

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2022
 Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMARILLO AREA FOUNDATION, INC.		D Employer identification number 75-0978220
	Doing business as		E Telephone number 8063764521
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	919 S. POLK		G Gross receipts \$ 81,976,915.
	City or town, state or province, country, and ZIP or foreign postal code AMARILLO, TX 79101		
F Name and address of principal officer: CLAY STRIBLING 919 S. POLK, AMARILLO, TX 79101		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	

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

J Website: **WWW.AMARILLOAREAFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1957** **M** State of legal domicile: **TX**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: A COMMUNITY FOUNDATION OPERATING AS A PUBLIC CHARITY, WITH A MISSION TO IMPROVE THE QUALITY OF LIFE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	26
	6 Total number of volunteers (estimate if necessary)	6	75
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-21,584.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	8,630,153.	20,512,736.
	9 Program service revenue (Part VIII, line 2g)	1,434,966.	1,328,610.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,568,643.	6,198,198.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	98,090.	307,914.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,731,852.	28,347,458.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,584,410.	16,671,739.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,246,094.	2,379,745.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	846,816.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,284,923.	1,460,903.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,115,427.	20,512,387.	
19 Revenue less expenses. Subtract line 18 from line 12	23,616,425.	7,835,071.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 171,829,645.	End of Year 152,569,192.
	21 Total liabilities (Part X, line 26)	15,599,867.	14,185,263.
	22 Net assets or fund balances. Subtract line 21 from line 20	156,229,778.	138,383,929.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	CLAY STRIBLING, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	GARY D. MITCHELL				P00005725
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	CMMS CPAS & ADVISORS PLLC 801 S FILLMORE, STE 600 AMARILLO, TX 79101	85-3890541		806-373-6661	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
A COMMUNITY FOUNDATION OPERATING AS A PUBLIC CHARITY, WITH A MISSION TO IMPROVE THE QUALITY OF LIFE IN THE TEXAS PANHANDLE THROUGH EFFECTIVE PHILANTHROPIC EFFORTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 14,857,366. including grants of \$ 14,857,366.) (Revenue \$ 1,328,610.)
DISTRIBUTION PROGRAM - GRANT REQUEST APPLICATIONS ARE RECEIVED FROM CHARITABLE ORGANIZATIONS OF THE TEXAS PANHANDLE AREA. AFTER BEING RESEARCHED AND APPROVED, DISTRIBUTIONS ARE MADE.

4b (Code:) (Expenses \$ 1,814,373. including grants of \$ 1,814,373.) (Revenue \$)
SCHOLARSHIP PROGRAM - APPLICATIONS ARE RECEIVED FROM AREA HIGH SCHOOL AND COLLEGE STUDENTS. A COMMITTEE THEN REVIEWS THE APPLICATIONS AND BOARD APPROVED SCHOLARSHIPS ARE AWARDED ACCORDINGLY.

4c (Code:) (Expenses \$ 1,588,196. including grants of \$) (Revenue \$)
PROGRAM MANAGEMENT - STAFF TIME AND RESOURCES ARE USED FOR MANAGEMENT OF THE GRANT AND SCHOLARSHIP PROGRAMS.

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

4e Total program service expenses 18,259,935.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (25), 1b (25), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CLAY STRIBLING - 806-376-4521
919 S. POLK, AMARILLO, TX 79101

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VANESSA BUZZARD CHAIR	1.00 2.00	X		X				0.	0.	0.
(2) DAVID PRESCOTT 1ST VICE CHAIR	1.00 2.00	X		X				0.	0.	0.
(3) CHERI DE JONG 2ND VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(4) SHARON WHITE SECRETARY	1.00 0.00	X		X				0.	0.	0.
(5) BILL BRITAIN TREASURER	1.00 0.00	X		X				0.	0.	0.
(6) PAUL CLARK IMMEDIATE PAST CHAIR	1.00 2.00	X		X				0.	0.	0.
(7) CHRISTY BERTOLINO DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) SCOTT BIDDY DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) LEWIS BRITT DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) HELEN BURTON DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) TREVOR CAVINESS DIRECTOR	1.00 1.00	X						0.	0.	0.
(12) SONJA CLARK DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) NICKI CRUMP DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) MICHAEL CRUZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) LORI HENKE DIRECTOR	1.00 2.00	X						0.	0.	0.
(16) MIKE HUGHES DIRECTOR	1.00 1.00	X						0.	0.	0.
(17) BOWDEN JONES DIRECTOR	1.00 1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARK KEYS DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) PEDRO LIMAS DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) CHARLES MESTAS DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) KRISTEN MOUDY DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) STELLA SAULS DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) TRENT SISEMORE DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) WILLIAM WARE DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) SUZANNE WILLIS DIRECTOR	1.00 1.00	X						0.	0.	0.
(26) CLAY STRIBLING PRESIDENT & CEO	20.00 21.00			X				233,077.	0.	44,731.
1b Subtotal								233,077.	0.	44,731.
c Total from continuation sheets to Part VII, Section A								465,880.	0.	88,612.
d Total (add lines 1b and 1c)								698,957.	0.	133,343.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CHUCK JACOBSON CONSTRUCTION 4404 CR 26, WILDORADO, TX 79098	CONSTRUCTION	207,710.
AMARILLO PLACE ONE PARTNERS LTD P.O. BOX 51620, AMARILLO, TX 79159	RENTS	205,650.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	70,850.				
	c Fundraising events	1c					
	d Related organizations	1d	1,014,052.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,427,834.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 778,725.				
	h Total. Add lines 1a-1f			20,512,736.			
Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code					
		561000	1,328,610.	1,328,610.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,328,610.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,170,332.			2170332.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		263,144.			263,144.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				57,657,323.			
	b Less: cost or other basis and sales expenses	7b	53,629,457.				
c Gain or (loss)	7c	4,027,866.					
d Net gain or (loss)			4,027,866.		4027866.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		561000	66,354.			66,354.	
	b INCOME FROM PARTNERSHIPS-UNRELATE	523000	-21,584.		-21,584.		
	c						
	d All other revenue						
e Total. Add lines 11a-11d			44,770.				
12 Total revenue. See instructions			28,347,458.	1,328,610.	-21,584.	6527696.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,857,366.	14,857,366.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,814,373.	1,814,373.		
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	430,585.	142,093.	176,540.	111,952.
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	1,462,393.	486,999.	602,183.	373,211.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	145,595.	54,348.	66,901.	24,346.
9 Other employee benefits	205,864.	78,829.	78,401.	48,634.
10 Payroll taxes	135,308.	47,247.	53,352.	34,709.
11 Fees for services (nonemployees):				
a Management				
b Legal	13,241.		13,241.	
c Accounting	81,320.		81,320.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	300,180.	300,180.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	157,101.	10,599.	21,905.	124,597.
13 Office expenses	126,469.	58,026.	54,620.	13,823.
14 Information technology	205,989.	113,789.	48,838.	43,362.
15 Royalties				
16 Occupancy	197,346.	86,832.	66,111.	44,403.
17 Travel	11,206.	4,511.	4,642.	2,053.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,706.	3,167.	15,407.	2,132.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,308.	22,060.	7,327.	4,921.
23 Insurance	43,236.		43,236.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	169,065.	138,278.	12,114.	18,673.
b CONTRACT SERVICES	47,589.	2,850.	44,739.	0.
c PROGRAM EXPENSES	38,388.	38,388.	0.	0.
d PROPERTY TAXES	14,759.	0.	14,759.	0.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	20,512,387.	18,259,935.	1,405,636.	846,816.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	7,964,955.	2	8,179,422.
	3 Pledges and grants receivable, net	115,000.	3	44,500.
	4 Accounts receivable, net	1,993,056.	4	1,927,623.
	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 932,483.		
	b Less: accumulated depreciation	10b 845,791.	67,139.	10c 86,692.
	11 Investments - publicly traded securities	123,181,030.	11	125,433,849.
	12 Investments - other securities. See Part IV, line 11	38,396,188.	12	16,796,866.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	112,277.	15	100,240.
16 Total assets. Add lines 1 through 15 (must equal line 33)	171,829,645.	16	152,569,192.	
Liabilities	17 Accounts payable and accrued expenses	723,561.	17	844,429.
	18 Grants payable	2,000.	18	578,301.
	19 Deferred revenue	2,100.	19	2,300.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	14,872,206.	25	12,760,233.
	26 Total liabilities. Add lines 17 through 25	15,599,867.	26	14,185,263.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	156,229,778.	27	138,383,929.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	156,229,778.	32	138,383,929.
33 Total liabilities and net assets/fund balances	171,829,645.	33	152,569,192.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,347,458.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,512,387.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,835,071.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	156,229,778.
5	Net unrealized gains (losses) on investments	5	-25,680,920.
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	138,383,929.

Part XII Financial Statements and Reporting

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

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

Form 990 (2022)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4992474.	9611912.	9398704.	8630153.	20512736.	53145979.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4992474.	9611912.	9398704.	8630153.	20512736.	53145979.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11880372.
6 Public support. Subtract line 5 from line 4.						41265607.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	4992474.	9611912.	9398704.	8630153.	20512736.	53145979.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1571444.	1655197.	1237778.	1444439.	2433476.	8342334.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		80,302.				80,302.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	67,587.	120,685.	-2,633.	67,293.	66,354.	319,286.
11 Total support. Add lines 7 through 10						61887901.
12 Gross receipts from related activities, etc. (see instructions)					12	5,156,292.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	66.68	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	62.97	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule A (Form 990) 2022

Part VI

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

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: AMARILLO AREA FOUNDATION, INC. Employer identification number: 75-0978220

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic structure). 2. Conservation contribution details (2a-2d table). 3-9. Monitoring and reporting requirements (number of easements, states, policy, staff hours, expenses, and reporting).

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

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public exhibition. 2: Reporting on revenue and assets for financial gain.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		363,099.	362,164.	935.
d Equipment		434,906.	352,643.	82,263.
e Other		134,478.	130,984.	3,494.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				86,692.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) LIMITED PARTNERSHIPS &		
(B) HEDGE FUNDS	16,636,572.	END-OF-YEAR MARKET VALUE
(C) MINERAL INTERESTS	160,294.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	16,796,866.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR AGENCIES	12,760,233.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	12,760,233.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. AS A RESULT, INCOME TAXES ARE NOT INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. AT DECEMBER 31, 2022. THE FEDERAL STATUTE OF LIMITATION REMAINS OPEN FOR THE 2019 THROUGH 2022 YEARS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **AMARILLO AREA FOUNDATION, INC.** Employer identification number **75-0978220**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
100 CLUB OF THE TEXAS PANHANDLE P.O. BOX 589 AMARILLO, TX 79105	20-2768192	501C3	79,182.	0.			CAPITAL SUPPORT
7 STAR THERAPEUTIC RIDING CENTER P.O. BOX 50655 AMARILLO, TX 79159	20-0857615	501C3	14,351.	0.			GENERAL SUPPORT
ALEX O'BRIEN TENNIS FOUNDATION 800 S. MONROE AMARILLO, TX 79101	46-4699395	501C3	9,503.	0.			PROGRAM SUPPORT
AMARILLO AREA CASA P.O. BOX 691 AMARILLO, TX 79105	75-2560069	501C3	92,130.	0.			PROGRAM SUPPORT
AMARILLO ART INSTITUTE 3701 PLAINS BLVD AMARILLO, TX 79102	20-1560065	501C3	53,960.	0.			PROGRAM SUPPORT
AMARILLO BOTANICAL GARDENS 1400 STREIT DR. AMARILLO, TX 79106	75-0968821	501C3	37,034.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **215.**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMARILLO CHILDREN'S HOME 3400 S. BOWIE AMARILLO, TX 79109	75-0800666	501C3	167,154.	0.			GENERAL SUPPORT
AMARILLO COLLEGE FOUNDATION P.O. BOX 447 AMARILLO, TX 79178	75-6029084	501C3	253,478.	0.			GENERAL SUPPORT
AMARILLO HABITAT FOR HUMANITY P.O. BOX 775 AMARILLO, TX 79105	75-1820887	501C3	15,885.	0.			GENERAL SUPPORT
AMARILLO HOUSING FIRST 207 N. TYLER AMARILLO, TX 79107	81-4815427	501C3	5,080.	0.			GENERAL SUPPORT
AMARILLO LITTLE THEATRE 2019 CIVIC CIRCLE AMARILLO, TX 79109	75-6024149	501C3	42,639.	0.			GENERAL SUPPORT
AMARILLO MUSEUM OF ART P.O. BOX 447 AMARILLO, TX 79178	23-7042474	501C3	120,966.	0.			GENERAL SUPPORT
AMARILLO OPERA 2223 S. VAN BUREN ST. AMARILLO, TX 79109	75-2253647	501C3	43,416.	0.			GENERAL SUPPORT
AMARILLO SYMPHONY INC. P.O. BOX 2586 AMARILLO, TX 79105	75-1153018	501C3	148,954.	0.			GENERAL SUPPORT
AMARILLO WESLEY COMMUNITY CENTER 1615 S. ROBERTS AMARILLO, TX 79102	51-0158641	501C3	30,848.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMARILLO YOUTH CHOIRS INC P.O. BOX 9421 AMARILLO, TX 79109	75-2507750	501C3	40,000.	0.			GENERAL SUPPORT
AMARILLO PANHANDLE HUMANE SOCIETY 13400 S. BELL ST. AMARILLO, TX 79118	75-1311215	501C3	12,321.	0.			GENERAL SUPPORT
ANOTHER CHANCE HOUSE INC 209 S. JACKSON AMARILLO, TX 79101	75-2233200	501C3	117,912.	0.			GENERAL SUPPORT
AUSTIN CENTER FOR GRIEF AND LOSS 2413 GREENLAWN PKWY AUSTIN, TX 78757	26-0300371	501C3	10,000.	0.			PROGRAM SUPPORT
AUSTIN CHILD GUIDANCE CENTER 810 W. 45TH ST. AUSTIN, TX 78751	74-1166783	501C3	10,000.	0.			GENERAL SUPPORT
BAPTIST COMMUNITY SERVICES 701 PARK PLACE AMARILLO, TX 79101	75-2206268	501C3	241,653.	0.			GENERAL SUPPORT
BARRIO NEIGHBORHOOD PLANNING COMMITTEE - P.O. BOX 33471 - AMARILLO, TX 79120	83-2208675	501C3	9,526.	0.			CAPITAL SUPPORT
BIG BROGHTERS BIG SISTERS OF HEREFORD - 244 MAIN - HEREFORD, TX 79045	75-1433917	501C3	34,564.	0.			GENERAL SUPPORT
BRECKENRIDGE VILLAGE OF TYLER 15062 CR 1145 TYLER, TX 75704	74-2833616	501C3	15,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUCKNER CHILDREN & FAMILY SERVICES 700 NORTH PEARL ST. DALLAS, TX 75201	75-2571395	501C3	26,000.	0.			PROGRAM SUPPORT
BY EXAMPLE MISSIONS DBA KIND HOUSE UKRAINE BAKERY - 2100 SW 60TH AVE - AMARILLO, TX 79118	82-3197054	501C3	13,311.	0.			GENERAL SUPPORT
CACTUS NAZARENE MINISTRY CENTER PO BOX 990 CACTUS, TX 79013	46-3670736	501C3	146,382.	0.			GENERAL SUPPORT
CAL FARLEY'S BOYS RANCH P O BOX 1890 AMARILLO, TX 79174	75-0808768	501C3	72,811.	0.			GENERAL SUPPORT
CANADIAN COMMUNITY CENTER PO BOX 1106 CANADIAN, TX 79014	75-1838747	501C3	111,878.	0.			GENERAL SUPPORT
CANADIAN RIVER ART CENTER PO BOX 1111 CANADIAN, TX 79014	45-5269937	501C3	9,713.	0.			GENERAL SUPPORT
CANYON HOPE MINISTRIES PO BOX 526 CANYON, TX 79015	45-4586540	501C3	25,673.	0.			PROGRAM SUPPORT
CASA 69, INC. 414 DENVER AVE., SUITE 103 DALHART, TX 79022	75-2064047	501C3	82,443.	0.			GENERAL SUPPORT
CASA OF THE HIGH PLAINS PO BOX 604 PAMPA, TX 79066	75-2546406	501C3	22,638.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE TEXAS PANHANDLE - PO BOX 15127 - AMARILLO, TX 79105	75-0818147	501C3	28,526.	0.			GENERAL SUPPORT
CCS CONNECT COMMUNITY SERVICES PO BOX 533 FRITCH, TX 79036	46-5699270	501C3	10,388.	0.			GENERAL SUPPORT
CENTER CITY OF AMARILLO PO BOX 9480 AMARILLO, TX 79105	75-2548311	501C3	31,500.	0.			GENERAL SUPPORT
CETA CANYON METHODIST CAMP AND RETREAT CENTER - 37201 FM 1721 - HAPPY, TX 79042	75-0939943	501C3	122,564.	0.			GENERAL SUPPORT
CHILDREN'S ORGAN TRANSPLANT ASSOCIATION - 2501 WEST COTA DR - BLOOMINGTON, IN 47403	35-1674365	501C3	10,000.	0.			PROGRAM SUPPORT
CHILDRESS HELPING HANDS PO BOX 1090 CHILDRESS, TX 79201	87-4276431	501C3	6,668.	0.			GENERAL SUPPORT
CITADELLE ART FOUNDATION PO BOX 1303 CANADIAN, TX 79014	26-1961223	501C3	496,062.	0.			GENERAL SUPPORT
CITY OF AMARILLO - PARKS AND RECREATION - 509 SE 7TH AVE RM 201 - AMARILLO, TX 79101	75-6000444	GOVERNMENT	25,000.	0.			PROGRAM SUPPORT
CITY OF PANHANDLE PO BOX 129 PANHANDLE, TX 79068	75-6000634	GOVERNMENT	76,800.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF TULIA 127 SW SECOND ST #300 TULIA, TX 79088	75-6000695	GOVERNMENT	186,331.	0.			CAPITAL SUPPORT
COLLINGSWORTH COUNTY HISTORICAL MUSEUM - P.O. BOX 495 - WELLINGTON, TX 79095	23-7168956	501C3	27,941.	0.			GENERAL SUPPORT
COLLINGSWORTH COUNTY HOSPITAL DISTRICT - 1016 16TH STREET - WELLINGTON, TX 79095	75-1373698	501C3	48,269.	0.			GENERAL SUPPORT
COLLINGSWORTH COUNTY PUBLIC LIBRARY - 711 15TH STREET - WELLINGTON, TX 79095	75-6000876	501C3	47,995.	0.			GENERAL SUPPORT
COLORFUL CLOSETS OF AMARILLO 13511 INDIAN HILL RD AMARILLO, TX 79124	81-3693528	501C3	47,765.	0.			GENERAL SUPPORT
COMMUNITIES FOUNDATION OF TEXAS 5500 CARUTH HAVEN LANE DALLAS, TX 75225	75-0964565	501C3	40,000.	0.			PROGRAM SUPPORT
COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY - 241 EARL GARRETT ST - KERRVILLE, TX 78028	74-2225369	501C3	10,000.	0.			PROGRAM SUPPORT
CROUCH FOUNDATION 3701 PLAINS BLVD UNIT 72 AMARILLO, TX 79102	82-4608006	501C3	100,000.	0.			CAPITAL SUPPORT
DALHART SENIOR CITIZENS ASSOCIATION - 610 DENROCK AVE. - DALHART, TX 79022	75-2555673	501C3	94,242.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALLAM-HARTLEY COUNTIES HEALTHCARE FOUNDATION - 1411 DENVER AVE. - DALHART, TX 79022	33-1012246	501C3	58,515.	0.			GENERAL SUPPORT
DALLAM-HARTLEY COUNTIES HISTORICAL ASSOCIATION - PO BOX 730 - DALHART, TX 79022	23-7422828	501C3	59,052.	0.			GENERAL SUPPORT
DARROUZETT EDUCATION FOUNDATION PO BOX 74 DARROUZETT, TX 79024	26-3732161	501C3	50,052.	0.			GENERAL SUPPORT
DIMMITT ISD 608 W HALSELL ST DIMMITT, TX 79027	75-6001321	GOVERNMENT	18,505.	0.			PROGRAM SUPPORT
DON HARRINGTON DISCOVERY CENTER 1200 STREIT DR AMARILLO, TX 79106	75-1330735	501C3	238,939.	0.			GENERAL SUPPORT
DONLEY COUNTY SENIOR CITIZENS P O DRAWER B CLARENDON, TX 79226	75-1526662	501C3	15,000.	0.			PROGRAM SUPPORT
DOVE CREEK EQUINE RESCUE PO BOX 8400 AMARILLO, TX 79114	45-4668951	501C3	79,568.	0.			GENERAL SUPPORT
DOWNTOWN WOMEN'S CENTER 409 S. MONROE AMARILLO, TX 79101	20-0296282	501C3	120,646.	0.			PROGRAM SUPPORT
DUMAS AREA CRISIS PREGNANCY CENTER PO BOX 391 DUMAS, TX 79029	75-2760977	501C3	5,973.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTRIDGE MISSION CENTER 6309 JAMESON RD AMARILLO, TX 79106	82-5422434	501C3	54,384.	0.			GENERAL SUPPORT
EDUCATION FOUNDATION OF CANYON ISD PO BOX 899 CANYON, TX 79015	75-2848641	501C3	37,964.	0.			PROGRAM SUPPORT
EVELINE'S SUNSHINE COTTAGE PO BOX 50974 AMARILLO, TX 79159	75-3007093	501C3	97,504.	0.			GENERAL SUPPORT
FAITH CITY MISSION P O BOX 870 AMARILLO, TX 79105	75-6029995	501C3	234,000.	0.			GENERAL SUPPORT
FAMILY CARE FOUNDATION PO BOX 15203 AMARILLO, TX 79105	75-0109845	501C3	63,394.	0.			GENERAL SUPPORT
FAMILY SUPPORT SERVICES 1001 S. POLK AMARILLO, TX 79101	75-0800642	501C3	234,118.	0.			PROGRAM SUPPORT
FIRST BAPTIST CHURCH OF AMARILLO 1300 S. TYLER AMARILLO, TX 79101	75-0950110	501C3	10,000.	0.			CAPITAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF AMARILLO - 1100 S. HARRISON ST. - AMARILLO, TX 79101	75-0808783	501C3	25,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF BORGER - 418 W COOLIDGE ST - BORGER, TX 79007	75-0808827	501C3	50,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANK PHILLIPS COLLEGE ATTN: BUSINESS OFFICE PO BOX 5118 BORGER, TX 79007	75-6001630	GOVERNMENT	113,201.	0.			STUDENT AID
FRIENDS OF AEOLIAN-SKINNER OPUS 1024 - 1601 S. GEORGIA - AMARILLO, TX 79102	14-1925157	501C3	5,924.	0.			GENERAL SUPPORT
FRIENDS OF CROSS BAR SRMA PO BOX 31241 AMARILLO, TX 79120	88-1157410	501C3	16,416.	0.			GENERAL SUPPORT
FRIENDS OF TEXAS PANHANDLE SHELTER PETS - 24521 CANYON DR - CANYON, TX 79015	85-4172961	501C3	8,451.	0.			GENERAL SUPPORT
FRIONA YOUTH SPORTS P.O. BOX 672 FRIONA, TX 79035	82-4693048	501C3	6,700.	0.			GENERAL SUPPORT
GOLDEN SPREAD COUNCIL, BOY SCOUTS OF AMERICA - 401 TASCOSA ROAD - AMARILLO, TX 79124	75-0800613	501C3	18,256.	0.			GENERAL SUPPORT
GOOD SAMARITAN CHRISTIAN SERVICE, INC OF DALHART, TX - PO BOX 1101 - DALHART, TX 79022	75-1894323	501C3	200,684.	0.			PROGRAM SUPPORT
GRACIE'S PROJECT PO BOX 2512 AMARILLO, TX 79015	83-1301879	501C3	26,710.	0.			GENERAL SUPPORT
GRAYCARES LIVING AT HOME, INC 511 N HOBART ST PAMPA, TX 79065	26-3796095	501C3	16,359.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT PLAINS CASA FOR KIDS PO BOX 1306 HEREFORD, TX 79045	86-1072436	501C3	69,781.	0.			GENERAL SUPPORT
GRUVER FARM SCHOLARSHIP FOUNDATION PO BOX 650 GRUVER, TX 79040	37-1664273	501C3	495,729.	0.			STUDENT AID
GUYON SAUNDERS RESOURCE CENTER 200 S TYLER ST AMARILLO, TX 79101	75-2614211	501C3	147,233.	0.			GENERAL SUPPORT
HANDS ON AMARILLO PO BOX 2783 AMARILLO, TX 79105	47-2029120	501C3	9,410.	0.			GENERAL SUPPORT
HANSFORD COUNTY LIBRARY 122 MAIN STREET SPEARMAN, TX 79081	75-6036759	501C3	10,797.	0.			GENERAL SUPPORT
HARRINGTON CANCER AND HEALTH FOUNDATION - 500 S.TAYLOR, SUITE 1060 UNIT #223 - AMARILLO, TX 79101	75-1578415	501C3	26,215.	0.			GENERAL SUPPORT
HEAL THE CITY FREE CLINIC PO BOX 2556 AMARILLO, TX 79105	46-5694050	501C3	300,518.	0.			PROGRAM SUPPORT
HEMPHILL COUNTY HOSPITAL DISTRICT 1020 4TH ST CANADIAN, TX 79014	45-5080560	GOVERNMENT	121,028.	0.			PROGRAM SUPPORT
HEREFORD SENIOR CITIZENS ASSOCIATION - PO BOX 270 - HEREFORD, TX 79045	51-0157241	501C3	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIDDEN FALLS RANCH P O BOX 136 WAYSIDE, TX 79094	75-6030869	501C3	27,736.	0.			GENERAL SUPPORT
HIGH PLAINS FOOD BANK PO BOX 31803 AMARILLO, TX 79120	75-1838348	501C3	362,168.	0.			GENERAL SUPPORT
HIGH PLAINS RETREAT CENTER PO BOX 7709 AMARILLO, TX 79114	27-1626983	501C3	39,964.	0.			GENERAL SUPPORT
HILLSIDE CHRISTIAN CHURCH - AMARILLO WEST - PO BOX 7807 - AMARILLO, TX 79114	75-1161743	501C3	25,000.	0.			GENERAL SUPPORT
HOLY FAMILY PARISH PO BOX 100 NAZARETH, TX 79063	75-1582322	501C3	16,580.	0.			PROGRAM SUPPORT
HOODOO ART FOUNDATION 411 S FILLMORE ST AMARILLO, TX 79101	86-2785808	501C3	71,378.	0.			PROGRAM SUPPORT
HOOVER VOLUNTEER FIRE DEPARTMENT PO BOX 820 PAMPA, TX 79066	75-2453362	501C3	20,000.	0.			CAPITAL SUPPORT
THE HOPE AND HEALING PLACE 1721 S TYLER AMARILLO, TX 79102	74-3079848	501C3	56,612.	0.			GENERAL SUPPORT
HOPE CHOICE, INC. PO BOX 50342 AMARILLO, TX 79159	75-2195169	501C3	77,003.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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HOPE LIVES HERE PO BOX 20811 AMARILLO, TX 79114	47-1601450	501C3	11,680.	0.			GENERAL SUPPORT
HOPE TO OPPORTUNITIES FOUNDATION 5241 S WASHINGTON AMARILLO, TX 79110	82-2592296	501C3	89,019.	0.			CAPITAL SUPPORT
HUTCHINSON COUNTY UNITED WAY PO BOX 1430 BORGER, TX 79008	75-0875853	501C3	31,297.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF THE CHISHOLM TRAIL - 6300 RIDGLEA PLACE, STE 400 - FORT WORTH, TX 76116	75-0944915	501C3	5,096.	0.			GENERAL SUPPORT
KANZA SOCIETY INC. HIGH PLAINS PUBLIC RADIO - 210 N. 7TH ST. - GARDEN CITY, KS 67846	48-0859735	501C3	68,546.	0.			GENERAL SUPPORT
KIDS, INC. OF AMARILLO TEXAS 2201 SE 27TH AMARILLO, TX 79103	75-0942621	501C3	1,740,935.	0.			GENERAL SUPPORT
KING'S MANOR METHODIST RETIREMENT SYSTEM, INC. - P O BOX 1999 - HEREFORD, TX 79045	75-2641794	501C3	22,500.	0.			GENERAL SUPPORT
LA RITA PERFORMING ARTS THEATRE P.O. BOX 466 DALHART, TX 79022	75-2184564	501C3	25,645.	0.			GENERAL SUPPORT
LEAGUE OF WOMEN VOTERS OF AMARILLO PO BOX 19333 AMARILLO, TX 79114	75-6043959	501C3	7,585.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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LIFE CHALLENGE OF AMARILLO 6500 HOPE RD AMARILLO, TX 79119	75-1836322	501C3	155,389.	0.			GENERAL SUPPORT
LIONS HIGH PLAINS EYEGLASS PROGRAM PO BOX 2792 AMARILLO, TX 79105	75-2304528	501C3	10,000.	0.			PROGRAM SUPPORT
LONE STAR BALLET 3218 HOBBS STREET AMARILLO, TX 79109	75-1513773	501C3	45,000.	0.			PROGRAM SUPPORT
MAKE-A-WISH NORTH TEXAS 1600 S COULTER BUILDING A, STE 100 AMARILLO, TX 79106	75-1889666	501C3	5,500.	0.			PROGRAM SUPPORT
MARIPOSA VILLAGE COMMUNITY LAND TRUST - PO BOX 1230 - AMARILLO, TX 79105	46-6992999	501C3	5,761.	0.			GENERAL SUPPORT
MARTHA'S HOME 1204 SW 18TH AVE. AMARILLO, TX 79102	75-2232697	501C3	97,850.	0.			GENERAL SUPPORT
MARY E. BIVINS FOUNDATION PO BOX 1727 AMARILLO, TX 79105	75-0842370	501C3	10,000.	0.			PROGRAM SUPPORT
MAVERICK BOYS AND GIRLS CLUB OF AMARILLO - 1923 S. LINCOLN - AMARILLO, TX 79109	75-0808760	501C3	152,396.	0.			PROGRAM SUPPORT
MCMURRY UNIVERSITY CAMPUS BOX 938 ABILENE, TX 76967	75-0855633	501C3	10,000.	0.			STUDENT AID

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION 2540 PO BOX 20771 AMARILLO, TX 79114	20-1919092	501C3	62,893.	0.			GENERAL SUPPORT
MISSION AMARILLO 3508 LINE AVE AMARILLO, TX 79106	27-4201383	501C3	67,626.	0.			GENERAL SUPPORT
MOORE COUNTY HEALTH FOUNDATION PO BOX 782 DUMAS, TX 79029	75-2687992	501C3	22,929.	0.			GENERAL SUPPORT
MORE CHURCH PO BOX 51465 AMARILLO, TX 79159	75-2877390	501C3	18,006.	0.			GENERAL SUPPORT
MUSEUM OF THE PLAINS 1200 N. MAIN PERRYTON, TX 79070	75-1497022	501C3	29,581.	0.			GENERAL SUPPORT
NO BOUNDARIES INTERNATIONAL 904 N GRAND ST AMARILLO, TX 79107	87-0777471	501C3	19,809.	0.			GENERAL SUPPORT
NORTHSIDE TOY DRIVE AMARILLO NATIONAL BANK P.O. BOX 1 AMARILLO, TX 79105	82-5172080	501C3	33,533.	0.			PROGRAM SUPPORT
OCHILTREE COUNTY SENIOR CITIZEN ASSOCIATION - PO BOX 738 - PERRYTON, TX 79070	75-1825010	501C3	46,278.	0.			GENERAL SUPPORT
OGALLALA COMMONS PO BOX 346 NAZARETH, TX 79063	33-1144011	501C3	100,428.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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OGH HEALTHCARE FOUNDATION 3101 GARRETT DR. PERRYTON, TX 79070	83-1341228	501C3	6,373.	0.			GENERAL SUPPORT
OLDHAM COUNTY HERITAGE COMMISSION PO BOX 581 VEGA, TX 79092	82-1404203	501C3	33,157.	0.			GENERAL SUPPORT
OPPORTUNITY PLAN, INC. P O BOX 1035 CANYON, TX 79015	75-6020405	501C3	9,345.	0.			GENERAL SUPPORT
OPPORTUNITY SCHOOL, INC. 1100 S. HARRISON AMARILLO, TX 79101	75-1360968	501C3	133,231.	0.			GENERAL SUPPORT
OUR CHILDREN'S BLESSING PO BOX 1101 AMARILLO, TX 79105	83-0959310	501C3	12,820.	0.			GENERAL SUPPORT
P.E.T.S. CLINIC OF AMARILLO 2500 SW 6TH AVE AMARILLO, TX 79106	68-0648159	501C3	56,716.	0.			GENERAL SUPPORT
PAMPA ANIMAL WELFARE SOCIETY PO BOX 2095 PAMPA, TX 79066	27-3600097	501C3	291,035.	0.			GENERAL SUPPORT
PAMPA EDUCATION FOUNDATION PO BOX 1045 PAMPA, TX 79066	26-0502641	501C3	53,126.	0.			GENERAL SUPPORT
PAMPA MEALS ON WHEELS PO BOX 939 PAMPA, TX 79065	75-1616739	501C3	142,471.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAMPA SENIOR CITIZENS, INC. 500 W FRANCIS AVE PAMPA, TX 79065	75-1476771	501C3	23,506.	0.			GENERAL SUPPORT
PAMPA UNITED WAY PO BOX 2076 PAMPA, TX 79006	75-0896094	501C3	6,905.	0.			GENERAL SUPPORT
PANHANDLE BREAST HEALTH PO BOX 1400 AMARILLO, TX 79105	32-0170235	501C3	15,500.	0.			PROGRAM SUPPORT
PANHANDLE COMMUNITY SERVICES PO BOX 32150 AMARILLO, TX 79120	75-6049423	501C3	14,875.	0.			GENERAL SUPPORT
PANHANDLE CRISIS CENTER P. O. BOX 502 PERRYTON, TX 79070	75-2032505	501C3	18,930.	0.			GENERAL SUPPORT
PANHANDLE EDUCATION FOUNDATION PO BOX 1030 PANHANDLE, TX 79068	46-5626970	501C3	9,757.	0.			CAPITAL SUPPORT
PANHANDLE FELLOWSHIP OF CHRISTIAN ATHLETES - 5111 CANYON DR - AMARILLO, TX 79109	44-0610626	501C3	39,671.	0.			GENERAL SUPPORT
PANHANDLE INDEPENDENT SCHOOL DISTRICT - PO BOX 1030 - PANHANDLE, TX 79068	75-6002193	GOVERNMENT	22,363.	0.			STUDENT AID
PANHANDLE OF TEXAS LIONS FOUNDATION - PO BOX 489 - WHEELER, TX 79096	75-2598929	501C3	7,048.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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PANHANDLE ORPHAN CARE NETWORK PO BOX 2344 AMARILLO, TX 79105	81-4967039	501C3	10,000.	0.			PROGRAM SUPPORT
PANHANDLE REGIONAL ADVISORY COUNCIL - 16800 I-27 - CANYON, TX 79015	75-2568916	501C3	50,000.	0.			PROGRAM SUPPORT
PANHANDLE-PLAINS HISTORICAL SOCIETY - WT BOX 60967 - CANYON, TX 79016	75-6019872	501C3	46,633.	0.			GENERAL SUPPORT
FARMER PAWS ANIMAL OUTREACH CENTER P.O. BOX 333 FRIONA, TX 79035	87-1531060	501C3	43,195.	0.			GENERAL SUPPORT
PERRYTON ACTIVITY CENTER 1201 SW 15TH STREET PERRYTON, TX 79070	75-1072869	501C3	22,907.	0.			GENERAL SUPPORT
PERRYTON RODEO ASSOCIATION PO BOX 452 PERRYTON, TX 79070	81-2919004	501C3	14,762.	0.			GENERAL SUPPORT
PIONEER MISSIONS GLOBAL 2574 CHRISTMASVILLE COVE STE H JACKSON, TN 38305	82-3310757	501C3	10,000.	0.			PROGRAM SUPPORT
RACHEL'S LITTLE HOUSE P O BOX 961 CANADIAN, TX 79014	75-2309163	501C3	29,057.	0.			GENERAL SUPPORT
REFUGE MINISTRIES 1009 S. MADDOX DUMAS, TX 79029	75-2355301	501C3	20,000.	0.			CAPITAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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REFUGEE LANGUAGE PROJECT 3701 S SONCY RD AMARILLO, TX 79119	83-1205519	501C3	49,153.	0.			PROGRAM SUPPORT
REFUGEE SERVICES OF TEXAS, INC. 9241 LBJ FREEWAY #210 DALLAS, TX 75243	75-1618251	501C3	6,468.	0.			PROGRAM SUPPORT
RIVER VALLEY PIONEER MUSEUM P.O. BOX 1201 CANADIAN, TX 79014	75-2078610	501C3	39,690.	0.			GENERAL SUPPORT
ROCKWELL ROAD BAPTIST CHURCH PO BOX 31495 AMARILLO, TX 79120	75-2167134	501C3	30,000.	0.			PROGRAM SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF AMARILLO - 1501 STREIT DRIVE - AMARILLO, TX 79106	75-1790186	501C3	83,631.	0.			GENERAL SUPPORT
SAINT FRANCIS MINISTRIES 110 OTIS AVE SALINA, KS 67401	48-0543809	501C3	7,500.	0.			PROGRAM SUPPORT
SECOND CHANCE ANIMAL RESCUE 7108 MERCURY TRAIL AMARILLO, TX 79118	84-4661430	501C3	6,778.	0.			GENERAL SUPPORT
SHARING HOPE MINISTRY PO BOX 7160 AMARILLO, TX 79114	91-2157950	501C3	149,327.	0.			GENERAL SUPPORT
SISTER-BEAR FOUNDATION 211 S TIMBERCREEK DR. AMARILLO, TX 79118	85-2461065	501C3	14,437.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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SITE SANTA FE 1606 PASEO DE PERALTA SANTA FE, NM 87501	85-0413922	501C3	10,000.	0.			GENERAL SUPPORT
SKELLYTOWN AREA VOLUNTEER FIREFIGHTERS-EMS ASSOCIATION - PO BOX 327 - SKELLYTOWN, TX 79080	75-2875184	501C3	25,000.	0.			CAPITAL SUPPORT
SPEARHEAD CORPORATION P O BOX 733 SPEARMAN, TX 79081	75-2281974	501C3	21,354.	0.			GENERAL SUPPORT
SPEARMAN MINISTERIAL ALLIANCE PO BOX 342 SPEARMAN, TX 79081	27-1767141	501C3	10,541.	0.			GENERAL SUPPORT
SPECIAL OLYMPICS TEXAS 13400 IMMANUEL RD, #1C PLUGERVILLE, TX 78660	74-1998367	501C3	13,537.	0.			CAPITAL SUPPORT
SPEIRO LEGACIES PO BOX 2202 AMARILLO, TX 79105	46-4931131	501C3	9,841.	0.			PROGRAM SUPPORT
SQUARE MILE COMMUNITY DEVELOPMENT PO BOX 7926 AMARILLO, TX 79114	81-3091547	501C3	29,152.	0.			GENERAL SUPPORT
ST. JAMES EPISCOPAL CHURCH 801 DENVER DALHART, TX 79022	75-1806839	501C3	90,000.	0.			GENERAL SUPPORT
STORYBRIDGE, INC. PO BOX 50524 AMARILLO, TX 79159	81-3953396	501C3	37,146.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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STRATFORD AREA FOUNDATION, INC. P O BOX 48 STRATFORD, TX 79084	75-1662855	501C3	65,640.	0.			GENERAL SUPPORT
STRATFORD AREA YOUTH CARE AGENCY INC. - P.O. BOX 411 - STRATFORD, TX 79084	75-2403416	501C3	35,939.	0.			GENERAL SUPPORT
STRATFORD ISD EDUCATION FOUNDATION P O BOX 121 STRATFORD, TX 79084	22-3882634	501C3	45,118.	0.			PROGRAM SUPPORT
SWISHER MEMORIAL HOSPITAL FOUNDATION - 539 S.E. 2ND ST - TULIA, TX 79088	26-0290687	501C3	17,461.	0.			GENERAL SUPPORT
TEXAS PANHANDLE HERITAGE FOUNDATION - WTAMU BOX 60968 - CANYON, TX 79016	75-1083514	501C3	15,053.	0.			GENERAL SUPPORT
TEXAS PANHANDLE WAR MEMORIAL FOUNDATION - 4101 SOUTH GEORGIA - AMARILLO, TX 79109	75-2545659	501C3	137,338.	0.			GENERAL SUPPORT
TEXAS RAMP PROJECT PO BOX 832065 RICHARDSON, TX 75083	33-1139484	501C3	31,606.	0.			PROGRAM SUPPORT
TEXAS RURAL FUNDERS PO BOX 650011 AUSTIN, TX 78765	86-1401662	501C3	10,000.	0.			PROGRAM SUPPORT
TEXAS TECH FOUNDATION, INC. P O BOX 41081 LUBBOCK, TX 79409	75-6043842	501C3	97,051.	0.			STUDENT AID

Schedule I (Form 990)

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TEXAS TECH SCHOOL OF PHARMACY 1300 S. COULTER STREET AMARILLO, TX 79106	75-2668014	GOVERNMENT	129,456.	0.			PROGRAM SUPPORT
TEXAS WATER FOUNDATION PO BOX 13252 AUSTIN, TX 78711	74-2866967	501C3	30,000.	0.			GENERAL SUPPORT
THE BRIDGE CHILDREN'S ADVOCACY CENTER - 804 QUAIL CREEK DR. - AMARILLO, TX 79124	75-1995807	501C3	82,198.	0.			GENERAL SUPPORT
THE DON AND SYBIL HARRINGTON FOUNDATION - 919 S. POLK - AMARILLO, TX 79101	75-1336604	501C3	39,600.	0.			GENERAL SUPPORT
THE LEADERS READERS NETWORK 327 LAKE RIDGE RD CANYON, TX 79015	36-4753948	501C3	103,295.	0.			PROGRAM SUPPORT
THE PARC 413 SW 6TH AMARILLO, TX 79101	46-4790841	501C3	153,060.	0.			GENERAL SUPPORT
THE SALVATION ARMY 400 S HARRISON ST AMARILLO, TX 79101	58-0660607	501C3	30,527.	0.			PROGRAM SUPPORT
TRALEE CRISIS CENTER FOR WOMEN P O BOX 2880 PAMPA, TX 79066	75-1971380	501C3	23,375.	0.			GENERAL SUPPORT
TRANSFORMATIONS BY AMARILLO ANGELS 2200 4TH AVE # 141 CANYON, TX 79015	27-2087142	501C3	53,818.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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TRI-COUNTY MEALS P O BOX 421 QUITAQUE, TX 79255	20-0212483	501C3	102,431.	0.			PROGRAM SUPPORT
TRINITY LUTHERAN CHURCH 212 W JEFFERSON ST BORGER, TX 79007	75-6004218	501C3	20,000.	0.			GENERAL SUPPORT
TURN CENTER 1250 WALLACE BLVD. AMARILLO, TX 79106	75-1047725	501C3	187,683.	0.			GENERAL SUPPORT
UNLEASHING POSSIBILITY 6702 ADMIRAL CT AMARILLO, TX 79124	87-3070092	501C3	6,378.	0.			GENERAL SUPPORT
UPBRING 8305 CROSS PARK DR AUSTIN, TX 78754	74-1109745	501C3	10,000.	0.			GENERAL SUPPORT
WE FIND IN LOVE 8301 W AMARILLO BLVD, UNIT 51048 AMARILLO, TX 79159	83-2785338	501C3	44,031.	0.			PROGRAM SUPPORT
WELLINGTON ORGANIZATION RESCUE DOG SHELTER - 1400 CHILDRESS ST - WELLINGTON, TX 79095	85-2898021	501C3	65,000.	0.			GENERAL SUPPORT
WELLINGTON RITZ THEATRE, INC PO BOX 202 WELLINGTON, TX 79095	26-0377669	501C3	6,265.	0.			GENERAL SUPPORT
WEST TEXAS AANDM UNIVERSITY FOUNDATION - WTAMU BOX 60766 - CANYON, TX 79016	75-6036665	501C3	449,339.	0.			STUDENT AID

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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WHEELER AREA ACTIVITIES AND IMPROVEMENTS COUNCIL - P O BOX 489 - WHEELER, TX 79096	75-2485373	501C3	11,719.	0.			GENERAL SUPPORT
WHEELER HISTORICAL MUSEUM PO BOX 73 WHEELER, TX 79096	81-4125922	501C3	9,022.	0.			GENERAL SUPPORT
WHITE DEER INDEPENDENT SCHOOL DISTRICT - PO BOX 517 - WHITE DEER, TX 79097	75-6002758	GOVERNMENT	30,000.	0.			STUDENT AID
WHITE DEER LAND MUSEUM P O BOX 1556 PAMPA, TX 79066	75-2505877	501C3	7,635.	0.			GENERAL SUPPORT
WHITE DEER-SKELLYTOWN LIGHTHOUSE FOOD PANTRY - P O BOX 812 - WHITE DEER, TX 79097	20-8031304	501C3	23,356.	0.			GENERAL SUPPORT
WINDOW ON A WIDER WORLD PO BOX 9258 AMARILLO, TX 79105	75-2944275	501C3	46,040.	0.			PROGRAM SUPPORT
YOUNG LIFE OF AMARILLO, INC. PO BOX 9277 AMARILLO, TX 79105	84-0385934	501C3	15,403.	0.			GENERAL SUPPORT
YOUTH SUCCESS PROJECT PO BOX 10243 AMARILLO, TX 79116	82-2827436	501C3	8,348.	0.			PROGRAM SUPPORT

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
ACADEMIC SCHOLARSHIPS	1714	1,814,373.	0.		

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

PART I, LINE 2 AND PART III, COLUMN (B)

THREE FOUNDATION STAFF ARE RESPONSIBLE FOR ADMINISTERING THE GRANTMAKING PROCESS AND PRESENTING REQUESTS FOR APPROVAL TO THE BOARD OF DIRECTORS. AMARILLO AREA FOUNDATION (AAF) AND ITS SUPPORTING ORGANIZATION, THE DON & SYBIL HARRINGTON FOUNDATION (HF), REFERRED TO COLLECTIVELY AS THE "FOUNDATION", REVIEW GRANT REQUESTS AT EACH REGULAR MEETING OF THE BOARD OF DIRECTORS.

THE RESPONSIBILITY OF APPROVING EACH GRANT LIES WITH THE BOARDS. AAF'S

Part IV Supplemental Information

EXECUTIVE COMMITTEE IS AUTHORIZED TO ACT ON BEHALF OF THE FULL BOARD SHOULD A DECISION BE NEEDED BETWEEN REGULAR BOARD MEETINGS. GENERALLY, ALL GRANT REQUESTS ARE REVIEWED BY BOTH BOARDS AND EACH BOARD'S ACTION CONCERNING FUNDING DECISIONS IS LISTED IN THE BOARD MINUTES.

IF THE APPLICANT MEETS ELIGIBILITY REQUIREMENTS AND HAS SUBMITTED ALL REQUIRED PROPOSAL COMPONENTS, INCLUDING A VALID IRS LETTER OF DETERMINATION, THEY ARE NOTIFIED VIA E-MAIL OR POSTCARD WHEN TO EXPECT NOTIFICATION REGARDING THE FUNDING DECISION.

ONCE A GRANT IS AWARDED, A GRANT AGREEMENT STIPULATES THE USE OF FUNDS AND ANY CONTINGENCIES THAT MAY APPLY. PRIOR TO DISBURSEMENT OF ANY GRANT AWARDS, FOUNDATION STAFF ENSURE THAT SUCH STIPULATIONS AND CONTINGENCIES ARE MET BY REVIEWING SUPPORTING DOCUMENTATION, WHICH EVIDENCES GRANTEE'S COMPLIANCE WITH GRANT TERMS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

AMARILLO AREA FOUNDATION, INC.

Employer identification number

75-0978220

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CLAY STRIBLING PRESIDENT & CEO	(i)	208,347.	18,000.	6,730.	23,808.	20,923.	277,808.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID HURTT ASSISTANT SECRETARY/VP FINANCE	(i)	117,000.	3,000.	420.	12,000.	20,356.	152,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **AMARILLO AREA FOUNDATION, INC.** Employer identification number **75-0978220**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	778,725.	FMV DATE OF GIFTS
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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

SCHEDULE M, LINE 32B:

THE FOUNDATION REQUIRES APPROVAL BY THE BOARD FOR ALL CONTRIBUTIONS OF PROPERTY, OTHER THAN MONEY AND PUBLICLY TRADED SECURITIES, IF THE DONOR CLAIMS OR REPORTS CHARITABLE CONTRIBUTION DEDUCTIONS FOR SUCH ITEM OF PROPERTY AND ALL SIMILAR ITEMS OF PROPERTY FOR THE SAME TAXABLE YEAR THAT EXCEED \$5,000 IN THE AGGREGATE. FOR ALL DONATIONS OF SECURITIES THE FOUNDATION WILL USE A QUALIFIED BROKER TO SELL THOSE CONTRIBUTIONS WHEN DEEMED NECESSARY. A REAL ESTATE BROKER IS USED IN THE SELLING OF ALL REAL ESTATE CONTRIBUTIONS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

AMARILLO AREA FOUNDATION, INC.

Employer identification number

75-0978220

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

IN THE TEXAS PANHANDLE THROUGH EFFECTIVE PHILANTHROPIC EFFORTS.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

NETHERLANDS, IRELAND, CAYMAN ISLANDS, JERSEY,

INDONESIA, SINGAPORE, LUXEMBOURG, UNITED KINGDOM

FORM 990, PART VI, SECTION A, LINE 6:

AMARILLO AREA FOUNDATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE GOVERNING BODY IS ELECTED FROM A SLATE OF NOMINEES RECOMMENDED BY A
NOMINATING COMMITTEE AND APPROVED BY VOTE OF THE MEMBERSHIP AT ITS ANNUAL
MEETING.

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

THE FORM 990 IS DELIVERED TO THE AUDIT COMMITTEE FOR REVIEW. THE AUDIT
COMMITTEE HAS BEEN DELEGATED THE REVIEW AND APPROVAL RESPONSIBILITIES BY
THE FULL BOARD.

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

IT IS THE FOUNDATION'S POLICY TO DEAL WITH CONFLICTS IN AN OPEN MANNER
(1) THROUGH AN ANNUAL DISCLOSURE STATEMENT OF MEMBERSHIPS AND AFFILIATIONS
FOR BOARD AND STAFF, AND
(2) THROUGH CLEAR IDENTIFICATION OF ACTUAL OR APPARENT CONFLICTS OF
INTEREST AS THEY ARISE.

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization AMARILLO AREA FOUNDATION, INC.	Employer identification number 75-0978220
--	--

IN THE CASE OF SUCH CONFLICTS OR THE APPEARANCE THEREOF, BOARD AND STAFF MEMBERS ARE EXPECTED TO DISCLOSE THE CONFLICT PRIOR TO THE FOUNDATION MAKING ANY RELATED DECISIONS. IF A CONFLICT OF INTEREST IS PRESENT, THE DIRECTOR OR STAFF MEMBER INVOLVED MUST IDENTIFY THE CONFLICT AND MAY, AT THE REQUEST OF THE BOARD OR COMMITTEE, REMAIN IN THE ROOM TO ANSWER QUESTIONS OF A FACTUAL NATURE THAT MAY ASSIST THE BOARD OR COMMITTEE IN ITS DELIBERATIONS. BOARD MEMBERS HAVING A CONFLICT OF INTEREST ON A GIVEN ISSUE SHALL NOT VOTE ON THAT ISSUE.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE (AMARILLO AREA FOUNDATION EXECUTIVE COMMITTEE AND DON & SYBIL HARRINGTON FOUNDATION BOARD OF DIRECTORS) REVIEWS AND DETERMINES PRESIDENT AND OTHER OFFICERS' SALARIES. THIS IS DETERMINED BASED ON PERFORMANCE. THE COMMITTEE REVIEWS SALARY SURVEYS FOR COMPARABLE POSITIONS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH THE FORM 990.

FORM 990, PART VIII, LINE 2A

FEES PAID BY THE DON & SYBIL HARRINGTON FOUNDATION (AMARILLO AREA FOUNDATION, INC.'S SUPPORTING ORGANIZATION) FOR ADMINISTRATIVE AND SUPPORT SERVICES PROVIDED THROUGHOUT THE YEAR. THE DON & SYBIL HARRINGTON FOUNDATION HAS NO EMPLOYEES TO PERFORM ITS MANAGEMENT AND ADMINISTRATIVE FUNCTIONS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **AMARILLO AREA FOUNDATION, INC.** Employer identification number **75-0978220**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DON & SYBIL HARRINGTON FOUNDATION - 75-1336604, 919 S. POLK, AMARILLO, TX 79101	SUPPORTING ORGANIZATION	TEXAS	501C3	LINE 12A, I	AMARILLO AREA FOUNDATION INC	X	
CITADELLE ART FOUNDATION - 26-1961223 P.O. BOX 1303 CANADIAN, TX 79014	SUPPORTING ORGANIZATION	TEXAS	501C3	LINE 12A, I	AMARILLO AREA FOUNDATION INC	X	
AAF COMMUNITY HEALTH FOUNDATION - 81-0849302 919 S. POLK AMARILLO, TX 79101	SUPPORTING ORGANIZATION	TEXAS	501C3	LINE 12A, I	AMARILLO AREA FOUNDATION INC	X	
DECOURSEY PROPERTIES - 84-2054790 919 S. POLK AMARILLO, TX 79101	SUPPORTING ORGANIZATION	TEXAS	501C3	LINE 12A, I	AMARILLO AREA FOUNDATION INC	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CITADELLE ART FOUNDATION	B	496,062.	COST
(2) DON & SYBIL HARRINGTON FOUNDATION	C	830,644.	COST
(3) CITADELLE ART FOUNDATION	C	183,408.	COST
(4) DON & SYBIL HARRINGTON FOUNDATION	L	1,328,610.	COST
(5) SEE SCHEDULE R, PART VII	N	0.	COST
(6) DON & SYBIL HARRINGTON FOUNDATION	R	39,600.	COST

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PAGE 3, PART V LINE 2

ALL EMPLOYEES THAT WORK FOR DON & SYBIL HARRINGTON FOUNDATION, AAF
COMMUNITY HEALTH FOUNDATION, AND DECOURSEY PROPERTIES SHARE THE SAME
FACILITIES OF AMARILLO AREA FOUNDATION (AAF), THE PARENT CORPORATION OF
DON & SYBIL HARRINGTON FOUNDATION, AAF COMMUNITY HEALTH FOUNDATION, AND
DECOURSEY PROPERTIES. THE AMOUNTS INVOLVED ARE LESS THAN \$50,000.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2022

For calendar year 2022 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

<p>A <input checked="" type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) AMARILLO AREA FOUNDATION, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 919 S. POLK</p> <p>City or town, state or province, country, and ZIP or foreign postal code AMARILLO, TX 79101</p> <p>C Book value of all assets at end of year 152,569,192.</p>	<p>D Employer identification number 75-0978220</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p>		<p>H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>	
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/></p>		<p>J Enter the number of attached Schedules A (Form 990-T) 1</p>	
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.</p>		<p>L The books are in care of CLAY STRIBLING Telephone number 806-376-4521</p>	

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a Payments: A 2021 overpayment credited to 2022	6a		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	6g		
7 Total payments. Add lines 6a through 6g	7		
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SEE STATEMENT 2			Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.			<input type="checkbox"/> <input checked="" type="checkbox"/>
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____			
4 Enter available pre-2018 NOL carryovers here \$ 42,503. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
523000	\$ 424,893.		
	\$		
6a Did the organization change its method of accounting? (see instructions)			<input type="checkbox"/> <input checked="" type="checkbox"/>
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	PRESIDENT & CEO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	GARY D. MITCHELL				P00005725
	Firm's name	Firm's EIN		Firm's address	
CMMS CPAS & ADVISORS PLLC	85-3890541		801 S FILLMORE, STE 600		
Firm's address	Phone no.		806-373-6661		
AMARILLO, TX 79101	806-373-6661				

FORM 990-T PRE-2018 NET OPERATING LOSS DEDUCTION STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/17	93,601.	51,098.	42,503.	42,503.
NOL CARRYOVER AVAILABLE THIS YEAR			42,503.	42,503.

FORM 990-T NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST STATEMENT 2

NAME OF COUNTRY

- NETHERLANDS
- IRELAND
- CAYMAN ISLANDS
- JERSEY
- INDONESIA
- SINGAPORE
- LUXEMBOURG
- UNITED KINGDOM

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2022

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization AMARILLO AREA FOUNDATION, INC.	B Employer identification number 75-0978220
C Unrelated business activity code (see instructions) 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business **INCOME DESIGNATED BY K-1 RECEIVED**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance			
2 Cost of goods sold (Part III, line 8)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	3			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4a			
c Capital loss deduction for trusts	4b			
5 Income (loss) from a partnership or an S corporation (attach statement)	4c			
6 Rent income (Part IV)	5			
7 Unrelated debt-financed income (Part V)	6			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	7			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	8			
10 Exploited exempt activity income (Part VIII)	9			
11 Advertising income (Part IX)	10			
12 Other income (see instructions; attach statement) STMT 3	11	- 21,584.		- 21,584.
13 Total. Combine lines 3 through 12	12	- 21,584.		- 21,584.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses				
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement)				
15 Total deductions. Add lines 1 through 14	15			0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			- 21,584.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			- 21,584.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

FORM 990-T (A)	OTHER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
INCOME FROM PARTNERSHIPS - UNRELATED BUSINESS INCOME		-21,584.
TOTAL TO SCHEDULE A, PART I, LINE 12		-21,584.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	256,304.	81,302.	175,002.	175,002.
12/31/20	136,710.	0.	136,710.	136,710.
12/31/21	113,181.	0.	113,181.	113,181.
NOL CARRYOVER AVAILABLE THIS YEAR			424,893.	424,893.