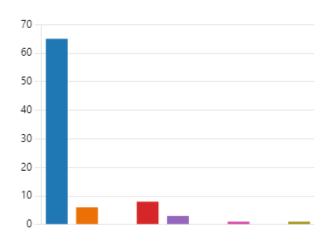




7. Choose the service(s) you or your household member received from our agency:

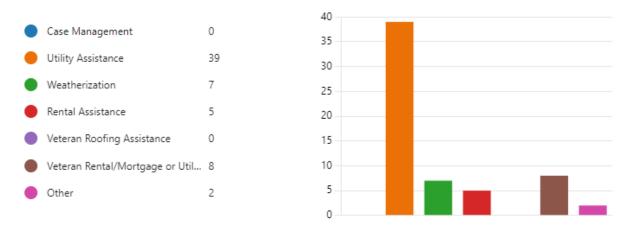
More Details

Transportation 65 Workforce Solutions Child Care ... 6 0 Case Management Utility Assistance 8 Weatherization 3 Rental Assistance 0 Veteran Roofing Assistance 1 Veteran Rental/Mortgage or Util... 0 Other 1



8. Choose the service(s) you or your household member received from our agency:

More Details



9. Choose the service(s) you or your household member received from our agency:







10. Choose the service(s) you or your household member received from our agency:

More Details





11. Choose the service(s) you or your household member received from our agency:



12. Was the service easy to access?



13. Did the service you received improve your specific situation or quality of life?





14. Did staff communicate program requirements and services?

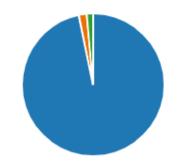




15. Did staff treat you in a professional manner?

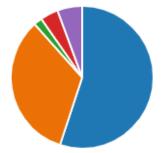






16. How would you describe your overall service experience?





17. Did you receive services from SHARP Lines Rural Public Transportation?

| More Details | ්)් Insights |
|--------------|--------------|
|--------------|--------------|





18. How often do you ride SHARP Lines?

More Details



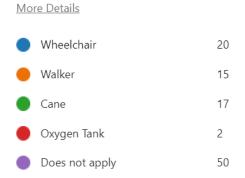


19. How long have you been a SHARP Lines customer?

More DetailsLess than 6 months216 months to 1 year121 - 2 years29More than 2 years36Not a customer4



20. Have you used any of the following items when you rode with SHARP Lines?





21. How did you pay for your rides?

More Details





22. Was it easy to schedule a ride?

More Details

More Details

| Yes | 89 |
|------------|----|
| No | 3 |
| No Opinion | 8 |

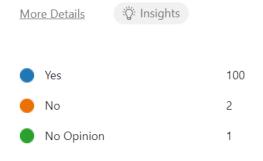


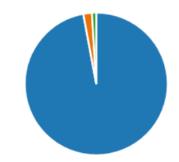
23. Did the Transportation vehicle appear to be clean?





24. Did the driver greet you at the door of the vehicle?





25. Were proper safety measures taken when you rode? (seatbelts, harnesses, wheelchair straps)

| | Yes | 101 |
|---|------------|-----|
| • | No | 0 |
| • | No Opinion | 1 |



26. Did you feel safe riding on the bus?

More Details

More Details





27. Were you on time to your appointment(s)?







28. Were you comfortable on the bus? (temperature, vents, comfy seats)

More Details





29. Was the driver helpful to resolve issues regarding your trip?

 More Details
 Ö: Insights

 Yes
 97

 No
 2

 No Opinion
 4



30. Did the dispatcher communicate the rules and available services?

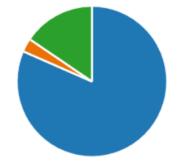




31. Did the dispatcher treat you in a professional manner?



More Details



32. Did the driver treat you in a professional manner?

More Details 🔅 Insights

 Yes
 101

 No
 1

 No Opinion
 3





2023 Customer Satisfaction Survey

Rolling Plains Management Corporation would like your input to serve you better. Please complete the following survey and return it to our office by May 5, 2023. You may also use the QR code to access the survey online.

City and County where you live:

Name and contact number(optional)

1. How long have you been a Rolling Plains Management Corporation customer?

 \Box Less than 6 months \Box 6 months to 1 year \Box 1 – 2 years \Box More than 2 years \Box Not a customer

2. Please circle the answer that describes you: Veteran Surviving Spouse of Veteran Not Applicable

3. Please place an X next to the service(s) you or your household member received from our agency:

| □ Head Start | □ North Texas Workforce | □ Rolling Plains Management Corporation Child |
|--------------------|---------------------------------|---|
| □ Early Head Start | Solutions Child Care Assistance | Care (Crowell, Paducah, Quanah, Olney) |
| □ Transportation | □ Veteran Roofing Assistance | □ Veteran Rental/Mortgage or Utility Assistance |
| □ Weatherization | □ Rental Assistance | □ Utility Assistance |
| Case Management | \Box Other (please describe): | |

4. Please circle the answer that reflects your opinion on the service for each item:

| Was the service easy to access? | Yes | No | No Opinion |
|---|-----|----|------------|
| Did the service you received improve your specific situation or quality | | | |
| of life? | Yes | No | No Opinion |
| Did staff communicate program requirements and services? | Yes | No | No Opinion |
| Did staff treat you in a professional manner? | Yes | No | No Opinion |

5. Please circle the answer that reflects your overall service experience?

| | - | | _ | - |
|--------------------------|----------------|------------|--------------|-------------------|
| Extremely Unsatisfactory | Unsatisfactory | No Opinion | Satisfactory | Very Satisfactory |
| | | | | |

Specific Comments or Recommendations:

If you received services from SHARP Lines Rural Public Transportation, please answer the questions on the back. If you did not receive transportation services, the survey is complete. Thank you for taking the time to provide your feedback.

118 North 1st Street, P. O. Box 490, Crowell, Texas 79227 --- Phone (940) 684-1571

Rolling Plains Management Corporation is an equal opportunity employer and provider.



6. How often do you ride SHARP Lines?

| | | Weekly | Monthly | Every few months | Other: |
|--|--|--------|---------|------------------|--------|
|--|--|--------|---------|------------------|--------|

7. How long have you been a SHARP Lines customer?

| □ Less than 6 months | 6 months to 1 year | □ 1 – 2 years | More than 2 years | Not a customer |
|----------------------|--------------------|---------------|-------------------|----------------|
|----------------------|--------------------|---------------|-------------------|----------------|

8. Do you use any of the following items when you ride with SHARP Lines?

| Wheelchair | U Walker | 🗆 Cane | Oxygen Tank | Does not apply |
|------------|----------|--------|-------------|----------------|
|------------|----------|--------|-------------|----------------|

9. How do you pay for your rides?

10. Circle the answer that reflects your opinion on the services listed below:

| Was it easy to schedule a ride? | Yes | No | No Opinion |
|--|-----|----|------------|
| Did the Transportation vehicle appear to be clean? | Yes | No | No Opinion |
| Did the driver greet you at the door of the vehicle? | Yes | No | No Opinion |
| Were proper safety measures taken when you ride? (seatbelts, | | | |
| harnesses, wheelchair straps) | Yes | No | No Opinion |
| Did you feel safe riding on the bus? | Yes | No | No Opinion |
| Were you on time to your appointment(s)? | Yes | No | No Opinion |
| Were you comfortable on the bus? (temperature, vents, comfy | | | |
| seats) | Yes | No | No Opinion |
| Was the driver helpful to resolve issues regarding your trip? | Yes | No | No Opinion |
| Did the dispatcher communicate the rules and available services? | Yes | No | No Opinion |
| Did the dispatcher treat you in a professional manner? | Yes | No | No Opinion |
| Did the driver treat you in a professional manner? | Yes | No | No Opinion |

11. Please circle the answer that reflects your overall service experience?

| Extremely Unsatisfactory | Unsatisfactory | No Opinion | Satisfactory | Very Satisfactory |
|--------------------------|----------------|------------|--------------|-------------------|
|--------------------------|----------------|------------|--------------|-------------------|

Specific Comments or Recommendations:

Thank you for taking the time to provide your feedback.

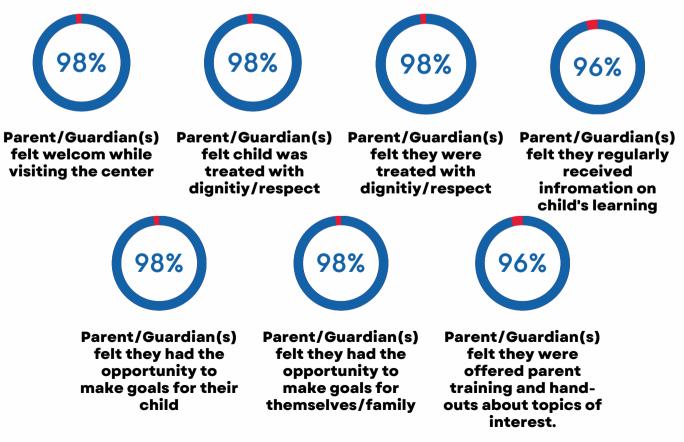




2023 Head Start/Early Head Start Customer Satisfaction Report

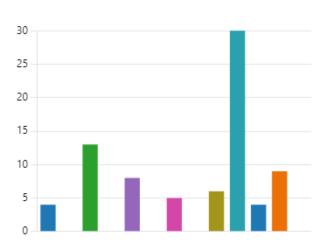
4.9 Overall Service Rating

Rolling Plains Management Corporation's (RPMC) Head Start/Early Head Start program distributed a Customer Satisfaction Survey to evaluate the quality of services provided to currently enrolled children and families. Surveys were distributed through email and in-person from Aptil 3 - May 5, 2023. Some respondents did not respond to all questions. Microsoft Forms was used to aggregate data for analysis. Appendix A provides charts detailing client responses while the questionnaire is shown in Appendix B.



1. Center Location



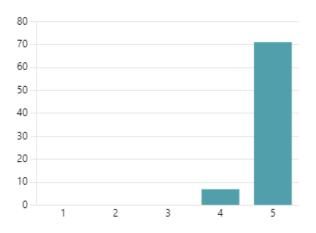


2. I felt welcome while visiting the center.

More Details

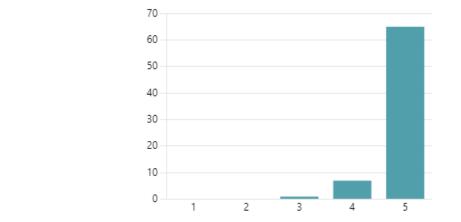
🔅 Insights





3. My child was treated with dignity and respect.

More Details

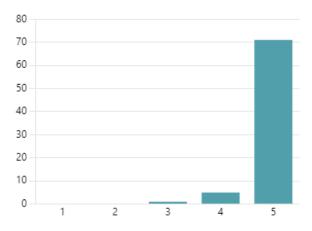


4. I was treated with dignity and respect.

4.88

Average Rating

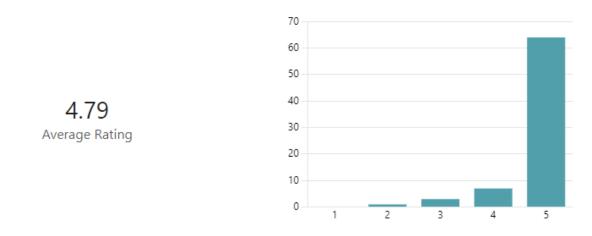
More Details 👘 Insights



4.91 Average Rating

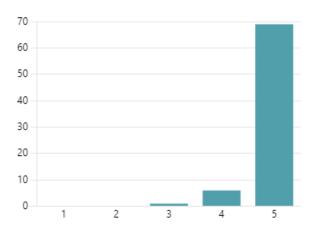
5. I regularly received information on what my child is learning.

More Details



6. I had the opportunity to make goals for my child.

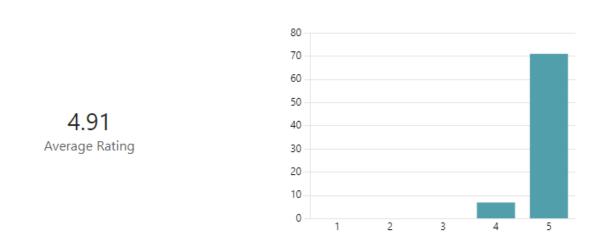
More Details



4.89 Average Rating

7. I had the opportunity to make goals for myself and my family.

More Details



8. I was offered parent training and hand-outs about topics of interest to me and my family

More Details 👘 Insights

4.79 Average Rating



Spring 2023

Dear Parents:

Please complete this survey so that we at Head Start/Early Head Start may better understand your child's experiences this year. Feel free to tell us what you think. Your answers will be kept confidential.

Please enclose your completed survey in the attached envelope and return it to the drop box at your child's center. A postage stamp will be necessary if you prefer to mail it to the Central Office.

Please rate our Head Start/Early Head Start programs from **1** to **5** using **1 as poor** and **5 as very good.** Please explain any positive or negative ratings that you feel strongly about in the "Special Comments" section near the bottom of the page.

| Center | Location: | - | | HS c | r EHS (c | ircle one) |
|--|---|---|---|-------------|----------|------------|
| 1. | I felt welcome while visiting the center. | 1 | 2 | 3 | 4 | 5 |
| 2. | My child was treated with dignity and respect. | 1 | 2 | 3 | 4 | 5 |
| 3. | I was treated with dignity and respect. | 1 | 2 | 3 | 4 | 5 |
| 4. | I regularly received information on what my child is learning. | 1 | 2 | 3 | 4 | 5 |
| 5. | I had the opportunity to make goals for my child. | 1 | 2 | 3 | 4 | 5 |
| 6. | I had the opportunity to make goals for myself and my family. | 1 | 2 | 3 | 4 | 5 |
| 7. | I was offered parent training and hand-outs about topics of interest to me and my family. | 1 | 2 | 3 | 4 | 5 |
| 8. My family and child would benefit more from the program, if | | | | | | |
| | Special Comments: | | | | | |

Thank you for completing this survey. Your responses are important to the planning process of the Head Start program.

Sincerely,

Head Start Administration

Called Meeting of Planning Committee of BOARD OF DIRECTORS July 24, 2023 10:00 a.m. Available via Videoconference or in Person at 118 East Donnell, Crowell, Texas

Summary of Minutes

Agenda Item 1 – Establish quorum and call to order – A quorum was established and Committee Member, Rodger Brannen called the meeting to order.

Agenda Item 2 – Receive an update on progress meeting the goals of the Strategic Plan for 2020 – 2024. – Jessica McLain provided the Planning Committee with an update on progress meeting the goals of the Strategic Plan for 2020 – 2024.

Agenda Item 3 – *Discussion and recommendations for action to the Board of Directors regarding modification of the Strategic Plan for 2020 – 2024. – Dusty Johnston and Rodger Brannen discussed the Strategic Plan with Debra Thomas and Jessica McLain. Seth Tabor had to leave the meeting. Since there was not a quorum present, no action was taken.

Agenda Item 4 – *Review, discussion, and recommendations for action to the Board of Directors regarding the approval of the 2024 Community Action Plan. – Jessica McLain presented the 2024 Community Action Plan. Since there was not a quorum present, no action was taken.

Agenda Item 5 – Adjourn – The meeting ended without formal adjournment since a quorum was not present.

Attendance Roster

| Name | Committee Member | Guest | Staff |
|----------------|------------------|-------|---------------|
| Rodger Brannen | X | | |
| Dusty Johnston | Go To Meeting | | |
| Seth Tabor | Go To Meeting | | |
| Debra Thomas | - | | Х |
| Jessica McLain | | (| Go To Meeting |



STRATEGIC PLAN 2020 – 2024 2023 Mid-Year Review

Strategic Goals and Implementation Plan

Goal 1: Increase self-sufficiency through two-fold approach to obtain long-term employment.

Objective 1: Low-income individuals obtain skills/education for living wage jobs.

Strategies:

• Partner with area service organizations to provide self-sufficiency case management services to CSBG eligible individuals and families.

Outputs:

| Planned | Achievement |
|---|-------------|
| Enroll 15 families in case management services annually. | 15 |
| Provide 8 individuals with secondary educational supports | |
| such as paying for tuition and books annually. | 4 |

Outcomes:

| Planned | Achievement |
|--|-------------|
| 5 individuals will obtain a recognized credential, | |
| certificate, or degree relating to the achievement of | |
| educational or vocational skills annually. | 2 |
| 1 individual will obtain a Bachelor's degree annually. | 0 |
| 2 individuals will obtain an Associate's degree annually | 0 |

Objective 2: Low-income individuals obtain living wage jobs.

Strategies:

• Partner with area service organizations to provide self-sufficiency case management services to CSBG eligible individuals and families.

| Outputs: | |
|----------|--|
| | |

| Planned | Achievement |
|--|-------------|
| Enroll 15 families in case management services annually. | 15 |
| Provide 10 individuals with employment supports such as | |
| job search skills and employment supplies annually. | 5 |

pg.1

Outcomes:

| Planned | Achievement |
|---|-------------|
| 3 unemployed adults will obtain employment (up to a | |
| living wage) annually. | 1 |
| 3 individuals will obtain living wage employment | |
| annually. | 0 |

Goal 2: Reduce the causes and conditions of poverty.

Objective 1: Low-income individuals obtain safe, affordable, and energy efficient housing.

Strategies:

- Continue to implement utility assistance services through state and local funding to assist low-income individuals and families with paying their energy utility bills.
- Continue to implement weatherization services through state and local funding to enable low-income to assist low-income individuals and families to increase the safetyand energy efficiency of their homes.
- Continue to implement the Tenant-Based Rental Assistance (TBRA) program to assist low-income individuals and families to obtain and maintain safe and affordable housing through rental assistance.
- Continue to implement the Amy Young Barrier Removal program to modify the home and increase accessibility for low-income individuals with disabilities.
- Continue to implement the Veteran Roofing Project through the Texas Veterans Commission to provide new roofs for qualified veterans.
- Continue to implement the Veterans Assistance program through the Texas Veterans Commission to assist qualified veterans with utility, rent, and mortgage payments.

| Planned | Achievement |
|--|-------------|
| Pay energy utility bills for 6,000 low-income individuals | |
| through the Utility Assistance program annually. | 2623 |
| Provide weatherization services for 250 low-income | |
| individuals annually. | 143 |
| Enroll 10 low-income families in the Tenant-Based Rental | |
| Assistance (TBRA) program by 2024. | 2 |
| Provide accessibility modifications to 5 homes through the | |
| Amy Young Barrier Removal program by 2024. | 0 |
| Provide 32 new roofs for qualified veterans through the | |
| Veteran Roofing Project annually. | 8 |
| Provide utility, rent, or mortgage payments to 100 qualified | |
| veterans through the Veterans Assistance program | |
| annually. | 137 |

Outcomes:

| Planned | Achievement |
|---|-------------|
| 250 low-income individuals will experience improved | |
| safety and energy efficiency in their homes annually. | 143 |
| 30 low-income individuals and families will obtain safe | |
| and affordable housing by 2024 | 62 |
| 5 low-income individuals with disabilities will maintain an | |
| independent living by 2024. | 0 |

Objective 2: RPMC has sufficient partnerships to meet the need for licensed childcare.

Strategies:

- Continue to partner with local ISDs to provide high quality early childhood education for three and four-year-olds through Head Start and ISD partnerships.
- Strengthen relationships with community members and early childhood advocates to increase space for the placement of additional licensed childcare slots.
- Research possible partners for childcare services.

Outputs:

| Planned | Achievement |
|---|--------------|
| Assess the childcare gaps and resources in the agency's service | |
| area. | Achieved |
| Develop a list of partners for childcare services. | Achieved |
| Create and implement a plan to add 24 new licensed childcare | |
| spots to the service area. | In Progress. |

Outcomes:

| Planned | Achievement |
|--|------------------------|
| Add 24 new licensed childcare spots to the service area. | No outcomes to report. |

Goal 3: RPMC has a strong infrastructure to increase support for direct service programs.

Objective 1: RPMC ensures a stable, well-trained, competent workforce.

Strategies:

- Engage a firm to perform a compensation study to assess the current compensation structure and pay scales of job categories in relation to comparable organization in order to attract and retain staff.
- Evaluate Human Resources department to identify possible solutions to improve recruiting practices.

Outputs:

| Planned | Achievement |
|--|-------------|
| Update the agency's compensation structure and pay scale. | Achieved |
| Develop and/or update written procedures for Human Resources department in the areas of payroll, benefits, legal compliance, | |
| and personnel. | In Progress |

Outcomes:

| Planned | Achievement |
|---|-------------|
| Provide salary and compensation to employees at 100% of | |
| competitive rates. | Achieved |
| Develop a more clearly defined Human Resources | |
| department as determined by written policies. | Achieved |

Goal 3: RPMC has a strong infrastructure to increase support for direct service programs.

Objective 2: RPMC develops a more effective and efficient management structure to increase inter-office-communication and improve provision of services.

Strategies:

- Engage a firm to evaluate current job positions to assist agency in developing a more effective and efficient administrative and programmatic organization structure with corresponding and updated job descriptions.
- Assess and identify strengths and weaknesses in management skills.
- Research management training programs.
- Research and identify new communication system to address and remediate Information Technology issues.

Outputs:

| Planned | Achievement |
|---|-------------|
| Update organization structure. | Achieved |
| Update job descriptions. | Achieved |
| Develop management training program to increase strengths and decrease weaknesses as identified in | |
| assessment. | Achieved |
| Implement new communication system to address and remediate Information Technology issues. | Achieved |

Outcomes:

| Planned | Achievement |
|--|------------------------|
| 80% of employees surveyed stated that management provided appropriate leadership and communication to | No outcomes to report |
| accomplish program goals. 80% of management staff stated they experienced | No outcomes to report. |
| mastery of previously identified areas of management | |
| weaknesses. | No outcomes to report. |
| 80% of employees surveyed are satisfied with the | |
| performance of their technology resources. | No outcomes to report. |

Objective 3: RPMC has a robust communication plan that provides for ongoing dialogue between the agency and its customers and partners.

Strategies:

- Conduct assessment of the agency's current communication outputs to determine the gaps and resources.
- Research ways to increase communication with clients and partners.
- Research funding opportunities to obtain a staff member to oversee the implementation of the communication plan.

Outputs:

| Planned | Achievement |
|--|------------------------------------|
| Develop a list of community partners. | Achieved |
| Develop a communication plan based on the results of the | |
| assessment. | No outputs to report at this time. |
| | Instead of hiring a new staff |
| | member, the agency has hired a |
| | marketing team and reassigned |
| Hire a staff member to oversee the communication plan. | duties to existing staff. |
| Implement the communication plan | No outputs to report at this time. |

Outcomes:

| Planned | Achievement |
|--|------------------------|
| 80% of community partners surveyed will state RPMC has | |
| maintained an ongoing dialogue with them regarding | |
| program availability and outcomes. | No outcomes to report. |

| 2024 Community Action Plan Summary | | | | | |
|---|--|--|--|--|--|
| Top 5 Needs from the 2023 Community Assessment | | | | | |
| Top 5 Needs from the 2021. Communities need living wage job2. Communities need safe, affordable3. Individuals need job skills/training4. Communities need licensed childca5. Individuals cannot afford healthcarWhat RPMC Will DoSelf-Sufficiency Ser• 20 individuals will receive casemanagement services• Provide employment supports:• Career Coaching for 3individuals.• Job Search Coaching for 5individuals• Resume Development for 5individuals• Interview Skills Training for 3individuals• Job Referrals for 5 individuals• Provide financial secondaryeducation support by:• Paying for textbooks and | 3 Community Assessment s. , and energy efficient housing. to earn better wages. are spots. | | | | |
| supplies for 5 individuals Paying tuition for 5 individuals Provide Financial Management Program for 6 individuals. | | | | | |
| • • • • • • • • • • • • • • • • • • • | on Services and Outcomes | | | | |
| Provide educational services to: 150 students through Early Head Start 225 students through Head Start 150 parents/caregivers attend parenting classes | 280 children, ages 0-5 will demonstrate improved emergent literacy skills. 280 children, ages 0-5 will demonstrate improved skills for school readiness. 280 children, ages 0.5 will | | | | |
| parenting classes. Ensure that 450 children enrolled in Head Start, Early Head Start, and | 280 children, ages 0-5 will demonstrate improved positive approaches toward learning. | | | | |

| private childcare receive prepared meals. Ensure that 100 children receive weekend food backpacks. Include 10 community members in the Head Start Policy Council. Include 33 community members in tri-partite board membership Housing Service Pay rent for 250 individuals Pay rental deposits for 20 individuals Provide permanent housing placement services for 40 individuals (approx. 13 families). Provide Landlord/Tenant mediations for 140 individuals Pay energy utility bills for 4,000 individuals Pay utility deposits for 20 individuals | 280 children, ages 0-5 will demonstrate improved achievement at basic grade level. Open childcare classroom(s) in Chillicothe. s and Outcomes 40 individuals (approx. 13 families) will obtain safe and affordable housing. 20 individuals (approx. 6 families) will maintain safe and affordable housing for 90 days. 10 individuals (approx. 3 family) will maintain safe and affordable housing for 180 days. 140 individuals (approx. 45 families) will avoid eviction. 180 individuals (approx. 60 families) will experience improved safety and | | | | | |
|---|--|--|--|--|--|--|
| individuals Provide home repairs for 250 individuals Provide independent-living home improvements (ramps, handicap accessible modifications, etc.) for 10 individuals. Provide healthy home and energy efficiency services for 180 individuals. Provide water payments for 180 individuals | energy efficiency within their home. | | | | | |
| individuals | | | | | | |
| · · · · · · · · · · · · · · · · · · · | Supportive Services without Outcomes | | | | | |
| Determine eligibility for 6,500 individuals | | | | | | |
| • Provide referrals for 4,000 individuals | | | | | | |
| Provide transportation to 1,500 ind | ividuals | | | | | |

- Provide childcare subsidies to 1,800 individuals
- Provide mediation/customer advocacy for 50 individuals.

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS COMMUNITY SERVICES BLOCK GRANT PROPOSED BUDGET

Program Year: 2024

Please enter the requested information into the yellow highlighted cells on each page and sign the Summary Page below

| Subrecipient: | Rolling Plains Management Corporation | | | |
|---------------|---|--|--|--|
| Service Area: | Archer, Baylor, Clay, Cottle, Foard, Hardeman, Jack, Montague, Shackelford, Stephens, Taylor, Wichita, Wilbarger, and Young Counties | | | |
| | CSBG Allocation: \$ 485,762.00 | | | |

IMPORTANT! This "Summary Page" will self-populate as you complete each of the worksheets (B.1 - B.9):

| BUDGET CATEGORIES | AMOUNT | | |
|---|------------------|--|--|
| B.1 Personnel | \$ 243,355.86 | | |
| B.2 Fringe Benefits | \$ 67,788.83 | | |
| B.3 Travel | \$ 10,250.00 | | |
| B.4 Equipment | \$ 1,303.76 | | |
| B.5 Supplies | \$ 6,000.00 | | |
| B.6 Contractual | \$ 15,814.00 | | |
| B.7 Other/B.8 Client Services | \$ 100,583.26 | | |
| B.9 Indirect Costs (If subrecipient has an approved Indirect Cost Rate Agreement from cognizant agency, enter detail on B.9). | \$ 40,666.30 | | |
| TOTAL BUDGET* | \$ 485,762.00 | | |

***TOTAL BUDGET"** must equal the "CSBG Allocation" above.

Subrecipient Approval
07/26/2023
Date

Diff.: \$

Signature of Approver

Signature of Preparer

Date

(0.00)

Personnel - B.1

| Subrecipient: | Rolling Plains Management Corporation | | | | | |
|---------------------------------|--|----|-----------|-------|----------|----------|
| Personnel | | | | | | |
| | Section 1: Administrative and Management Staff | | | | | |
| | No. of % of CSBG Amount Budgeted to CSBG | | | | | |
| Identify Job Title NOT sta | staff names Months Annual Salary Support | | | | Funds | |
| Community Services Director | | 12 | \$ 77,834 | 5.00% | \$ | 3,891.70 |
| | | | | | \$ | - |
| | | | | | \$ | - |
| | | | | | \$ | - |
| | | | | | \$ | - |
| | | | | | \$ | - |
| | | | | | \$ | - |
| Subtotal Section 1 (CSBG ONLY): | | | | \$ | 3,891.70 | |

Section 2: Program Staff/Direct Client Support Staff

| | No. of | | | % of CSBG | Amo | unt Budgeted to CSBG |
|------------------------------------|--------|---------------|--------|-----------|-------|----------------------|
| Identify Job Title NOT staff names | Months | Annual Salary | | Support | Funds | |
| CSBG Coordinator | 12 | \$ | 54,288 | 100% | \$ | 54,288.00 |
| Community Services Supervisor | 12 | \$ | 54,600 | 100% | \$ | 54,600.00 |
| Quality Assurance Specialist | 12 | \$ | 40,622 | 50% | \$ | 20,311.20 |
| Case Manager-Wichita Falls | 12 | \$ | 46,550 | 5% | \$ | 2,327.50 |
| Case Manager-Abilene | 12 | \$ | 44,678 | 50% | \$ | 22,339.00 |
| Case Manager- Crowell | 12 | \$ | 40,622 | 50% | \$ | 20,311.00 |
| Intake Specialist-WF | 12 | \$ | 29,411 | 25% | \$ | 7,352.75 |
| Intake Specialist -Abilene | 12 | \$ | 29,411 | 25% | \$ | 7,352.75 |
| Receptionist-Abilene | 12 | \$ | 28,080 | 25% | \$ | 7,020.00 |
| Coordination Specialist-WF | 12 | \$ | 35,110 | 27% | \$ | 9,479.70 |
| Back Pack Coordinator | 12 | \$ | 5,407 | 100% | \$ | 5,407.00 |
| Maintenance Specialist | 12 | \$ | 34,174 | 1% | \$ | 359.41 |
| IT Specialists | 12 | \$ | 45,906 | 4% | \$ | 1,627.50 |
| | | | | | | |
| Subtotal Section 2 (CSBG ONLY): | | | | | | 212,775.81 |
| Total Section 1 and 2: | | | | | \$ | 216,667.51 |
| Subtotal Section 3: | | | | | \$ | 26,688.35 |
| Total Personnel Tab | | | | | \$ | 243,355.86 |

Personnel - B.1

| Subrecipient: | Rolling Plains Management Corporation | | | | | | | |
|---|---------------------------------------|------------------------------------|----------|---------------|------------------------|---------------|-------------------|--|
| Scroll down and complete the tables below to identify CSBG Support for Other Programs | | | | | | | | |
| Section 3: CSBG Support for Other Programs | | | | | | | | |
| List other program(s) & Job Titles be separate attachments to a line on al | • • • • | • | te attac | chment if mor | e space is needed, and | l transfer th | e totals from the | |
| Program: | Low Cost Da | Low Cost Daycare in Rural Counties | | | | | | |
| | - | No. of | | | % of CSBG | Amount | Budgeted to CSBG | |
| Budget Categories - Jo | b Title | Months | Ann | ual Salary | Support | | Funds | |
| Daycare Teacher-Crowell | | 12 | \$ | 25,750 | 5% | \$ | 1,287.50 | |
| Daycare Teacher-Quanah | | 12 | \$ | 25,750 | 5% | \$ | 1,287.50 | |
| Daycare Teacher-Olney | | 12 | \$ | 25,750 | 5% | \$ | 1,287.50 | |
| | | | | | | \$ | - | |
| | Subtota | | | | | | | |

| Enter | Next I | Program |
|-------|--------|---------|
| | | |

| Program: | Tenant Based Rental Assistance | | | | | | | |
|-------------------------------|--------------------------------|--------|---------------|--------|-----------|-------|----------------------|--|
| | | No. of | | | % of CSBG | Amou | unt Budgeted to CSBG | |
| Budget Categories - Job Title | | Months | Annual Salary | | Support | Funds | | |
| Case Manager Crowell | | 12 | \$ | 40,622 | 10% | \$ | 4,062.20 | |
| | | | | | | \$ | - | |
| Subtotal | | | | | | \$ | 4,062.20 | |

| Enter Next Program | | | | | | | | | |
|-------------------------------|--|--|---------------|--------|---------|-------|----------|--|--|
| Program: | | Rural Low Income Home Modification | | | | | | | |
| | | No. of % of CSBG Amount Budgeted to CSBG | | | | | | | |
| Budget Categories - Job Title | | Months | Annual Salary | | Support | Funds | | | |
| WX Inspector | | 12 | \$ | 37,752 | 5% | \$ | 1,887.60 | | |
| | | | | | | \$ | - | | |
| Subtotal: | | | | | | \$ | 1,887.60 | | |

| Enter Next Program |
|--------------------|
|--------------------|

| | | | NCAL I I | -8 | | | | |
|-------------------------------|--|-------------|---------------|--------|-----------|-------|---------------------|--|
| Program: | | LIHEAP-CEAP | | | | | | |
| | | No. of | | | % of CSBG | Amou | nt Budgeted to CSBG | |
| Budget Categories - Job Title | | Months | Annual Salary | | Support | Funds | | |
| CEAP Assessment Specialist | | 12 | \$ | 36,504 | 15% | \$ | 5,475.60 | |
| CEAP Assessment Specialist | | 12 | \$ | 29,453 | 15% | \$ | 4,417.95 | |
| Case Manager WF | | 12 | \$ | 46,550 | 15% | \$ | 6,982.50 | |
| | | | | | | \$ | - | |
| | | | | | | \$ | - | |
| | | | | | | \$ | - | |
| | | | | | | \$ | - | |
| | | | | | | \$ | - | |
| | | | | | | \$ | - | |
| | | | | | | \$ | - | |
| | | | • | | Subtotal: | \$ | 16,876.05 | |

Fringe - B.2

| Subrecipient: | Rolling Plains Management Corporation | | |
|---|--|----------|------------------|
| | Fringe Benefits | | |
| | Section 1: Administrative & Management Staff | | |
| Items | | | Amount |
| F.I.C.A | | \$ | 297.71 |
| Unemployment | | \$ | 2.75 |
| Workman's Comp. Insurance | | \$ | 3.11 |
| Health Insurance | | \$ | 357.25 |
| Dental Insurance | | \$ | 12.70 |
| Life Insurance | | \$ | 4.66 |
| Retirement Contribution | | \$ | 194.58 |
| Others (List): | | | |
| | Subtotal Section 1 (CSBG ONLY): | \$ | 872.76 |
| | | | |
| | Section 2: Program Staff/Direct Client Support Staff | | • · · |
| Items | | ć | Amount |
| F.I.C.A | | \$ | 17,964.11 |
| Unemployment | | \$ | 339.01 |
| Workman's Comp. Insurance Health Insurance | | \$ | 187.86 |
| | | \$ | 27,652.09 |
| Dental Insurance Life Insurance | | \$ | 1,103.00 |
| Retirement Contribution | | \$ \$ | 726.00 10,726.00 |
| Retirement contribution | | Ş | 10,726.00 |
| Others (List): | | | |
| others (List). | | | |
| | Subtotal Section 2 (CSBG ONLY): | \$ | 58,698.07 |
| | Total Section 1 and 2 (CSBG ONLY): | \$ | 59,570.83 |
| | Subtotal Section 2 and 2 (CSDC ONCT). | \$ | 8,218.00 |
| Total Fringe Depetite Tab | | · | |
| Total Fringe Benefits Tab | | \$ | 67,788.83 |
| | Scroll down and complete the tables below to identify CSBG Support for Other Programs | | |
| | Section 3: CSBG Support for Other Programs | | |
| | (S): List Fringe Benefits for other program(s) being supported by CSBG: (<i>Please use separate attachment if more tachments to a line on any of the available pages below</i>): | space | e is needed, & |
| Program: | Low cost Daycare in Rural Counties | | |
| Items: | | | Amount |
| F.I.C.A | | \$ | 295.00 |
| Unemployment | | \$ | 124.00 |
| Workman's Comp. Insurance | | \$ | 106.00 |
| Health Insurance | | \$ | 1,072.00 |
| Dental Insurance | | \$ | 38.00 |
| Life Insurance | | \$ | 15.00 |
| Retirement Contribution | | \$ | 193.00 |
| | | | |
| Others (List): | | | |
| | | | |
| | Subtotal: | S | 1.843.00 |

Fringe - B.2

Enter Next Program

| Program: | Tenant Based Rental Assistance | |
|---------------------------|--------------------------------|----------------|
| Items: | | Amount |
| F.I.C.A | | \$ 311.00 |
| Unemployment | | \$ 10.00 |
| Workman's Comp. Insurance | | \$ 5.00 |
| Health Insurance | | \$ 715.00 |
| Dental Insurance | | \$ 25.00 |
| Life Insurance | | \$ 10.00 |
| Retirement Contribution | | \$ 203.00 |
| | | |
| Others (List): | | |
| | | |
| | Subtotal: | \$ 1,279.00 |

| | Enter Next Program | | | | | | |
|---------------------------|------------------------------------|----|--------|--|--|--|--|
| Program: | Rural Low Income Home Modification | | | | | | |
| Items | | | Amount | | | | |
| F.I.C.A | | \$ | 145.00 | | | | |
| Unemployment | | \$ | 5.00 | | | | |
| Workman's Comp. Insurance | | \$ | 3.00 | | | | |
| Health Insurance | | \$ | 357.00 | | | | |
| Dental Insurance | | \$ | 5.00 | | | | |
| Life Insurance | | \$ | 5.00 | | | | |
| Retirement Contribution | | \$ | 95.00 | | | | |
| | | | | | | | |
| Others (List): | | | | | | | |
| | | | | | | | |
| | Subtotal: | \$ | 615.00 | | | | |

Enter Next Program

| Program: | LIHEAP CEAP | |
|---------------------------|-------------|----------------|
| Items | | Amount |
| F.I.C.A | | \$ 1,291.00 |
| Unemployment | | \$ 25.00 |
| Workman's Comp. Insurance | | \$ 14.00 |
| Health Insurance | | \$ 2,104.00 |
| Dental Insurance | | \$ 175.00 |
| Life Insurance | | \$ 28.00 |
| Retirement Contribution | | \$ 844.00 |
| | | |
| Others (List): | | |
| | | |
| | Subtotal: | \$ 4,481.00 |

| Subrecipient: | Rolling Plains Management Corporation | | | | | | | | |
|---|---------------------------------------|--------------|----|----------|--|--|--|--|--|
| Travel | | | | | | | | | |
| | Miles | x Fed. Rate* | | Amount | | | | | |
| Local Travel (*Rate cannot be higher than the Federal rate) | 5,385 | 0.65 | \$ | 3,500.00 | | | | | |
| Per Diem | \$ | 6,500.00 | | | | | | | |
| Non-Local Travel | | | \$ | 250.00 | | | | | |
| Board Member Reimbursement | | | | | | | | | |
| Total Travel Tab | \$ | 10,250.00 | | | | | | | |

Equipment - B.4

| Subrecipient: | | Rolling | Plains Manag | ement Corpora | ation | | |
|--|--------------|--------------------------|------------------|-------------------------|--------------|----------|------------|
| | | Equipment | : | | | | |
| Note: Subrecipient is also reminded to | o follow pro | curement policies/proce | dures. Please re | view TDHCA's g | uidance on I | Procu | irement at |
| he link below: | · | | | - | | | |
| http://w | ww.tdhca.s | state.tx.us/community-at | ffairs/procurem | <u>ent/index.htm</u> | | | |
| | No. | | | | % | Δ | mount(s) |
| Equipment Description | of | Brand & Model | Unit Cost | Total Cost | Budgeted | | dgeted to |
| | Units | | | | to CSBG | | CSBG |
| | | | | | | | |
| | | Purchases | | <u>^</u> | | 4 | |
| | | | | <u>\$</u> - | | \$ | - |
| | | | | \$ - \$ - | | \$ \$ | - |
| | | | | <u>\$</u> - \$- | | ې \$ | - |
| | | | | \$ - \$ - | | ې \$ | - |
| | | | | \$ - | | \$ | |
| | | | | \$ - | | \$ | _ |
| | | | | , \$- | | \$ | - |
| | | | | \$ - | | \$ | _ |
| | | | | \$ - | | \$ | - |
| | ! | Leases | | | | | |
| Copy Machine-Crowell | 1 | Kyocera 5053Cl | \$11,000.00 | \$11,000.00 | 1.00% | \$ | 110.00 |
| Copy Machine-Wichita Falls | 1 | Kyocera TA3212i | \$3,500.00 | \$3,500.00 | 16.00% | \$ | 560.00 |
| Copy Machine-Abilene | 1 | Kyocera TA3212i | \$2,000.00 | \$2,000.00 | 22.00% | \$ | 440.00 |
| Postage Meter-Crowell | 1 | | \$788.00 | \$788.00 | 7.00% | \$ | 55.16 |
| Postage Meter-Wichita Falls | 1 | | \$360.00 | \$360.00 | 22.00% | \$ | 79.20 |
| Postage Meter-Abilene | 1 | | \$270.00 | \$270.00 | 22.00% | \$ | 59.40 |
| | | | | \$- | | \$ | - |
| | | | | \$- | | \$ | - |
| | | | | \$ - | | \$ | - |
| | | | | \$- | | \$ | - |
| | | | | | otal (CSBG): | \$ | 1,303.76 |
| | | Subt | total (Other Pro | grams Supporte | d by CSBG): | | - |
| otal Equipment Tab | | | | | | \$ | 1,303.76 |

Note: "TOTAL" on this page must equal "Equipment" line item on the "Summary Page 1"

Supplies - B.5

| Subrecipient: | Rolling Plains Management Corporation | | | | | |
|----------------------|---------------------------------------|----|----------|--|--|--|
| Supplies | | | | | | |
| Office Supplies | | \$ | 1,600.00 | | | |
| Maintenance Supplies | | | 350.00 | | | |
| Program Supplies | | \$ | 2,300.00 | | | |
| Postage | | \$ | 1,750.00 | | | |
| Others (List): | | | | | | |
| Total Supplies Tab | | \$ | 6,000.00 | | | |

Contractual - B.6

| Subrecipient: | Rolling Plains Management Corporation | | | | | | |
|---|---------------------------------------|--------------|-----------------------|----|------------------------------|--|--|
| | Contractual | | | | | | |
| CSBC | 6 Budget Items (Categories) | Total Cost | % Budgeted to CSBG | | Amount Idgeted to CSBG | | |
| Legal Services | | \$ 10,000.00 | 5% | \$ | 500.00 | | |
| Audit Services | Audit Services | | | | - | | |
| Accounting Services | | | | \$ | - | | |
| | Annual Software Maintenance | \$36,000.00 | 27% | \$ | 9,720.00 | | |
| | IT Consultant | \$14,400.00 | 10% | \$ | 1,440.00 | | |
| Other Costs | Janitorial Services | \$24,300.00 | 8% | \$ | 1,944.00 | | |
| | | | | \$ | - | | |
| | | | \$ | - | | | |
| Subtotal (CSBG): | | | | | 13,604.00 | | |
| Subtotal (Other Program(s) supported by CSBG: | | | | | 2,210.00 | | |
| Total Contractual Tab | | | | \$ | 15,814.00 | | |

Note: "TOTAL" on this page must equal "Contractual" line item on the "Summary Page 1"

CCDC (

| CSBG Support For Other Program(s) - List all Programs being supported: | | | | | | |
|--|-----------------------------------|----|------------|------------|-------------|----------|
| Program: | Lowcost Daycare in Rural Counties | | | | | |
| | | | | Amount | | |
| | | | | % Budgeted | Budgeted to | |
| CSBG Budget Items (Categories) | | | Total Cost | to CSBG | | CSBG |
| Legal Services | | | | | \$ | - |
| Audit Services | | | | | \$ | - |
| Accounting Services | | | | | \$ | - |
| Other Costs | Annual Software Maintenance | \$ | 15,000.00 | 10% | \$ | 1,500.00 |
| | | | | | \$ | - |
| | | | | | \$ | - |
| | | | | | \$ | - |
| | | | | | \$ | - |
| Subtotal: | | | | | \$ | 1,500.00 |

Enter Next Program

| Program: | CACFP | | | | | |
|--------------------------------|-----------------------------|-------------|-----------------------|-------------------------------|--------|--|
| CSBG Budget Items (Categories) | | Total Cost | % Budgeted to CSBG | Amount Budgeted to CSBG | | |
| Legal Services | | | | \$ | - | |
| Audit Services | | | | \$ | - | |
| Accounting Services | | | | \$ | - | |
| | Annual Software Maintenance | \$ 7,100.00 | 10% | \$ | 710.00 | |
| | | | | \$ | - | |
| Other Costs | | | | \$ | - | |
| | | | | \$ | - | |
| | | | | \$ | - | |
| Subtotal: | | | | \$ | 710.00 | |

Other - B.7

| Subrecipient: | t: Rolling Plains Management Corporation | | | | | | |
|---|--|-------------|--------------|--------------------------|----------------------------|---------------|--|
| | Other | | | | | | |
| Other Items (such as copying, rent, utilities, phone, insurance, etc.) Itemize below: | | | Total Costs | % Budgeted to CSBG | Amount Budgeted to CSBG | | |
| Insurance (property, g | general liability) | \$ | 125,906.00 | 1.2% | \$ | 1,473.10 | |
| Insurance (Vehicles) | | \$ | 182,827.00 | 4.6% | \$ | 8,410.04 | |
| Membership Dues | | \$ | 10,320.00 | 31.5% | • | 3,250.80 | |
| Maintenance & Repai | rs of Equipment | \$ | 7,500.00 | 10.0% | | 750.00 | |
| Maintenance & Repai | rs of Vehicles | \$ | 83,000.00 | 1.5% | | 1,245.00 | |
| Cellular Phones | | \$ | 59,000.00 | 1.5% | \$ | 885.00 | |
| Staff Tuition/Conferer | nce Fees/Registration | \$ | 3,450.00 | 100.0% | \$ | 3,450.00 | |
| Staff Licenses & Dues | | \$ | 1,000.00 | 100.0% | | 1,000.00 | |
| | ene (Lease, Utilties, misc) | \$ | 27,000.00 | 27.0% | | 7,290.00 | |
| | well(Lease, Utilties, misc) | \$ | 120,787.00 | 2.2% | | 2,657.31 | |
| Occupancy Costs Wich | hita Falls (Lease, Utilties, misc) | \$ | 36,100.00 | 27.0% | \$ | 9,747.00 | |
| Advertising | | \$ | 10,000.00 | 1.0% | \$ | 100.00 | |
| Fuel and | | \$ | 50,000.00 | 5.5% | \$ | 2,750.00 | |
| Vehicle License & fees | | \$ | 1,000.00 | 7.5% | \$ | 75.00 | |
| | | | | | \$ | - | |
| | | | | | \$ | - | |
| | | | | | \$ | - | |
| | | | | | \$ | - | |
| | | | | | \$ | - | |
| Subtotal for Other Ite | · · | | | | \$ | 43,083.26 | |
| | ms from tables below (CSBG Support for Other | Progr | ram(s)): | | \$ | 33,500.00 | |
| Total Other Tab | | | | | \$ | 76,583.26 | |
| | Note: "TOTAL AMOUNT" must equal "Other" | | | | | | |
| CSBC Support For Oth | Scroll down to view tables on pages ner Program(s) - List all Programs being suppor | | (if needed)! | | | | |
| Program: | ler Program(s) - List an Programs being suppor | CACF | :D | | | | |
| riogram. | | | r | % | | | |
| | | | | ∕₀ Budgeted | Am | ount Budgeted | |
| | Other Budget Categories | Total Costs | | to CSBG | to CSBG | | |
| | oplies-Low Income Children | \$ | 275,000.00 | 10% | \$ | 27,500.00 | |
| | | Ť | 275,000.00 | 1070 | \$ | - | |
| Subtotal: | | | | | \$ | 27,500.00 | |
| | Enter Next Program | n | | | | | |
| Program: | | SFS |) | | | | |
| | | | | % | | | |
| | | | | Budgeted | Amo | ount Budgeted | |
| Other Budget Categories | | | Total Costs | to CSBG | | to CSBG | |
| | pplies-Low Income Children | \$ | 12,000.00 | 50% | \$ | 6,000.00 | |
| | | | , | | | , | |
| | | | | | \$ | - | |

Client Services - B.7

| Subrecipient: | Rolling Plains Management Corporation | | | | | | | |
|--|---|-----|------------|----------|-----------|------------------------|--|--|
| | Client Services | | | | | | | |
| Direct Services to Case | Management Clients to Transition into Self- | | | % | | | | |
| Sufficiency (TSS) or TC | P . Subrecipients are encouraged to allocate a | | | Budgeted | An | Amount Budgeted | | |
| reasonable amount of | CSBG funds to assist clients transitioning into | Т | otal Costs | to CSBG | | to CSBG | | |
| self-sufficiency. | | \$4 | 485,762.00 | | | | | |
| (TSS/TOP allocation % | will be auto-populated above the TSS/TOP | | 4.4% | | | | | |
| allocation entered in t | he cell to the right). | \$ | 21,500.00 | 100% | \$ | 21,500.00 | | |
| | Subtotal for Direct Services TSS & TOP (CSBG): | | | | | | | |
| Emergency Assistance | Emergency Assistance/Direct Services to Clients not working % | | | | | | | |
| towards Self-Sufficien | cy or TOP | | | Budgeted | An | nount Budgeted | | |
| (Option to itemize belo | ow or group simply as emergency assistance) | Т | otal Costs | to CSBG | | to CSBG | | |
| Emergency Assistance | | \$ | 2,500.00 | 100% | \$ | 2,500.00 | | |
| | | | | | \$ | - | | |
| | | | | | \$ | - | | |
| | | | | | \$ | - | | |
| | | | | | \$ | - | | |
| | | | | | \$ | - | | |
| Subtotal for Emergency Assistance/Direct Services to non-TOP (CSBG): | | | | \$ | 2,500.00 | | | |
| Total Client Services Tab | | | | \$ | 24,000.00 | | | |

Indirect Costs - B.8

| Subrecipient: | Rolling Plains Management Corporation | | | | | |
|---------------------------------|---------------------------------------|---------------------|-------------|--|--|--|
| | Indirect Costs | 5 | | | | |
| | Budget Categories | | | | | |
| Indirect Costs | | | | | | |
| % | Base | CSBG Indirect Costs | \$40,666.30 | | | |
| 10% | \$406,663.00 | \$40,666.30 | \$40,000.50 | | | |
| Space left blank intentionally | | | | | | |
| Subtotal (CSBG): | \$ 40,666.30 | | | | | |
| Subtotals (Program(s) Supported | \$ - | | | | | |
| Total Indirect Costs Tab | \$ 40,666.30 | | | | | |

Note: This page "Total Amount" must equal "Indirect Costs" line item on the "Summary Page 1"